



# **Council of Governors Meeting**

**Thursday, 10 February 2022  
at 10.30am**

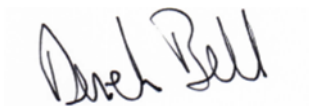
***To be held in the Lecture Theatre,  
University Hospital of North Tees***

27 January 2022

Dear Colleague

A meeting of the **Council of Governors** will be held on **Thursday, 10 February 2022 at 10.45am**. Dial-in details for the meeting will be issued separately. **A development session will commence prior to the meeting at 9.45am.**

Yours sincerely



**Professor Derek Bell**  
Joint Chair

### Agenda

- |      |           |   |   |
|------|-----------|---|---|
| (1)  | 10.45am   | Welcome   | Chair   |
| (2)  | 10.45am   | Apologies for Absence   | Chair   |
| (3)  | 10.45am   | Declaration of Interests  |   |
| (4)  | 10.45am   | Patient Story   | Lindsey Robertson   |
| (5)  | 11.00am   | Minutes of the last meeting held on, 18 November 2021 ( <b>enclosed</b> )   | Chair   |
| (6)  | 11.05am   | Matters Arising and Action Log ( <b>enclosed</b> )  | Chair   |
| (7)  | 11.15am   | Joint Chair's Report and Board Business ( <b>enclosed</b> )<br>including Vice Chair Update (verbal)<br><b>(BoD agenda 24 March 2022 enclosed)</b> | Chair   |
| (8)  | 11.35am   | Chief Executive's Report ( <b>enclosed</b> )  | Julie Gillon  |
| (9)  | 12.00noon | North East and North Cumbria Integrated Care System<br>Tees-Valley Health & Care Partnership and Provider Collaboration<br><b>(enclosed)</b>      | Chair / Julie Gillon  |
| (10) | 12.15pm   | Integrated Compliance and Performance Report ( <b>enclosed</b> )  | Kevin Robinson,<br>Rita Taylor, Phil Craig & Jonathan Erskine |
| (11) | 12.35pm   | Elective Recovery Position ( <b>enclosed</b> )  | Levi Buckley  |

Professor Derek Bell OBE  
Chair

Julie Gillon  
Chief Executive

- (12) 12.45pm Register of Interests (**enclosed**) Barbara Bright
- (13) 12.50pm Sub Committee Minutes:  
13.1 Draft Membership Strategy Committee Minutes  
- 22 November 2021 (**enclosed**)
- (14) 1.00pm Any Other Notified Business Chair
- (15) 1.05m Approximate close

**Date of Next Meeting**  
Thursday, 5 May 2022

DB/SH

27 January 2022

Dear Colleague

A development session has been arranged, which will commence prior to the Council of Governors meeting on Thursday, 10 February 2022 in the Lecture Theatre, University Hospital of North Tees.

- |     |         |                              |   |
|-----|---------|------------------------------|---|
| (1) | 9.45am  | Community Diagnostic Centres | Levi Buckley, Neil Atkinson<br>& Michael Houghton |
| (2) | 10.00am | Estates Strategy             | Julie Gillon & Neil Atkinson                      |
| (3) | 10.15am | Questions                    |   |
| (4) | 10.30am | 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, 18 November 2021 at 10:00 am in the Boardroom 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.

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

#### Governor representation via video conferencing: -

##### Hartlepool Elected Governors:

Geoff Northey  
Alan Smith

##### Stockton Elected Governors:

Margaret Docherty  
John Edwards  
Tony Horrocks (Lead Governor)  
Anne Johnston  
Raymond Stephenson  
Pat Upton  
Mark White

##### Sedgefield Elected Governor:

Wendy Gill

##### Staff Elected Governors:

Carol Alexander  
Manuf Kassem  
Asokan Krishnaier  
David Russon  
Andrew Simpson

##### Appointed Governors:

Christopher Akers-Belcher, HealthWatch Hartlepool  
Linda Nelson, University of Teesside

#### Attendance in the Boardroom: -

Janet Atkins, Elected Governor for Stockton	
Kate Wilson, Elected Governor for Stockton	
George Lee, Elected Governor for Hartlepool	
Ian Simpson, Elected Governor for Hartlepool	
Angela Warnes, Elected Governor for Non-Core Public	
Professor Derek Bell, Joint Chair*	Joint Chair
Steve Hall, Vice-Chair/Non-Executive Director*	Vice Chair
Julie Gillon, Chief Executive*	CE
Barbara Bright, Director of Corporate Affairs and Chief of Staff	DoCA&CoS
Samantha Sharp, Personal Assistant (note taker)	

#### Attendance in the Boardroom for Item CoG/1042: -

Lindsey Robertson, Chief Nurse / Director of Patient Safety and Quality	CN/DoPS&Q
Kimberley Duffy, Ward Matron Ward 26	WM(W26)

#### In attendance via video conferencing: -

Ann Baxter, Non-Executive Director*	AB
Philip Craig, Non-Executive Director*	PC
Jonathan Erskine, Non-Executive Director*	JE
Kevin Robinson, Non-Executive Director*	KR
Rita Taylor, Non-Executive Director*	RT
Levi Buckley, Chief Operating Officer*	COO

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\* voting member

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

Angela Seward, Lead Governor / Elected Governor Rest of England  
Mike Holmes, Elected Governor Hambleton and Richmondshire

### **CoG/1039 Welcome**

The Joint Chair welcomed members to the meeting highlighting the following newly appointed representatives on the Council of Governors:-

- Christopher Akers-Belcher – HealthWatch Hartlepool
- Natasha Judge – HealthWatch Stockton on Tees
- Cllr Paul Sexton – Durham County Council
- Cllr Cameron Stokell – Hartlepool Borough Council

In addition the Chair welcomed those Governors from South Tees Hospitals NHS FT who joined the meeting as observers.

### **CoG/1040 Apologies for Absence**

Apologies for absence were received from:-

Hartlepool Constituency: Pauline Robson / Aaron Roy  
Stockton Constituency: Jean Kirby / Gavin Morrigan  
Easington Constituency: Mary King  
Sedgefield Constituency: Ruth McNee  
Staff Constituency: Dr Sivakumar  
Appointed Governors: Prof Tony Alabaster, University of Sunderland  
Cllr Jim Beall, Stockton Borough Council  
Dominic Johnson, University of Newcastle  
Natasha Judge, HealthWatch (Stockton on Tees)  
Cllr Paul Sexton, Durham County Council  
Cllr Cameron Stokell, Hartlepool Borough Council

### **CoG/1041 Declaration of Interests**

No declaration of interests were noted.

### **CoG/1042 Staff Poem**

Kimberley Duffy, Ward Manager had written a poem explaining her thoughts and feelings on working at the hospital during the pandemic which had been part of a health and wellbeing creative writing competition with a book being produced.

There was no pre alarm sounding but the battle has commenced,  
The NHS staff fearful of what would be coming next,  
We donned on our gowns and masks, visors down too  
Ready for the battle, to start our fight for you.  
Visiting was stopped as we needed to prevent the fall,  
Patients were more sicker now and couldn't even call,  
This virus had its armour and it was starting to take over,  
We sat and held patients hands, we cried and moved closer,  
On admission by their side, we never left for long,  
We knew we had to be there and try to stay strong,  
This battle was like no other and it was starting to take over,  
Staff couldn't hug and comfort each other and were reminded 2metres apart,  
Although this battle was winning we knew we weren't afar,



Our worries didn't stop at work as we worried for our own families too,  
But we put on our PPE and returned to care for you.  
Constant beeping of machines and nurse buzzers alarming too,  
Staff became sick and went home leaving a few,  
This battle was taking over and we knew we had to fight,  
To protect all of our patients and care throughout the night,  
We witnessed some horrific times and things we will never forget,  
But it made us realise together that we care like we do best.  
Although this battle is not over yet,  
We know what we have to do,  
Is care for one another,  
Like we care for you!  
So please continue to wear your mask and help the country through,  
and maybe one day soon enough, we will be able to see you.

Kimberley Duffy  
Ward Matron

It was agreed that the poem and details of the ISBN for the book would be forwarded to Governors.

The Vice Chair acknowledged the work undertaken by staff thanking Kimberley for reminding the Council of Governors of the challenges faced, particularly during the pandemic. On behalf the Executive Team, the CE also placed on record her thanks to staff for how they had faced the difficulties and challenges brought about by the pandemic.

- Resolved:** (i) that, the staff poem be noted; and  
(ii) that, the poem and details of the ISBN for the book be forwarded to Governors.

#### **CoG/1043 Minutes of the last meeting held on, Thursday, 16 September 2021**

- Resolved:** that, the minutes of the meeting held on Thursday, 16 September 2021 be confirmed as an accurate record.

#### **CoG/1044 Matters Arising and Action Log**

##### **a. Joint Governor Development Sessions**

The DoCA&CoS reported that she was working with the Lead Governors and the Vice Chairs to develop a programme of joint development sessions which would be both relevant and of benefit to Council of Governors' from both the Trust and South Tees Hospitals NHS FT.

##### **b. CoG/1029 Mortality Rate**

The Learning from Deaths report was circulated to Governors providing information in relation to the Trusts HSMR and SHMI values as well as comparative information of deaths over the past five year.

##### **c. CoG/1030 Concerns around appointment letter**

Contact had been made with Mary King, Elected Governor for Easington to further discuss issues in relation to an appointment letter.

##### **d. CoG/1036(b) Schwartz Rounds**

Governor development session on Schwartz Rounds to be built into the 2022 Governor

development plan.

**e. CoG/1036(d) NHS Employment Application Form**

Feedback on the current NHS Employment Application form had been fed back to the Workforce Department. It was noted that this was a national system and could not be changed by the Trust, however, feedback would be provided via the user group.

**f. CoG/1010(a) Reception, Security and Signage at the University Hospital of Hartlepool**

Alan Smith, Elected Governor for Hartlepool asked if any further progress had been made with the reception, security and signage at the University Hospital of North Tees, particularly in respect to security following the events at Liverpool Women's Hospital.

The DoCA&CoS provided an update highlighting that the wayfinder machine had now been repaired with regular checks being undertaken to ensure it remained in operation. A reception area had been established in the main foyer and volunteers would be used to support this and the outpatient area to direct visitors and patients. Further work was needed in respect to signage and it was proposed that Mr Smith and another Governor undertake a 'walk through' to assess the suitability of signage.

The CE provided an update on the Trust's response to the recent events at the Liverpool Women's Hospital highlighting that a review was underway in respect to security at Trust sites. The UK threat level had been raised from substantial to severe highlighting that a further attack was highly likely with messages being communicated to staff to be alert and to report potentially suspicious activity. The frequency of patrols across sites had been increased and a review of traffic management initiatives front of house were being considered to improve the flow of traffic and minimise risk. A new Security Manager had recently been appointed and would commence in post in January. It was noted that he had a background in the Armed Forces and the Police and would focus specifically on threats the organisation could potentially face.

The CE provided an update in respect to an 'intruder' at the North Tees site highlighting that the individual was known to the Police and agencies and had mental health issues. It was noted that the 'intruder' had made threats with a measuring instrument and had been released without charge.

Andy Simpson, Elected Staff Governors raised concerns in respect for the safety of staff leaving shift late at night asking what was being done to ensure their safety highlighting that this also applied to patients and visitors leaving the site late at night. The CE reported that steps were put in place a number of years ago whereby staff were encouraged to telephone the security office to be escorted to their vehicles. In addition, improved lighting had been installed into the car parks. Communications work would be undertaken to raise awareness amongst staff on how to keep safe when leaving their area of work late at night.

In response to a query raised by George Lee, Elected Governor for Hartlepool, the CE clarified that steps would be taken to allow those with limited mobility to park closer to the hospital.

The Joint Chair requested that Governors' are kept updated on changes made to improve security of the sites and that an update be brought back to a future meeting.

- Resolved:**
- (i) that, the verbal updates be noted; and
  - (ii) that, joint development sessions be scheduled for both Council of Governors of North Tees and Hartlepool NHS FT and South Tees Hospitals NHS FT;
  - (iii) that, Alan Smith, Elected Governor for Hartlepool and another

- Governor undertake a 'walk through' to assess the suitability of signage at the University Hospital of Hartlepool; and
- (iv) that, communications work be undertaken to raise awareness amongst staff on how to keep safe when leaving their area of work late at night; and
  - (v) that, the Governors' are kept updated on changes made to improve security at the sites operated by the Trust and that an update be brought back to a future meeting.

## **CoG/1045 Chair's Report and Board Business Including Vice Chair Update**

A summary of the report of the Joint Chair included: -

- The Joint Chair continued his induction programme visiting a number of areas and meeting with a wide range of both clinical and non-clinical staff. Regular meetings had been established with the Chief Executives, Vice Chairs and Lead Governors both individually and jointly. In addition, the Joint Chair would continue his induction programme with a focus on meeting external partners across the Tees Valley and beyond. Should Governors feel that the Joint Chair should visit any specific area, both internally and externally, please let the DoCA&CoS know;
- The Joint Chair attended a regional event focusing on elective recovery across the North East, North Cumbria and Yorkshire with the aim to improve waiting times for patients. It was noted that the Trust were making good progress in respect to reducing waiting lists and managing these appropriately;
- The Joint Strategic Board met on 20 October to consider further collaborative and joint working opportunities. This had been renamed the 'Joint Partnership Board' to reflect that the Trusts would not only be working together, but would also be working with external organisations for the benefit of people in the Tees Valley. It was noted that many areas of collaboration were progressing in addition to technological interoperability. Alan Hunter had been appointed as Joint Strategy and Partnership Director on an interim basis to progress the ambitions of the Joint Partnership Board;
- The Joint Chair had taken part in a stakeholder engagement event on 13 October 2021, which was part of the recruitment process to appoint a new Chief Executive for the North East and North Cumbria Integrated Care System. Interviews were held on 15 October and it had recently been announced that Sam Allen had been appointed and would commence in post at the end of January 2022.
- The CQC had published its State of Care Report which sets out its annual assessment of the quality of health and social care in England recognising the pressures associated with COVID-19 and elective recovery;
- The Trust's Annual General Meeting was held virtually on 14 October 2021 via video presentations on the website with the opportunity to submit any questions prior to and post the event. It was hoped that this event would be held face to face in 2022;

The Vice Chair provided assurance to the Council of Governors that the Trust Non-Executive Directors remained focused on the business of North Tees and Hartlepool NHS FT, ensuring that standards and quality of care are maintained throughout the Trust whilst retaining financial grip and control. The Non-Executive Directors recognised that the hospitals are under a great deal of pressure and the Vice Chair and RT had visited a number of areas throughout the Trust meeting staff and offering support. This had been well received and it was helpful to triangulate information given at Board with that given by front-line staff. The Vice Chair and RT made particular reference of a visit to Hartlepool One-Life Centre which demonstrated good working relationships by Trust staff with local authorities and the care sector generally.

Ian Simpson, Elected Governor for Hartlepool asked about the Joint Partnership Board and the Joint Chair and CE responded to acknowledge that the Terms of Reference and Memorandum of Understanding were in place and continued to be reviewed by the Board as they continued to evolve. A further update would be brought back to the next meeting.

- Resolved:**
- (i) that, the content of the report be noted; and
  - (ii) that, Governors advise the DoCA&CoS of any specific areas they feel the Joint Chair should visit as part of his continual induction; and
  - (iii) that, a further update be brought back to the next meeting in respect to the development of the Joint Partnership Board; and
  - (iv) that, the draft agenda for the Board of Directors' meeting scheduled for Thursday, 28 October 2021 be noted.

## **CoG/1046 Chief Executive's Report**

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

- As of the previous day, there were 43 confirmed COVID-19 cases within the Trust, six within ITU, four mechanically ventilated. The CE noted that the Trust needed to recognise that going forward a proportion of beds would be occupied by COVID-19 positive patients, commending staff who manage pathways for these patients. There had been no nosocomial infections within recent months. Yesterday saw an increase in the number of positive tests in Stockton which was now recording above the England and North East average. The Trust continued to focus on elective recovery with pressures noted within urgent and emergency care. Although attendances had not significantly increased when compared to 2019/2020, an increase in patient acuity was noted. As the Trust prepared itself for a most challenging winter, health and wellbeing support continued for staff. Leaders and managers were receiving training in how to respond to current and future pressures over winter with compassionate leadership. A specific area of concern regionally was ambulance handover delays and it was noted that the Trust only accounted for 2.6% of these across the North East and Cumbria. There had been an increase in referrals, reporting at 111% of pre-COVID-19 levels, however the trust reported no patients waiting over 104 weeks with numbers reducing against those waiting more than 52 weeks. A piece of work was being undertaken to understand whether patients were accessing Trust services from outside of their own area and whether patients were presenting later to their GP with deterioration of disease. All patients on the waiting list were prioritised according to disease profile and the Trust continued to work with GP colleagues on a pilot and to ensure patients were 'waiting well' and continued to be monitored;
- The Planning Guidance released in September 2021 reinforced the six priorities outlined within the 2021/22 operational planning guidance published in March 2021. The Trust had recently been placed in segment 2 of the System Oversight Framework with minimal intervention from regulators allowing the Board autonomy around governance. Within the priorities, was the addition of a Targeted Investment Fund of £700m to spend by the end of March 2022. Proposals for spend focused on delivering the elective recovery reforms, reducing waiting lists and long waits. The Trust had been successful in most bids submitted, noting that capital spend also had non-recurrent revenue consequences;
- Focus continued on the health and wellbeing of staff with a number of initiatives in place to support this. Collaborative work continued to ensure that the variety of wellbeing offers were coordinated with support from psychology, chaplaincy, occupational health and the People Development Team. The Trust recognised the impact of COVID-19 on staff both personally and professionally and sought to wrap initiatives around staff. The joint flu and COVID-19 vaccination campaign continued with circa 50% of staff vaccinated. A robust communications and engagement strategy was in place targeting those areas of low uptake. Local authority and care home staff who previously received their COVID-19 vaccinations on site had also started to receive their booster vaccinations;
- Those who were part of the Novavax trial were now able to receive a booster dose or first and second doses to ensure they had access to a licenced vaccine. The Trust had 870 patients recruited to the RECOVERY study to date and remained the second

- highest recruiting Trust in the country;
- The Trust continued to work in partnership with South Tees Hospitals NHS FT to establish Community Diagnostic Hubs following a successful bid to the national early adopter programme. The ability to recruit radiologists and radiographers with specialist expertise remained the area of greatest risk;
  - The Trust's Annual General Meeting was held virtually on 14 October 2021 highlighting how the Trust was focused on what it currently delivers, on what future innovation and transformation of services could achieve and on the potential challenges the Trust face going forward;
  - Ten pack leaders continued to drive forward their courageous changes demonstrating exemplary leadership skills and behaviours to get the most from their teams;
  - The annual Shining Stars event had recently been held virtually which recognised the achievements and contribution made by staff across the organisation. The CE and the Vice Chair visited areas, personally handing out awards to the winners following the virtual event. The CE congratulated all winners and those nominated for their outstanding contribution;
  - A Consultant Anaesthetist and Consultant Paediatrician had recently been appointed within the Trust;
  - The bariatric team at the Trust had been working for ten years to help patients live a healthy life free from some of the limits of obesity. Since the department opened in 2011, more than 850 procedures had been completed.

Following clarification sought by Ian Simpson, Elected Governor for Hartlepool, the CE explained that patients are triaged in ambulances arriving at the Trust being mindful that patients can deteriorate quickly. Andy Simpson, Elected Staff Governors and A&E consultant added that the Trust was one of the best in the region for ambulance handover times highlighting that due to this the Trust received many deflections from neighbouring Trusts. The CE reported that a summit meeting took place two weeks ago to look at the response of the system and how it would manage in extremis and manage mutual aid across the system. Urgent and emergency care service were currently under immense pressure and focus remained on providing appropriate support to staff which included reviewing patient flow and employing additional staff. The CE reported that the Trust had the lowest percentage of bed days lost in the region by improving the ability to manage delayed discharges.

Following observations made by John Edwards, Elected Governor for Stockton, following a visit to A&E, the CE explained the flow of the department. Andy Simpson, Elected Staff Governors and A&E consultant added that some of the sickest patients were those presenting to the department after using private transport.

Alan Smith, Elected Governor for Hartlepool asked for further information around Community Diagnostic Hubs, where these would be based, what services would be included and the recruitment of staff. The CE reported that Community Diagnostic Hubs would, in the first instance, mainly include radiology which would help to increase capacity and quicken recovery. Early adopter, sites would include Hartlepool and Northallerton then Stockton and beyond.

Manuf Kassem, Elected Staff Governor highlighted that it was his opinion that an increase in emergency admissions was in part due to patients being unable to access GP services and presenting to A&E, sometimes at a later stage of disease. He continued that this was exacerbated by staff sickness and vacancies which increased the pressure on the system. The Joint Chair acknowledged that this was a multifactorial concern with all aspects needing to be managed simultaneously.

Following a query raised by Dave Russon, Elected Staff Governors, the CE provided clarity on the disparity between the number of COVID-19 cases reported through TrakCare and that reported at this meeting explaining that TrakCare was a 'live' system reporting the actual number of cases in 'real' time. The CE reported that an alternative solution was being

considered to house the vaccine hub acknowledging that the chapel was not an appropriate area going forward.

The Joint chair requested that an update be provided to Governors at a development session in respect to Community Diagnostic Hubs.

The Joint Chair reported that 53% of Trust staff had currently completed their staff survey, reporting above the national average.

- Resolved:**
- (i) 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; and
  - (ii) that, the Governors' receive an update at a future development session in respect to Community Diagnostic Hubs.

#### **CoG/1047 North East and North Cumbria Integrated Care System (ICS), Tees Valley Health and Care Partnership and Provider Collaboration Update**

The Chief Executive provided an overview of the current position and the work being undertaken, specifically with regard to the North East and North Cumbria (NENC) Integrated Care System (ICS) and to the current and future plans for the Tees Valley Health and Care Partnership (TVHCP) and progress in respect to provider collaboration. Key points included:-

- The Joint Executive Management Group continued to focus on the establishment of appropriate governance to support the formation of the Integrated Care Board and the Integrated Care Partnership Board. Engagement and consultation with local authorities continued with the focus on promoting health, preventing disease and reducing health inequalities. The CE had addressed the Public Health Prevention in Maternity webinar highlighting ways of improving outcomes and health during pregnancy and to give each child the best start in life to reduce health inequalities.
- The Improving our NHS Together – Tees Valley Integration and Transformation Programme continued to focus on key workstreams with the Clinical Services Strategy remaining a significant piece of the work programme for the Tees Valley. The Managed Clinical Networks continued to grow and develop with a focus on the commitment to improve and stabilise services for the population;
- A refreshed meeting of the South ICP Workforce Group took place on 12 October with a wide range of partners across the system. Discussion focused on a funded opportunity with Health Education England to support work on widening participation and apprenticeships with time limited groups being established to think creatively about how best to use the funding;
- In Month 6, the Trust and the South ICP had concluded the requirement to operate within the financial funding arrangements covering April to September 2021. The Trust had successfully delivered to plan for H1, over-delivering by £1.5m, reporting a surplus of £4.5m.

KR commended the work of the CE in driving forward the health inequalities work she was leading on highlighting that this would be of significant benefit for the people of the Tees Valley and the wider system.

Andy Simpson, Elected Staff Governor sought clarity on the funding around health inequalities highlighting that the Tees Valley had varying levels of deprivation throughout and asked how the appropriate level of funding would be made available to those areas most in need. The CE provided information around levels of deprivation highlighting that the most condensed populations sit in Stockton and Hartlepool, acknowledging that the proportion of funding into the Tees Valley needed to be increased and distributed fairly according to need. There was a need to combine resources and streamline the way the health service worked with its local

authorities and partners to progress place based working.

Following a concern raised by JE, the CE explained that following the establishment of the Health Inequalities Advisory Board for which she was Senior Responsible Officer, it was hoped that health inequalities would become more 'mainstream' with an opportunity to learn from each other and to secure collective expertise. The CE provided information around Core20PLUS5 which was the NHSEI approach to support a reduction of health inequalities both at a national and system level.

Ian Simpson, Elected Governor for Hartlepool highlighted that the Trust currently demonstrated sound financial management raising concern around its position in the future in relation to system working. The CE acknowledged that the Trust was one of the most successful Trusts in the region from a financial and quality standards perspective but highlighted that the Trust needed to build and work in partnership with organisations across the NENC to collaboratively manage services to ensure equitable access ensuring that patient safety and quality was maintained.

In conclusion, the Joint Chair highlighted the serious deprivation including some of the more rural areas which needed to be addressed as part of the bigger picture.

Christopher Akers-Belcher requested clarity around the Integrated Care Board and what this potentially meant from a HealthWatch perspective. The CE explained that this continued to be discussed and that the full constitution had not yet been agreed.

- Resolved:**
- (i) that, the work to date is noted and that the evolving transition plan to statutory status of the NENC ICS be noted; and
  - (ii) that, progress with regard to the NENC Provider Collaborative be noted; and
  - (iii) that, the significant on-going work to support the delivery of quality, safe, sustainable services across the Tees Valley Health and Care Partnership be noted; and
  - (iv) that, the continued need to anticipate risks and develop associated mitigation plans, the approach to good governance, assurance, system leadership and the rationale for change be noted; and
  - (v) that, the work required to develop a Tees financial strategy with the need for further robust governance to support mutual accountability be noted; and
  - (vi) that, the need to revisit risk appetite and potential actions for the future success of system and place based working be noted.

#### **CoG/1048 Integrated Compliance and Performance Report – Month 10**

KR, Chair of the Performance, Planning and Compliance Committee placed on record his thanks to Lynne Taylor who had retired at the end of October and commended the input she had around developing the current integrated compliance and performance report. Linda Hunter had been appointed as Interim Director of Planning and Performance and would now lead on this area.

KR reported that at the end of September there were 16,461 patients on the waiting list with 82 waiting over 52 weeks. The region reported over 10,600 52-week waiters at the end of August with a number of organisations reporting up to 6% of their waiting list waiting over 52 weeks. Pressures remained in respect to cancer and diagnostic standards but an improving trend was noted. Key areas of pressure within the Trust included 2-week wait referrals for breast, colorectal and gynaecology with system-wide pressures across colorectal, gynaecology and urology pathways. The readmission rate currently stood at 9.61%, against a target of 7.7% and review of the work to address this was to be presented at the Performance, Planning and Compliance Committee on 24 November.

KR invited his colleagues to report on areas of the Integrated Compliance and Performance report contained within their portfolios. Key points included:-

- Quality and Safety – JE, Chair of the Patient Safety and Quality Standards Committee
  - HSMR and SHMI remained within the expected range with the Trust reporting positively both nationally and regionally;
  - The Trust were performing relatively well against infection control measures given the current level of occupancy;
  - Education and training around the prevention and appropriate management of falls continued with the trend generally decreasing;
  - Work continued to address the prevention of pressure ulcers. Category 2 and 3 continued on a downward trend whilst an increase in category 1 pressure damage was noted signifying earlier identification;
  - The number of complaints needed to be balanced with the number of compliments which consistently reported higher than the number of complaints. A rise in complaints was noted across all three stages which was being closely monitored and appropriately managed by the CE and her team. Work continued to learn from complaints with steps being taken to address areas of concern;
  - Care Groups – Key messages
    - Healthy Lives: The Special Care Baby Unit had been awarded platinum clinical accreditation. It was also noted that they were the first team to ever record a 100% response rate in the staff survey;
    - Responsive Care: Three Shining Stars award winners were from Responsive Care;
    - Collaborative Care: Critical Care had been awarded gold clinical accreditation and Ward 31 had been successful in achieving the silver award at the excellence in care event.
- Workforce – RT, Chair of the People Committee
  - Pressures continued although it was noted that the health and wellbeing of staff remained a key priority;
  - The People committee retained a firm focus on sickness absence with a strategic approach to managing this with improved data;
  - Staff turnover remained a key area of concern. 29% (164) of those staff leaving the organisation in October had not completed an exit interview and there was a need to emphasise to managers the importance of gathering this information. The People Committee would place greater focus on this particularly throughout January to March 2022.
- Finance – PC, Chair of the Finance Committee
  - At Month 6, the Trust had exceeded its financial forecast. Financial pressure was emerging in respect to estates evaluation with circa £4m of pressure being identified. The Trust continued under sound financial management with good stewardship of the Trust's resources.

Dave Russon, Elected Staff Governor enquired as to whether those who had received a Shining Stars award over the past couple of years whilst restrictions were in place and the award ceremony held virtually, could be recognised in some way. The CE reported that an overarching reward package for staff was being considered and that consideration would be given to providing recognition to those who had won Shining Stars awards during the past couple of years. The Vice Chair reported that he would be meeting with the workforce team shortly to discuss how staff could be rewarded in recognition of service pressures throughout COVID-19. The Joint Chair added that it was very important to value staff appropriately and that this correlated with patient safety and quality of care.

Angela Warnes, Elected Governor for Non-Core Public highlighted the reassuring financial position and resilience shown asking for clarity around the bid for a new building and progress



against this. The CE reported that the Trust were expected to be informed of a decision by the end of December and were working with local MPs to ensure support.

Tony Horrocks, Lead Governor/Elected Governor for Stockton enquired as to how the Trust would manage estate and equipment maintenance whilst awaiting the outcome of the new hospital bid. In addition, adding that he had recently visited orthopaedic outpatients as a patient where the consultant mentioned the difference in quality of images between that in main radiology and orthopaedics. The CE explained that the new hospital bid would be funded through external capital highlighting that the majority of capital spend was accumulated through depreciation explaining the impact of this on the Trust. In respect to the quality of images, the Joint Chair explained that digital radiology produced a consistent image, however the monitor used to view those images could potentially produce an inferior image.

In response to a query from Alan Smith, Elected Governor for Hartlepool the CE explained that the Trust would have to engage with the public and develop a consultation plan for any new or refurbished hospital build.

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

#### **CoG/1049 Winter Resilience Plan 2021/22**

The COO outlined the Winter Resilience Plan for 2021/22 highlighting the key principles which underpin the Winter Plan including any key risks and mitigating actions. It was noted that the Trust had worked closely with colleagues in health and social care and at an ICP level. Locality Accident and Emergency Delivery Boards focused the planning across urgent and emergency care with the emphasis remaining on a whole system approach to improvement and delivery. An overarching governance structure across Care Groups had been established to provide appropriate monitoring, escalation and decision making of operational issues and financial management.

It was noted that effective winter planning and surge management had been a key priority across the Trust, linked to the NHS wider resilience agenda. This winter would bring the additional complexity of managing COVID-19 patients and the associated IPC measures alongside maintaining support for the Elective Recovery Programme.

Under the existing financial framework for 2021/22, additional expenditure was available for winter and was managed through the system envelope. As part of the Trust's internal financial framework, a reserve had been allocated for winter expenditure. In addition, the Clinical Advisory Group had been allocated a further fund for COVID-19 related expenditure.

The Trust had reflected on the previous winter period and the challenging pressures across the system to inform the preparation and planning for operational resilience and surge management for the coming winter.

The COO reported that there were currently 82 patients waiting over 52 weeks, reporting lower than 0.49% of the complete waiting list. The Respiratory Support Unit had opened the previous day following a £2.5m investment.

- Resolved:**
- (i) that, the content of the report be noted and the due diligence applied to the winter planning process and proposals for managing surges in activity over the winter months, and throughout the year, whilst maintaining quality, patient experience and operational and financial efficiency be recognised; and

- (ii) that, the system approach to the production of the Winter Plan and the engagement with partners through formal structures that provide assurance of system engagement and collaboration with partners be noted; and
- (iii) that, the Council of Governors' are cognisant of the dynamic external environment and the potential impact of evolving national and regional directives that may impact on overall recovery and resilience.

### **CoG/1050 Outcome of Governor Elections 2021**

The DoCA&CoS reported on the outcome of the 2021 Governor Elections. There had been seven public and two staff vacancies. Outcome was as follows:-

- Janet Atkins and Mark White re-elected unopposed for the Stockton Constituency with Lynda White newly elected. one seat remained vacant;
- George Lee and Alan Smith re-elected unopposed for the Hartlepool Constituency;
- One seat remained vacant for the Easington Constituency;
- Dave Russon re-elected unopposed to the Staff Constituency. One seat remained vacant

All Governors were elected to a term of office of three years.

Electoral Reform Services (ERS) had conducted the elections as the Returning Officer, confirming that the elections had been conducted in accordance with the rules and constitutional arrangements as set out by the Trust's Constitution.

Those Governors who had been re-elected were congratulated. Those new to the role would be welcomed and receive an induction in the New Year. This would include a number of newly confirmed appointed Governors.

The DoCA&CoS highlighted her disappointment at the number of vacant seats currently on the Council of Governors highlighting that there was no provision in the Trust's constitution to go back out to election until the next round in 2022.

Mark White, Elected Governor for Stockton raised concern regarding communication from Civica in regards to his re-election which was 'cold and lacking in human warmth'. The Joint Chair acknowledged that it was important that the tone and content of emails was appropriate when communicating with members of the public and staff. The DoCA&CoS added that the contract for the service was up for renewal within the next 12 months and thanked Mr White for his feedback.

The Joint Chair congratulated those governors' re-elected highlighting that a programme of Governor lunches had commenced which provided an opportunity for Governors to discuss concerns they had with the Joint Chair and Vice Chair over lunch. The Joint Chair was disappointed that there was not more interest from the public in nominating themselves to become a Governor of the Trust.

**Resolved:** that, the outcome of the Governor Elections 2021 be noted.

### **CoG/1051 NHS Providers Governor Sessions Feedback – October 2021**

Angela Warnes, Elected Governor for Non-Core Public provided feedback from a NHS Providers Governor session she attended. This provided an update on current NHS policy and hot topics and provided an opportunity for sharing good practice and exploring key governor duties. Mrs Warnes highlighted the positive engagement with Governors' in the Trust highlighting the opportunity to raise issues and seek clarification at the Governor pre-meeting prior to this meeting.

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

**CoG/1052 Meeting Dates 2022**

The Council of Governors' meeting schedule for 2022 was included in the papers for information.

**Resolved:** that, the schedule of meetings for 2022 be noted.

**CoG/1053 Any Other Notified Business**

**a. Outgoing Governors**

The Joint Chair placed on record his thanks to Kate Wilson (Stockton), Gavin Morrigan (Stockton) and Dr Siva Kumar (staff) for their contribution to the Council of Governors' as they stepped down from their positions at the end of November. The Joint Chair thanked them for their contribution and the time and effort put into their role wishing them all the very best for the future.

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

**CoG/1054 Date and Time of Next Meeting**

**Resolved:** that, the arrangements for the meeting to be held on Thursday, 10 February 2022 be confirmed in due course.

The meeting closed at 12:35 pm

Signed: 

Date: 10 February 2022

## Council of Governors Action Log

Date	Ref.	Item Description	Owner	Completed	Notes
<b>2021</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	B. Bright	Ongoing	Dates are being reviewed in order to schedule meetings in the diary for the rest of 2021. DoCA&CoS was working with the Lead Governors and the Vice Chairs to develop a programme of joint development sessions which would be both relevant and of benefit to Council of Governors' from both the Trust and South Tees Hospitals NHS FT
16 September 2021	CoG/1036(b)	<b>Schwartz Rounds</b> Governor development session on Schwartz Rounds to be considered	B. Bright	Completed	To be built into the 2022 Governor development plan.
18 November 2021	CoG/1042	<b>Staff Poem</b> Poem and details of the ISBN for the book be forwarded to Governors	S. Sharp	Completed	Poem and reference sent to all CoG
18 November 2021	CoG/1010(a)	<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	B. Bright	Ongoing	Delayed due to latest wave of COVID-19 - the position would be reviewed and a date set as soon as this was appropriate. Requested that security support the visit when it is arranged
18 November 2021	CoG/1010(a)	<b>Security</b> Communications work be undertaken to raise awareness amongst staff on how to keep safe when leaving their area of work late at night	B. Bright	Completed	An all trust user communication was issued to offer assurances regards Trust dedication to staff safety and sought to remind staff of protocols when faced with situations of risk. Additionally, as part of the 'keeping people safe' working group – the themes of staff and patient safety continue to be of priority.
18 November 2021	CoG/1010(a)	<b>Security</b> Governors' to be kept updated on changes made to improve security at the sites operated by the Trust and that an update be brought back to a future meeting	B. Bright	Completed	Briefing provided by Mike Worden and circulated to Governors
18 November 2021	CoG/1045	<b>Chair's Report and Board Business Including Vice Chair Update - Areas to Visit for the Joint Chair</b> Governors to advise the DoCA&CoS of any specific areas they feel the Joint Chair should visit as part of his continual induction	Governors B. Bright	Completed	
18 November 2021	CoG/1045	<b>Chair's Report and Board Business Including Vice Chair Update - Joint Partnership Board</b> Further update to be brought back to the next meeting (10 February 2021) in respect the development of the Joint Partnership Board	B. Bright	Completed	Provided at Extraordinary Meeting of the Council of Governors' on 26 January 2022
18 November 2021	CoG/1046	<b>Chief Executive's Report - Community Diagnostic Hubs</b> Governors' to receive an update at a future development session in respect to Community Diagnostic Hubs	B. Bright	Completed	This is scheduled for the Council of Governors' development session on 10 February

## Council of Governors

Title of report:	Joint Chair's Report										
Date:	10 February 2022										
Prepared by:	Sarah Hutt, Assistant Company Secretary										
Sponsor:	Professor Derek Bell, Joint Chair										
Purpose of the report	The purpose of the report is to provide information to the Council of Governors on key local, regional and national issues.										
Action required:	Approve		Assurance		Discuss		Information	X			
Strategic Objectives supported by this paper:	Putting our Population First	X	Valuing People	X	Transforming our Services	X	Health and Wellbeing	X			
Which CQC Standards apply to this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X	
Executive Summary and the key issues for consideration/ decision:											
<p>The report provides an overview of the health and wider contextual related news and issues that feature at a national, regional and local level.</p> <p>Key issues for Information:</p> <ul style="list-style-type: none"> <li>• John Edwards</li> <li>• NHS pressures;</li> <li>• Department and site visits;</li> <li>• Meeting with MPs</li> <li>• Tees Valley Chairs Meeting</li> <li>• NHS Confederation Seminar – Health Inequalities</li> <li>• Same Day Emergency Care</li> <li>• Review of Health and Social Care Leadership</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**  
**10 February 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 John Edwards**

It is with great sadness that I report that John Edwards, Elected Governor for Stockton passed away on Monday, 10 January 2022. John was first appointed as a Governor of the Trust in 2014 and we thank him for his contribution to the Council of Governors and pass on our condolences to his family.

**2.2 NHS Pressures**

The Trust continues to face high demand across its services. Significant winter pressures remain with not all patients accessing services having COVID-19. Despite the pressures, the Trust is able to deliver good safe care for patients and I would like to place on record my thanks to all staff in the organisation and in the health and care sector for their continued dedication and commitment. The Trust strives to promote the uptake of the Covid and flu vaccines to staff, patients and members of the public.

**2.3 Department and site visits**

Since the last meeting, I have continued to undertake site and departmental visits in Stockton, Hartlepool and Peterlee. On a recent visit to Peterlee Community Hospital, I met a number of staff and patients who highlighted their positive experience of the services being provided.

**2.4 Meeting with MPs**

As part of my broader induction programme, I am currently in the process of meeting with local MPs and Local Authorities. I have met with Alex Cunningham, MP for Stockton North and am scheduled to meet with Shane Moore, Leader of Hartlepool Borough Council and Jill Mortimer, MP for Hartlepool over the next few weeks.

**2.5 Tees Valley Chairs Meeting**

A meeting of the Tees Valley Chairs Meeting took place on 20 January, which was a positive meeting, attended by all the Chairs. The delay to the commencement of the Integrated Care Board (ICB) as part of the North East North Cumbria Integrated Care Service (NENC ICS) from 1 April to 1 July 2022 was acknowledged to allow further establishment of the new entity and the involvement of partner organisations.

There was a broad discussion about the importance of recognising the impact of winter pressures and the pandemic on staff, as well as the future impact of the requirement for all patient facing NHS staff to be fully vaccinated against Covid-19 from 1 April 2022. There was also discussion around the development of community-based services and e-health services so patients care can be managed at home and reducing the pressure on hospital services.

An update was provided regarding improving access to mental health services for hard to reach groups of the population as part of the health inequalities agenda and equity of services for all.

## **2.6 Turning the tide on Health Inequalities**

I am attending a virtual Seminar hosted by NHS Confederation on 26 January for Chairs and Non-Executive Directors of provider organisations regarding addressing health inequalities. Nationally the aim is to improve health outcomes for all by providing exceptional quality healthcare, with equitable access, excellent patient experience and the best outcomes. Addressing health inequalities was set out as part of NHS England's planning guidance for 2021/22 and continues to be developed. This will supplement the work being carried out locally to better understand the demographics and health requirements of the populations we serve.

## **2.7 Same Day Emergency Care**

One of the ambitions of the NHS Long Term Plan nationally is for Emergency Departments to provide Same Day Emergency Care (SDEC), which means emergency patients can be rapidly assessed, diagnosed and treated in the same day who otherwise would be admitted to hospital. It is part of the wider aim to provide the right care, in the right place, at the right time for patients, and will benefit the healthcare system by reducing waiting times and hospital admissions. The SDEC model is building on previous improvement work in ambulatory emergency care services across the NHS to provide a consistent approach to patient pathways.

Locally, the Trust operates the SDEC model through all our admission routes to ensure early appropriate speciality input when required. During 2021 (calendar year), patients treated under the SDEC model accounted for an average of 36% of all emergency admissions, with lengths of stay less than 24 hours. In addition to operating the emergency model, the Trust also has an Integrated Single Point of Access (iSPA) which provides timely involvement of health and social care resources as part of a multi-disciplinary team to ensure patients have the right response at the right time, by the right person. This results in timely and effective outcomes that can help to prevent unnecessary hospital admissions.

The Trust has developed the Holdforth Hub, which is designed to support early discharge, prevent hospital admissions, and increase resilience in the community nursing teams to support care closer to home. The Hub provides urgent care to patients from across Hartlepool, Stockton and East Durham and includes a range of pathways such as deep vein thrombosis, respiratory – prophylactic antibiotics, IV antibiotics, Ferinject infusions for Iron Deficiency Anaemia and delivery of Biologics for asthma patients. The care is delivered within patients own homes or within the Hub.

## **2.8 Review of Health and Social Care Leadership in England**

At the request of the Government a review into leadership in health and social care is being led by General Sir Gordon Messenger, former Vice Chair of the Defence Staff and Dame Linda Pollard, Chair of Leeds Teaching Hospitals NHS Trust. A report of the outcomes is expected to be presented to the Secretary of State for Health and Social Care by the end of March 2022, which will be followed by recommendations and a clear implementation plan.

The two main themes and key aspects of the review are:  
Behaviours and Cultures

- System moving to Collaborative/Collegiate leadership for system not merely institutions – challenge accountability

- Learning organisations – beyond boundaries
  - Top – down , Bottom Up.
- Structures
- Transparent processes for talent management to support succession planning and sustainability
  - Talent development at system level (define)
  - At appointment ensure support package provided and time
  - Consider standards, workforce management and EDI

### **3. Recommendation**

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

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



**DRAFT**

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

Dear Colleague

A meeting of the **Board of Directors** will be held, on **Thursday, 24 March 2022 at 1.00pm** in the **Boardroom, University Hospital of North Tees.**

Yours sincerely



**Professor Derek Bell, OBE**  
**Joint Chair**

### Agenda

		Led by
1. (1.00pm)	Apologies for Absence	Chair
2. (1.00pm)	Declaration of Interest	Chair
3. (1.00pm)	Patient Story (verbal)	L Robertson
4. (1.20pm)	Minutes of the meeting held on, 27 January 2022 <b>(enclosed)</b>	Chair
5. (1.25pm)	Matters Arising and Action Log <b>(enclosed)</b>	Chair

### Items for Information

6. (1.30pm)	Report of the Joint Chair <b>(enclosed)</b> and Vice Chair Update (verbal)	Chair
7. (1.45pm)	Joint Partnership Board Update	Chair / S Hall
8. (1.55pm)	Report of the Chief Executive <b>(enclosed)</b>	J Gillon

### Strategic Management

9. (2.15pm)	Data Protection and Cyber Assurance Report <b>(enclosed)</b>	G Evans
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### Performance Management

10. (2.25pm)	Draft Capital and Revenue Budgets 2022/23 <b>(enclosed)</b>	N Atkinson
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11. (2.35pm) Integrated Compliance and Performance Report **(enclosed)** L Hunter, L Robertson,  
N Atkinson & T Squires

**Operational Issues**

12. (2.55pm) Modern Slavery and Human Trafficking Statement  
2022/23 **(enclosed)** B Bright

13. (3.05pm) Any Other Business Chair

Date of next meeting  
(Thursday, 26 April 2022, Boardroom, University Hospital of Hartlepool)

## Council of Governors

Title of report:	Chief Executive Report													
Date:	10 February 2022													
Prepared by:	Julie Gillon, Chief Executive Barbara Bright, Director of Corporate Affairs/Chief of Staff Donna Fairhurst, Personal Assistant													
Executive Sponsor:	Julie Gillon, Chief Executive													
Purpose of the report	The purpose of the report is to provide information to the Council of Governors on key local, regional and national issues.													
Action required:	Approve				Assurance				Discuss		X	Information		X
Strategic Objectives supported by this paper:	Putting our Population First		X	Valuing People		X	Transforming our Services		X	Health and Wellbeing		X		
Which CQC Standards apply to this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X				
Executive Summary and the key issues for consideration/ decision:														
<p>The report provides an overview of the health and wider contextual related news and issues that feature at a National, Regional and Local level from the main statutory and regulatory organisations of NHS Improvement, NHS England, Care Quality Commission and the Department of Health and Social Care. In addition, information is provided on strategic delivery and positioning and operational issues not covered elsewhere on the agenda. Key issues for Information:</p> <ul style="list-style-type: none"> <li>• COVID-19 current position and continued recovery</li> <li>• Staff Health and Wellbeing</li> <li>• Research and Development</li> <li>• 2022/23 Priorities and Operational Planning Guidance</li> <li>• Community Diagnostic Centres</li> <li>• Government Response to the Paterson Enquiry</li> <li>• Faculty for Leadership and Improvement</li> <li>• NENC Health Inequalities Summit – 6 December 2021</li> <li>• North Tees and Hartlepool NHS FT – Estates Strategy</li> <li>• Hartlepool Health Academy</li> <li>• Retirement of Professor Jane Metcalf</li> <li>• Breast Unit celebrates 20<sup>th</sup> Anniversary</li> <li>• New CT Scanner</li> <li>• National accolade for the University Hospital of Hartlepool</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 will be discussed at Executive Team and other relevant committees within the governance structure to ensure consideration for strategic intent and delivery.													
Recommendation	The Council of Governors is asked to note the content of this report and the pursuance of strategic objectives and collective work amongst the COVID-19 recovery programme and the return of services building on a new operating model.													

**North Tees and Hartlepool NHS Foundation Trust**  
**Meeting of the Council of Governors**

**10 February 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. Key Issues and Planned Actions**

**2.1 Strategic Objective: Putting our Population First**

**2.1.1 COVID-19 Current Position and Continued Recovery**

**2.1.1.1 COVID-19 Current Position**

As at 26 January 2022, the Trust is caring for 111 COVID-19 positive patients, five of which require critical care intervention. The numbers of COVID-19 positive patients within the organisation has increased significantly since the Council of Governors briefing in November with the impact of the omicron variant in the community reflecting the number of patients admitted with Covid infection. The beds occupied by COVID-19 positive patients has increased threefold since mid-December 2021. It was noted that the 7 Day Infection Rate per 100,000 Population are declining.

**2.1.1.2 Omicron and impact on staff**

Genome sequencing of positive Covid PCR tests demonstrates that Omicron is now the dominant variant in the North East and Cumbria. The importance of continued adherence to Infection Prevention and Control (IPC) measures remains a priority in minimising further spread of infection and the Trust continues to support staff and clinical services with clear IPC standards and guidance. The new variant has had a significant effect on the number of staff absences due to self-isolation and positive and contact cases. To support staff and minimise the impact on service provision. The Trust has continued to provide rapid testing for Trust staff to minimise delays between testing and results being reported.

**2.1.1.3 Hospital Activity and Operational Pressures**

In line with the Winter Plan there was a planned reduction in some elective activity over Christmas and into early January. The Trust has consolidated theatre lists to minimise reduced activity and continued to provide services at Hartlepool Hospital. The Trust continued to achieve the Elective Recovery Fund Trajectories in Quarter 3. System collective activity did not attract the associated funding flows.

Extended provision of insourcing services and waiting list initiatives during February and March will maintain waiting time and waiting list positioning toward the zero >52 week waiting list trajectory for 31 March 2022. The Trust continues to deliver the zero >104 week wait position.

**2.2 Strategic Objective: Health and Wellbeing**

**2.2.1 COVID and Flu Vaccination Programmes**

The Trust has continued to maintain a Vaccination Hub for Covid-19 booster vaccinations, an 'Evergreen' offer for first and second doses, in addition to delivering flu vaccinations for staff, colleagues in social care and to the family members of Trust staff. After an initial positive uptake in 2021 there has been a plateauing of uptake vaccinations.

Work continues to support staff as the deadline for Vaccination as a Condition of Deployment regulations approaches. The Trust is working closely with staff side representatives to support staff in accessing vaccinations and to bust myths associated with hesitancy.

## **2.2.2 Staff Health and Wellbeing**

The second issue of the Health and Wellbeing Magazine has been made available online; it hosts all the 'need-to-know' contact information for health and wellbeing support, now informed by colleagues, with recipes, book reviews, wellbeing activity reviews, fiscal and pastoral care. It has become a 'social engagement' piece connecting staff and has been very positively received.

The number of wellbeing sponsors continue to increase, with ambitions to go further to provide improved and targeted access to wellbeing; further cohorts of Mental Health First Aid Training are planned for February and March.

The Trust launched the second cohort of the 100 Leaders programme in January 2022. Members will recall the programme was originally launched in 2021 and is open to applicants from across the Trust and will provide a greater diversity of voices to implement changes that make a real, lasting difference to our organisation.

## **2.2.3 Research Team leading the way in COVID-19 treatment nationally**

### **2.2.3.1 Research and Development Update**

Current overall recruitment is lower than expected in part due to high level of support for interventional, resource intense COVID Studies. Non-COVID studies have recommenced and new studies sent for approval and opening with potential for additional studies to boost recruitment. A number of studies (30) are currently awaiting set up / approval and some large recruiting studies in Obstetrics & Gynaecology due to open shortly.

### **2.2.3.2 COVID Studies**

COVID studies are no longer classified as "Urgent Public Health" studies for prioritisation.

### **2.2.3.3 NOVAVAX Trial**

NOVAVAX have received European Medicines Agency and World Health Organisation approval for the vaccine with MHRA approval awaited.

### **2.2.3.4 RECOVERY Trial (Treatment trial for COVID in-patients)**

The Trust has 901 patients recruited to the RECOVERY study to date and remains the second highest recruiting Trust in the country (in terms of percentage of COVID patients recruited) with high-dose corticosteroid, Empagliflozin and Sotrovimab treatment arms currently available.

## **2.3 Strategic Objective: Transforming our Services**

### **2.3.1 2022/2023 Priorities and Operational Planning Guidance**

The 2022/2023 priorities and operational planning guidance was published on 24 December 2021, this focuses on the challenge of restoring services, meeting new care demands, and reducing care backlogs which are a direct consequence of the Covid-19 pandemic. The NHS is expected to increase capacity and resilience to deliver safe, high quality services that will meet the full range of healthcare needs and will:

- Accelerate plans to grow the substantive workforce and work differently to focus on the health, wellbeing and safety of staff;
- Use what has been learnt throughout the pandemic to rapidly and consistently adopt new models of care that exploit the full potential of digital technologies;

- Work in system partnership to make the most effective use of resources available across acute, community, primary and social care settings, to get above pre-pandemic levels of productivity;
- Use the additional funding to increase capacity and invest in buildings and equipment to help staff deliver safe, effective and efficient care.

The Trust is preparing plans in collaboration across the Tees Valley and the North East and Cumbria Provider Collaborative.

### **2.3.2 Community Diagnostic Centres (CDCs)**

The Trust continues to work in partnership with South Tees Hospitals NHS Foundation Trust to establish CDCs. In 2021/22 as part of the successful bid to the early adopter programme the Trust received capital and revenue investment for additional equipment. This is being used to develop CDC spoke sites at University Hospital Hartlepool and Lawson Street in Stockton on Tees, on a temporary basis whilst the permanent CDC hub is being developed in Phase Two. Investment in equipment and workforce at spoke sites will provide additional capacity, support pathways in the community and provide timely access. The Trust was also successful in being identified as one of three Endoscopy Training Academies across the ICS. The academy will be located at the University Hospital of Hartlepool within the CDC spoke site and deliver high quality effective training to endoscopy trainees. The design and construction work is underway with delivery planned for early 2022/23.

CDC planning guidance for the next three years (received in December: NHS England) supports capital and revenue funding. A business case is in development in line with the national process to support the next phase of implementing the strategic plan for CDCs. In 2022/23 there will be a further focus on clinical pathways and workforce development. This is a major move in the Trust's strategic direction to take health onto the high street and to operationalise the Population Health and Prevention agenda in tackling health inequalities. A full exploration of CDCs will take place at a future Council of Governors seminar.

## **2.4 Strategic Objective: Valuing our People**

### **2.4.1 Government Response to the Paterson Enquiry**

On 16 December 2021 the government published its response to the independent inquiry into the issues following the conviction of surgeon Ian Paterson. The inquiry was established to ensure that patients and the public get the answers they deserve and lessons are learnt to protect patients.

The Trust is in the process of working through the recommendations in order to produce a gap analysis and identify any areas for improvement, as appropriate.

### **2.4.2 Faculty for Leadership and Improvement**

The first cohort of the 100 Leaders Programme ended in December 2021. Final evaluations are underway to highlight successes with a succinct library of courageous change summaries to be made available to showcase work by the end of January 2022. The sustainability of these projects is evident through the continuation into 2022 and inclusion in Care Group and Corporate business plans for 2022/23. New cohorts in April and June this year will be launched and the faculty is committed to working with external partners to develop a programme that is fit for purpose and future-proof.

### **2.4.3 North East and North Cumbria Health Inequalities Summit**

The first NENC Health Inequalities Summit concentration on 'inclusion health' was held virtually on 6 December 2021 chaired by myself. Sir Liam Donaldson, Chair of the ICS provided the opening address and Dr Bola Owolabi, Director of Health Inequalities at NHSE/I shared the National NHSE/I Framework for Health Inequalities. The event provided the opportunity for staff working across healthcare to showcase practical examples of work and to improve access, experience and outcomes.

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

The five year Estates Strategy (2022-2027) was presented, discussed and approved at the Board Seminar on 13 January 2021. The current strategy builds upon the Trusts Expression of Interest submitted to the New Hospital Infrastructure Programme which clearly outlined the Trusts ambitions within the context of the Tees Valley and the re-development of the existing Trust Estate.

The strategy provides the next steps in the Trusts estate development and addresses the issues raised by the six facet survey, the opportunity to improve clinical adjacencies, enhanced patient and staff experience; to deliver value for money and develop a health system fit for the future. Further discussion on the Trust's estate strategy will take place at a future Council of Governors seminar.

#### **2.4.5 Hartlepool Health Academy**

The Trust continues to work with Hartlepool Local Authority, Hartlepool College of Further Education and Jacob Project Engineers regarding the development of a business case to progress Hartlepool Towns deal fund for the establishment of a Health Academy on the University Hospital of Hartlepool site. The Academy will develop skills to unlock the economic potential of Hartlepool.

#### **2.4.6 Retirement of Deputy Medical Director: Professor Jane Metcalf**

On 20 December the Trust officially said farewell to Professor Jane Metcalf, Deputy Medical Director. Her dedication to the many fields she worked within (elderly care, gastroenterology, academia, the liver service development) all supported a progressive approach to health and care outcomes for our staff, students, communities and patients.

#### **2.4.7 Breast Unit celebrates 20<sup>th</sup> anniversary**

December saw the 20th anniversary of the opening of the breast screening and treatment unit in the North Tees Hospital. The multidisciplinary team in the unit diagnoses around 360 cancers per year – almost one a day – through the mobile asymptomatic breast screening service and carries out around 180 symptomatic appointments (referred by GPs) per week across North Tees and Hartlepool sites.

#### **2.4.8 New CT scanner**

A new cutting edge CT scanner which will help diagnose heart issues quickly and accurately for patients across Teesside has been installed at the University Hospital of North Tees. The new low-dose scanner forms part of a new rapid-access chest pain clinic and the Siemens Somatom Drive will help with the early diagnosis of many cardiac diseases, as well as a range of other health issues including identifying blood clots (pulmonary embolism).

The addition of a high quality dual source CT scanner to the trust will allow patients with cardiac chest pain to be seen, scanned and commenced on treatment in a single 'one-stop' clinic and will put the cardiology team at the forefront of delivering rapid, safe, high quality care to cardiac patients.

#### **2.4.9 National accolade for the University Hospital of Hartlepool**

The University Hospital of Hartlepool ended 2021 with a national accolade recognising commitment to patient safety. The National Joint Register (NJR), which monitors the performance of hip, knee, ankle, elbow and shoulder joint replacement operations to improve clinical outcomes, has awarded the elective care team its Quality Data Provider certificate.

Only hospitals that achieve the NJR's ambitious targets of providing evidence to support patient safety, standards in quality of care, and overall cost-effectiveness in joint replacement surgery, can achieve the prestigious award.

### **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:	10 February 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 considerable work undertaken across each of the support work streams</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									
Recommendation	<p>The Council of Governors is asked to note the work to date and specifically:</p> <ul style="list-style-type: none"> <li>• The change to the timeframe of the evolving transition plan to statutory status of the NENC ICS (ICB);</li> <li>• Progress with regard to the NENC Provider Collaborative and emerging governance;</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 continued need to anticipate risks and develop associated mitigation plans, the approach to good governance, assurance, system leadership and the rationale for change specifically in regard to T&amp;NYPvCv;</li> <li>• The work in relation to the financial approach with the need for further robust governance to support mutual accountability;</li> <li>• The need to progress further enabling work programmes to benefit Tees populations and;</li> <li>• The need to revisit risk appetite 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**

**10 February 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 on progress since the time of the last formal report to the Council of Governors meeting held on 18 November 2021, specifically with regard to the North East and North Cumbria (NENC) Integrated Care System (ICS) plans, the current and future plans for the Tees Valley Health and Care Partnership (TVHCP) and provider collaboration.

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

##### **2.1 Operational Planning Guidance 2022/2023**

- 2.1.1** The publication of the 2022/23 priorities and operational planning guidance on 24<sup>th</sup> December 2021, outlined changes to the implementation of future statutory arrangements.
- 2.1.2** The Health and Care Bill, which intends to put ICSs on a statutory footing and create Integrated Care Boards (ICBs) as new NHS bodies, is currently being considered by Parliament. To allow sufficient time for the remaining parliamentary stages, a new target date of 1 July 2022 has been agreed for statutory arrangements to take effect and ICBs to be legally and operationally established. This replaces the previous target date of 1 April 2022.
- 2.1.3** The guidance states that the effective partnership is critical to achieving the priorities set out and following the establishment of 42 Integrated Care Systems (ICSs) across England with a continued focus on the four strategic purposes:
- improving outcomes in population health and healthcare;
  - tackling inequalities in outcomes, experience and access;
  - enhancing productivity and value for money;
  - supporting broader social and economic development.

##### **2.2 Senior Appointments**

- 2.2.1** Following the appointment of the Chief Executive of the Integrated Care Board (ICB) for the North East and North Cumbria Integrated Care System (ICS). A number of Executive roles are now out for recruitment to support the Integrated Care Board (ICB).

### **2.3 ICS Design Framework**

- 2.3.1 The ICS Design and focus on the establishment of the appropriate governance and requirements to support the ICB constitution continues. Whilst CCGs have considered and approved the constitution for submission to NHSE, further amendments/scoping can take place to take into account future legislation/guidance.

### **3. System Wide North East and North Cumbria (NENC) Provider Collaborative**

- 3.1.1 The NENC Provider Collaborative (PvCv) continues to focus on governance arrangements and on the work plan in readiness for the new ICS formal structure, whilst also working collaboratively to address some key priorities; urgent and emergency care and recovery.
- 3.1.2 The PvCv formal governance and associated requirements is evolving with the agreement of rotating Chair and Vice Chair positions. On this basis, Ken Bremner, Chief Executive South Tyneside and Sunderland NHS Foundation Trust will be the Chair of the Collaborative, with Lyn Simpson, Chief Executive, North Cumbria Integrated Care NHS Foundation Trust continuing to act as Vice Chair, over the next 15 months. Matt Brown has now started as the Managing Director of the Collaborative and an infrastructure of support from North East Commissioning Support is now in place, in addition to an elective recovery Programme Management Office, supported by the Chief Operating Officers.

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

- 4.1 The T&NYPvCv 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.

Fundamental to the success of forthcoming work is the requirement to focus on the strategic direction and partnership within the system, to benefit patients and communities. Incumbent upon the Joint Partnership Board (JPB) and specifically the respective Trust Boards, is the need to consider all future transformational change in operating, future transactions and /or leadership and governance decisions in a manner which has an eye on risks and benefits realisation.

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

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

- 5.1.1 The Improving our NHS Together – Tees Valley Integration and Transformation Programme continues to focus on the key work streams. The Clinical Services Strategy remains a significant piece of the work programme for the Tees Valley, with the supporting co-dependent and enabling work streams of finance and efficiency, digital and workforce, continuing to support the move from vision to implementation. The potential duplication, value, decision making, governance and stakeholder engagement, including place based approaches, is being reconsidered. Stakeholder discussions are continuing with a goal to ensure place based representation toward a health and care system approach for future challenges.

#### **5.2 Clinical Services Strategy**

- 5.2.1 The Managed Clinical Networks continue to grow and develop, with a focus on the commitment to improve and stabilise services for the immense health care challenge with regards the Teesside population. Pace needs to be injected on the delivery of the agreed priorities, whilst noting a backdrop of operational pressures. Future strategy and service vulnerabilities remain under constant review.

#### **5.3 Workforce Transformation**

- 5.3.1 The South ICP Workforce Group continues to provide a bed rock of change, including

stakeholder collaboration, recruitment to the Widening Participation Ambassador role funded across the ICP by Heath Education England (HEE) a common approach to; apprenticeships, to the Prince's Trust placements, to skills regeneration, to portfolio careers and economic regeneration. A key priority going forward is resource capacity and capability to develop a workforce strategy and associated plan to support the Clinical Services Strategy.

## **5.4 Digital Strategy**

- 5.4.1 ICS digital strategic activities continue, with a focus on What Good Looks Like (WGLL) and the recently announced guidance in relation to ICS Intelligence functions, which may also align with the broader Population Health Management (PHM) and Trusted Research (and Evaluation) Environment developments being planned in the NENC region.
- 5.4.2 From a strategic digital programme perspective, good progress is being made with the continued roll-out of the Great North Care Record (GNCR) and 'use case' expansion into other points of delivery, these sit alongside significant developments of the regional Patient Engagement Platform (PEP) and the proposed "digital front door" access via the NHS App.
- 5.4.3 Furthermore, good progress is being made in terms of both digital imaging for pathology and digital radiology services, both of these digital services hosted by the Trust. Several "technical go-lives" for Trusts implementing digital imaging for pathology and their local infrastructure improvements is of particular positive significance, this then enables a period of clinical system evaluation and confidence building to take place. From a digital radiology perspective, proof of concept testing for the digital radiology services at Gateshead Healthcare NHS Foundation Trust has made significant progress over recent weeks, this will then allow a "fast follower" style testing approach to take place as a next step, and this will include the Trust.
- 5.4.4 There is continued focus and attention in relation to cyber threat awareness and vigilance, together with a coordinated response approach at both national and regional levels as a consequence of the on-going and increasing threat levels.

## **5.5 Finance and Efficiency Plans**

- 5.5.1 The South ICP submitted a financial plan to deliver a £0.4m surplus in 2022/22. This plan requires the four partner organisations within the South ICP, to deliver their own agreed organisation plans. At month 9, the South ICP remains on track to surpass this plan and deliver a year-end surplus of circa £12m.
- 5.5.2 The Trust has undertaken early preparatory work in advance of 2022/23 following the publication of the national guidance issued in December 2021. To support the guidance, high level system allocations have been published for 2022/23 which consist of one year revenue allocations and three year capital allocations. Further guidance will be issued shortly to finalise arrangements and discussions will be required across the ICP and ICS to ensure the fair distribution of funding across partner organisations. Early analysis of the draft allocations highlight a requirement for the ICS to absorb an efficiency of circa 4.5% in 2022/23 in order to meet the ICS financial duty of a breakeven position.
- 5.5.4 In respect of next steps, the Trust continues to work with partner organisations to develop a system financial strategy and risk register to address the underlying deficit across the ICP system. This requires 'open book' transparency and mutual accountability which will be overseen by the Partnership Board in the first instance.

## **5.6 System Leadership Development**

- 5.6.1 North East & Yorkshire Leadership and Lifelong Learning continue to support the leadership development across the TVHCP with one to one interviews being undertaken with all members and deputies of the partner organisations and the broader system leaders including Local Authorities. The aim is to identify shared and individual ambitions barriers

to system working and opportunities for future success. Feedback from these interviews will be presented to the TVHCP and Executive Management Team in early February.

## **6. Summary**

- 6.1 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.
- 6.2 The Trust continues to lead many projects of work in the support of the work streams in the TVHCP and in the future success of the T&NY PvCv.
- 6.3 Further consideration is now on governance and decision making at T&NYPvCv level versus locality level, inclusion of stakeholders in wider buy in, delegated authority at NENC PvCv and the wider oversight role of NEDs.

## **7. Recommendations**

- 7.1 The Council of Governors is asked to note the work to date and specifically:
  - The change to the timeframe of the evolving transition plan to statutory status of the NENC ICS (ICB);
  - Progress with regard to the NENC Provider Collaborative and emerging governance;
  - The significant on-going work to support the delivery of quality, safe, sustainable services across the Tees Valley Health and Care Partnership;
  - The continued need to anticipate risks and develop associated mitigation plans, the approach to good governance, assurance, system leadership and the rationale for change specifically in regard to T&NYPvCv;
  - The work in relation to the financial approach with the need for further robust governance to support mutual accountability;
  - The need to progress further enabling work programmes to benefit Tees populations and;
  - The need to revisit risk appetite and potential actions for the future success of system and place based working.

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

# North Tees and Hartlepool NHS Foundation Trust

## Council of Governors' Meeting

Title	Integrated Compliance and Performance Report (IPR)									
Date	10 February 2022									
Prepared by	Lynsey Honeyman, Planning and Performance Manager									
Executive Sponsor	Linda Hunter, Interim Director of Planning and Performance Lindsey Robertson, Chief Nurse/ Director of Patient Safety and Quality Alan Sheppard, Chief People Officer Neil Atkinson, Director of Finance									
Purpose of the report	To provide an overview of the integrated performance for compliance, quality, finance and workforce.									
Action required	Approve	x	Assurance	x	Discuss	x	Information	x		
Strategic Objectives supported by this paper	Putting our population First	x	Valuing our People	x	Transforming our Services	x	Health and Wellbeing	x		
Which CQC Standards apply to this report	Safe	x	Caring	x	Effective	x	Responsive	x	Well Led	x
Executive Summary and the key issues for consideration/ decision										
<p>The report outlines the Trust's compliance against key access standards in November including quality, workforce and finance.</p> <p><b>Summary</b></p> <ul style="list-style-type: none"> <li>Operational pressures have continued across the Trust and the wider system, subsequently impacting on a number of operational standards. The Trust continues to manage Covid admissions, pre-covid levels of emergency care activity, alongside the elective recovery programme. Insourcing of resources continue to support in-week and weekend lists.</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 diagnostic pathway continues to maintain recovery against trajectories.</li> <li>The sustained pressures front of house continue to impact ambulance handover delays, additional resource to review emergency flow continues throughout the organisation.</li> <li>The Trust continues to manage beds on a flexible basis to accommodate surges in demand across all areas to accommodate red and green flows.</li> <li>Staff sickness remains a key challenge, with additional support in place to manage staff health and wellbeing.</li> <li>The Trust continues to perform well against the quality and patient safety indicators, including HSMR/SHMI and infection control measures.</li> <li>Work continues to review recruitment and retention rates, including alternative workforce models to meet current organisational pressures.</li> </ul>										
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

Committees/groups where this item has been discussed	Executive Team Audit and Finance Committee Board of Directors
Recommendation	The Council of Governors is asked to note: <ul style="list-style-type: none"><li>• The performance against the key operational, quality and workforce standards.</li><li>• Acknowledge the significant on-going operational pressures and system risks to regulatory key performance indicators and the intense mitigation work that is being undertaken to address these going forward.</li></ul>



North Tees and Hartlepool  
NHS Foundation Trust

# Integrated Corporate Report



*December 2021*

# Responsible Directors

**Linda Hunter**

Interim Director of Planning & Performance

Single Oversight Framework

Efficiency & Productivity

**Lindsey Robertson**

Chief Nurse and Director of Patient Safety & Quality

Safety & Quality

**Alan Sheppard**

Chief People Officer

Workforce

**Neil Atkinson**

Director of Finance

Finance



# Introduction



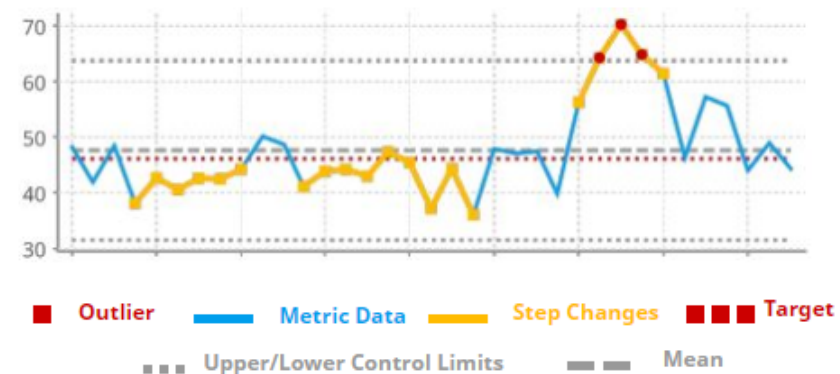
Performance highlights against a range of indicators including the Single Oversight Framework (SOF) and the Foundation Trust terms of licence remains. The report is for the month of November 2021 and outlines trend analysis against key Compliance indicators, Operational Efficiency and Productivity, Quality, Workforce and Finance.

## Statistical Process Control (SPC) Charts

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

A **Step Change** occurs when there are 4 or more consecutive points above or below the *mean*. The Trust chose 4 data points as opposed to the general rule of 7 points to enable a more timely response to variance in performance.

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



# Contextual Information



North Tees and Hartlepool  
NHS Foundation Trust

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Operational pressures continued throughout November across the Trust affecting patient flow. A robust infrastructure of support is in place with a flexible bed base and staffing resource managed on a daily basis. The Trust saw escalation up to OPEL 3 in month and remained in place, reflective of a similar position across the region. A review of existing resilience plans is underway as the Trust moves into winter and the most challenging time of the year, with a focus on predicted impact of the latest Covid-19 variant (Omicron). Further Planning guidance is also expected on the run up to Christmas.

# Executive Summary



**NHS**

North Tees and Hartlepool

NHS Foundation Trust

## SOF and Efficiency & Productivity

### *Key Messages*

'Insourcing' continues to support additional weekend lists with consideration of supporting in week lists to maintain recovery of elective waiting times and theatre staffing issues.

The increased acuity of patients presenting to the Emergency Department, alongside gaps in staffing resources due to higher sickness and vacancy rates, have compounded the impact across the Trust. Despite these pressures, clinical teams are working hard to maintain business as usual, with strong oversight and management through the Trust's governance structures.

The overall position for the majority of key standards, including RTT, cancer and diagnostics, remain comparable to national and regional position, with a focus remaining on reducing the overall waiting list and in particular those waiting the longest. The Trust remains on target to deliver against the H2 requirements to date.

Operational efficiency and productivity remains a key focus ensuring outcome measures across Outpatients, Theatres and Emergency pathways continue to be monitored and managed closely with additional high-level narrative outlined within the individual sections of the report.

## Safety & Quality

### *Key Messages*

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

The latest HSMR value is currently reporting at 90.85 (October 2020 to September 2021) which has increased from the previous rebased value of 88.86 (September 2020 to August 2021). The latest SHMI value is 99.30 (July 2020 to June 2021) continues to remain 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 level two and level three complaints have decreased compared to the previous month, whilst level one complaints has seen an increase. The number of complaints received this month continues to support the return to the pre-Covid status.

# Executive Summary



North Tees and Hartlepool  
NHS Foundation Trust

## Workforce

Sickness absence and management is a priority given the increasing rate. The development of a specific training programme on the effective management of sickness absence is underway with the aim of ensuring cases are managed appropriately and consistently across the Trust. This will support the implementation of the revised attendance management policy when ratified.

The workforce team are supporting the gathering of information relating to the covid-19 vaccination position across all staff groups in anticipation of the mandated requirement and to be able to analyse the potential impact on our workforce and services.

The roll out of the Flex for the NHS concept to trainers continues, in readiness for launch, anticipated to be in quarter 1 2022-23.

People practice training for all managers continues to be a priority with an agreed plan including targets and timescales

A staff side engagement event for the Pathology Collaboration is planned for 13<sup>th</sup> December. The appointment of a Director of Pathology has been confirmed.

Informal discussions continue with some registered staff in non-clinical roles regarding working clinically, where appropriate, to support the Trust, maintain their clinical skills and support on-going registration.

Vaccinations remain the main health and wellbeing focus, ensuring that staff are vaccinated for both Covid-19 and Flu. The clinics have been re-located to a new venue to ensure that they can continue to be offered to staff across the trust, as well as patients who require the covid booster.

The November Topic of the Month focussed on 'kindness', linked to the national anti-bullying campaign. Virtual sessions were hosted, providing staff with tools and techniques to support individuals and develop their own practice. The wellbeing sponsor role continues to grow, with 59 staff recruited to-date to promote and share wellbeing issues in their place of work.

As at 30 November, the number of active volunteers is 226, an increase of 16 on the previous month. There are currently 41 applications in progress and a further advertisement will open early in December. Recruitment continues at pace and interest remains high, with a further 136 expressions of interest in volunteering. There is specific interest from the younger population, as a result of the developing relationships with local colleges and wider networks.

## Finance

The Trust is forecasting to deliver an overall breakeven position for 2021/22, utilising the surplus that has been delivered in the first half of the year.

At Month 8, the Trust is reporting an in-month surplus of £0.123m against a planned deficit of £0.466m, which is £0.589m ahead of plan.

The Trust is reporting a year to date surplus of £4.365m against a plan of £3.360m (based on a planned breakeven position at year-end).

Total Group income in Month 8 is £30.192m (including donated asset income and ERF income).

Month 8 pay expenditure totalled £20.199m (including M1-8 ERF and removing the impact of the pay award) of which £0.278m is additional spend relating to the Covid-19 response and includes costs associated with Covid-19 testing.

Month 8 non-pay expenditure totalled £9.870m (including M1-8 ERF) of which £0.258m is additional spend related to the Covid-19 response and includes costs associated with Covid-19 testing.

The Month 8 year to date net contribution from Optimus is £0.188m against a plan of £0.073m (£0.115m ahead of plan) and the year to date net contribution from the LLP is £1.576m against a plan of £1.210m (£0.367m ahead of plan).

At Month 8, the Group cash balance is £66.9m, compared to a plan of £61.4m.

As at month 8, the Trust has spent £7.4m against a year-to-date plan of £6.8m, therefore ahead of plan by £0.6m.

At Month 8, key risks relate to: identification and under-delivery of recurrent efficiency savings; late notification of funding/under-delivery of non-recurrent plans; capital programme slippage; reduction in the useful economic life of Trust buildings and the uncertainty of funding arrangements for 2022/23.



# Single Oversight Framework



North Tees and Hartlepool  
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	2 Year Trend	
New Cancer Two Week Rule	✓ Oct-21	93.17%	93.00%		<p><b>Cancer</b></p> <p>Whilst the number of patients waiting over 62 days has seen an increase, so too has the number of two week rule referrals, with numbers above those seen pre covid. This undoubtedly creates additional pressures across the system with increased outpatient and diagnostic appointments needed. Pressures continue to impact on the delivery of cancer standards with some delays to pathways unavoidable due to system capacity issues including diagnostics, complexity of presentations, patient choice and infection prevention and control (IPC) requirements influencing pathways.</p> <p>After a particularly difficult month in September adversely affecting the 62 day standard, good recovery is noted in October with the Trust reporting 73.4% (61/83 patients treated within a 62 day timescale compared to 38.5/66 - 58.33% last month). Breaches were due to diagnostic delays, elective capacity and complex diagnostic pathways. The regional average for October reported at 66.8%, with performance ranging from 49.6% to 83.5%. No regional Trust achieved the 85% target; highlighting the continued challenges facing the region. The national average for October reported at 67.8%.</p> <p>62 day screening and 31 day subsequent treatment surgery also felt the impact of capacity issues reporting at 84.4% (38/45 treated within 62 days) and 85.7% (6/7 patients treated within 31 days) respectively with a similar position noted across the region against all 3 standards (See Appendix for overall benchmark).</p> <p>Urology, Colorectal and Gynaecology remain key areas of pressure with increased 2ww referrals now experienced in Breast (504 in October, up from 440 in September). The Trust remains committed to a collaborative approach through the South Cancer Cell initiative alongside South Tees- ensuring equitable access to treatment for all patients.</p>
Breast Symptomatic Two Week Rule	✓ Oct-21	94.66%	93.00%		
28-day Faster Diagnosis	✓ Oct-21	82.01%	75.00%		
New Cancer 31 Days	✓ Oct-21	98.53%	96.00%		
New Cancer 31 Days Subsequent Treatment (Drug Therapy)	✓ Oct-21	100.00%	98.00%		
New Cancer 31 Days Subsequent Treatment (Surgery)	✗ Oct-21	85.71%	94.00%		
New Cancer 62 Days	✗ Oct-21	73.49%	85.00%		
New Cancer 62 Days (Screening)	✗ Oct-21	84.44%	90.00%		
New Cancer 62 Days (Consultant Upgrade)	✓ Oct-21	94.74%	85.00%		

# Single Oversight Framework

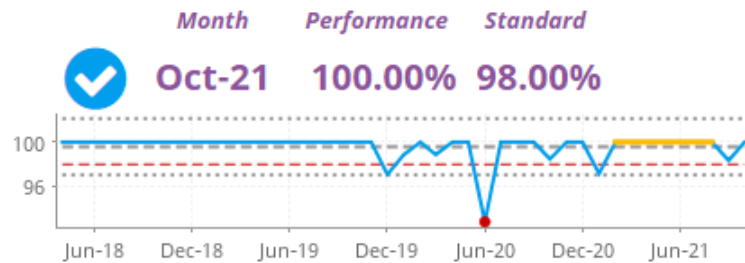


North Tees and Hartlepool  
NHS Foundation Trust

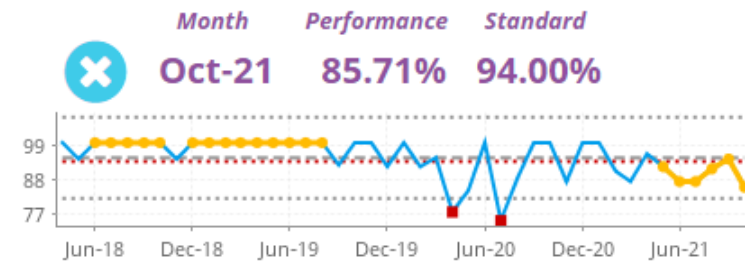
Standard	Standard Achieved				Narrative
	Month	Performance	Standard	2 Year Trend	
Referral To Treatment Incomplete Pathways Wait (92%)	✗ Nov-21	85.70%	92.00%		<b>RTT</b> The elective recovery programme continues across the system. The most recent national benchmark position (October 2021), indicates no trust in the region is reporting above the 92% standard with a regional average reporting at 65.6%, a reduction from 74.76% the previous month (range 62.6% to 87.7%) and the Trust ranks 2 <sup>nd</sup> reporting at 85.7%. Median waits saw a marginal increase to 7.85% against the 7.20% standard.  The latest planning guidance requires providers to 'hold or where possible reduce number of over 52 weeks waits and stabilise waiting lists around the level seen at end of September 2021'. In comparison to September 2021 the Trust reported a 1.71% (n=282) increase to the overall waiting list with a month on month reduction to those waiting over 52 weeks (n=67 against the H2 plan of 80), and equates to 0.40% of the overall waiting list. Regionally there are 10,016 patients waiting over 52 weeks with a range of 26 to 5,069.
Referral To Treatment Incomplete Pathways Wait (92nd Percentile)	✓ Nov-21	23.85	28.00		
Incomplete Pathways Wait (Median)	✗ Nov-21	7.85	7.20		
Incomplete Pathways Wait (>52 Week Wait)	✗ Nov-21	67	0		
Diagnostic Waiting Times and Activity	✗ Nov-21	88.91%	99.00%		
Community Information Dataset - Referral Information	✓ Oct-21	100.00%	50.00%		<b>Diagnostics</b>  Good recovery within the Diagnostic standard is noted with a 16% (n=152) reduction in the number of patients waiting more than 6 weeks (in comparison to last month). Key areas of pressures continue to be Endoscopy, MRI, Ultrasound and Cardiology. In October, the regional average was 75.5% with a range of 48.0% - 98.9% with the Trust ranking in 3 <sup>rd</sup> position.
Community Information Dataset- Referral to Treatment Information	✓ Oct-21	98.03%	50.00%		
Community Information Dataset - Treatment Activity Information	✓ Oct-21	100.00%	50.00%		
Community Information Dataset - End of Life	✓ Oct-21	83.33%	50.00%		

## Statistical Process Control (SPC) Charts

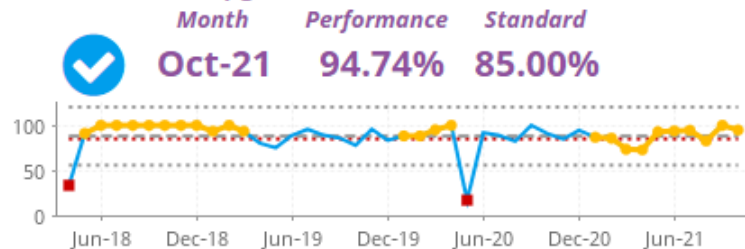
Cancer - 31 Day Drug Treatment



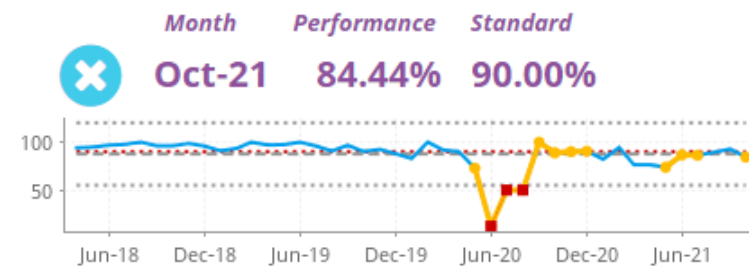
Cancer - 31 Day Surgical Treatment



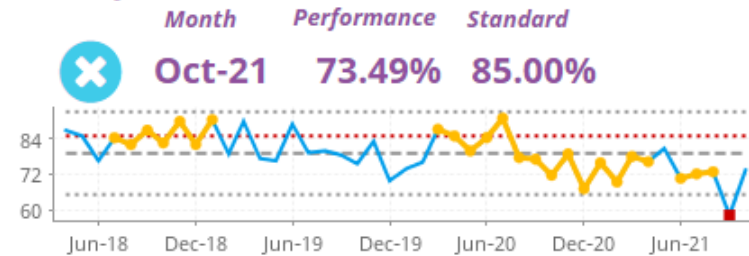
Cancer - 62 Consultant Upgrade



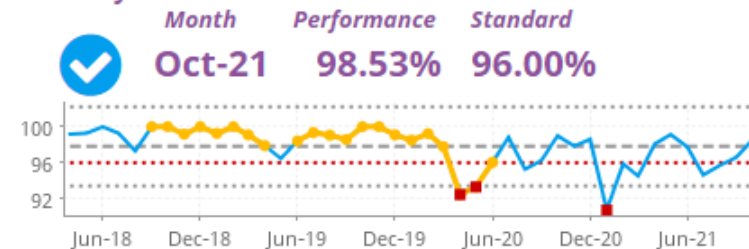
Cancer - 62 Days Screening



Cancer - 62 Days



Cancer - 31 Days



## Statistical Process Control (SPC) Charts

Cancer - 2 Week Rule



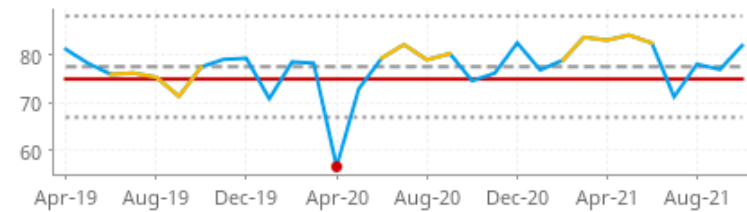
Month	Performance	Standard
Oct-21	93.17%	93.00%



Cancer - 28day Faster Diagnosis



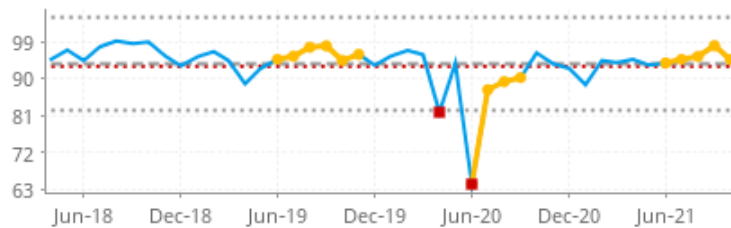
Month	Performance	Standard
Oct-21	82.01%	75.00%



Cancer - Breast Symptomatic



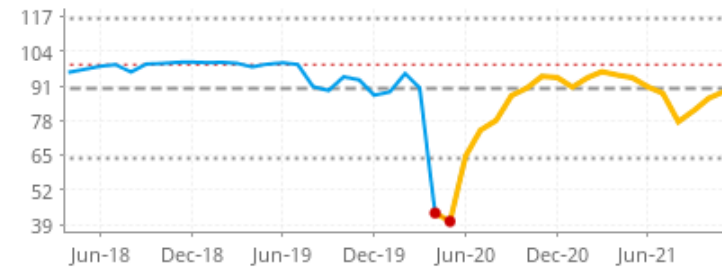
Month	Performance	Standard
Oct-21	94.66%	93.00%



Diagnostic Waiting Times



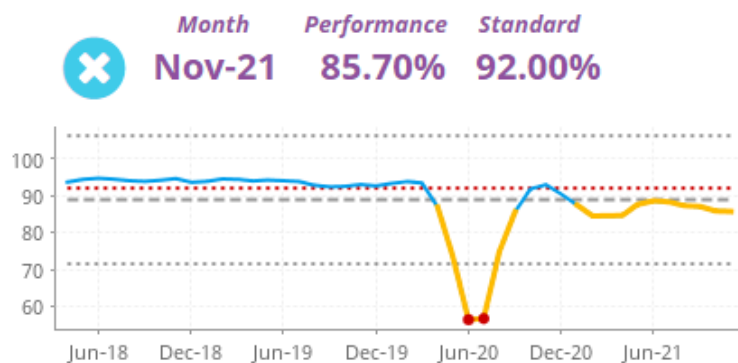
Month	Performance	Standard
Nov-21	88.91%	99.00%



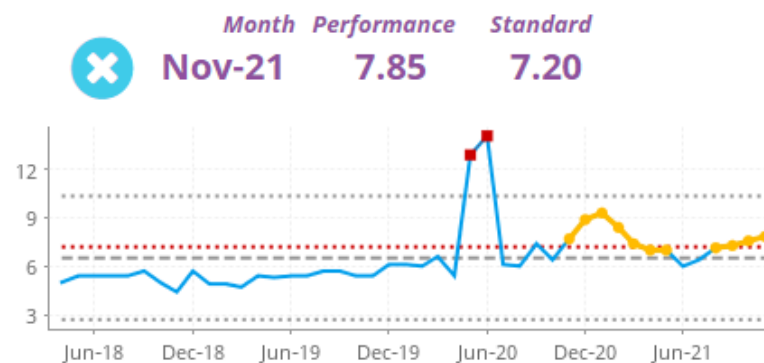


## Statistical Process Control (SPC) Charts

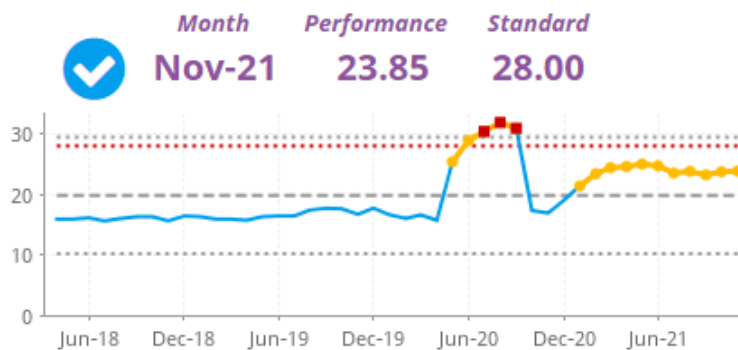
Referral To Treatment- Incomplete Pathways Wait (92%)



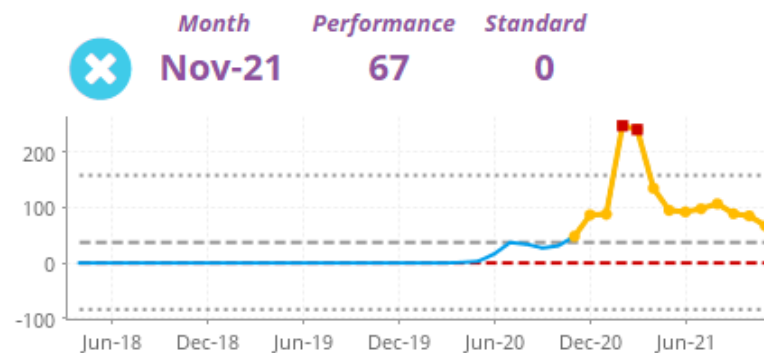
Referral To Treatment - Incomplete Pathways Wait (Median)



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

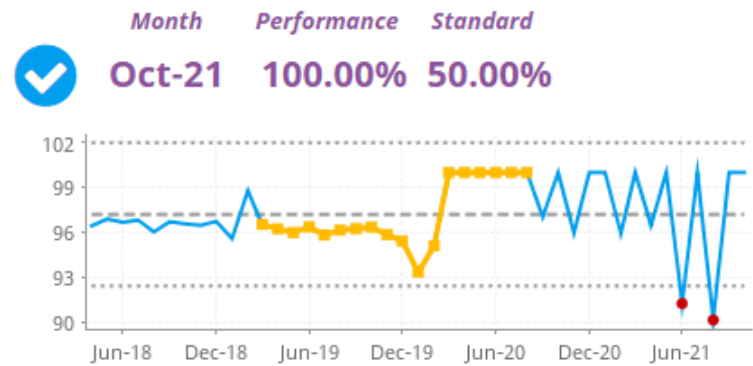


Referral To Treatment- Incomplete Pathways Wait (>52 Week Wait)

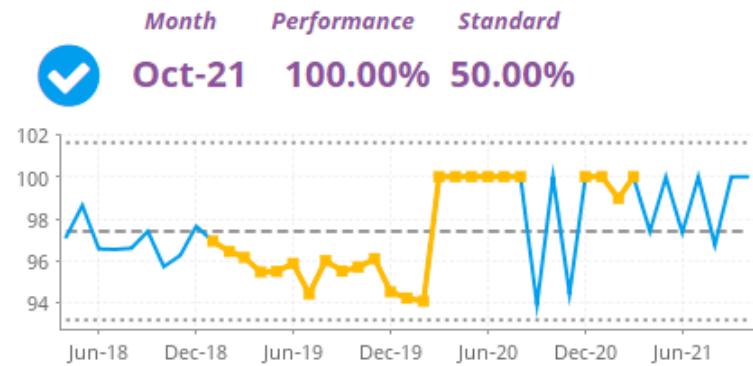


## Statistical Process Control (SPC) Charts

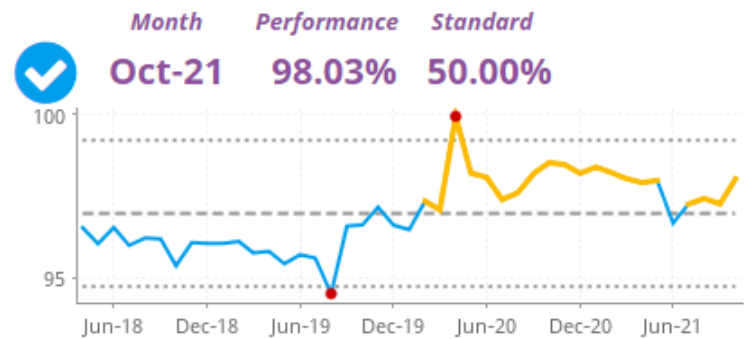
Community Information Dataset - Referral Information



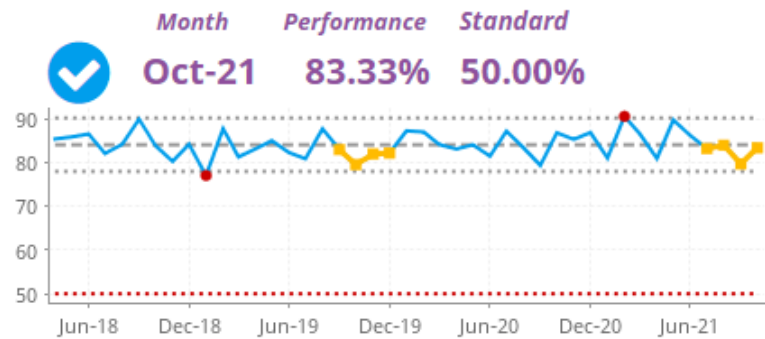
Community Information Dataset - Treatment Activity Information



Community Information Dataset - Referral to Treatment Information



Community Information Dataset - End of Life



# Efficiency & Productivity

















North Tees and Hartlepool  
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	2 Year Trend	
Outpatient Did Not Attend (New)	✘ Nov-21	8.40%	7.20%		<b>Did Not Attend (DNA)</b> DNA rates are seeing an increase trend over the past few months as lockdown restrictions have lifted and people return to work. New and review rates as a cumulative position is 8.7%. Trauma, Orthopaedics and Diabetes are seeing the greatest increase in DNA rates this month.  These standards will be addressed in the reformed Outpatients transformation group.
Outpatient Did Not Attend (Review)	✔ Nov-21	8.31%	9.00%		
Average Depth of Coding	✔ Oct-21	6.30	3.01		<b>Bed Occupancy</b> Sustained high bed occupancy rates are evident alongside the management of covid and non-covid patients, with resilience supported through a flexible bed base. Covid related admissions has remained relatively stable with a daily average of 43 occupied per day.  Occupancy ranged from 83.90% - 96.71% throughout the month of November.
Length of Stay - Elective	✔ Nov-21	1.70	3.14		
Length of Stay - Emergency	✔ Nov-21	2.96	3.35		<b>Readmissions</b> Readmissions has seen a significant improvement achieving the standard at 7.56%. This brings the Trust in line with model hospital benchmarking data. Data cleansing and capture has taken place across the Trust especially within the Holdforth Unit. Re-admission reviews presented to PPC.
Day Case Rate	✔ Nov-21	85.98%	75.00%		
Pre-op Stays	✔ Nov-21	1.08%	4.50%		
Trust Occupancy	✘ Nov-21	91.81%	85.00%		
Re-admissions Rate 30 Days (Elective and Emergency)	✔ Sep-21	7.56%	7.70%		

# Efficiency & Productivity



North Tees and Hartlepool  
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	2 Year Trend	
Electronic Discharge Summaries	 Nov-21	88.93%	95.00%		<p><b>Electronic Discharge Summaries</b></p> <p>A slight decline is noted, yet within parameters on SPC. 8747 summaries required with 7779 completed within 24 hours.</p>
Cesarean -Section Rates	 Nov-21	17.00%	15.60%		<p><b>Cesarean -Section Rates</b></p> <p>A slight increase is noted however clinically appropriate, reporting at 17% against a target of 15.60%. This equated to 34 emergency C-sections out of 200 mothers with 33% due to poor/no progress of labour and 27% due to heart trace.</p>
Decision To Admit (DTA) (over 12 hours)	 Nov-21	1	0		<p><b>Decision To Admit (DTA) (over 12 hours)</b></p> <p>The significant pressures across the organisation resulted in one 12-hour (DTA) trolley wait during November. Additional pressure within ED has increased number of mutual aid requests, diverts and deflections from other Trusts with a total of 18 patients received (19 in October).</p>
Time to Initial Assessment (mean) Type 1 & 3	 Nov-21	12.86	15.00		<p><b>Ambulance handover</b></p> <p>Increased pressures across the emergency care pathway have continued with some ambulance handover delays noted, however kept to a minimum wherever possible.</p> <p>NEAS monthly handover report indicates circa 1819 (30-60 minute) ambulance handover delays across North East and Cumbria providers in November with 724 over 60 minutes.</p>
Number of Ambulance Handovers waiting more than 30 Mins	 Nov-21	30	0		<p>NEAS reported the Trust at 39.3% ambulance turnaround times (valid) within 30 minutes, in comparison the North East's position at 34.5% with performance ranging between 26.5% and 44.6%.</p>
Number of Ambulance Handovers waiting more than 60 Mins	 Nov-21	22	0		
Super Stranded	 Nov-21	50	61		

# Efficiency & Productivity

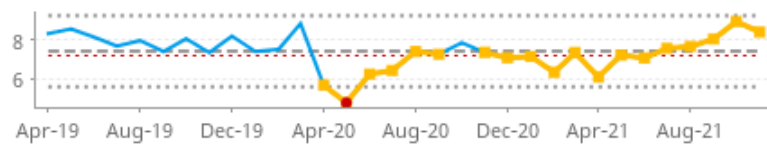


Standard	Standard Achieved				Narrative	
		Month	Performance	Standard	2 Year Trend	
Touch Time Utilisation	✘	Nov-21	70.62%	80.00%		<p><b>Theatre</b></p> <p>The elective recovery programme has been impacted upon by the increase in staff sickness with a number of procedures cancelled during November (n=24).</p> <p>Recovery is monitored on a weekly basis, including all activity-taking place within the Independent Sector. 'Insourcing' of additional weekend lists continues with a view to in week lists though this is being scoped and not agreed at present.</p> <p>Three patients could not be reappointed within 28 days due to theatre capacity (1) and 2 needing an HDU bed, which was not available within time.</p>
Overrun Sessions	✔	Nov-21	28.12%	36.00%		
Session Utilisation	✘	Nov-21	76.53%	92.50%		
Cancelled on Day of Operation %	✔	Nov-21	8.34%	8.80%		
Cancelled procedure - Non medical	✔	Nov-21	0.74%	0.80%		
Not reappointed within 28days	✘	Nov-21	3	0		

## Statistical Process Control (SPC) Charts

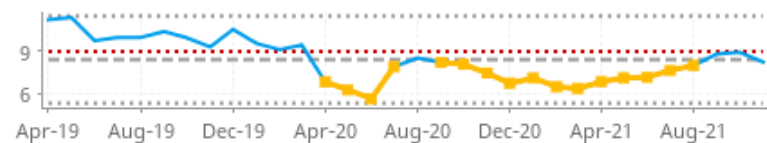
Outpatient Did not Attend (New)

Month	Performance	Standard
Nov-21	8.40%	7.20%



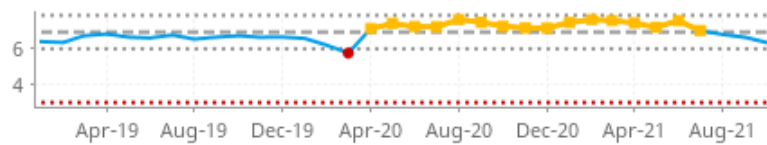
Outpatient Did Not Attend (Review)

Month	Performance	Standard
Nov-21	8.31%	9.00%



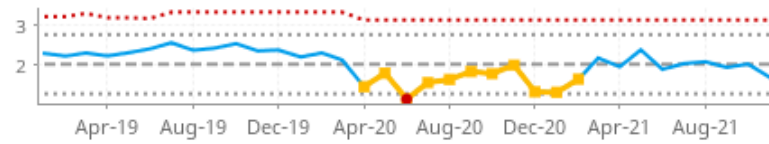
Average Depth of Coding

Month	Performance	Standard
Oct-21	6.27	3.01



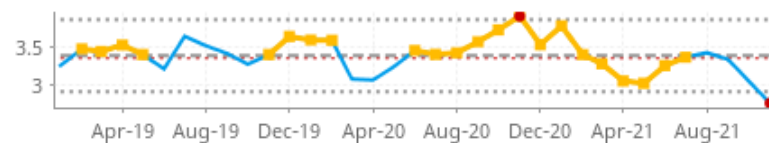
Length of Stay - Elective

Month	Performance	Standard
Nov-21	1.63	3.14



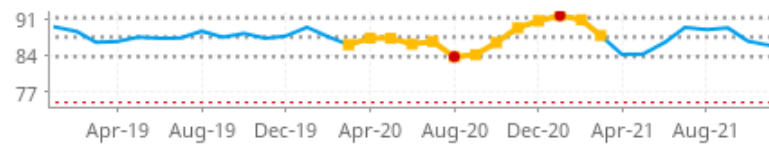
Length of Stay - Emergency

Month	Performance	Standard
Nov-21	2.75	3.35



Day Case Rate

Month	Performance	Standard
Nov-21	85.92%	75.00%





# Efficiency & Productivity

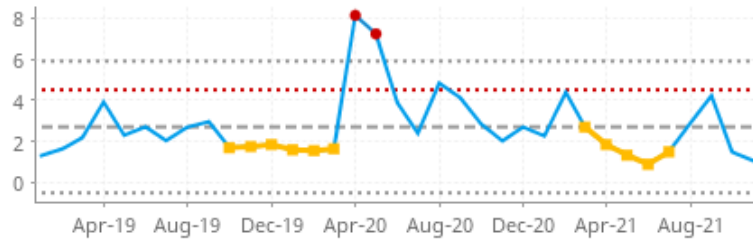


## Statistical Process Control (SPC) Charts

### Pre-op Stays

✔

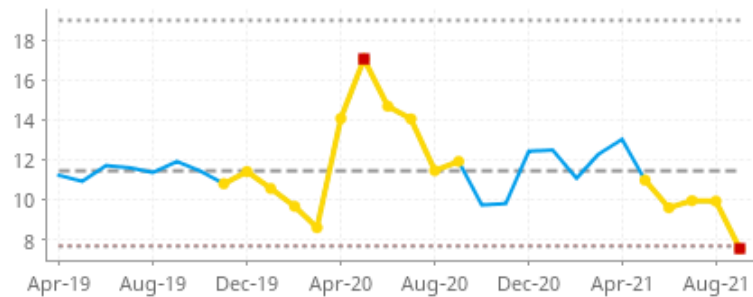
Month	Performance	Standard
<b>Nov-21</b>	<b>1.08%</b>	<b>4.50%</b>



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

✔

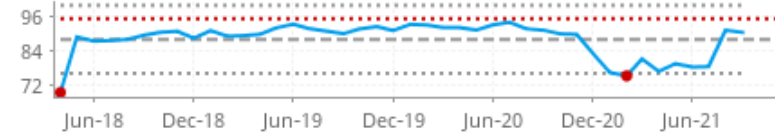
Month	Performance	Standard
<b>Sep-21</b>	<b>7.56%</b>	<b>7.70%</b>



### Electronic Discharge Summaries

✘

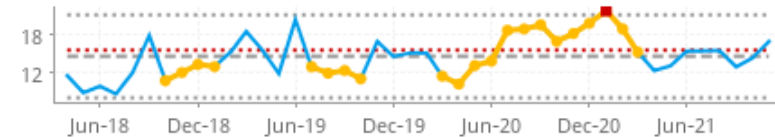
Month	Performance	Standard
<b>Nov-21</b>	<b>95.00%</b>	<b>95.00%</b>



### Cesarean-Section Rates

✘

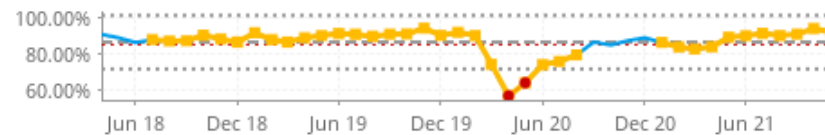
Month	Performance	Standard
<b>Nov-21</b>	<b>17.00%</b>	<b>15.60%</b>



### Trust Occupancy

✘

Month	Performance	Standard
<b>Nov-21</b>	<b>91.81%</b>	<b>85.00%</b>

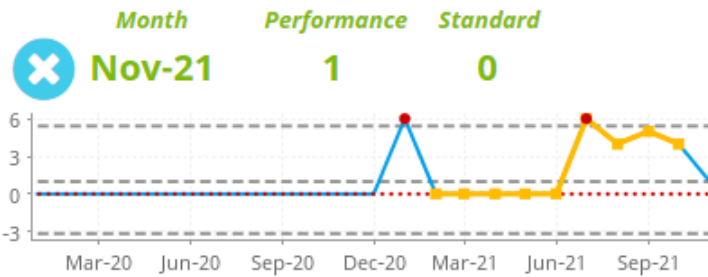


# Efficiency & Productivity

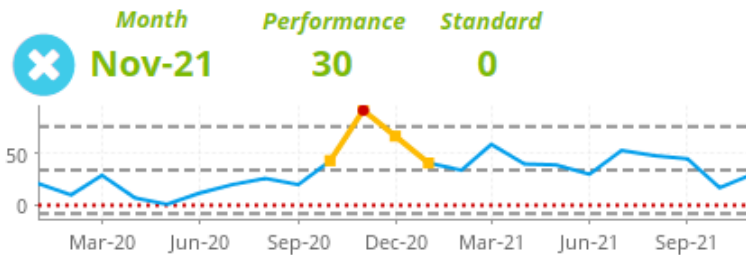


## Statistical Process Control (SPC) Charts

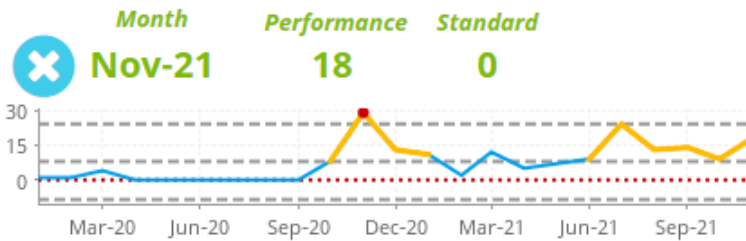
Trolley Waits over 12 hours



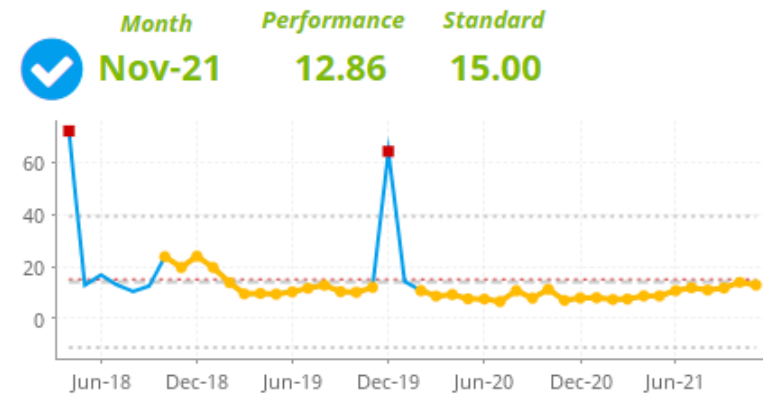
Number of Ambulance Handovers waiting more than 30 mins



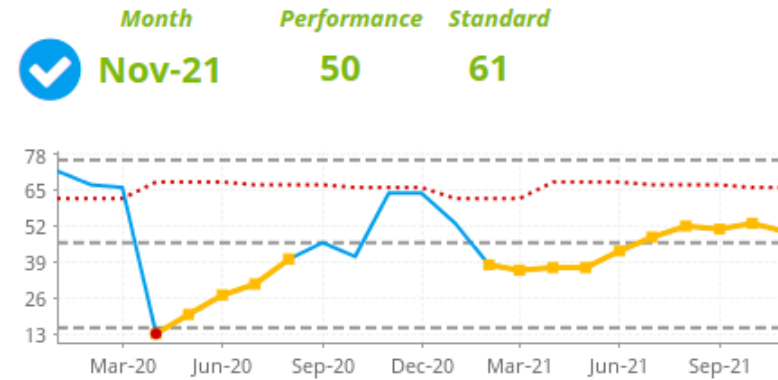
Number of Ambulance Handovers waiting more than 60 mins



Time to Initial Assessment (mean) Type 1 & 3



Super Stranded



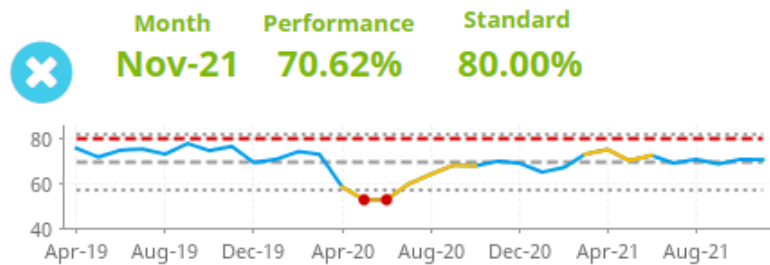


# Efficiency & Productivity

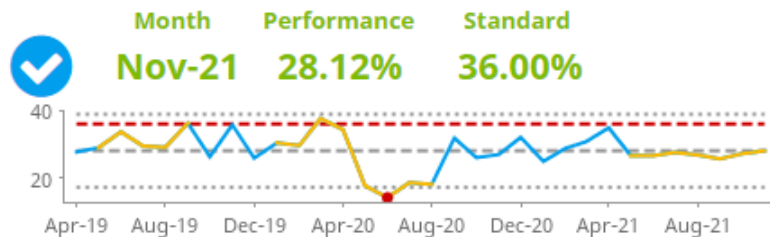


## Statistical Process Control (SPC) Charts

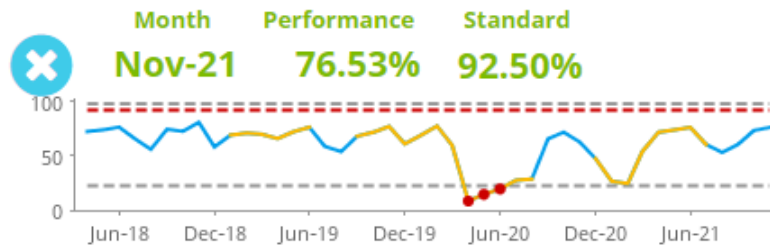
### Touch Time Utilisation



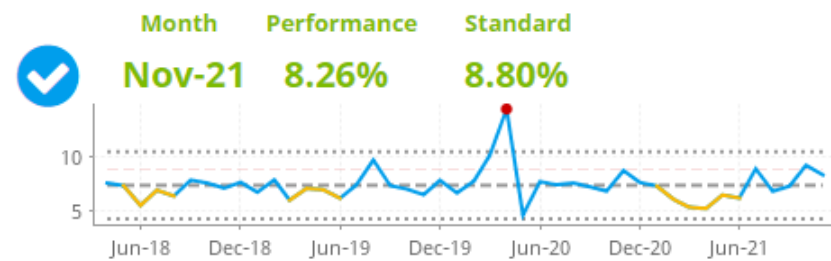
### Overrun Sessions



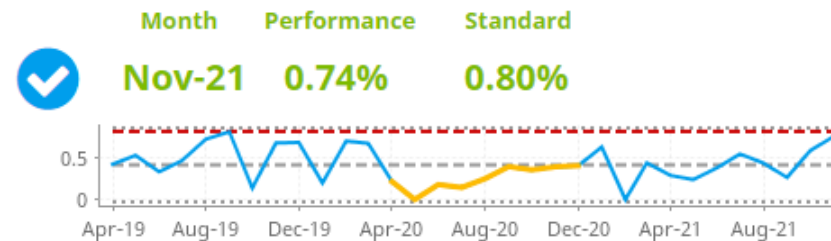
### Sessions Utilisation



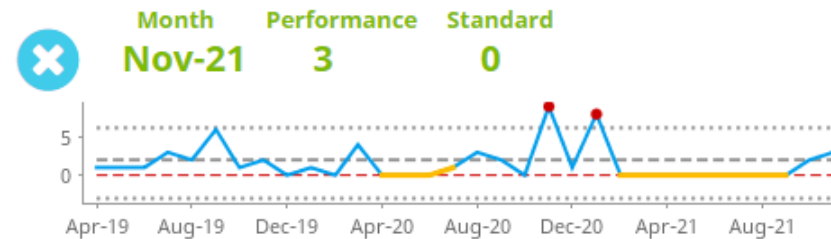
### Cancelled on Day of Operation %



### Cancelled Procedure - Non Medical



### Not reappointed within 28days



# Efficiency & Productivity



North Tees and Hartlepool  
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	<i>Month</i>	<i>Performance</i>	<i>Standard</i>	<i>2 Year Trend</i>	
TCS24 - % of Patients achieving improvement using a EQ5 validated assessment tool	✓ Nov-21	97.69%	93.50%		<p><b>TCS Standards</b></p> <p>Pressures affecting TCS35b (Wheelchair referrals) remain and are in the main as a result of delays around electric wheelchairs delivery due supplier issues. The current contract is under review. The service has also experienced internal pressures due to Covid isolations, vacancy's and general sickness.</p>
TCS35b - % of Wheelchair referrals completed within 18 weeks	✗ Nov-21	65.41%	90.00%		
Diabetic Retinopathy Screening	✓ Nov-21	97.65%	95.00%		
The % of Patients treated within 18weeks of referral to Audiology	✓ Nov-21	100.00%	95.00%		
Audiology non-admitted wait (92nd Percentile)	✓ Nov-21	5.00	18.30		

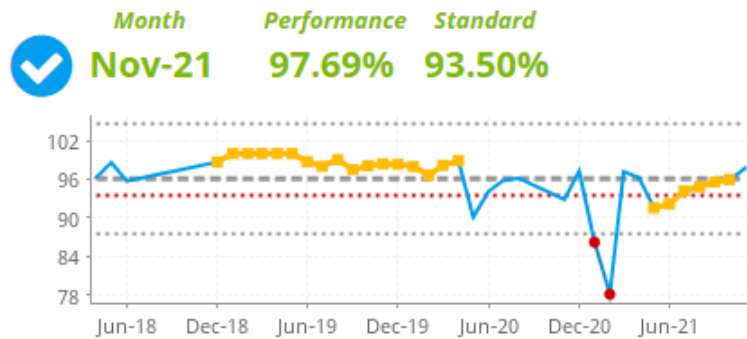
# Efficiency & Productivity



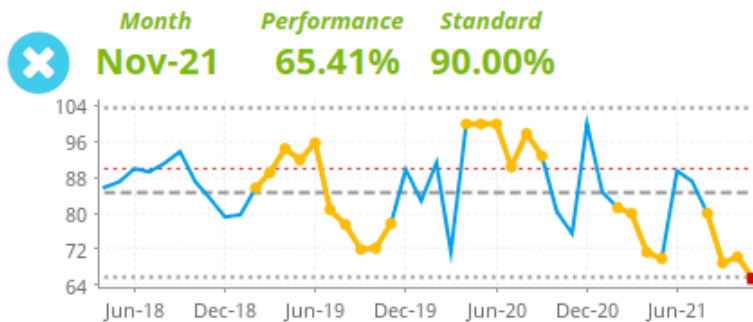
Standard	Standard Achieved				Narrative
	<i>Month</i>	<i>Performance</i>	<i>Standard</i>	<i>2 year Trend</i>	
PHQ - Emergency Admissions for Acute Conditions that should not usually require hospital admission	✘ Oct-21	133.25	99.03		<p><b>PHQ Indicators</b></p> <p>The PHQ indicators are a set of metrics, which monitor the impact of community services on avoidable admissions for a set of key conditions. A year on year improvement is monitored against these indicators as a measure of avoidable admissions.</p> <p>All indicators have been affected by seasonal pressures and expected at this time of year. Main reasons for admissions are COPD, Diabetes (though small numbers against each condition), respiratory, Urine infection and acute Bronchiolitis.</p>
PHQ - Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	✘ Oct-21	16.69	15.00		
PHQ - Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)	✘ Oct-21	72.50	68.39		
PHQ - Unplanned hospitalisation for respiratory tract infections in under 19s	✘ Oct-21	83.43	23.40		
Stroke admissions - 90% of time spent on dedicated stroke unit.	✔ Nov-21	94.12%	80.00%		
High Risk Trans Ischaemic Attack assessed and treated within 24hrs	✘ Nov-21	66.67%	75.00%		

## Statistical Process Control (SPC) Charts

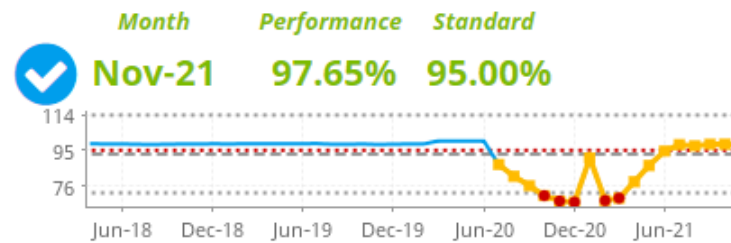
**TCS24 - % of Patients achieving improvement using a EQ5 validated assessment tool**



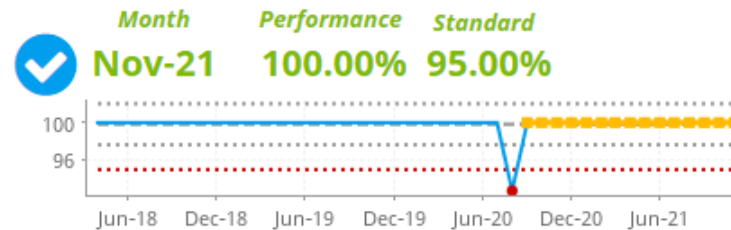
**TCS35b - % of Wheelchair referrals completed within 18 weeks**



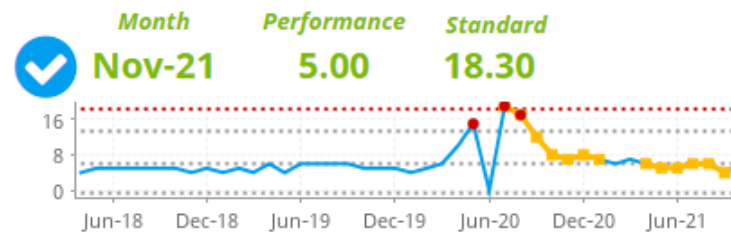
**Diabetic Retinopathy Screening**



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



**Audiology non-admitted wait (92nd Percentile)**

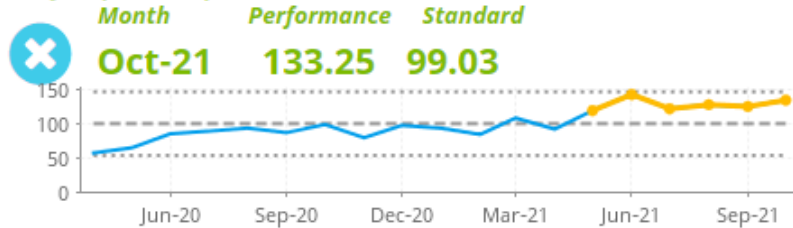


# Efficiency & Productivity

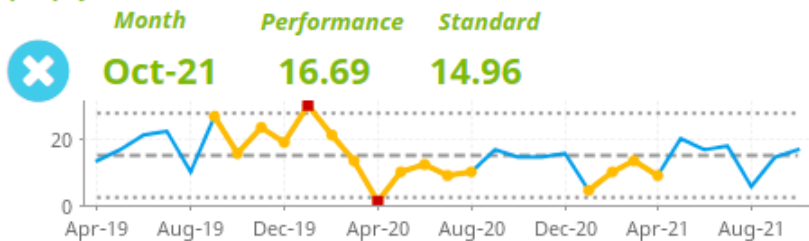


## Statistical Process Control (SPC) Charts

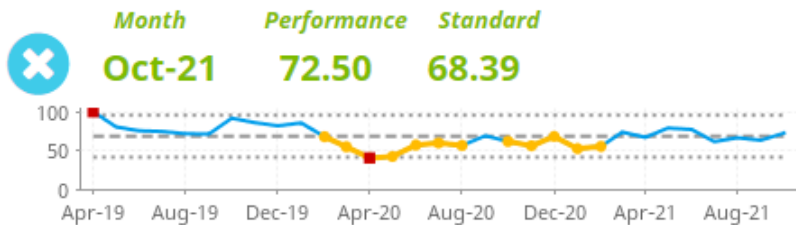
PHQ - Emergency Admissions for Acute Conditions that should not usually require hospital admission



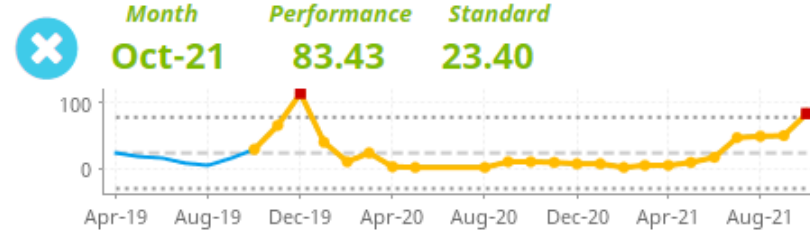
PHQ - Unplanned hospitalisation for asthma, diabetes and epilepsy in unders 19s



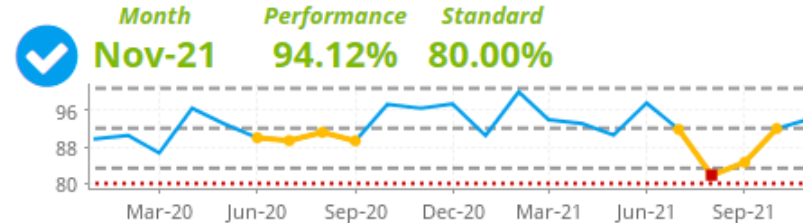
PHQ - Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)



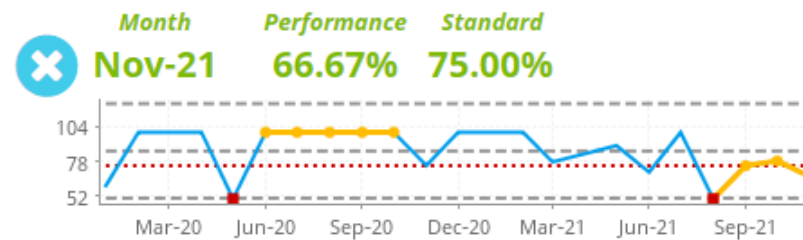
PHQ - Unplanned hospitalisation for respiratory tract infections in under 19s



Stroke admissions - 90% of time spent on dedicated stroke unit.



High Risk Trans Ischaemic Attack assessed and treated within 24hrs



# Safety & Quality



North Tees and Hartlepool  
NHS Foundation Trust

Standard	Standard Achieved			Narrative	
	Month	Performance	Trend		
Hospital Standardised Mortality Ratio (HSMR)	✓ Oct 20 - Sep 21	90.85		<b>Mortality</b> The latest HSMR value is currently reporting at 90.85 (October 2020 to September 2021) which has increased from the previous unreported value of 88.86 (September 2020 to August 2021). The latest SHMI value is now 99.30 (July 2020 to June 2021) which has decreased from the previous rebased value of 100.03 (June 2020 to May 2021).	
Summary Hospital-Level Mortality Indicator (SHMI)	✓ Jul 20 - Jun 21	99.30			
	Month	Performance	Standard	Trend	
Stage 1 Complaint	✗ Nov-21	111	90		<b>Complaints</b> The number of stage 2 and stage 3 complaints have decreased compared to last month, however, the number of stage 1 complaints has increased. 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.  Families continue to be supported through John's Campaign and provisions for those patients at End of Life. Visiting continues to be reviewed and the impact of this process will be monitored by the Infection Prevention Control Team. During November 2021, attitude of staff was the highest reported main issue in concerns raised to the Trust. Complaint trends are discussed during weekly Safety Panel meetings and Senior Clinical Professional Huddles, supporting timely identification of the themes.  Complaints relating to communication have started to reduce throughout November 2021 as the communication plan introduced in January 2021 remains in place and staff have been reminded of the importance of ensuring families receive a good level of communication. The plan incorporates regular telephone updates by ward staff. The plan also supports virtual visiting, property and letters of love drop off service, although there has been a decline in requests for these services which may be due to the introduction of limited visiting.
Stage 2 Complaint	✓ Nov-21	5	5		
Stage 3 Complaint	✓ Nov-21	10	12		
Compliments	✓ Nov-21	364	243		
					<b>Compliments</b> The Trust records the compliments received onto the Greatix platform. For November 2021 the number of compliments received is 364, which is significantly higher than the mean of 243 compliments. Compliments consistently remain higher than the number of complaints the Trust receives. The recent recording of compliments has previously seen a month on month decrease. It is recognised that work still needs to be done to increase the recording of compliments across the Trust.



# Safety & Quality



North Tees and Hartlepool  
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
Red Risks	✓ Nov-21	3	4		<b>Venous Thromboembolism Compliance %</b> The Trust is reporting that 94.41% of patients admitted to hospital were risk assessed for Venous Thromboembolism (VTE) during November 2021; this is below the National Standard of 95.00%.
Never Events	✓ Nov-21	0	0		
VTE %	✗ Nov-21	94.41%	95.00%		The VTE working group, has reviewed data collection from adult services and the following rule has been applied, emergency patients who have a length of stay less than 24 hours to be excluded. The Trust is reviewing obstetric patients data collection to provide assurance of the data quality.
Fall No Harm	✗ Nov-21	79	76		<b>Falls</b> There has been a slight decrease in the overall number of falls in November with the majority resulting in no harm. There has been a reduction of 7 in the number of no harm, an increase of 1 in low harm and a decrease of 2 in moderate harm. There is 1 fall categorised as moderate harm (fractured neck of femur). This is currently being investigated inline with the Trust policy.
Fall Low Harm	✓ Nov-21	14	17		
Fall Moderate Harm	✓ Nov-21	1	1		Work is on-going with ward areas in terms of promoting risk mitigation strategies and providing appropriate education and support. The falls group has recently agreed a guidance for the use of non-slip slipper socks which has been disseminated to all ward areas and departments. This will provide a standardised approach.
Fall Severe Harm	✓ Nov-21	0	0		The digital team continue to develop the falls documentation as well as the bed rails assessment. Improvements have recently been agreed by the working group. Digital solutions are also supporting the improvement work of lying and standing blood pressures.

# Safety & Quality



Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
Pressure Category 1 (inpatient)	✓ Oct-21	5	6		<b>Pressure Ulcers</b> In the October 2021 reporting period, all four categories of Pressure Ulcers fall within the control limits. A pressure ulcer assurance framework is currently under development to further support pressure ulcer management and the trust are in the process of rolling out the Purpose T evaluation tool.
Pressure Category 2 (inpatient)	✗ Oct-21	32	22		
Pressure Category 3 (inpatient)	✓ Oct-21	1	2		
Pressure Category 4 (inpatient)	✓ Oct-21	0	0		



# Safety & Quality



North Tees and Hartlepool  
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
Hand Hygiene	✓ Nov-21	98%	95%		<h3>Hand Hygiene</h3> <p>The overall Trust compliance score for hand hygiene is 98% for November 2021; this has decreased from the previous reporting period, and remains above the trust standard of 95%. Clinical areas carry out monthly audits with a quarterly assurance check by the IPC team, areas have been encouraged to ensure submission or to notify the IPC team for support.</p>
Clostridium difficile	✗ Nov-21	7	5		<h3>Infections</h3>
MRSA	✓ Nov-21	0	0		<p>In November 2021, the Trust has reported 7 Trust attributed cases of Clostridium difficile infection (6 Hospital-onset Healthcare Associated and 1 Community-onset Healthcare Associated). This is above our projected trajectory for November and takes our total number of cases to 36 against a yearly target of 64. Common themes from early RCAs have identified delayed sampling, multiple antibiotics and increased frailty. The IPC team are supporting areas with increased commode audits and stool sample training.</p>
MSSA	✗ Nov-21	4	2		<p>In the same period, five E-coli case have been reported, taking the total number of cases to 56. Although the trust continues to perform well against our target of 117 for the period of 2021/22.</p>
Ecoli	✓ Nov-21	5	10		<p>There has been one reported pseudomonas case identified in November 2021, which brings us to our target of 11 cases for the year. Positively, Pseudomonas cases have been on the decrease over the last two months after an increase in cases in critical care earlier in the year.</p>
Klebsiella	✓ Nov-21	1	2		<p>There have been 4 hospital associated cases of MSSA in the month of November, taking the total case number to 20, against a target of 25.</p>
Pseudomonas	✓ Nov-21	0	1		<p>The trust has reported only one case of Klebsiella in November 2021 bringing us to a total of 12 cases against a target of 24.</p>
CAUTI	✓ Nov-21	19	24		<p>The trust continues to report 0 MRSA bacteraemias.</p>
					<p>Community prevalence of Covid remains static within the North East and strict IPC measures and testing, including staff Lateral Flow Tests (LFTs) is strongly advised. Cases of Omicron have not been reported for the Tees-side area although we remain vigilant.</p>
					<p>There are currently 2 open outbreaks of Covid-19 within the trust. One has seen no new cases since the end of November and one where the last case was added on the 4<sup>th</sup> December 2021.</p>

# Safety & Quality



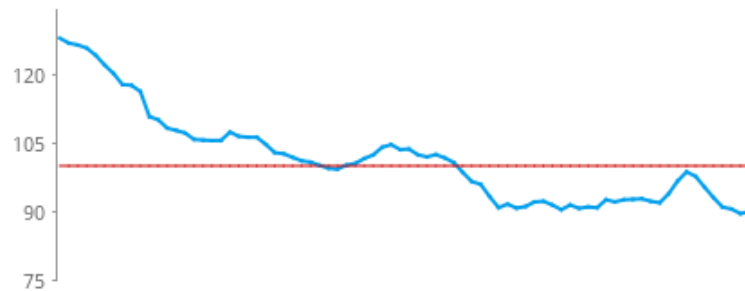
Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
Friends and Family Test (FFT) - Emergency	✓ Nov-21	82.00%	75.00%		<p><b>Friends and Family Test</b></p> <p>For November 2021 the Trust received 1,469 FFT returns, this is in line with the previous months returns with a Very Good or Good response of 91.63%.</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	✓ Nov-21	92.00%	75.00%		
Friends and Family Test (FFT) - Maternity	✓ Nov-21	100.00%	75.00%		
UNIFY - RN Day	✓ Nov-21	80.71%	>=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 November 2021 show that these pressures are still evident although the RN and HCA fill for November has increased slightly from October 2021. Enhanced rate of pay shift continue to be offered to incentive staff for working additional hours to further support the safe staffing of the clinical areas and further incentive schemes are planned to commence in January 2022.</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>The registered nurse vacancy level has reduced significantly in October 2021, due to newly registered nurses joining the trust with a further cohort of new nurses taking up their positions from January 2022. Further RN and HCA recruitment is managed via monthly recruitment centres.</p> <p>International recruitment is currently being planned which will further support increasing the shift fill rate and reducing the overarching nursing vacancy level from the Summer 2022.</p>
UNIFY - RN Night	✓ Nov-21	89.75%	>=80% and <=109.99%		
UNIFY - HCA Day	✓ Nov-21	90.84%	>=80% and <=109.99%		
UNIFY - HCA Night	✓ Nov-21	124.33%	>=110% and <=125.99%		

## Additional Detail Charts

### Hospital Standardised Mortality Ratio

✓

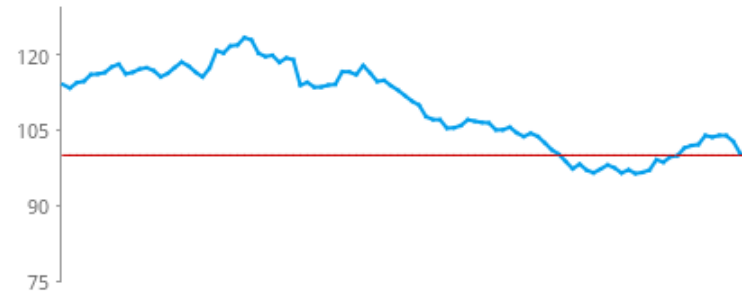
Month	Performance
Oct 20 - Sep 21	90.85



### Summary Hospital-Level Mortality Indicator

✓

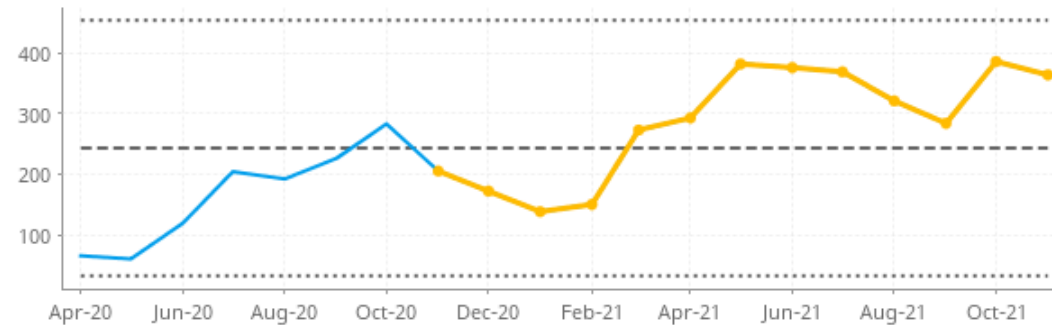
Month	Performance
Jul 20 - Jun 21	99.30



### Compliments

✓

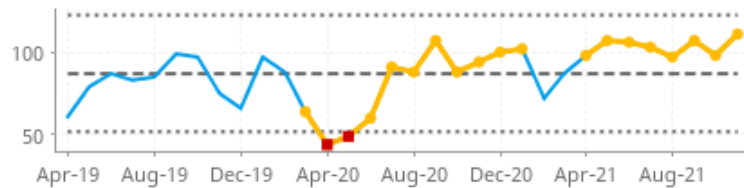
Month	Performance	Standard
Nov-21	364	243



## Statistical Process Control (SPC) Charts

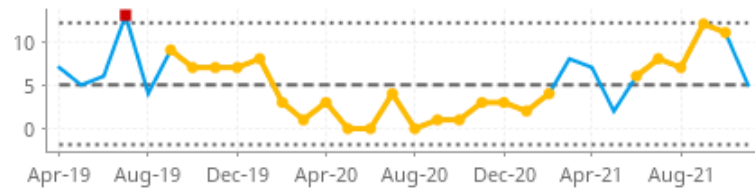
**Stage 1 - Informal**      *Month*      *Performance*      *Standard*

**✗**      **Nov-21**      **111**      **90**



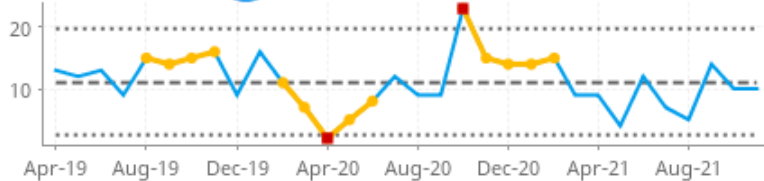
**Stage 2 - Meeting**      *Month*      *Performance*      *Standard*

**✓**      **Nov-21**      **5**      **5**



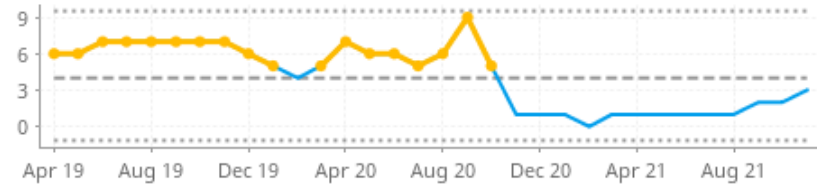
**Stage 3 - Formal**      *Month*      *Performance*      *Standard*

**✓**      **Nov-21**      **10**      **12**



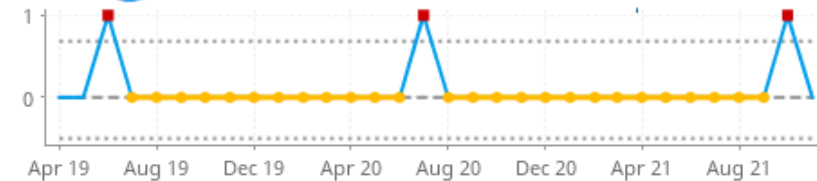
**Red Risks**      *Month*      *Performance*      *Standard*

**✓**      **Nov-21**      **3**      **4**



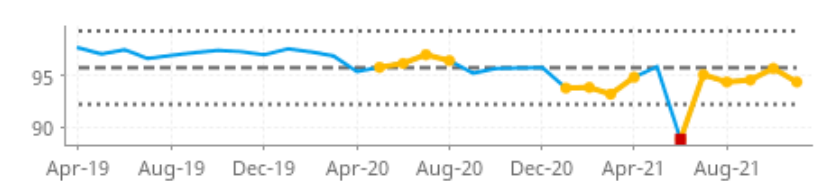
**Never Events**      *Month*      *Performance*      *Standard*

**✓**      **Nov-21**      **0**      **0**

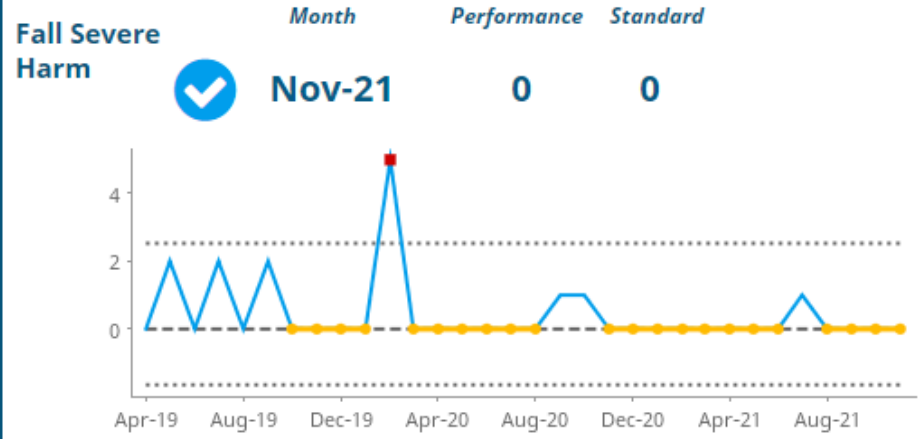
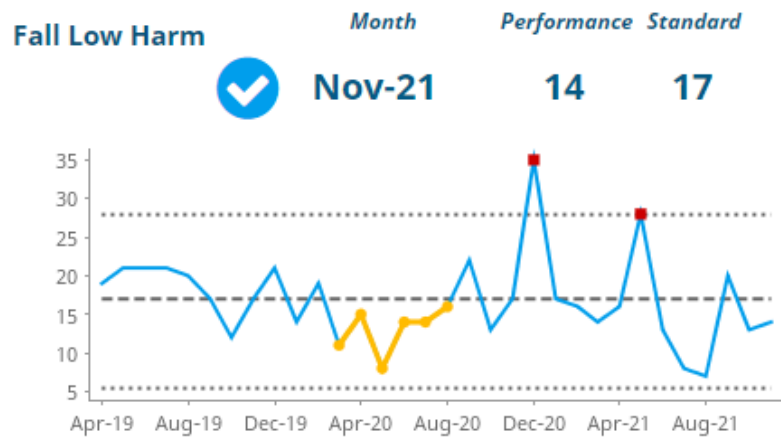
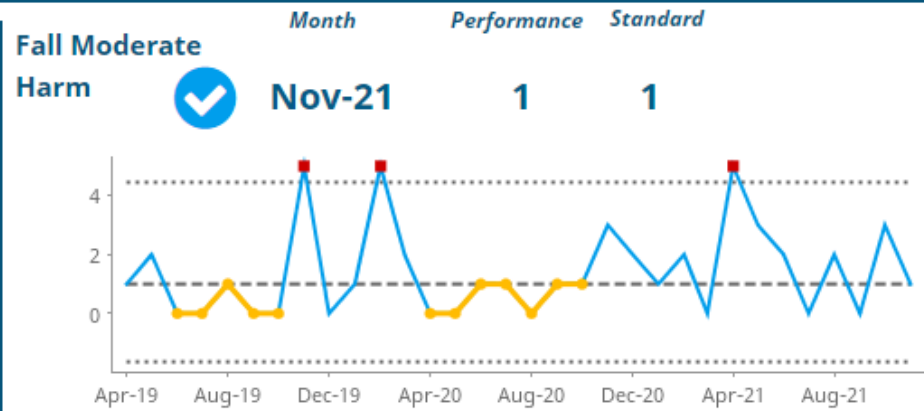
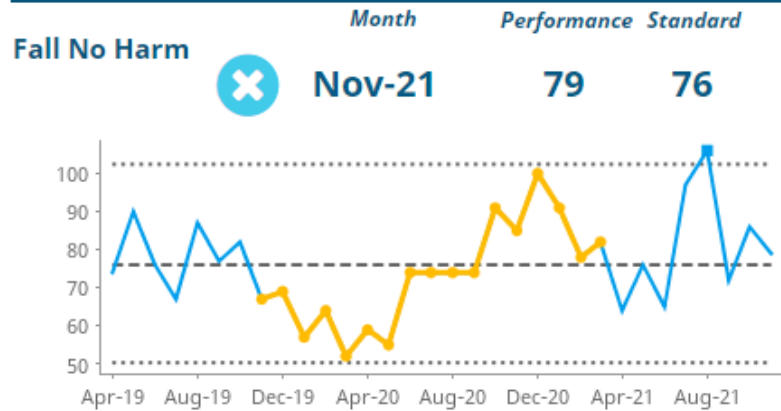


**VTE %**      *Month*      *Performance*      *Standard*

**✗**      **Nov-21**      **94.41%**      **95.00%**

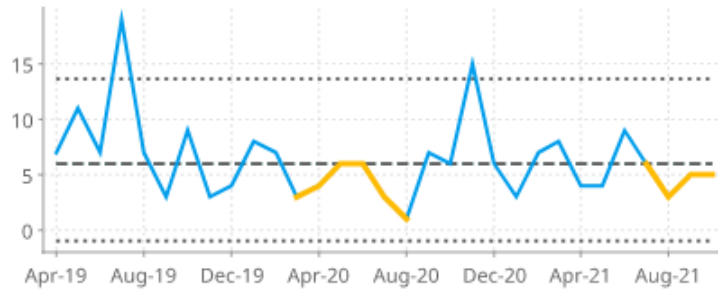


## Statistical Process Control (SPC) Charts

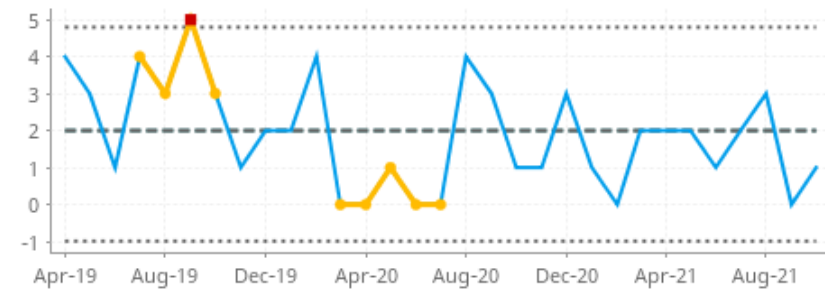


## Statistical Process Control (SPC) Charts

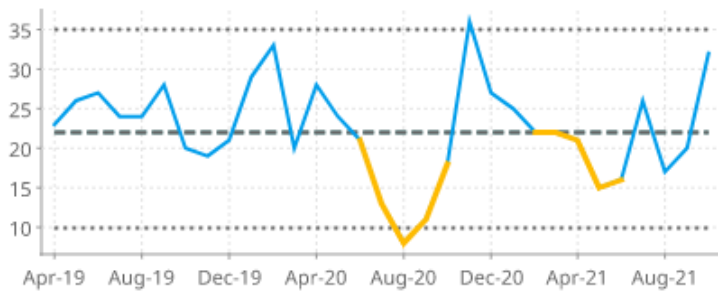
**Pressure Ulcer Cat 1**      **Month**      **Performance**      **Standard**  
✔      **Oct-21**      **5**      **6**



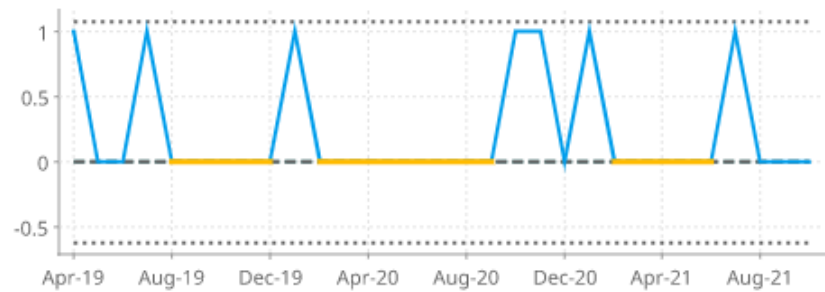
**Pressure Ulcer Cat 3**      **Month**      **Performance**      **Standard**  
✔      **Oct-21**      **1**      **2**



**Pressure Ulcer Cat 2**      **Month**      **Performance**      **Standard**  
✘      **Oct-21**      **32**      **22**

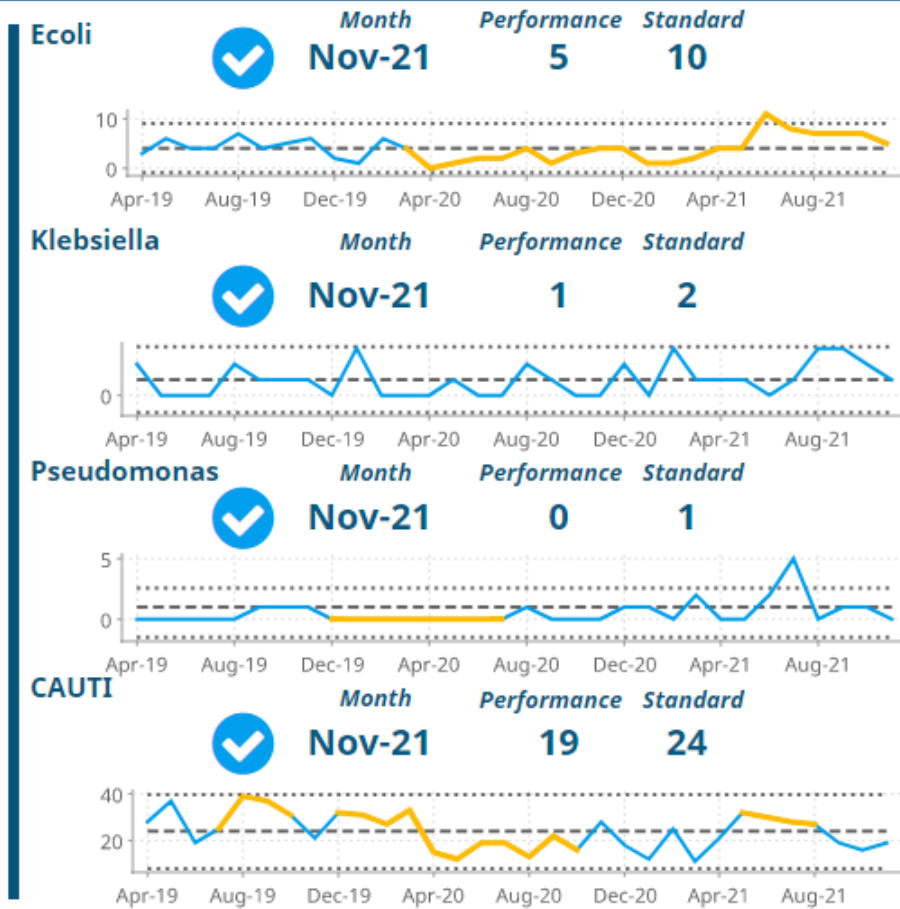
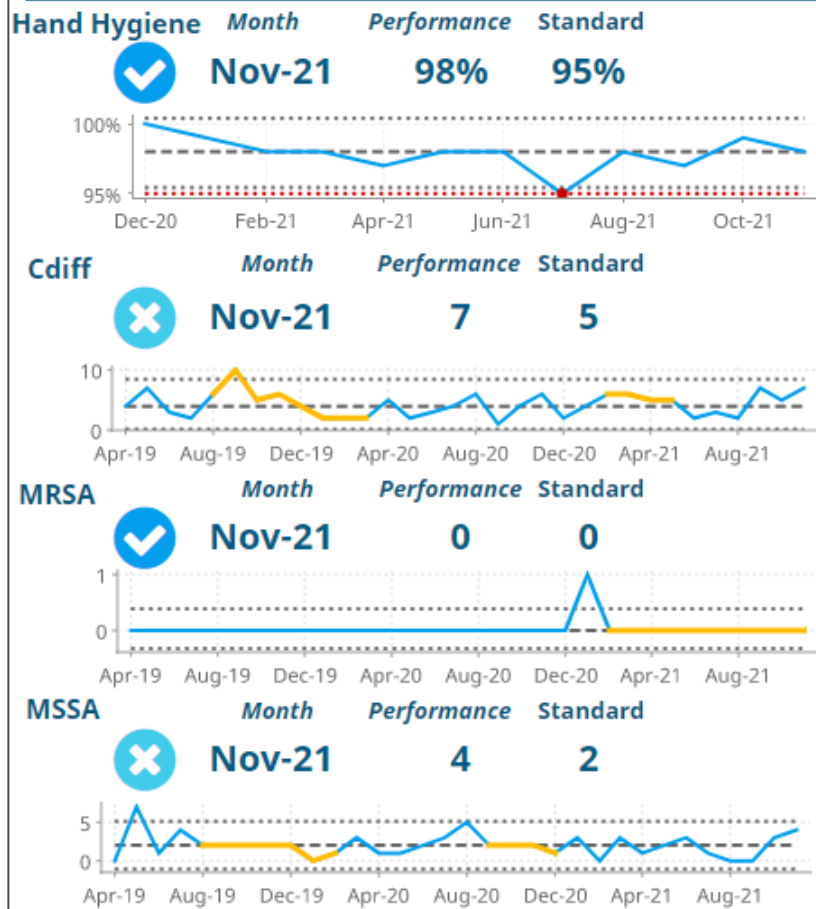


**Pressure Ulcer Cat 4**      **Month**      **Performance**      **Standard**  
✔      **Oct-21**      **0**      **0**

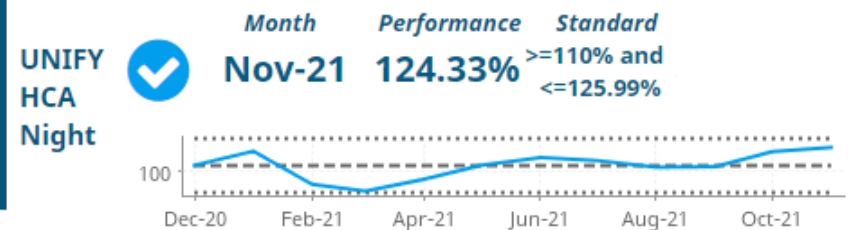
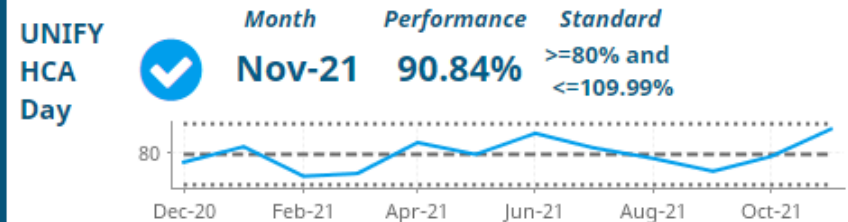
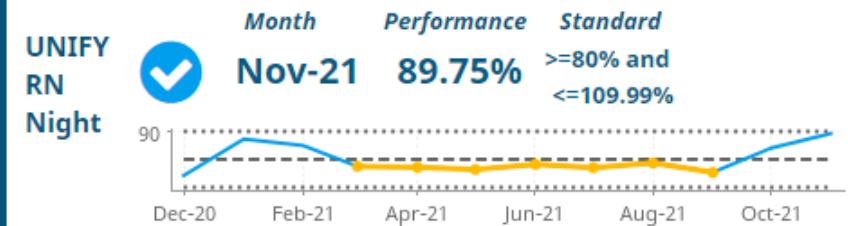
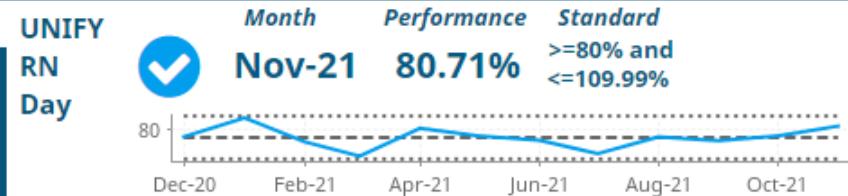
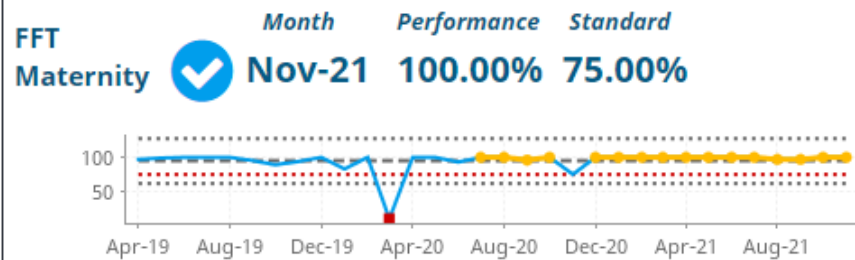
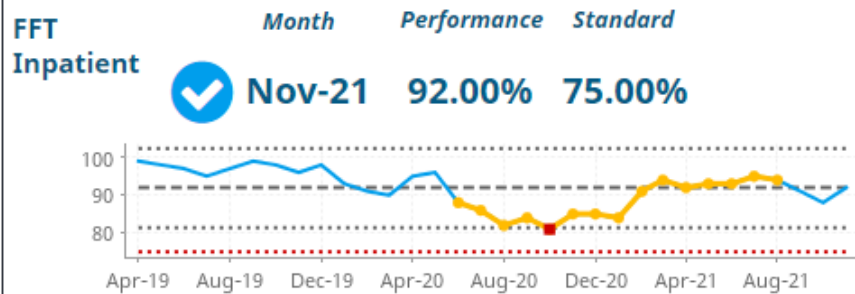
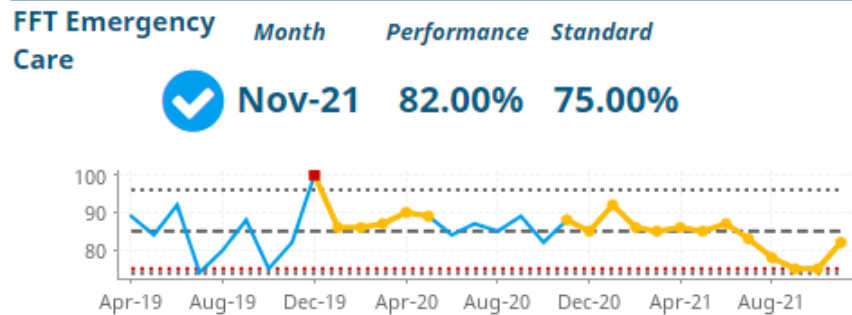




## Statistical Process Control (SPC) Charts



## Statistical Process Control (SCP) Charts





# Workforce



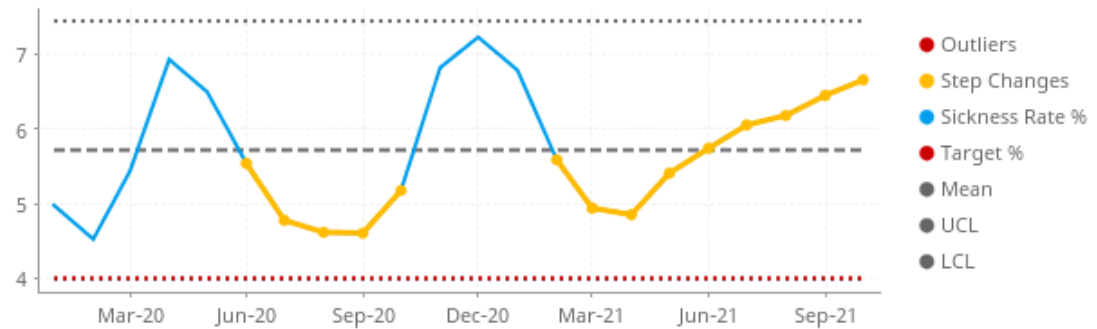
Standard	Standard Achieved				Narrative	
	Month	Performance	Standard	2 Year Trend		
<b>Sickness</b>	✘	Oct-21	6.66%	4.00%		<p>The sickness absence rate for October 2021 is reported at 6.66%, an increase of 0.21% compared to the previous month. This is broken down into 0.46% attributable to Covid-19 related sickness and 6.20% attributable to other sickness. The cost of sickness absence is reported as £388,540, a decrease of £63,489 compared to September (£452,029). There were 290 further cases of Covid-19 related staff absence in November 2021, broken down into 161 staff absent for 10 days and 129 who self-isolated for 14 days.</p> <p>'Anxiety/stress/depression' was the top sickness reason in October, accounting for 30% of all sickness absence during the month. The second highest reason was 'Other musculoskeletal problems' which accounted for 14% of sickness absence.</p> <p>Other workforce metrics for November 2021 are:</p> <ul style="list-style-type: none"> <li>• Appraisal compliance reported as 85%, unchanged from the previous month</li> <li>• Mandatory Training compliance reported as 88%, an increase of 1% on the previous month</li> <li>• Staff Turnover reported as 10.92%, an increase of 0.47% from the previous month</li> </ul>
<b>Appraisals</b>	✘	Nov-21	85.21%	95.00%		
<b>Turnover</b>	✘	Nov-21	10.92%	10.00%		
<b>Mandatory Training</b>	✔	Nov-21	87.59%	80.00%		

## Statistical Process Control (SPC) Charts

### Sickness

✘

Month	Performance	Standard
Oct-21	6.66%	4.00%



### Appraisal

✘

Month	Performance	Standard
Nov-21	85.21%	95.00%



## Statistical Process Control (SPC) Charts

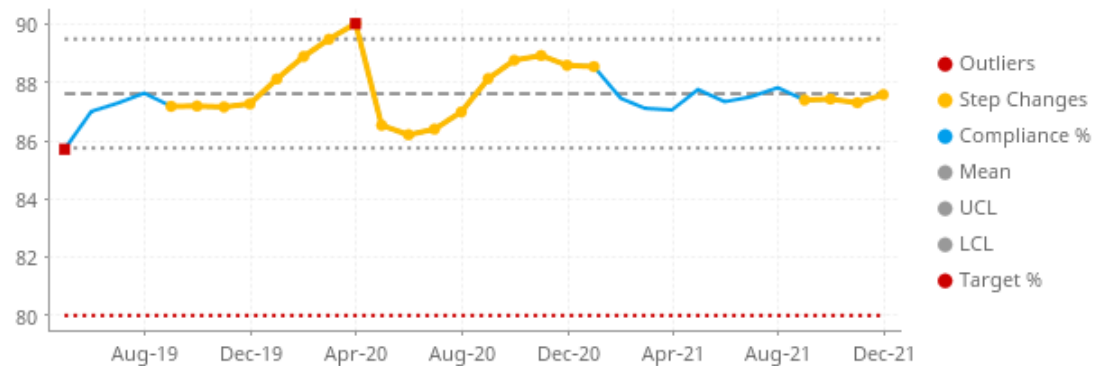
### Turnover

Month	Performance	Standard
Nov-21	10.92%	10.00%



### Mandatory Training

Month	Performance	Standard
Nov-21	87.59%	80.00%



# Finance



North Tees and Hartlepool  
NHS Foundation Trust



## Finance Overview - Month 8

Income/Expenditure	Plan (£000)	Actual (£000)	
In Month	-466	123	😊
Year to Date	3,360	4,365	😊

Balance Sheet	£m
Cash Actual	66.9
Cash Forecast*	61.4

\*Ahead of forecast due to I&E and movement in creditor and debtor days

Capital	Plan (£m)	Actual (£m)	
In Month	1.3	1.3	😊
Year to Date	6.8	7.4	😊

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

\*UOR suspended in 2021-2022 - 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
RTT - October 21										
Incomplete Pathways waiting <10 weeks	65.6%		85.9%	83.7%	62.6%	80.3%	70.6%	87.7%	65.6%	76.1%
Half of incomplete patients wait less than	12		7	7	13	9	11	8	12	8
Half of admitted patients wait less than	11		9	16	28	10	8	9	6	8
19 out of 20 admitted patients wait less than	67		45	39	93	50	82	36	68	54
Half of Non admitted Pathways waited less than	7		4	6	8	4	7	6	4	5
19 out of 20 non admitted patients wait less than	45		23	28	51	30	35	30	28	24

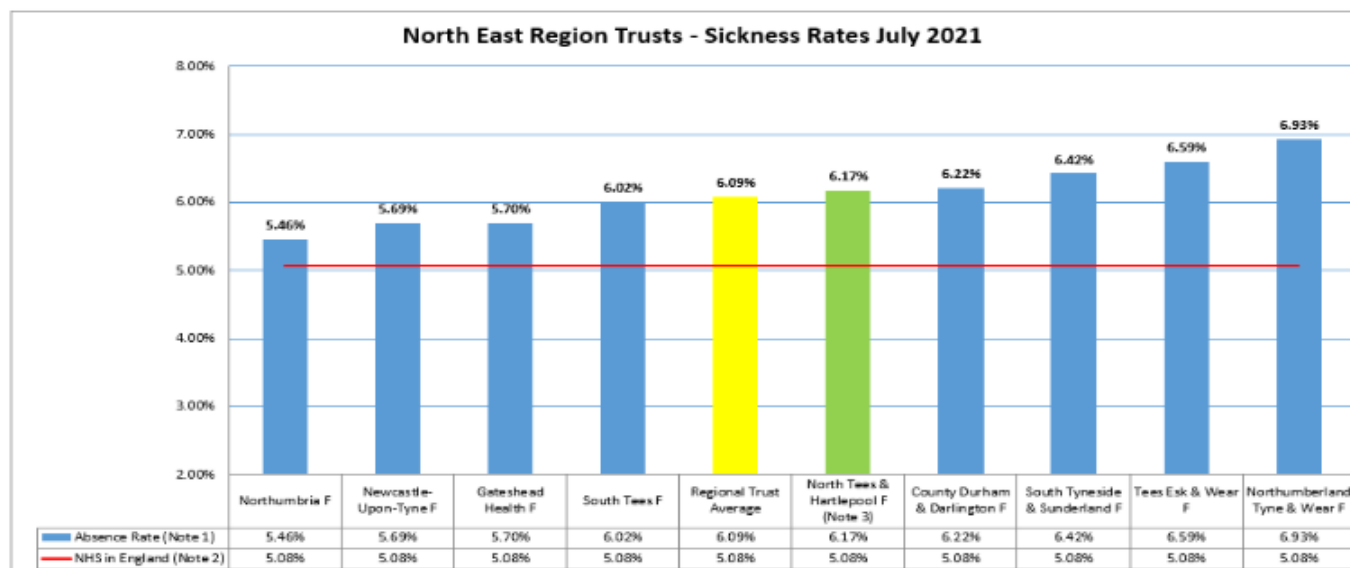
### Cancer Waiting Times Standards - Summary Provider Based Reports

Monthly Performance: October 2021

	S Tyneside and Sunderland	N Cumbria	Gateshead	Newcastle	Northumbria	S Tees	North Tees & Hartlepool	Durham & Darlington	NCA
2WW Referrals	95.38 (1191/1249)	85.23 (1085/1273)	92.38 (1128/1221)	69.29 (1487/2146)	95.21 (1492/1567)	92.81 (1550/1670)	93.17 (1064/1142)	74.1 (1585/2139)	85.29 (10582/12407)
Breast Symptomatic Referrals	0 (0/0)	91 (91/100)	96.15 (25/26)	32.67 (33/101)	89.78 (167/186)	63.64 (7/11)	94.66 (248/262)	62.16 (161/259)	77.46 (732/945)
31 Day First Treatments	99.46 (181/182)	86.52 (77/89)	93.28 (125/134)	91.91 (432/470)	95.87 (116/121)	95.46 (210/220)	98.53 (134/136)	92.02 (219/238)	93.96 (1494/1580)
31 Day Subsequent Treatments - Drugs	100 (98/98)	100 (1/1)	100 (51/51)	98.67 (222/226)	95.45 (21/22)	100 (92/92)	100 (64/64)	100 (6/6)	99.28 (555/559)
31 Day Subsequent Treatments - Radiotherapy	0 (0/0)	0 (0/0)	0 (0/0)	98.33 (354/360)	0 (0/0)	95.26 (181/190)	0 (0/0)	100 (1/1)	97.28 (836/851)
31 Day Subsequent Treatments - Surgery	100 (17/17)	90.91 (10/11)	100 (10/10)	74.79 (89/119)	100 (6/6)	80 (12/15)	85.71 (6/7)	88.24 (15/17)	81.68 (165/202)
62 Day Target - 2WW	83.59 (81.5/97.5)	49.62 (32.5/65.6)	52.86 (38.5/70)	51.54 (92/178.5)	78.49 (67.5/86)	71.18 (102.5/144)	73.49 (61/83)	73.13 (122.5/167.5)	66.87 (598/892)
62 Day Target - Screening	60 (1/2)	72.73 (4/6.9)	70.69 (24/34)	72.37 (27.5/38)	80 (1.5/3)	75 (3/4)	84.44 (38/45)	60 (3/5)	74.73 (102/136.5)
62 Day Target - Upgrade	81.82 (27/33)	80 (2/2.5)	0 (0/0)	36 (9/25)	43.75 (3.5/8)	64.15 (17/26.5)	94.74 (9/9.5)	70.37 (9.5/13.5)	65.25 (77/118)
28 Day Target - 2WW	72.48 (785/1083)	72.39 (818/1130)	80.38 (967/1203)	66.9 (1334/1994)	79.79 (1118/1456)	81.63 (1245/1527)	78.63 (885/1127)	90.49 (1686/1841)	77.62 (8818/11381)
28 Day Target - Breast Symptomatic	0 (0/0)	84.27 (75/89)	100 (25/25)	79.41 (81/102)	83.83 (143/171)	100 (9/9)	98.1 (258/263)	96.28 (233/242)	91.45 (824/901)
28 Day Target - Screening	60 (3/6)	69.23 (9/13)	71.43 (75/106)	88.28 (128/146)	78.06 (32/41)	85.71 (6/7)	80.67 (170/211)	69.02 (36/61)	77.93 (459/589)
28 Day Target - Overall	72.38 (788/1089)	73.21 (992/1232)	80.05 (1067/1333)	68.86 (1543/2241)	77.92 (1293/1868)	81.66 (1260/1543)	82.01 (1313/1601)	90.28 (1935/2144)	78.6 (10101/12851)

## Appendix 2

### Workforce



#### North East Region Trusts - Sickness Rates July 2021 (\*latest available)

The chart above shows the sickness absence figures for Acute and Mental Health Trust's in the North East region for July 2021.

North Tees and Hartlepool NHS Foundation Trust is represented by the green column. The average rate for all North East Acute and Mental Health Care Trust's is shown by the yellow column.

The red line is the average rate for the whole of the NHS in England (5.08%)

The sickness rate for North Tees and Hartlepool is 6.17%, just slightly higher than the Regional Trust (6.09%) average for this month.

Northumberland Healthcare NHS Foundation Trust report the lowest sickness absence rate for July 2021 at 5.46%.

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust report the highest rate at 6.93%

## Council of Governors

Title of report:	Elective Recovery Position									
Date:	10 February 2022									
Prepared by:	Eoin Carrol, Care Group Manager Rowena Dean, Care Group Director									
Executive sponsor:	Levi Buckley, Chief Operating Officer									
Purpose of the report	The purpose of this paper is to provide an update of the current elective recovery position within the Trust and ensure that the Council of Governors is aware of the arrangements that are in place to maximise elective capacity and provide support at a system level.									
Action required:	Approve		Assurance	✓	Discuss		Information	✓		
Strategic Objectives supported by this paper:	Putting our Population First	✓	Valuing our People	✓	Transforming our Services	✓	Health and Wellbeing	✓		✓
Which CQC Standards apply to this report	Safe		Caring		Effective	✓	Responsive	✓	Well Led	✓
Executive Summary and the key issues for consideration/ decision:										
<p>The Trust is delivering against the submitted activity plans in respect of trajectories for &gt;104 and &gt;52 week waits. There are clear plans for continuing to deliver the elective trajectories as well as providing some capacity and support to the wider system.</p> <p>There continues to be challenges in respect of increasing referrals and conversions and services monitor and respond to this on a weekly basis to ensure proactive planning of elective capacity and to ensure effective theatre utilisation.</p> <p>Key challenges for the Trust and wider system continue to relate to workforce with plans to address recruitment and retention challenges in place.</p>										
How this report impacts on current risks or highlights new risks:										
This report addresses risks identified within the Board Assurance Framework. Specifically Performance and Compliance (BAF 1C) and Transforming Our Services (BAF 3B)										
Committees/groups where this item has been discussed	Operational Management Team Executive Management Team Board of Directors									
Recommendation	The Council of Governors is asked to note the content of this paper.									

# North Tees and Hartlepool NHS Foundation Trust

## Council of Governors

10 February 2022

### Elective Recovery Position

#### 1. Introduction

The purpose of this paper is to provide an overview of the current elective recovery position within the Trust and brief the Council of Governors on the current arrangements that are in place to both maximise the Trust's elective capacity and to provide additional support for partners at a system level.

#### 2. Current Position

##### Current Inpatient waiting lists

Table 1 below summarises the organisation's current waiting position by subspecialty, the average number of patients per subspecialty list and the number of lists required to reduce all subspecialties towards a 40 week position. The 'To Come In' (TCI) position is included for reference.

This level of detail is monitored, reviewed and available on a weekly basis and future capacity and demand planning is continuously refined in response to the internal and regional waiting list position to ensure theatre capacity is well utilised to meet the needs of patients.

The Care Group's analysis of this information reflects both qualitative and quantitative data to predict the percentage split between day case and inpatient activity. This information is then used to ensure the most appropriate use of resources including theatre utilisation, bed occupancy and any requirements for additional activity. This approach is fluid in nature and allows the service to be responsive to the needs of the organisation in providing high quality and timely care.

##### Inpatient Waiting List

	>104 week waiters	>52 week waiters	>40 week waiters
General Surgery	0	12 (8TCI)	18 (5TCI)
Colorectal	0	2 (2TCI)	1
Breast	0	6	8 (1TCI)
Urology	0	8	24 (9TCI)
Gynae	0	4	9
Pain	0	5	2 (1TCI)
Lower Limb	0	7 (3TCI)	14 (1TCI)
Spinal	0	10	22 (1TCI)
Upper Limb	0	0	0
<b>Total</b>	<b>0</b>	<b>54</b>	<b>98</b>

Table 1 – Waiting list position by sub-specialty (as at 18 January 2022) with TCI numbers

The current referral rates and additions to list continue to demonstrate an upward trajectory of waiting list additions. It continues to be unclear whether this rise in referrals and conversions



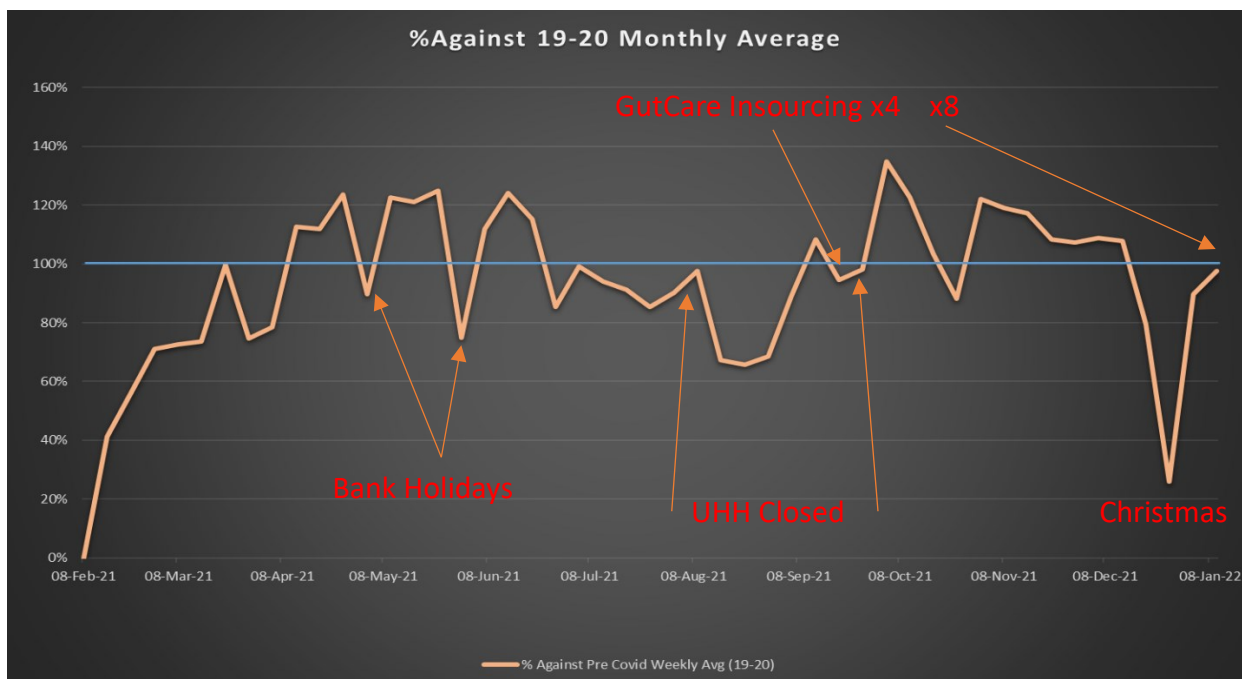
to list is due to delayed presentation by patients, in response to the pandemic, or whether this will be a sustained increase in referrals to services. Initial analysis by postcode and specialty has been undertaken in the Trust to review variation in referral patterns and support engagement with colleagues in primary care regarding future demand management and capacity planning.

As an example, three sub-specialities have seen a particular increase in both referrals and additions to lists. Some of the most recent figures are reflected below.

- Gen Surgery – All
  - Referral % Increase 48.4%
  - Additions % Increase 8.7% (Colorectal 20.89%)
- Urology
  - Referral % Increase 6.73%
  - Additions % Increase 19.53%
- Orthopaedics - All
  - Referral % Increase 19.76% (Spinal 49.47%)
  - Additions % Increase 8.93% (Lower Limb 12.55%)

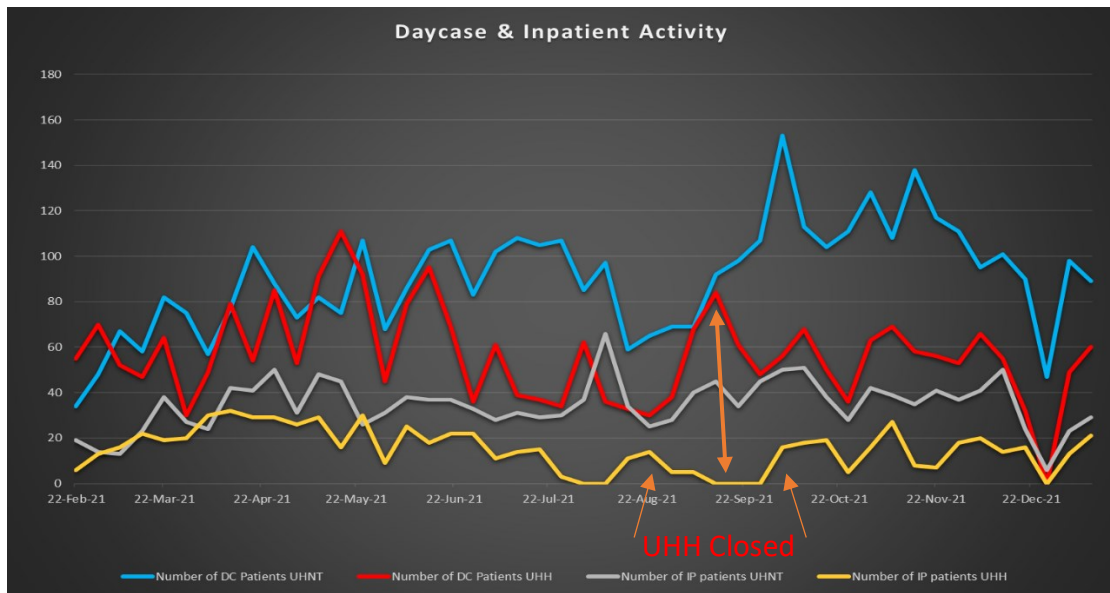
### Recovery progress

The graphs below demonstrate the Trust’s positive recovery progress to date. Graph 1 below describes the elective recovery percentage compared with 2019/20 activity demonstrating repeated periods of combined elective activity over and above 2019/20 average activity levels. The data demonstrates the planned reduction in elective capacity over the festive period; the impact of patient cancellations and the planned theatre closure programme for capital works including the development of an integrated theatre. These levels of activity have led to the Trust being one of top three highest performing Trust in the region in terms of elective recovery.



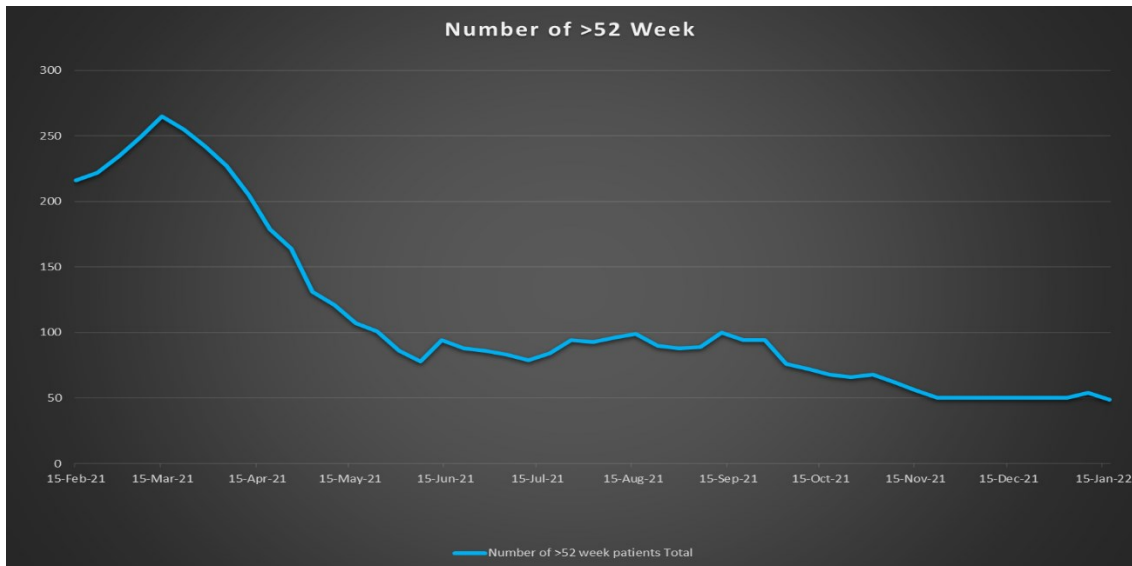
Graph 1 - Percentage elective activity 20/21 compared with 19/20 baseline average activity

Graph 2 below illustrates the relationship between day case and inpatient activity. Of key significance is the correlation between the two points of delivery when either one is negatively impacted by wider Trust pressures; i.e. when the temporary reduction of activity at University Hospital Hartlepool has occurred reducing inpatient activity, there has been a corresponding increase in daycase activity which demonstrates a fluid and responsive approach to the management of the theatre lists.



Graph 2 – Comparison of day case and inpatient activity

Graph 3 below shows the continuing downward trend of >52 week waits from a position of circa 260 in March 2021 down to the current position, as of 18 Jan. 2022, of 54 >52 week waits within Collaborative Care, 13 of whom already have a TCI date. It is the aim of the Care Group to ensure the continued significant reduction of >52 week waiters before the end of the current financial year in line with the trajectories developed through annual planning and internal elective recovery programme. The Care Group will also continue to drive towards to the internal stretch target of 40 weeks and under for some subspecialties.



Graph 3 – Actual >52 week wait position Jan 2022

### 3. Current Activity Plans

#### Planned in-week activity

The delivery of the routine theatre capacity is progressing well as is evident within the Integrated Performance Report and regional recovery data. However, there remain ongoing challenges within the Trust and across the region. Staff sickness absence continues to place significant pressures on the ability to plan and deliver against the activity plans. An added

complexity for the staffing resource is the sub specialisation of the operating teams which requires the right skill mix of clinicians to optimise outcomes and ensure consistent delivery of the available capacity.

Emergency and trauma activity always takes clinical priority over the elective priority 4 long waiters. However, the structure of the emergency and trauma theatre capacity provides sub specialised planned urgent theatre sessions, enabling unplanned activity to be managed with minimal negative impact on the elective programme. This approach to predicting emergency and trauma activity is well established in the Trust and supports minimal late cancellation of planned activity.

During winter, the Care Group has a long standing and effective approach to managing capacity and demand during times of sustained pressure whereby the case mix of planned surgery is flexed for the month of January to reduce the elective inpatient activity on the UHNT site and increase UHH activity wherever possible across both inpatient and day cases.

### **Additional Waiting List Initiatives (WLI)**

Pre-covid the Trust had a very low requirement for waiting list initiative work or the use of the independent sector. However, as a consequence of the pandemic there has been an increase in patients waiting over 52 weeks and therefore WLI and independent sector support has been utilised in the short / medium term. When WLI's were initially introduced there was minimal uptake from the workforce but interest improved with WLI's planned for the majority of weekends for the remainder of this financial year. The focus of these lists will primarily be at UHH and will focus on Lower Limb, Spinal, Gynaecology, General Surgery and Breast work.

### **Theatre Team Insourcing – GutCare**

In addition to introducing WLI using the internal workforce the Care Group has supported the insourcing of an external theatre insourcing company. This has utilised the national Elective Recovery Fund and initially delivered 4 additional weekend lists per week. The surgery and anaesthetic provision is provided by the Trust's consultant body with the nursing theatre provision being provided by the insourcing team. The provision started in mid-September delivering two lists initially but then quickly increased to 4 weekly lists. Since Jan 8<sup>th</sup> the use of GutCare has again increased to include 4 more full day lists, 2 additional in week lists on the UHNTs site and introducing 2 additional in week lists on the UHH site. The additional UHNTs lists will continue to support colorectal, general surgery, urology and gynaecology long waiters whilst the UHH lists will focus on orthopaedic and spinal long waiters. The current plan is to continue the utilisation of this GutCare model until the end of this financial year.

Utilising this approach there has been a positive impact on the backlog of 62 day colorectal cancer patients and urology cases. It has delivered 114 patients to date, made up of cancer patients and long waiters. This has had a significant impact on the waiting lists, particularly within general surgery and colorectal recovery. There continues to be the ability to alter the skill mix of the insourcing teams to ensure the service is targeting the longest waits within each subspecialty thus ensuring parity in the overall reduction of all waiting lists. It is projected that by the end of financial year there is the ability to deliver 96 more lists (excluding WLIs) which will further improve the Trust >40 week wait position.

### **Capacity versus Demand - Intelligent Forecasting**

The ability to forecast demand and being able to respond flexibly is the key to sustained improvement. The Care Group works in partnership with the Business Intelligence (BI) team to develop dashboards using the BI tool, YellowFin, to provide the Care Group with live data relating to the weekly RTT position, additions to list and theatre throughput. Whilst some of

this work is still in the development stage, significant progress has been made with 'additions to list' having just been added to YellowFin. This enables the service to be responsive to the changing demands of the local population. The BI Team will also support a review of the waiting lists to fully understand any peaks or troughs in activity, allowing the service to flex resources accordingly.

### **Independent Sector (IS)**

As noted above, the Trust continues to maximise the utilisation of any additional independent capacity made available through the ICP commissioning functions. Each month the waiting lists are reviewed in line with a rigid inclusion/exclusion criteria and all appropriate patients are transferred to the Nuffield, Stockton. In recent months the Trust has seen a reduction in the number of appropriate patients identified due to the general reduction in this type of patient but the Care Group will continue to maximise this capacity wherever possible. The situation with the IS will continue to be closely monitored given the potential nationally to request the IS to revert back to the national contract if required to ensure clinical prioritisation of cases in extremis.

## **4. System Recovery**

Although the Trust is cognisant of internal elective recovery challenges, it recognises that historic performance places the Trust in a comparatively stronger position compared to other providers across the ICS. The Trust wishes to continue supporting a levelling up of service provision, whilst not allowing an unacceptable deterioration of the waiting times for the Trust's own catchment population. Work continues with colleagues at South Tees FT in particular to support wider system recovery.

Two key work streams currently under development are spinal pathways and the foot and ankle pathway. The plan is for long waiters (>104 week) from across the system to be seen and treated on both the UHNT and UHH sites. Funding for these initiatives has been supported through the Targeted Investment Fund (TIF). The funding is limited to this financial year, which also causes challenges in terms of sustainability of workforce provision to improve the waiting times at system level beyond 31<sup>st</sup> March 2022. The Spinal work consists of both local anaesthetic and general anaesthetic lists, the local anaesthetic lists have already commenced with the first general anaesthetic list due to take place Thursday 20<sup>th</sup> January 2022. As part of this development there has been investment in a spinal microscope ensuring a system approach to the management of patient waiting lists.

With regards to the foot and ankle pathway there has been some workforce challenges outside of the Trust's control as this pathway was being supported by an external insourcing company, however there are now plans in place to complete the same amount of lists originally planned but within a shorter time period. These lists will take place during Feb and March 2022.

## **5. Challenges and Risks**

Workforce remains the most significant challenge for providers, this has been significantly impacted further by the latest Covid19 variant. Regardless of this the Care Group remains determined to proactively tackle this both in the short and long term. In the short term there are currently additional overtime shifts offered to help bridge the gap however the Care Group is mindful of the impact on staff health and wellbeing and wishes to minimise the additional duties undertaken by the core team.

In addition to the insourcing arrangements described above the Care Group is currently exploring additional options in an effort to secure additional workforce to support both the

delivery of internal and system demand with the support of the TIF bids. This includes alignment with the Trust's overseas recruitment plans, internal training schemes and close alignment with University colleagues to review local work force development and training plans.

Sustainable growth, taking into account the increase in referrals and the additions to the waiting list is key to the continued success of the Trust in delivering the waiting time standards and continuing to support the wider system. Plans have been submitted to support this approach both internally and as a system response.

The Trust will undoubtedly face other challenges in the coming months including the impact of winter and potential surges in emergency and trauma demand but, as already highlighted, the Care Group has clear plans to minimise and mitigate this impact.

## **6. Conclusion**

The Trust remains in a strong position in terms of elective recovery and has clear plans to continue to deliver as far as possible on the elective recovery trajectories. There are opportunities to support both the internal waiting lists as well as supporting the wider system recovery by ensuring the system 'levels up' through collaborative capacity and demand planning, forecasting, managing combined waiting lists and clinical pathways.

Based on the revised current trajectories the Collaborative Care Group remains confident that the Trusts >52 week wait position will continue to improve and is working tirelessly towards the target of 0 >52 week wait as well as significantly reducing the >40 week wait position in line with internal plans and acting as a system enabler to address >52 week waits across the ICP.

**Levi Buckley**  
**Chief Operating Officer**

## Council of Governors

Title of report:	Register of Interests								
Date:	10 February 2022								
Prepared by:	Sarah Hutt, Assistant Company Secretary								
Executive Sponsor:	Barbara Bright, Director of Corporate Affairs and Chief of Staff								
Purpose of the report	The purpose of the report is to present the annual declaration of interests and fit and proper persons register for Governors.								
Action required:	Approve		Assurance	x	Discuss		Information	x	
Strategic Objectives supported by this paper:	Putting our Population First	x	Valuing People	x	Transforming our Services	x	Health and Wellbeing	x	
Which CQC Standards apply to this report	Safe		Caring		Effective		Responsive	Well Led	x
Executive Summary and the key issues for consideration/ decision:									
<p>In accordance with Annex 7, of the Trust's Constitution, the Council of Governors are required to declare interests that may conflict with their position as a Governor of the Trust. In addition, Governors must certify on appointment, and each year, that they remain a fit and proper person in accordance with the Trust's Licence and Council of Governors Code of Conduct. Interests are to be recorded in a register which is referred to in the Trust's Annual Report and is available for inspection on request.</p> <p>The requirement for Directors and Governors to meet a fit and proper persons' test is included in the provider licence for NHS Foundation Trusts and the Trust's Constitution, Section 12, identifies the criteria as to why Governors may not become or continue as a member of the Council of Governors. The 'fit and proper persons' standard is part of the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the 2014 Regulations) which was introduced in November 2014 and broadened the requirements in terms of scope and nature of the test. As good practice the Trust ensures fit and proper person declarations are completed on appointment and on an annual basis for both Directors and Governors, and recorded in a register.</p> <p>A copy of the register is appended to this report for information.</p>									
How this report impacts on current risks or highlights new risks:									
No risks were identified in relation to this report.									
Committees/groups where this item has been discussed	Not applicable								
Recommendation	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> <li>note the contents of the appended updated register; and</li> <li>note that the register will be available to the public via the Council of Governors papers and minutes published on the Trust's website and referred to in the Annual Report 2021/22.</li> </ul>								

## Declaration of Interest by Council of Governors of North Tees and Hartlepool NHS Foundation Trust

Name	Directorship including non-executive directorships held in private companies or PLCs (with the exception of dormant companies)	Ownership, or part ownership, of private companies businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS	A position of authority in a charity or voluntary body in a field of social care	Any connection with a voluntary or other body contracting for NHS services	Signed Fit and Proper Person Dec
George Edward Lee Public Governor  (Hartlepool constituency)	None	None	None	None	Member of Executive Committee (Voluntary) Durham Association of Boys and Girls Clubs  Chairman of Board (Voluntary) Central Estate Management Organisation, Hartlepool	✓
Geoff Northey Public Governor  (Hartlepool constituency)	None	None	None	None	None	✓
Pauline Robson Public Governor  (Hartlepool constituency)	None	None	None	None	Training Agency and Clinic provider for Northern Guild for Psychotherapy, supervisor and therapist – Self Employed  Support and advice on wellbeing for adults and children involved with the care of a person with a disability – Hartlepool Carers Association	✓

## Declaration of Interest by Council of Governors of North Tees and Hartlepool NHS Foundation Trust

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					<p>Independent Social Worker – Practice Educator – Various Universities (Self employed)</p> <p>Social work consultant / panel member for Reach Our Care – Fostering Association</p> <p>Member of patient Group – Havelock Grange GP Practice</p>	
<p>Aaron Roy (Hartlepool constituency)</p>						
<p>Ian Simpson Public Governor (Hartlepool constituency)</p>	None	None	None	None	None	✓
<p>Alan Smith Public Governor (Hartlepool constituency)</p>	None	None	None	None	None	✓



## Declaration of Interest by Council of Governors of North Tees and Hartlepool NHS Foundation Trust

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Janet Atkins Public Governor  (Stockton constituency)	None	None	None	None	Volunteer Community Health Ambassador – DoH/HaST CCG  Healthwatch Information Champion	✓
Margaret Docherty Public Governor  (Stockton constituency)	None	None	None	None	Committee Member of patient group, Norton Medical Centre  Committee Member of NHS Podiatry patient group, One Life Centre  Volunteer Community Health Ambassador – DoH/HaST CCG  Q member of Academic Health Science Network for North East and North Cumbria  Healthwatch Champion and enter and view representative	✓
Tony Horrocks Public Governor	None	None	None	Member of Stockton North	None	✓

## Declaration of Interest by Council of Governors of North Tees and Hartlepool NHS Foundation Trust

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(Stockton constituency)				Conservative Party		
Anne Virginia Johnston  (Stockton constituency)	None	None	None	None	Membership of patient participation Group – Norton Medical Centre	✓
Jean Kirby Public Governor  (Stockton constituency)	None	None	None	None	None	✓
Raymond Stephenson  (Stockton constituency)	None	None	None	None	None	✓
Pat Upton Public Governor  (Stockton constituency)	None	None	None	None	None	✓
Lynda White Public Governor  (Stockton constituency)				Trustee and Treasurer of Sole Hope (Formerly New Hope Uganda UK)		✓
Mark White Public Governor  (Stockton constituency)	None	None	None	None	Member of Labour Party	✓

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Mrs Mary King Public Governor  (Easington constituency)	None	None	None	None	None	✓

**Declaration of Interest by Council of Governors  
of North Tees and Hartlepool NHS Foundation Trust**

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Dr Wendy Gill Public Governor  (Sedgefield constituency)	None	None	None	None	None	✓
Ruth McNee  (Sedgefield constituency)						

**Declaration of Interest by Council of Governors  
of North Tees and Hartlepool NHS Foundation Trust**

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Angela Warnes Public Governor  (Non-core constituency)						

## Declaration of Interest by Council of Governors of North Tees and Hartlepool NHS Foundation Trust

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Mrs Carol Alexander (Staff Governor)	None	None	None	None	None	
Mr Manuf Kassem (Staff Governor)	None	None	None	None	None	✓
Asokan Krishnaier (Staff Governor)	None	None	None	None	Undertakes private work at Nuffield Tees Hospital and Woodland BMI Hospital	
Mr David Russon (Staff Governor)	None	None	None	None	None	✓
Mr Andrew Simpson (Staff Governor)	None	None	None	None	None	✓

## Declaration of Interest by Council of Governors of North Tees and Hartlepool NHS Foundation Trust

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Mr Christopher Akers-Belcher  (Appointed Governor, Hartlepool Healthwatch)	None	None	None	Chief Executive of Healthwatch Hartlepool	None	✓
Prof Tony Alabaster  (Appointed Governor, Sunderland University)	None	None	None	None	None	
Cllr Jim Beall  (Appointed Governor, Stockton-on-Tees Borough Council)	None	None	None	None	Deputy Leader and Cabinet Member for Health, Leisure and Culture Stockton-on-Tees Borough Council  Chair Eastern Ravens Trust  Chair, Stockton Health and Wellbeing Board	✓
Dr Dominic Johnson  (Appointed Governor, Newcastle University)	None	None	None	None	None	✓
Ms Natasha Judge  (Appointed Governor, Stockton Healthwatch)						

## Declaration of Interest by Council of Governors of North Tees and Hartlepool NHS Foundation Trust

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Linda Nelson (Appointed Governor, Teesside University)	None	None	None	None	None	✓
Cllr Paul Sexton (Appointed Governor, Durham County Council)						
Cllr Cameron Stokell (Appointed Governor, Hartlepool Borough Council)	None	None	None	None	Councillor at Hartlepool Borough Council	✓



# North Tees and Hartlepool NHS Foundation Trust

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

### University Hospital of North Tees

**Present:** Wendy Gill, Elected Governor (Sedgefield) (WG) Chair  
Jonathan Erskine, Non-Executive Director (JE)  
Tony Horrocks, Elected Governor (Stockton) (TH)  
Mary King, Elected Governor (Easington) (MK)  
Carol Alexander, Elected Governor (Staff) (CA)  
David Russon Elected Governor (Staff) (DR)  
Janet Atkins, Elected Governor (Stockton) (JA)  
Alan Smith, Elected Governor (Hartlepool) (AS)

**In Attendance:** Ruth Dalton, Head of Communications and Marketing  
Sarah Hutt, Assistant Company Secretary (SH)  
Janet Clarke, Private Office Support (note taker)

### Welcome

WG welcomed members to the Membership Strategy Committee.

### Apologies for Absence

Apologies for absence were received from Barbara Bright, Director of Corporate Affairs & Chief of Staff (BB), Ian Simpson, Elected Governor (Hartlepool) (IS), and Pauline Robson, Elected Governor (Hartlepool) (PR)

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

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

### 2. Matters Arising

#### a. Trust membership be part of the Corporate Induction

RD provided an update and confirmed that discussions were still ongoing with the Executive Team as part of an overall review to include Trust membership to the Corporate Induction presentation.

#### b. Update the Trust website

RD updated the Committee and explained that the website developers were running a number of focus groups to discuss the content of the website. Alan Smith confirmed he would be willing to attend the focus groups as a Governor representative.

### 3. Membership Statistics

SH provided an overview of the membership statistics, which were broken down into staff and public members and highlighted that there had been a decrease of public members since the last membership meeting held in September 2021. The public membership was broken down into constituencies with 1,473 members in Hartlepool, 443 members in Sedgefield, 2,335 members in Stockton, 775 members in Easington and 255 non-core public members.

#### **4. Membership Data & Recruitment**

The total membership as at 17 November 2021 consisted of 5,281 public members including 255 non-core public members and 6,319 staff members and one patient member. As previously explained, this was a new member who had applied online and selected the patient constituency in error however, this was still part of the overall public constituency, giving a total number of 11,601 members. The target for 2021 was to maintain the public membership with c.6,000 members. It was noted that although new members had been recruited since the last meeting this had been offset against those who had either unsubscribed, deceased or gone away (members moving address with no forward details) following data cleanses being undertaken each month.

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

JE suggested a direct approach by involving local football teams and local authorities who could maybe influence a wider audience with many of their followers via social media to advertise the hospitals membership bringing members on board.

#### **Action**

- SH, RD and the communications team to discuss how to promote this

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

#### **5. Proposed Membership Recruitment Campaign**

It was agreed in the last meeting that the communications team would devise letters to our local education leads—heads, principals, deans etc. and care homes encouraging their students and staff to become part of our Trust membership. RD shared the letters amongst the committee and all agreed that the letters were fit for purpose.

In the last meeting, it had been discussed that Stockton and Hartlepool Borough Council's had agreed to promote the Trusts membership by adding a paragraph in their quarterly newsletter explaining the benefits of becoming a Trust member. It was noted that although this had been actioned the piece had not yet appeared in the newsletters.

#### **Action**

- RD to discuss with Stockton and Hartlepool's news editor

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

#### **6. Communications Update**

SH circulated and provided a communications update. The Communications and Marketing team were working in line with the Trust strategic priorities to ensure that appropriate communications and marketing activities were delivered on a consistent basis. COVID-19 communications surrounding vaccinations, protecting the NHS and each other remained a high priority. The team continued to work with the local media to ensure appropriate messages are cascaded.

That week (w/c 18 November 2021) the team had also commenced two pieces of work in the wake of the event at the Liverpool Women's Hospital earlier in the month:

- 1) Developing a 'staying safe, remaining vigilant' campaign aimed at segmented audiences within the organisation. Working with the executive team, NHSE and wider community partners
- 2) #BeKind campaign – the team are creating a 'design sprint' to encourage self-reflection for all colleagues regards their own contributions to appropriate behaviours within the Trust

GP engagement, MP engagement and locality engagement remained high priorities. The team's senior Communications and Marketing Officers were now reflecting the ETM 'locality model' with Mark Malik representing Stockton stakeholder engagement and John Hugill representing Hartlepool stakeholder engagement. Progress to date had been encouraging with meetings at Hartlepool Borough Council, Hartlepool Power Station (anchor organisation and local employer) and a visit to UHH hosted by JH with the CE by Jill Mortimer MP.

## **7. Volunteer Update**

SH circulated and provided a volunteer update. As at 31<sup>st</sup> October, the number of active volunteers was 210, a further increase on the previous month. This was due to the completion of the exercise to reintroduce existing volunteers back into the Trust following COVID. There had been a huge interest in volunteering particularly from younger people.

There were currently 70 applications in progress and the recruitment of volunteers continued on an on-going basis, with interest in joining the Trust remaining high, a further 79 expressions of interest were waiting to apply. We continue to benefit from the strong relationships with local Colleges.

The service continued to work with areas across the Trust to place volunteers in both clinical/non-clinical areas, whilst working on new developments and programmes to support and maximise benefits and enhance the volunteer offer. In particular supporting the new transport hub, the expansion of our end of life companion provision and the reintroduction of volunteers into the Emergency Departments.

## **8. Any other Business**

### **a) Chairman Briefing**

SH confirmed the Chairman's briefing was to be reinstated.

### **Action**

- JC to send online link

### **b) Governor Elections**

SH confirmed that the round of Governor Elections for 2021 had closed with the following candidates re-elected and a new elected candidate for Stockton uncontested:

- Hartlepool  
George Edward (Ted) Lee  
Alan Smith
- Stockton  
Janet Dale Atkins  
Mark White  
Lynda White
- Staff  
Dave Russon

There were three remaining vacant seats following the election and a discussion ensued regarding attracting more candidates going forward.

**c) Member Event**

SH reported that the first virtual member event had been scheduled to take place on 1 December, in the evening as a trial following the success of holding GP liaison events in a similar way. This prompted lengthy discussion. It was agreed to stand down the event and look for a date in the future to allow for greater preparation. The topic for the event was to be staff mental health recovery following the pandemic.

**Action**

- SH to confirm a date in the new year for the virtual Member Event

**Date and Time of the Next Meeting**

Monday 21 February 2022 at 11.00am