



# **Council of Governors Meeting**

**Tuesday, 19 September 2023  
at 2.30pm**

***To be held at Stockton Town Football Club,  
Bishopton Road West,  
Stockton on Tees, TS19 0QD***



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5 September 2023

Dear Colleague

A meeting of the Council of Governors will be held on **Tuesday, 19 September 2023 at 2.30pm, at Stockton Town Football Club, Bishopton Road West, Stockton on Tees, TS19 0QD.**

**This will follow the joint meeting with South Tees Council of Governors. Lunch will be provided.**

Yours sincerely

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

### Agenda

- |      |        |   |   |
|------|--------|---|---|
| (1)  | 2.30pm | Welcome   | Chair                                     |
| (2)  | 2.30pm | Apologies for Absence   | Chair                                     |
| (3)  | 2.30pm | Declaration of Interests  | Chair                                     |
| (4)  | 2.35pm | Minutes of the last meeting held on, 16 May 2023 <b>(enclosed)</b>  | Chair                                     |
| (5)  | 2.40pm | Matters Arising and Action Log <b>(enclosed)</b>  | Chair                                     |
| (6)  | 2.45pm | Lead Governor Report <b>(enclosed)</b>  | Angela Warnes                             |
| (7)  | 2.55pm | Chair's Report including Board Business <b>(enclosed)</b><br><b>(BoD agenda 5 October 2023 to be tabled)</b>                  | Chair                                     |
| (8)  | 3.05pm | Report of the Managing Director <b>(enclosed)</b>   | Neil Atkinson                             |
| (9)  | 3.20pm | Annual Report and Accounts 2022/23 including Auditor Report<br><b>(to follow) [Nicola Wright, Deloitte will be attending]</b> | Stuart Irvine                             |
| (10) | 3.45pm | Integrated Compliance and Performance Report<br><b>(enclosed)</b>   | Ann Baxter/<br>Chris Macklin/Fay Scullion |

- |      |        |   |               |
|------|--------|---|---------------|
| (11) | 4.00pm | Update on Role and Portfolio of Chief People Officer & Director of Corporate Affairs (verbal) | Susy Cook     |
| (12) | 4.20pm | Sub-Committee Membership Review <b>(enclosed)</b>   | Stuart Irvine |
| (13) | 4.25pm | Governor Elections 2023 Timetable <b>(enclosed)</b>   | Stuart Irvine |

**Items to receive**

- |      |        |  |                             |
|------|--------|--|-----------------------------|
| (14) | 4.30pm | Draft Sub-Committee Minutes:<br>- Strategy and Service Development Committee: 16 March 2023 <b>(enclosed)</b><br>- Nominations Committee: 18 January 2023 <b>(enclosed)</b>                              | Angela Warnes<br>Ruth McNee |
| (15) | 4.40pm | Board Committee Assurance Reports <b>(enclosed)</b><br>- Quality Assurance Committee<br>- People Committee<br>- Performance, Planning & Compliance Committee<br>- Audit Committee<br>- Finance Committee | Chair                       |
| (16) | 4.50pm | Any Other Notified Business  | Chair                       |
| (17) | 5.00pm | Approximate close  |                             |

**Date of Next Meeting**

Thursday, 14 December 2023

## **Governors Roles and Responsibilities Holding the Board of Directors to Account**

### **1. Key Principles**

- 1.1 The overall responsibility for running an NHS Foundation Trust lies with the Board of Directors.
- 1.2 The Council of Governors is the collective body through which the directors explain and justify their actions.
- 1.3 Governors must act in the interests of the NHS Foundation Trust and should adhere to its values and Code of Conduct.

### **2. Standard Methods for Governors to Provide Scrutiny and Assistance**

- 2.1 Receiving the Annual Report and Accounts.
- 2.2 Receiving the Quality Report and Account.
- 2.3 Receiving in-year information updates from the Board of Directors.
- 2.4 Receiving performance appraisal information for the Chair and other Non-executive Directors.
- 2.5 Inviting the Chief Executive or other Executive and Non-executive Directors to attend the Council of Governors meetings as appropriate.

### **3. Further Methods Available for Governors**

- 3.1 Engagement with the Board of Directors to share concerns.
- 3.2 Employment of statutory duties.
- 3.3 Dialogue with Monitor via the lead Governor (if necessary and only in extreme circumstances)

# **Glossary of Terms**

## **Strategic Aims and Objectives**

### **Putting Our Population First**

- Create a culture of collaboration and engagement to enable all healthcare professionals to add value to the healthcare experience
- Achieve high standards of patient safety and ensure quality of service
- Promote and demonstrate effective collaboration and engagement
- Develop new approaches that support recovery and wellbeing
- Focus on research to improve services

### **Valuing People**

- Promote and 'live' the NHS values within a healthy organisational culture
- Ensure our staff, patients and their families, feel valued when either working in our hospitals, or experiencing our services within a community setting
- Attract, Develop, and Retain our staff
- Ensure a healthy work environment
- Listen to the 'experts'
- Encourage the future leaders

### **Transforming Our Services**

- Continually review, improve and grow our services whilst maintaining performance and compliance with required standards
- Deliver cost effective and efficient services, maintaining financial stability
- Make better use of information systems and technology
- Provide services that are fit for purpose and delivered from cost effective buildings
- Ensure future clinical sustainability of services

### **Health and Wellbeing**

- Promote and improve the health of the population
- Promote health services through full range of clinical activity
- Increase health life expectancy in collaboration with partners
- Focus on health inequalities of key groups in society
- Promote self-care

## North Tees and Hartlepool NHS Foundation Trust

### DRAFT Minutes of a Meeting of the Council of Governors held on Tuesday, 16 May 2023 in the Boardroom, Murray Building, James Cook University Hospital

#### Present:

Professor Derek Bell, Joint Chair

#### Hartlepool Elected Governors:

Geoff Northey  
Aaron Roy  
Alan Smith  
Mike Scanlon

#### Staff Elected Governors:

David Russon  
Andy Simpson

#### Out of Area Elected Governor:

Angela Warnes (Lead Governor)

#### Stockton Elected Governors:

Paul Garvin  
Anne Johnston  
Lynda White  
Mark White

#### Sedgefield Elected Governors:

Allison Usher

#### Appointed Governors:

Andrew Martin-Wells, Hartlepool Borough Council  
Steve Nelson, Stockton Borough Council  
Christopher Akers-Belcher, HealthWatch Hartlepool

#### In Attendance:

Neil Atkinson, Managing Director	NA
Lindsey Robertson, Chief Nurse/Director of Patient Safety & Quality	LR
Susy Cook, Chief People Officer/Director of Corporate Affairs	SC
Ann Baxter, Vice Chair	AB
Chris Macklin, Non-Executive Director	CM
Fay Scullion, Non-Executive Director	FS
James Bromiley, Non-Executive Director	JB
Elaine Jeffers, Deputy Director of Governance, Corporate Affairs/Strategy	EJ
Sarah Hutt, Assistant Company Secretary (note taker)	SH

#### CoG/1144 Welcome

The Joint Chair welcomed members to the meeting and introduced the attending Executive Directors.

#### CoG/1145 Apologies for absence

Apologies for absence were received from Janet Atkins, Elected Governor for Stockton, Tony Horrocks, Elected Governor for Stockton, Pat Upton, Elected Governor for Stockton, George Lee, Elected Governor for Hartlepool, Ruth McNee, Elected Governor for Sedgefield, Carol Alexander, Elected Staff Governor, Steven Yull, Elected Staff Governor, Asokan Krishnaier, Elected Staff Governor, Tim Thompson, Appointed Governor for University of Teesside, Natasha Judge, Appointed Governor for HealthWatch Stockton, Tony Alabaster, Appointed Governor for Sunderland University, Liz Barnes, Non-Executive Director and Alison Fellows, Non-Executive Director.

## **CoG/1146 Declaration of Interests**

No new declarations of interest were noted.

## **CoG/1147 Minutes of the last meeting held on, 16 February 2023**

**Resolved:** that, the minutes of the meeting held on Thursday, 16 February 2023 be confirmed as an accurate record, subject to noting the attendance of Neil Atkinson, Managing Director at the meeting.

## **CoG/1148 Matters Arising and Action Log**

An update regarding the action log was provided and a summary of the questions and issues raised at the pre-Council of Governors meeting were reported, which included:

### **a. Estates Strategy**

It was confirmed that an update on the Trust's Estates Strategy, Strategic Outline Case (SOC) and wider vision would be provided at the next Strategy and Service Development Committee scheduled for 8 June. The Joint Chair reported that an engagement event for external stakeholders regarding the utilisation of the University Hospital of Hartlepool site was scheduled to take place in early June. **\*\*Addendum to minutes, new confirmed date for Strategy and Service Development Committee 6 July\*\*.**

### **b. Equality, Diversity and Inclusion Review**

It was noted that the Equality, Diversity and Inclusion Review was ongoing and once complete the outcome would be shared at a future Council of Governors meeting.

### **c. Council of Governor Elections**

A mid-year round of elections would commence in June in order to fill the remaining vacant seats from the 2022 elections which concluded in November.

### **d. Executive Director Attendance at Council of Governor Meetings**

It was confirmed that Executive Directors would be invited to attend meetings on a rotational basis to provide an overview of their role and key strands of work, as well as attending in support of a particular agenda item when required. It was noted that SC had been invited to attend the September meeting.

EJ provided a summary of the discussion that took place at the pre-Council of Governors meeting on 10 May:

- The newly appointed Non-Executive Directors were settling into their roles. It was planned to pair an Executive Director with a Non-Executive Director to further assist with their establishment in the Trust.
- The open invitation for both the Trust's and South Tees Council of Governors' to attend respective meetings would be reiterated.
- The development of the Community Diagnostic Centre in Stockton and its workforce requirements.
- An update regarding the Trust's Improvement and Transformation Journey was requested.

A brief discussion ensued regarding the value of the Council of Governors pre-meets. The Joint Chair indicated it was useful to keep the action log updated and reported at each meeting to ensure the outcomes were reported appropriately until complete.

All other questions were included in other agenda items.

- Resolved:**
- (i) that, an update regarding the Trust's Estate Strategy and vision be presented at the Strategy and Service Development Committee on 6 July; and
  - (ii) that, a mid-year round of Governor elections take place in June; and
  - (iii) that, Executive Directors would be invited to Council of Governors meetings on a rotational basis; and
  - (iv) that, the open invitation for the Trust's and South Tees Council of Governors to attend respective meetings be reiterated; and
  - (v) that, the verbal updates be noted.

### **CoG/1149 Joint Chairs Report including Board Business**

A summary of the Joint Chair's Report included:

- Industrial Action – thanks placed on record to all staff for support provided during the recent periods of industrial action.
- Hewitt Report – the review into the role of Integrated Care Systems by the Rt Hon Patricia Hewitt had recently been published and key messages shared.
- Integrated Care Partnership – Information from the Tees Valley Integrated Care Partnership (ICP) meeting on 31 March was circulated.
- Membership Engagement – a productive meeting of the Trust's Membership Strategy Committee was held on 20 April with a number of actions in progress. A joint membership and constitution meeting was planned for 7 June and a member event was taking place on 17 June.
- Teesside University Visit – the Joint Chair along with colleagues from South Tees, visited the School of Health and Life Sciences hosted by Professor Tim Thompson, Dean of the School. Professor Thompson was leading on a piece of work in relation to non-medical workforce requirements.
- One Life Hartlepool – a positive visit on 10 May including iMSK Surgical Services, iMSK Extended Scope Practitioners/First Contact Practitioners, Podiatry, Community Dental and Audiology.

Progress regarding the Joint Collaborative working would be discussed during the Joint Council of Governors meeting later that day.

Christopher Akers-Belcher, Appointed Governor, HealthWatch Hartlepool sought to understand implementation plans regarding recommendations from the Hewitt Report. SC, explained that from an organisation perspective the Trust had undertaken mapping work, and a meeting was planned with the ICB from a systems perspective, prompting a brief discussion. It was suggested a development session could be held to undertake a mapping exercise from a local system perspective.

- Resolved:**
- (i) that, the content of the report be noted; and
  - (ii) that, a development session be considered to undertake a local system mapping exercise against recommendations from the Hewitt Report.



## CoG/1150 Report of the Managing Director

The Managing Director provided an overview of key local, regional and national issues including strategic delivery and operational performance. Key highlights included:

- Increased emergency and urgent care attendances with increased bed occupancy impacting on patient flow. Continued focus to reduce 12 hour waits in the emergency department, with zero reported in March (latest reporting position).
- Four hour emergency standard was reintroduced nationally with effect from 1 April 2023 with a target of 76%. Shadow monitoring indicated the Trust was achieving 80-86%.
- Industrial action and bank holidays impacted on elective activity, with some activity cancelled to ensure safe services for patients. Focus remained to reduce the elective recovery backlog. Work was continuing for an accredited elective surgery hub at the University Hospital of Hartlepool.
- Rowena Dean had been appointed as Acting Chief Operating Officer on an interim basis following Levi Buckley's departure from the organisation. The interim Chief Information Technology Officer would be leaving the Trust in June and the role would shortly be advertised.
- Two staff engagement conversations had been launched working with Clever Together to identify areas to improve in relation to culture in the organisation. The response had been positive with over 2,000 votes received.
- Patients recruited into the National Institute for Health and Care Research (NIHR) was higher at 3,850 participants than any other year across multiple specialties.
- The final planning submission to support the 2023/24 Operational Planning Guidance was made on 22 March, encompassing activity, workforce and finance. It was necessary to make two further submissions in April and May in order to support the overall ICB position.
- Work continued to develop the group model between the Trust and South Tees Hospitals NHS Foundation Trust (South Tees), a more detailed update would be provided at the Joint Council of Governors meeting later that day.
- A detailed update regarding the Trust's and wider Tees Valley Estates Strategy would be provided at the next Strategy and Service Development Committee. The new Community Diagnostic Centre in Stockton being built in collaboration with South Tees alongside Stockton Borough Council was progressing well.
- The Trust's Faculty for Learning, Leadership and Improvement was continuing to evolve and was seeking accreditation. Cohort 3 of the 100 Leaders was underway bringing together leadership development, learning and quality improvement. SC reported that the Health and Social Care Academy being developed with the Trust, Hartlepool Borough Council and the Hartlepool College of Further Education had received £1.25m funding following a successful bid as part of the Towns Deal Fund. Ways for the Academy to generate income were being explored.
- Two new roles: Professional Nurse Advocate and Professional Midwife Advocate had been created as part of a national initiative, which would replace the clinical supervision model. Both cohorts of staff were invited to undertake training for the roles, enabling them to be able to provide advice and guidance to their colleagues. As well as providing clinical supervision, the advocates would provide a confidential space for staff to speak openly.

Following a member's query regarding staff morale within the Trust during this period of change, a detailed discussion ensued. There were various methods and routes in which the views and ideas from staff were obtained and turned into actions. It was felt that overall morale was relatively positive, however, it was recognised that particularly front line staff were exhausted.

As part of the reward and recognition developments in the Trust a review of the Occupational Health support for staff was being undertaken. Staff had been asked to provide suggestions on a postcard, which included such things as yoga sessions for night staff, providing hot food for night staff. It was about doing things differently and listening to staff needs.

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

#### **CoG/1151 CQC Update on Improvement Journey**

LR presented a detailed update through an interactive session regarding the Trust's Improvement Programme, celebrating achievements and using them as a springboard as part of the continuous improvement journey.

A detailed breakdown of the 'must do' and 'should do' actions from the CQC Action Plan and progress to date was provided, with each allocated an Executive Lead and Work Stream Lead. Members were reminded that the CQC had undertaken an unannounced focused service review of maternity services and paediatrics, followed by a well-led review. The Trust had been supported by a Safety Advisor from the CQC in respect of the maternity elements, who welcomed the progress being made.

In addition, the Good Governance Institute would be working with the Trust to review governance and the information flow from board to ward, ward to board. The Board Assurance Framework (BAF) and overall risk management was also being reviewed.

**Resolved:** that, the comprehensive Improvement Journey update be noted.

#### **CoG/1152 North East and North Cumbria Integrated Care System (ICS), Strategic and Area Integrated Care Partnerships (ICPs) and Provider Collaboration**

NA, presented the North East and North Cumbria Integrated Care System, Strategic and Area Integrated Care Partnerships and Provider Collaboration Report highlighting key changes and developments.

- Development of the system governance and delivery of key objectives continued supported by the ICB Executive Team and Foundation Trust Chief Executives across the ICS.
- The first Joint Forward Plan was being developed for a whole system approach.
- Trust Chief Executives met as part of the Provider Leadership Board to discuss next steps for the NENC Provider Collaborative over the next 12-18 months. There would be a continued focus on elective, urgent care, cancer, diagnostics and financial planning.
- Plans to deliver place based care was progressing with the Trust identifying individual leads.
- A Clinical Services Strategy for the Tees Valley remained a significant piece of work for the Integrated Care Partnership.
- The ICS had received £13.6m funding to support the various work streams tackling health inequalities.
- The annual financial planning process for the ICS and ICB for 2023/24 would shortly be concluded. It would be a significant challenge to deliver the required system break even position.

Christopher Akers-Belcher sought to understand how the health inequalities funding would be devolved, prompting discussion. There was a push to ensure that a fair allocation of funds

was proportioned for the Tees Valley from the ICS, as previously CCGs were responsible for the allocation of funding.

It was noted that although all trusts' end of year financial position contributed to the overall ICS financial position this did not affect individual allocations for the following year.

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

### **CoG/1153 Integrated Compliance and Performance Report**

AB, Vice Chair presented the April 2023 Integrated Compliance and Performance Report (IPR) explaining that each element of the IPR was reviewed in detail at the relevant Board Committee in order to gain appropriate assurance. It was noted that the Maternity Report would be incorporated into the IPR going forward.

FS reported that a review of Urology pathways and alternative ways to deliver services was being undertaken, following a discussion at the Council of Governors pre-meet.

Christopher Akers-Belcher, Appointed Governor, HealthWatch Hartlepool sought to understand the mechanism to record patients admitted to the Trust initially and then transferred and discharged by another organisation. LR explained that such cases were categorised as transfer of specialists and were not included in trust data, however, it would be useful to understand how such cases were recorded.

The Joint Chair invited Governors to forward any queries regarding specific aspects of the report to EJ or SH, however a number of key highlights were noted.

- The Trust achieved six out of the nine cancer standards in February (latest reporting position) and although did not achieve the recovery trajectory had continued to maintain a reduction in the number of patients waiting longer than 62 days.
- The number of patients waiting longer than 52 weeks at the end of March was 38.
- There had been an increase in the number of requests for mutual aid, diverts and deflections from other organisations.
- The Trust continued to perform well against the quality and patient safety indicators including HSMR/SHMI and infection control measures. It was noted there had been a slight decrease in SHMI and a slight increase in HSMR, however both remained within the 'as expected' range. The Trust would no longer report the HSMR indicator from April 2023.
- There had been one never event reported in March, which was in relation to a retained foreign body post-surgery.
- The Trust reported 48 year to date cases of clostridium difficile against the threshold of 54, 2 cases of MRSA during 2022/23 exceeding the zero tolerance threshold and reported 87 cases of E.coli against the threshold of 73 cases.
- The number of Covid-19 admissions increased during March 2023.
- Overall sickness absence decreased in February (latest reporting position) from 5.86% to 5.80%; short term absence saw an increase and long term absence saw a decrease.
- Staff turnover had increased slightly compared to the previous report, however, remained below the target of 10%.
- At Month 12, the Trust was reporting an in-month surplus of £0.050m against a planned deficit of £0.204m, which was £0.254m ahead of plan.
- The Trust was reporting a year-end surplus of £5.528m against the original plan of £4.353m, which was £1.175m ahead of plan.

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

## **CoG/1154 Sub Committee Membership Review**

EJ outlined the proposed Sub-Committee Membership Review including minor changes to the Terms of Reference for the Membership Strategy Committee, Strategy and Service Development Committee and External Audit Working Group, which would reduce the required number of members in attendance for a meeting to be quorate. Reference to ex officio members would also be removed as it was no longer relevant.

Governors were asked to submit expressions of interest to join a Sub-Committee and their intention to stand down from a Sub-Committee to Sarah Hutt. An update would be provided at the next meeting.

- Resolved:**
- (i) that, the proposed changes to the Governor Sub-Committee Terms of Reference be approved; and
  - (ii) that, expressions of interest to join a Governor Sub-Committee or a request to stand down be submitted to Sarah Hutt; and
  - (iii) that, the revised Sub-Committee membership be presented at the next meeting.

## **CoG/1155 Annual Register of Interests and Fit and Proper Person Test**

EJ presented the annual Register of Interests for the Council of Governors. Governors were required to declare any interests, which may conflict with their position as a Governor of the Trust. In addition, Governors were asked to certify on appointment and annually thereafter compliance with the requirements of the fit and proper person test to fulfil the role of Governor. This practice was introduced for both Directors and Deputy Directors and widened to include Council of Governors in line with the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A copy of the register as at April 2023 was appended to the report, which would be available to the public via the Council of Governors papers and referred to in the Annual Report 2022-23. Governors were asked to notify Sarah Hutt of any changes to the register.

- Resolved:**
- (i) that, the Register of Interests and annual Fit and Proper Persons declarations as at April 2023 be noted; and
  - (ii) that, the register would be available to the public via the Council of Governors papers published on the Trust's website and referred to in the Annual Report 2022-23.

## **CoG/1156 Minutes of the Membership Strategy Committee held on 19 January 2023**

Alan Smith, Elected Governor for Hartlepool presented the minutes of the Membership Strategy Committee, which was held on 19 January 2023, and highlighted the key points.

Although not quorate, a productive discussion took place at the meeting regarding proposed membership and engagement activities including a relaunch of trust member events.

- Resolved:** that, that, the minutes of the Membership Strategy Committee held on 19 January 2023 be noted.

## **CoG/1157 Minutes of the Strategy and Service Development Committee held on 13 June 2022**

Mark White, Elected Governor for Stockton presented the minutes of the Strategy and Service Development Committee, which was held on 13 June 2022, and highlighted the key points.

The CN/DoPS&Q provided an open and informative presentation in respect of the Trust's Maternity Services.

**Resolved:** that, the minutes of the Strategy & Service Development Committee held on 13 June 2022 be noted.

**CoG/1158 Any Other Business**

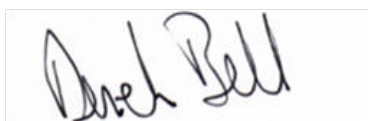
There was no other business reported. The Joint Chair reflected that the update provided by members of the Executive Team present at the meeting highlighted the volume of work and positive developments taking place.

**CoG/1159 Date and Time of Next Meeting**

**Resolved:** that, the next meeting be held on Thursday, 7 September 2023 in the Lecture Theatre, University Hospital of North Tees.

The meeting closed at 12.05pm.

Signed:

A rectangular box containing a handwritten signature in black ink that reads "Derek Bell".

Date: 19 September 2023

## Council of Governors Action Log

Date	Ref.	Item Description	Owner	Completed	Notes
05 May 2022	CoG/1112	<b>Estates Strategy</b> A session to be arranged regarding the next steps of the Trust's Estates Strategy at a future Strategy and Service Development Committee once the outcome of the estates capital bids was known.	K Hudson-Halliday	Completed	An update on the Trust's Estates Strategy and wider vision was provided at the Strategy and Service Development Committee on 6 July.
08 September 2022	CoG/1094	<b>EDI Review Development Session</b> Development session with Governors to be arranged to provide an update on the EDI review and share work in progress.	S Cook	Completed	The EDI Review was on-going and the outcome would be shared at a future meeting once complete as part of usual reporting.
08 December 2022	CoG/1121	<b>Outcome of Governor Elections 2022</b> Update to be provided at the next meeting on the work the Membership Committee would be leading on to fill vacant posts and around the Trust's membership.	S Hutt	Completed	The 2023 round of elections was due to commence to fill the vacant seats from the 2022 elections in addition to those vacancies as at 30 November 2023. A comprehensive communications and marketing plan was underway to generate new members and potential new Governors.
16 February 2023	CoG/1131	<b>Executive Director Attendance at Council of Governor Meetings</b> The option to invite Executive Directors to the Council of Governor meetings on a rotational basis be explored.	S Irvine	Ongoing	It was confirmed that Executive Directors would be invited to attend meetings on a rotational basis to provide an overview of their role and key strands of work, as well as attending in support of a particular agenda item when required. Susy Cook would attend the September meeting to provide an overview of her role and key pieces of work.
16 May 2023	CoG/1148	<b>Attendance at Council of Governor Meetings</b> It was agreed that the open invitation for the Trust's and South Tees Council of Governors to attend respective meetings be reiterated.	S Hutt	Ongoing	Reciprocal invitations would be made.
16 May 2023	CoG/1149	<b>Chairs Report Including Board Business</b> A development session be considered to undertake a local system mapping exercise against recommendations from the Hewitt Report.	S Cook		This would be considered as part of Governor development.
16 May 2023	CoG/1154	<b>Sub Committee Membership Review</b> Expressions of interest to join a Governor Sub Committee or requests to stand down are to be submitted to Sarah Hutt.  The revised Sub Committee membership would be presented at the next meeting.	All  S Hutt/S Irvine	Completed	The updated Committee Membership was being presented at the meeting on 19 September, following the review and expressions of interest sought from Governors.

## Council of Governors

Title of report:	Lead Governor's Report							
Date:	19 September 2023							
Prepared by:	Angela Warnes, Lead Governor							
Executive sponsor:	Not Applicable							
Purpose of the report	To provide an overview of the activities of the Lead Governor and to raise any issues for discussion.							
Action required:	Approve		Assurance	X	Discuss	X	Information	X
Executive Summary and the key issues for consideration/ decision:								
This report provides an overview of both regular and one-off meetings attended by the Lead Governor and the issues discussed.								
Recommendation	<p>Governors are asked to:</p> <ol style="list-style-type: none"> <li>1. Note the activities undertaken by the Lead Governor.</li> <li>2. Consider how they may engage with the place-based arrangements once these are detailed.</li> <li>3. Promote membership of the Trust and becoming a Governor within their networks and communities.</li> <li>4. Reflect on the value of the Pre-Council of Governors meetings and decide if these should continue.</li> </ol>							

## **North Tees and Hartlepool NHS Foundation Trust**

### **Meeting of the Council of Governors**

**19 September 2023**

#### **Report of the Lead Governor**

## **1. Introduction**

This report provides an overview of both regular and one-off meetings attended by the Lead Governor as well as providing feedback on any queries raised by fellow Governors.

## **2. Key Meetings**

### **2.1 Informal Fortnightly Meetings with the Joint Chair and Vice Chair**

These meetings provide an opportunity for the Lead Governor to be updated and briefed on any current issues such as:

- Updates on industrial action;
- Briefing on any areas of media interest – positive or adverse;
- Updates following the Joint Partnership Board;
- Updates on the recruitment process for the Joint Chief Executive, including the involvement of Governors in the process;
- Enhancing communication with the Council of Governors via relevant briefings between meetings.

Other topics for discussion have included:

- Increasing the opportunities for Governors to engage with the Non-Executive Directors;
- Place-based arrangements (Executive and Non-Executive Directors being allocated to place e.g. Hartlepool, Stockton, Durham, Easington) and how these can be linked to the role of the relevant Governors for that place;
- Recruitment of Trust Members and Governors and initiating an early election;
- Value of the Pre-Council of Governor's meetings.

Every other meeting (i.e. monthly) now includes the Vice Chair and Lead Governor for South Tees NHS Foundation Trust and focusses on areas of relevance to both Trusts, enhancing collaboration between the two Council of Governors.

### **2.2 Monthly meetings with Neil Atkinson, Managing Director**

Neil Atkinson provided an overview of his role as Managing Director and during meetings, ongoing developments are shared.

### **2.3 Observation of Board of Directors Meetings**



These meetings provide an excellent opportunity to see Non-Executive Directors challenge and hold the Executive Directors to account and I would recommend that Governors try to observe at least one Board of Directors meeting. Board papers can be accessed electronically via the Trust website prior to each meeting.

#### **2.4 Regular Communication with South Tees Lead Governor**

I have had regular written and verbal communication with Angela Seward, the outgoing Lead Governor and I am meeting with Janet Crampton, new Lead Governor on Friday, 8 September 2023 to explore collaborative working.

#### **2.5 Meeting with Elaine Jeffers, Deputy Director of Governance and Corporate Affairs**

An introductory meeting with Elaine Jeffers was held on Wednesday, 24 May 2023 to discuss governance issues.

#### **2.6 Joint Membership and Constitution Review Meeting with North Tees and Hartlepool and South Tees Membership Committees**

A joint meeting of North Tees and South Tees Membership Committees was held on Wednesday, 7 June 2023 and during this meeting we reviewed the constitution of both Trusts and discussed how differences could be harmonised. Approval for changes will be subsequently sought from both Councils of Governors.

#### **2.7 Trust Members Event**

I attended the Trust Member Event which took place on Saturday, 17 June 2023 and provided a presentation about the role of the Governor.

#### **2.8 Meeting with Dame Alwen Williams, Advisor on the Group Model**

I met with Dame Alwen Williams on Monday, 19 June 2023. Alwen is a retired Group Chief Executive for Barts Health Group and she is advising the Group on the development of the group model. She outlined the ongoing focus needed on developing the Group Partnership Model and the longer term clinical strategy for the Group.

#### **2.9 Meeting with Ian Simpson, Chair of LLP**

I met with Ian Simpson on Monday, 26 June 2023 and the purpose of the meeting was to explore how Governors can help to champion LLP services and to promote LLP staff as being eligible for the Staff Governor role.

#### **2.10 Meeting with Hunter Healthcare**

Hunters are the recruitment consultancy engaged to help with the Joint Chief Executive recruitment. I met with them on Tuesday, 11 July 2023 as part of their meetings with key stakeholders to explore views on role requirements and what skills and experience the person specification should include.

#### **2.11 Observation of South Tees Council of Governors Meeting**

I attended South Tees' Council of Governors meeting held on Tuesday, 18 July 2023 and during this meeting I saw the relevant Non-Executive Directors present a Chair's log, providing the Council of Governors with a brief overview of issues raised in the Committees they chair. This enabled Governors to see how the Non-Executive Directors were fulfilling their roles and I have suggested that this would be good practice for the North Tees and Hartlepool Council of Governors to adopt.

### **2.12 Strategy and Service Development Committee**

I attended the Strategy and Service Development Committee held on Thursday, 6 July 2023 where the Estates Strategy was presented and discussed. A copy of the presentation was circulated to Governors.

### **2.13 Attendance at Nominations Committee in Common (with South Tees) and North Tees and Hartlepool Nominations Committee**

At the joint meeting of the Nominations Committee held on Thursday, 20 July 2023, the process for the Joint Chair's annual appraisal was discussed and at the single meeting, remuneration for Non-Executive Directors was discussed.

## **3. Recommendations**

Governors are asked to note and discuss:

1. Note the activities undertaken by the Lead Governor.
2. Consider how they may engage with the place-based arrangements once these are detailed.
3. Promote membership of the Trust and becoming a Governor within their networks and communities.
4. Reflect on the value of the Pre-Council of Governors meetings and decide if these should continue. The meetings were initiated as a means of providing an informal opportunity for Governors to discuss the papers and meet with some of the Non-Executive Directors. However, there are concerns that those Governors not attending miss out on the discussion and the meeting requires papers to be circulated earlier than would be necessary, which can be problematic. If the meetings are discontinued then alternative arrangements for engaging with the Non-Executive Directors will be needed as well as additional discussion time with the formal Council of Governors meetings for Governors to raise and discuss issues.

### Council of Governors

Title of report:	Joint Chair's Report									
Date:	19 September 2023									
Prepared by:	Sarah Hutt, Assistant Company Secretary									
Sponsor:	Professor Derek Bell, Joint Chair									
Purpose of the report	The purpose of the report is to update the Council of Governors on key local, regional and national issues.									
Action required:	Approve		Assurance		Discuss		Information		x	
Strategic Objectives supported by this paper:	Putting our Population First	x	Valuing People	x	Transforming our Services	x	Health and Wellbeing		x	
Which CQC Standards apply to this report	Safe	x	Caring	x	Effective	x	Responsive	x	Well Led	x
Executive Summary and the key issues for consideration/ decision:										
<p>The report provides an overview of the health and wider contextual related news and issues that feature at a national, regional and local level.</p> <p>Key issues for Information:</p> <ul style="list-style-type: none"> <li>• Place Based Delivery</li> <li>• Collaborative Working with Teesside University</li> <li>• NHS Confederation Report</li> <li>• Regional Chairs Meeting</li> <li>• Membership Engagement</li> <li>• Group and Joint Working</li> </ul>										
Board Assurance Framework/Corporate Risk Register risks this paper relates to:										
There are no risk implications associated with this report.										
Does the report impact on any of the following areas <i>(please check the box and provide detail in the body of the report)</i>										
Equality, diversity and or inclusion			Reputational						x	
Workforce			Environmental							
Financial/value for money			Estates and Facilities							
Commercial			Compliance/Regulatory							
Quality, safety, experience and effectiveness			Service user, care and stakeholder involvement						x	
Board Subcommittee meetings where this item has been considered (specify date)	Management Group meetings where this item has been considered (specify date)									

N/A	N/A
Recommendation	The Council of Governors are asked to note the content of this report.

## North Tees and Hartlepool NHS Foundation Trust

### Meeting of the Council of Governors

19 September 2023

### 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 Place Based Delivery

Work continues to progress the planning and delivery of place-based health and care with health sector and local authority leaders. This will ensure that population health and improving health and care outcomes is at the centre of all place-based developments between the Trust and its partners.

In order to take this work forward, we have allocated place based representatives to support local engagement with Local Authorities and other stakeholders, including Governors working as part of the Trust's unitary Board. The place based roles align with the public constituencies.

The Trust's Place Locality Directors and Non-Executive Director Representatives are:

Stockton: Susy Cook and Ann Baxter

Hartlepool: Linda Hunter and Alison Fellows

Sedgefield: Lindsey Robertson and Liz Barnes

Easington and Peterlee: Lindsey Robertson and Fay Scullion

County Durham and Darlington: Lindsey Robertson and Chris Macklin

##### 2.2 Collaborative Working with Teesside University

The Trust held an engagement event with the National Horizon Centre (NHC) of Teesside University in June with presentations by our Chief Executive and Chief Medical Officer regarding an important piece of collaborative working. The NHC aims to discover diseases earlier develop novel solutions and deliver life-changing innovations to improve patient outcomes.

##### 2.3 NHS Confederation Report

The NHS Confederation recently published a report: [Creating better health value: understanding the economic impact of NHS spending by care setting](#): [Creating better health value | NHS Confederation](#)

The report suggests a statistically significant association between NHS spending increases and Gross Value Added (GVA) growth. Headline findings include changes in primary, community and acute spend are associated with significant growth in economic GVA. Areas that increase NHS spend by the most experience higher GVA growth compared with those that increase spend the least.

If all attained the highest level of increased spend then for every additional £1 spent on primary or community care could have potentially increased economic output by £14. Higher increases in acute care had lower but significant impact, with every additional £1 spent potentially increasing GVA by an extra £11. These figures are particularly relevant to our population and support increased funding

based on need. It is also suggested that mental health spend will have a similarly high return on investment, but lacks reliable data to draw the same GVA comparisons.

## **2.4 Regional Chairs Meeting**

The North East North Cumbria Integrated Care System (NENC ICS) Foundation Trust Chairs Meeting is now a regular occurrence and consists of an all Chairs meeting followed by a meeting with the ICB Chief Executive and Chair. It has been agreed Vice Chairs will attend some meetings as part of development and common understanding.

At the meeting in August there was a briefing by Ken Bremner as current Chair of the Provider Collaborative which consists of the eleven provider trusts across the NENC ICS and responsibility for leading and overseeing the Trusts' collaborative approach to the Key Delivery Priorities and working in accordance with the Collaborative Principles. Finances remain a challenge regionally and Deloitte have been commissioned to review regional and organisational plans beginning with baseline and testing data before making recommendations. I have requested that Deloitte meet with all trusts together so there is a collective understanding prior to work commencing.

Richard Barker, Regional Director, NHS England for North East and Yorkshire, attended the ICB meeting and highlighted the key government priorities; performance and delivery (Urgent and Emergency Care, elective recovery and cancer), wider health determinants (access, patient experience and outcomes) and ensuring organisations are well led including finances and quality. The latter is pertinent given the recent Lucy Letby case. We discussed strengthening current mechanisms including a focus on Freedom to Speak up Guardians and ensure compliance with the new Fit and Proper Person Framework, which is currently being introduced nationally setting out new and more comprehensive requirements around board appointments and the annual review process. At present, there has been no specific guidance in relation to Governors, however, the revised Code of Governance stipulates that both members of the Board of Directors and Council of Governors should meet the fit and proper person test as described in the provider licence.

## **2.5 Member Engagement**

The programme of membership engagement continues, following the Trust's first member event since the pandemic on 17 June at the Stockton Baptist Church, which was well received. The annual cycle of Governor elections are about to commence and a timeline will be shared with Governors. The Communications and Marketing team are supporting an awareness campaign in the run up to the nominations stage to attract new potential Governors, as well as to encourage trust membership.

## **2.6 Group and Joint Working**

Since the last Council of Governors meeting, the Joint Partnership Board has met on 21 June and 19 July, and Group development continues to gather momentum. A more detailed update is being provided at the joint session with both Council of Governors.

## **3. Recommendation**

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

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

### Council of Governors

Title of report:	Report of the Managing Director									
Date:	19 September 2023									
Prepared by:	Donna Fairhurst, Personal Assistant Neil Atkinson, Managing Director									
Executive sponsor:	Neil Atkinson, Managing Director									
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	x	Discuss		Information			
Strategic Objectives supported by this paper:	Putting our Population First	x	Valuing People	x	Transforming our Services	x	Health and Wellbeing	x		
Which CQC Standards apply to this report	Safe	x	Caring	x	Effective	x	Responsive	x	Well Led	x
Executive Summary and the key issues for consideration/ decision:										
<p>The report provides an overview of the health and wider contextual related news and issues that feature at a National, Regional and Local level from the main statutory and regulatory organisations of NHS England, Care Quality Commission and the Department of Health and Social Care.</p> <p>In addition, information is provided on strategic delivery and positioning and operational issues not covered elsewhere on the agenda.</p> <p>Key issues for Information:</p> <ul style="list-style-type: none"> <li>• Operational Challenges;</li> <li>• Culture and Leadership Development;</li> <li>• Research and Development;</li> <li>• 2023/24 Priorities and Operational Planning Guidance;</li> <li>• Integrated Care System and Integrated Care Board;</li> <li>• North East and North Cumbria Provider Collaborative;</li> <li>• Tees Valley Provider Collaborative;</li> <li>• North Tees and Hartlepool NHS Foundation Trust Estates Strategy;</li> <li>• Community Diagnostic Centre;</li> <li>• Faculty of Learning, Leadership and Improvement;</li> <li>• Workforce Development,</li> <li>• Butterwick Hospice, and;</li> <li>• Consideration of the wider national and regional contribution.</li> </ul>										
Board Assurance Framework/Corporate Risk Register risks this paper relates to:										
This report takes account of all Strategic Risks identified within the Board Assurance Framework										
Does the report impact on any of the following areas <i>(please check the box and provide detail in the body of the report)</i>										

Equality, diversity, inclusion		Reputational	
Workforce		Environmental	
Financial/value for money		Estates and Facilities	x
Commercial		Compliance/Regulatory	x
Quality, safety, experience and effectiveness	x	Service user, care and stakeholder involvement	x
Board Subcommittee meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
N/A		N/A	
Recommendation	The Council of Governors is asked to note the content of this report and the pursuance of strategic objectives and work to improve system working, and operational resilience.		



## North Tees and Hartlepool NHS Foundation Trust

### Meeting of the Council of Governors

19 September 2023

### Report of the Managing Director

#### 1. Introduction

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

In addition, information is provided on strategic delivery and positioning and operational issues not covered elsewhere on the agenda.

#### 2. Strategic Objective: Putting our Population First

##### 2.1 Operational Challenges

Within the Trust, operational pressures have remained similar to previous reports.

Trust bed occupancy has continued to be below the 92% at an average of 89.66% for June 2023. Linked to the bed occupancy the Trust continued to see a decrease in the super stranded patients over 21 days. The Trust continues to work collaboratively with partners in Local Authorities to ensure discharges are effective and timely, where clinically appropriate.

In accordance with new 2023/24 Priorities and Operational Planning Guidance, the metrics for patients waiting over 12 hours within the Accident and Emergency Department has changed. The metric is now based on the patients waiting 12 hours in department, rather than Decision to Admit (DTA). Whilst it is acknowledged that, the Trust continues to have patients waiting greater than 12 hours the Trust is showing a continued reduction each month. The Trust reported 101 in April 2023; however, in June there were 53 waits in excess of 12-hour waits. This continues to demonstrate the continued improvement since April 2022.

The Trust continues to focus on improving the clinical pathways within and out of hospital. The Trust presented the outcome of the collaborative work it has undertaken, with the North East Ambulance Service (NEAS) in the development of referral pathways between NEAS and Urgent Community Response (UCR) services to the NENC Integrated Care Urgent and Emergency Care Strategy Board.

The pilot demonstrated a reduction in the number of patients transported to hospital and supported further opportunities for collaboration to support patients in the community who may have attended the Accident & Emergency Department under traditional pathways.

##### 2.1.1 Four Hour Emergency Department Standard

The NHSE Planning guidance for 2023-24 set a specific ask against the four standard requiring all Trusts to see 76 per cent of patients within four hours by March 2024.

The Trust has begun reporting against the four-hour standard from the 1 May 2023. Whilst the Trust continues to exceed the overall four-hour national standard, achieving 82.87% in June 2023, it is cognisant that compliance with this standard has changed the focus for the Trust, as it concludes its field-testing phase. This has resulted in a shift in focus from clinical review standards of patients to the national four-hour standard. This is a cultural shift in how the service operationally manages the flow of patients through the service.

The Trust is fully committed to continuing to improve overall compliance in all areas of patient flow, to positively impact on patient experience and an improvement plan has been developed to focus specifically on improving compliance against the type 1 activity going through our integrated urgent and emergency care service.

Ambulance hand over delays remain in a positive position, achieving 98.86% of patients being handed over in less than 59 minutes in June 2023.

### **2.1.2 Elective Recovery**

The Trust continues to focus on reducing RTT trajectories and the 52-week wait position. The continued impact of industrial action has affected levels of activity, with significant levels of planned activity stood down to support maintaining safe services for patients. The Trust has maintained its position of no patients waiting longer than 104 or 78 weeks and continues to reports the lowest number of both 52 and 40-week waiters across the North East and Yorkshire Region.

The Trust reported 51 patients waiting over 52 weeks at the end of June, with one patient reported waiting over 65 weeks at the end of June. All long waiters are regularly reviewed to ensure pathways are progressed, however, patient choice continues to play a factor in delivery.

The Trust is currently undertaking an accreditation programme as part of the GIRFT elective care hub standards. A visit to the University of Hartlepool Hospital Elective Hub took place on Monday 10<sup>th</sup> July. Initial verbal feedback was overall positive, however, the Trust awaits the formal report and recommendations.

### **2.1.3 Industrial Action**

The Trust continues to plan and respond to ongoing Doctor in Training industrial action to order to ensure that patients are kept safe and disruption to services are minimised where possible. Many groups of staff including our nursing teams, consultants, community services, pharmacy, allied health professionals and administration staff have worked flexibly to provide cover.

In addition to the Doctors in Training industrial action the Trust has also commenced its planning for future Consultant strikes.

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

### **3.1 Culture and Leadership Development**

Our Culture programme '*Our Trust, Our Future*' continues to progress with work underway to move the agreed actions forward. One to one meetings have taken place with leads across the Trust to continue progress. A communication plan has been completed to ensure that staff are aware of all of the changes being implemented. To reduce the potential duplication work, the actions have been triangulated along with the staff survey information. There are thirty-five actions currently being progressed.

The three levels of leadership identified within the Leadership Strategic Plan are being progressed. The Foundation Programme, '*It all starts with me*' has seen an increase in the numbers attending the training with over 350 staff successfully completing the course. The Limehouse platform to compliment this learning has launched providing an alternative way for staff to learn / develop leadership skills.

The second level '*Leading with Care*' has commenced with three cohorts launched and four and five due to launch in the next two months. The cohorts have seen 122 staff take up places and begin further developing their leadership journey.

## **3.2 Research and Development**

### **3.2.1 Recruitment**

Patient recruitment to clinical research trials remains high for the first quarter with 1218 patients recruited into research studies (by context 573 patients were recruited at this point in 2022).

### **3.2.2 Synexus Facility**

Confirmation has now been received from the agent representing Synexus that their Board are in agreement with the surrender value of 12 months' rent and as a result, the Trust are content to progress with their release from the lease agreement.

### **3.2.3 Tees Valley Research Alliance (TVRA) Strategy refresh**

The new Tees Valley Research Alliance strategy has been developed and the research team are currently working on the detailed metrics for each of the domains

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

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

Chief Executives from across the North East and North Cumbria continue to meet with the ICB Executive Team to support the ongoing development of the system governance. There has been an increased focus on operational resilience, discharge planning, system working, performance, industrial action and financial planning.

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

At the last Provider Collaborative meeting on 7th July 2023, discussion centred on the progress with both the digital and data programmes across the North East and North Cumbria.

Representatives from the Integrated Care Board joined the meeting to provide an outline on the ICB Joint Forward Plan (JFP), noting the links to the wider Integrated Care Strategy. The JFP is built up from place and work stream plans over a five-year period. Members of the collaborative were requested to take the JFP back into their Foundation Trusts, as appropriate, and provide feedback to enable this to be finalised in September 2023.

### **4.3 Tees Valley Provider Collaborative**

Work continues to develop the Group model between North Tees and Hartlepool and South Tees Hospitals Trusts. Development meetings are regularly taking place, chaired by the Managing Directors of both Trusts to sustain momentum for the Group arrangements, which report to the Joint Partnership Board.

At the Joint Partnership Board in June, Dame Alwen Williams (Strategic Advisor to the Group) shared her experiences in establishing a group model, members also held discussions with regard to the clinical services strategy and development of a Partnership Agreement.

## **4.4 Service and Estate Developments**

### **4.4.1 New Hospital OBC**

The Strategic Outline Case was completed in February 2023. The Trust Board have given approval to progress to an Outline Business Case (OBC). The OBC is being developed with support from the Trusts Advisor Project Team, which has now been successfully mobilised and will continue to support the development of the North Tees and Hartlepool and South Tees Hospitals joint estates strategy as agreed by the Joint Partnership Board in June 2023.

The project phases will be designed and costed on a 'ready to go' approach, should funding opportunities arise. The successful public sector de-carbonisation scheme bid for £13.4m to invest in the energy infrastructure and carbon reduction measures at University Hospital of Hartlepool is an example of this approach.

#### **4.4.2 Community Diagnostic Centre (CDC)**

A strategic plan for the development of diagnostic capacity across the Tees Valley, including a new build Community Diagnostic Centre (CDC) has been agreed. This is a collaborative approach between North Tees and Hartlepool NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust.

The estates team as part of North Tees and Hartlepool Solutions LLP and the CDC project team continue to work in collaboration with Stockton on Tees Borough Council (SBC) with the programme plan progressing at pace. Clearance of the former Castlegate shopping centre site ahead of construction has been completed. The planning application was submitted on 18th May 2023. Dialogue between the Trusts design partners and planning is ongoing with a decision is expected by the 23rd August 2023. Purchase orders have been placed for items with long lead times, such as the power supply, data and broadband.

Clinical and digital teams are progressing work around interoperability of clinical systems to support the delivery of diagnostic services across the Tees Valley. Following the mapping and interoperability assessment there is a clear understanding of the current position, scope and scale of the work required. Engagement with existing suppliers has been extremely positive, provided a clear understanding of the options, and associated timescales. This work also links to the digital plans for imaging services across North East and North Cumbria integrated care system.

Clinical teams and service leads from both Trusts and the wider Integrated Care System are finalising the operating model for the CDC. This critical piece of work is supported by the digital and workforce work streams leads.

This is a major step forward for the Tees Valley, focusing on early diagnosis and treatment, improved care outcomes and wider economic regeneration in the drive to improve population health and tackle health inequalities.

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

#### **5.1 Staff Survey**

The NHS Staff Survey is in the preparation phase for 2023 with work underway to prepare the staff lists and data to ensure the Trust meets the needs of teams across the organisation and make the data meaningful. Care Groups and Corporate areas are collating action plans with key areas of focus. Work has been undertaken to make improvements in the areas identified as priorities.

Long service awards have commenced, linked to Reward and Recognition with those members of staff with over 40 years' service being recognised recently. Further work is on-going to roll out to other year groups in the coming weeks.

The Trust appraisal process and documentation has been reviewed and updated in collaboration with staff feedback. The updated version also includes Scope for Growth allowing development

conversations to take place with staff ensuring we retain talent and support people's development aspirations.

To support this, the Talent Management strategic plan has been developed to ensure the Trust supports the talent within the organisation.

## **5.2 Faculty for Learning, Leadership and Improvement**

The Faculty evolution continues incorporating the learning agenda. Quality Service Improvement Redesign (QSIR) Foundation programmes have been provided with a good uptake across the Trust.

The fifth cohort of QSIR Practitioner is in the planning stage and will take place over the coming weeks. The Quality Improvement role is coordinating with the Quality Improvement Leads on collaborative pieces of work and supporting the achievement of the strategic plan.

Planning is underway for Cohort 3 of NTH100 focussing on operational challenges, which have been identified through triangulation of data across the Trust. The approach will also incorporate QSIR Foundation ensuring we continue to build capacity across the Trust.

## **5.3 Workforce Development**

Plans continue to develop a Health and Social Care Academy in partnership with Hartlepool College of Further Education and Hartlepool Borough Council. This will be a regionally significant training facility within the University Hospital of Hartlepool that will support growing our own talent and ensuring we have a robust, sustainable workforce plan. This is specifically important in light of the Government's newly published 15-year workforce plan.

In addition to the funding already allocated for capital works and equipment (circa £1.2m), a submission has been made to the Local Skills Improvement Fund (LSIF) to support with costs associated with additional equipment. The bid for funding is specifically focused around technology and will support the academy having the latest immersive technology available for staff / students.

## **5.4 Butterwick Hospice**

In a major step forward, the Care Quality Commission have lifted restrictions against the Hospice with two beds to be opened for known patients on the end of life pathway. The changes came into effect from the 14th August 2023. Discussions are ongoing with the Commissioners regarding the re-provision of the grant with the Integrated Care Board.

## **5.5 Wider National and Regional Contribution**

### **5.5.1 Celebrating the Windrush Generation**

The Trust marked the 75th anniversary of Windrush this week by sharing the fascinating story of one of our former midwives Pat Poinen. Her Majesty's Transport, Empire Windrush brought passengers from Caribbean countries between 1948 and 1971. Among them was Pat who went on to work at North Tees General Hospital – she describes her time at North Tees as the 'best of my career'.

### **5.5.2 Cardiac Rehabilitation Team Praise**

The Trust cardiac rehabilitation team has been praised for going above and beyond with a patient who wanted to return to his CrossFit classes after suffering a heart attack.

The team runs rehabilitation sessions in community buildings across the Tees Valley for patients who are recovering from heart issues. Recovering from a cardiac arrest, Christopher Akers-Belcher,

who is the Chief Executive of Hartlepool Healthwatch, has found the classes '*incredibly beneficial*' – moreover, it is the help Christopher has received from the team to enable him to continue his weekly sessions at Exortus CrossFit in Hartlepool he is equally grateful for.

### **5.5.3 Regional Training for Illnesses**

The Trust recently held an important day of speciality training for emergency medicine trainees from across the region, focusing on a series of rare procedures – the kind that may only happen once in a clinician's career. Funded through Health Education England, the training session was set up as stations within the organisation's education unit and the MELISSA bus – a specially designed NHS training and simulation bus. Doctors rotated around procedures including resuscitative hysterotomy, lateral canthotomy, front of neck access / surgical airway and pericardiocentesis.

### **5.5.4 Trust Governor and Independent Investigator among King's Birthday Honours**

Two members of our Trust have been recognised in King Charles III's first ever birthday honours list;

Mark White, who sits on the Council of Governors, has received a CBE for the countless hours he has dedicated to a host of organisations.

Selwyn Morgan's has an extensive background in social care and recently joined our Trust as one of our independent investigators. He has been left '*delighted and humbled*' to be recognised by the King with a MBE.

## **6. Recommendation**

The Council of Governors is asked to note the content of this report and the pursuance of strategic objectives and work to improve system working and operational resilience.

**Neil Atkinson**  
**Managing Director**

## Council of Governors

Title of report:	Integrated Performance Report									
Date:	19 September 2023									
Prepared by:	Keith Wheldon - Head of Performance and BI Lynsey Honeyman- Head of Planning and Cancer Delivery									
Executive sponsor:	Linda Hunter - Director of Planning and Performance Lindsey Robertson - Chief Nurse/ Director of Patient Safety and Quality Susy Cook - Chief People Officer / Director of Corporate Affairs Kate Hudson-Halliday - Director of Finance									
Purpose of the report	To provide an overview of performance and associated pressures for compliance, quality, finance and workforce.									
Action required:	Approve		Assurance	x	Discuss	x	Information	x		
Strategic Objectives supported by this paper:	Putting our Population First	x	Valuing People	x	Transforming our Services		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:

The following is a summary of the performance for **June 2023**.

#### Safe

- There were 6 serious incidents reported on the StEIS system in June, four were from previous months but identified in June with duty of candour initiated.
- The Trust continues to perform well against the measures for Safe, reporting no never events and zero falls with moderate or severe harm.
- During June the Trust reported 4 cases of C. diff and 1 MRSA
- International recruitment (IR) of nurses continues with 60wte nurses now deployed to the UK into the Trust.

#### Effective

- The Trust continues to perform well against SHMI, reporting below national mean of 100
- Re-admissions has seen an increase, with Gynaecology and Pain reporting high percentage rates.
- A significant decrease in Outpatient Reviews continues to be noted
- Trust Length of Stay for both elective and emergency pathways are meeting the standard

#### Caring

- All six Friends & Family Test (FFT) metrics are exceeding the 75% Very Good/Good standard.

#### Responsive

- 98.86% of ambulance handovers occurred in under 59 minutes
- The Trust continues to meet the national 4-hour Emergency Department wait standard, with an improvement plan in place to support increased compliance for Type 1.

- Cancer Two Week Rule has seen an improved position compared to the previous month, with an increase in performance evident across the specialties.
- The Trust is meeting the Cancer 31day standards, however the 62 days is reporting at 57.32%, noting no regional Trust is achieving the standard
- The number of patients waiting longer than 52 weeks at the end of June was 51, of which 1 was waiting over 65 weeks.
- Diagnostic performance for June continues to improve with 77.59% in line with the improvement trajectory, of patients diagnosed within 6 weeks, in-part due to the improved Non-obstetric Ultrasound performance, with a 23.8% (n=373) reduction in greater than 6 week waits in comparison to last month.

**Well Led (People & Finance)**

- The Trust overall sickness has decreased in April from 5.07% to 4.88%, with short term increasing slightly but long term sickness reducing.
- Mandatory Training has seen a continued increase, reporting 90.89%, now above the standard of 90%.
- Staff Turnover has seen a slight increase from the previous month, but remaining below the Trust 10% threshold.
- At Month 3, the Trust is reporting an in-month surplus of £0.714m against a planned surplus of £0.955m, which is £0.241m behind plan.

**Maternity**

- Smoking at booking is reporting 16.93%, which is above the NENC Average of 11%.
- VTE compliance for Maternity continues to report below the 95% Trust standard, with a review of compliance to be undertaken in July.
- 1:1 care in labour is slightly below the National standard, with this measure being monitored weekly.

Board Assurance Framework/Corporate Risk Register risks this paper relates to:

*This section should outline the key risks that the Board should note.*

Quality -1A patient safety and 1B patient experience

Performance - 1C

People - 2A and 2B

Finance - 3C

Does the report impact on any of the following areas *(please check the box and provide detail in the body of the report)*

Equality, diversity and or inclusion		Reputational	X
Workforce		Environmental	
Financial/value for money		Estates and Facilities	
Commercial		Compliance/Regulatory	X
Quality, safety, experience and effectiveness	X	Service user, care and stakeholder involvement	
Meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
Planning, Performance and Compliance Committee – 24 July 2023 Board of Directors – 27 July 2023		Executive Management Team – 18 July 2023	



Recommendation	<p>The Council of Governors are asked to note:</p> <ul style="list-style-type: none"><li>• The performance against the key operational, quality and People standards.</li><li>• Acknowledge the on-going operational pressures and system risks to regulatory key performance indicators and the associated mitigation.</li></ul>
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North Tees and Hartlepool  
NHS Foundation Trust



# Integrated Performance Report (IPR)

## July 2023 Report

(June 2023 data)

# Executive Summary

Domain	Summary
<p style="text-align: center;"><b>Safe</b></p> <p style="text-align: center;">Page 6 to Page 11</p>	<p>The Trust has reported two high risks, both financial. These continue to be monitored through the appropriate committee's and governance structures. Falls resulting in moderate harm are investigated immediately, with learning implemented at pace. Support continues with the Active Hospital lead and deconditioning work stream, on quality improvement projects.</p> <p>Monthly recruitment is on-going for both registered and unregistered nurses and midwives. On-boarding work with third year nursing students who will qualify in September 2023 is progressing with 39 nurses currently locked into vacancies.</p>
<p style="text-align: center;"><b>Effective</b></p> <p style="text-align: center;">Page 12 to Page 17</p>	<p>Trust re-admission rates continue to remain high on the agenda with monthly reviews being undertaken for those pathways with higher rates. Reducing reviews continues to see an improved performance, with work continuing through the Outpatients Transformation Work Group.</p> <p>The Trusts 6-4-2 meeting has been re-instated, with the new Care Co-ordination system (CCS) being used to aid and assist theatre utilisation improvements, with the overall aim to increase utilisation and to reduce the number of patient on the waiting list.</p> <p>Length of stay has fallen for both elective and emergency pathways, with the KPI's all meeting the standard.</p>
<p style="text-align: center;"><b>Caring</b></p> <p style="text-align: center;">Page 18 to Page 21</p>	<p>The number of Friends and Family Test (FFT) returns remains consistent to previous months, with a Very Good/Good rate at 91.93%, all the six FFT standards have consistently achieved greater than 75%.</p> <p>There has been a consistent trend in Stage 3 (formal complaints) since September 2022 to be below the mean. Increased analysis continues to be presented and discussed during the weekly safety panel meetings and now in the quarterly Patient Experience Report.</p>

# Executive Summary

## Domain

## Summary

### Responsive

Page 22 to Page 29

Trust ambulance handover performance continues to be one of the best in region. The Trust continues to achieve the national 4hr standard.

The Trust remains on plan to meet the 2023/2024 planning submission for Trust occupancy, with the number of super stranded patients in the Trust reducing, reporting 9.30%, out of area patients still in the Trust at the end of June.

The Trust is achieving three out of nine Cancer standards. Whilst cancer pathways remain protected during the industrial action period, overall capacity has been affected with appointments and procedures rearranged, particularly for non-urgent waiting list management (RTT).

### Well-Led

### People

Page 30 to Page 33

&

### Finance

Page 34

Assurance that managers continue to robustly manage absence and appropriately support staff experiencing significant health and well-being challenges, occurs through the monthly people clinics chaired at care group level.

A comprehensive review of mandatory training is underway, this review will explore moving to a 'core 10' topics within the Business Intelligence software as well as using ESR as the reporting system.

Exploratory work on increased turnover within the allied health professional staff group has identified the increase can be attributed to employees leaving to work overseas and to work within private practice.

The Trust has a breakeven financial plan for 2023/24 with reported risks relating to inflationary pressures and efficiency requirements. At Month 3, the Trust is reporting an in-month surplus of £0.714m against a planned surplus of £0.955m, which is £0.241m behind plan. The Trust is reporting a year to date surplus of £1.301m against a plan of £2.536m, which is £1.235m behind plan.

# Executive Summary

## Domain

## Summary

### Maternity

Page 35 to Page 46

The new maternity section can be found from page 35 onwards, with a pathway approach to separating the standards into Pre-natal, Birth, Postnatal, Neonatal and feedback (complaints & compliments).

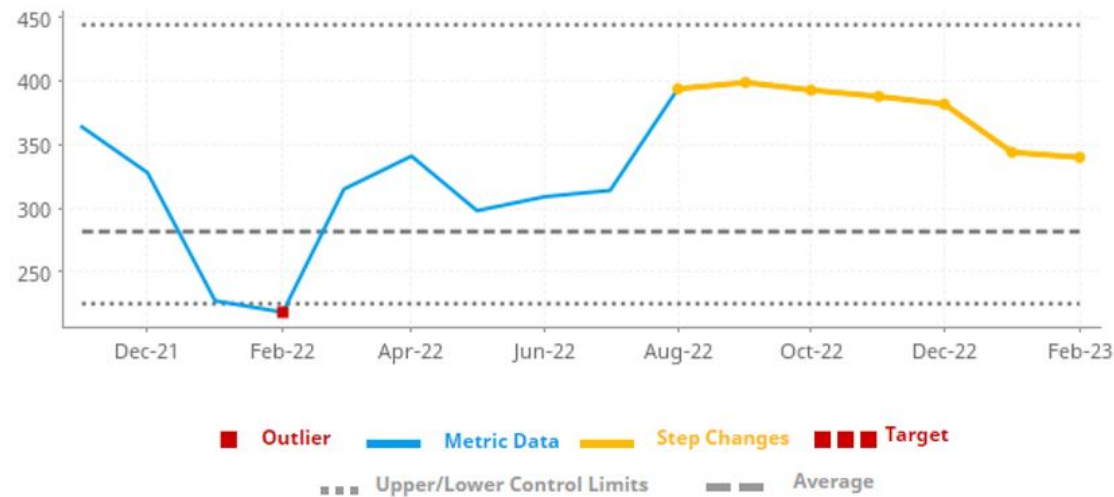
The Trust local population reside in one of the most deprived areas in the country, with the rates of smoking one of the highest in the North East and is reflected in the maternity population. The Trust continues to support patients in reducing smoking to help optimise the health of the newborn and mother.

The Trust has noted a decline in the VTE compliance within maternity services and has agreed to undertake a review in July, with an action plan to be developed to outline actions and key improvement timescales.

The Trust continues to achieve Postpartum Hemorrhage (PPH) rates, which can be attributed to the recent introduction Quality Improvement (QI) project.

Breast feeding rates within the Trust fall below the North East & North Cumbria average and one of the lowest in the region. To improve the take up rate throughout 2023, the Trust has employed an infant feeding specialist midwife.

# Statistical Process Control (SPC) Charts

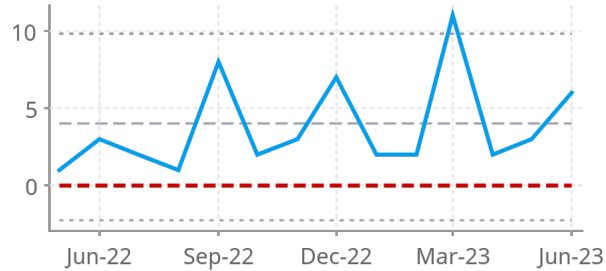


A **Step Change** occurs when there are 7 or more consecutive points above or below the *average*.

**Outliers** occur when a single point is outside of the Upper or Lower Control Limits. The adjust automatically so they are always 2 Standard Deviations from the .

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

## Serious Incidents



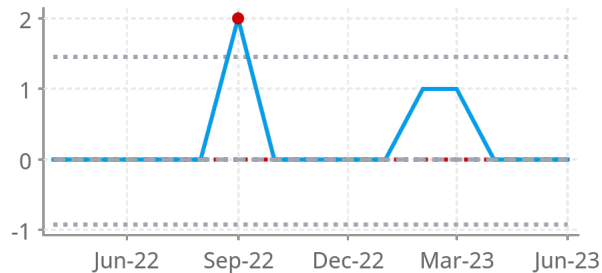
Month	Jun-23
Actual	6
Standard	0

## Summary of Current Issues/ Recovery Plans

During June, there were six serious incidents reported on the StEIS system, two had occurred in June 2023, two in May 2023, one in March 2023, and one had occurred in 2021 which was a delayed diagnosis reported after being identified in June.

Duty of candour has been initiated for all and where accepted by the patient or families, the Trusts Family Liaison Officers are providing ongoing support.

## Never Events

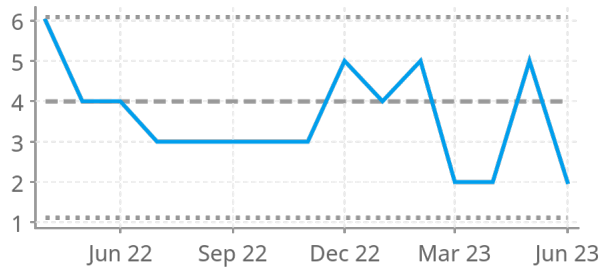


Month	Jun-23
Actual	0
Standard	0

## Summary of Current Issues/ Recovery Plans

During June 2023, there were zero Never Events reported.

## High Risks

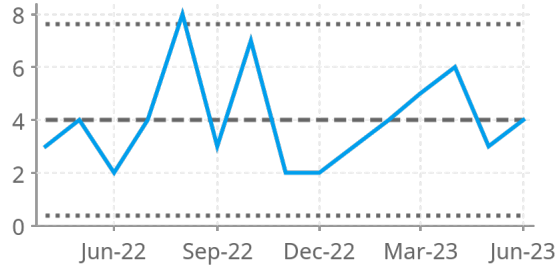


Month	Jun 23
Actual	2
Standard	N/A

## Summary of Current Issues/ Recovery Plans

All risks are approved through the agreed governance structure and are reviewed in line with Trust Policy. There were two high risks both financial risks at the end of June 2023; relating to Trusts Aging Estate and the Delivery of Savings. These risks are monitored in the Finance Committee and identified in the Board Assurance Framework.

## Clostridium difficile (C. diff)



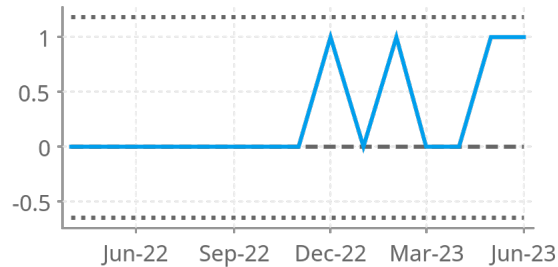
Month	Jun-23
Actual	4
Standard	4

## Summary of Current Issues/ Recovery Plans

In June 2023, the Trust reported four cases of Clostridium difficile infection. Root Cause analysis processes are explored for all hospital-onset healthcare associated cases.

There has been one MRSA bacteraemia case which was deemed to be due to a contaminant. A post infection review has been completed and improvements to improve MRSA screening on admission are underway.

## MRSA

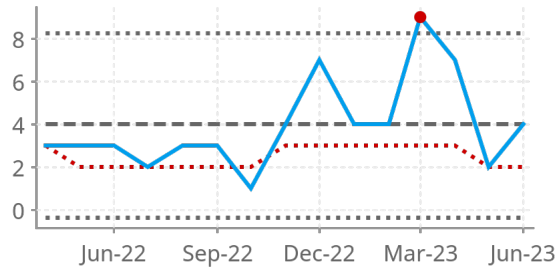


Month	Jun-23
Actual	1
Standard	0

There is no national objective set for MSSA, however the internal trust threshold for 2023-24 is in line with the national thresholds set for the other organisms by NHSE. There have been four healthcare-associated MSSA infections in June 2023, this is an increase on the previous month, but with no trend identified.

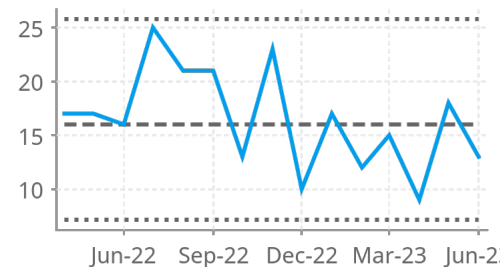
A decrease in CAUTI cases were reported in June 2023 and remains within the accepted standard.

## MSSA



Month	Jun-23
Actual	4
Standard	2

## CAUTI



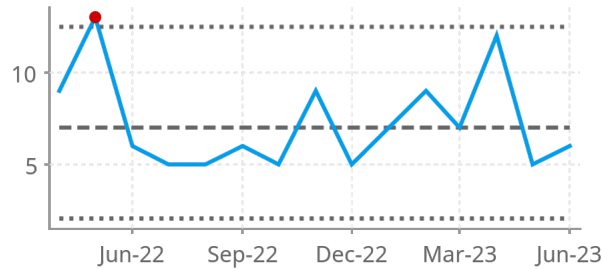
Month	Jun-23
Actual	13
Standard	17



## Escherichia coli (E. coli)



### Summary of Current Issues/ Recovery Plans



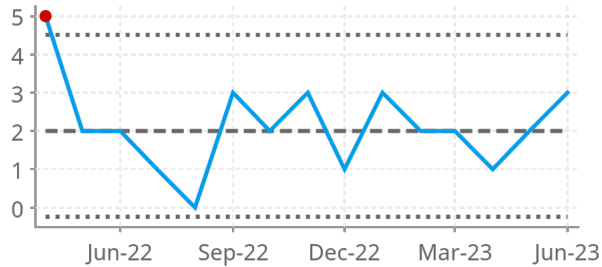
Month	Jun-23
Actual	6
Standard	5

In June, six E-coli bacteraemia were reported, which is a reduction from previous months. The main source remains as lower urinary tract infection and is reflective of the summer months.

## Klebsiella



### Summary of Current Issues/ Recovery Plans



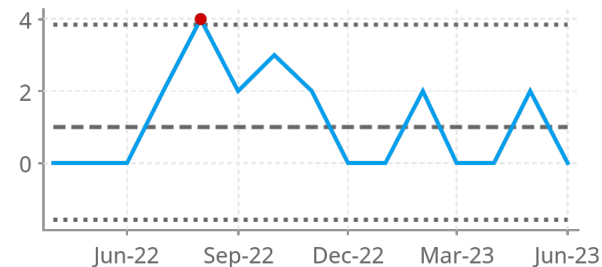
Month	Jun-23
Actual	3
Standard	1

There have been three trust attributable cases reported for Klebsiella infections in June 2023, which is one above the expected number, two of these were also linked to lower urinary tract infections.

## Pseudomonas aeruginosa



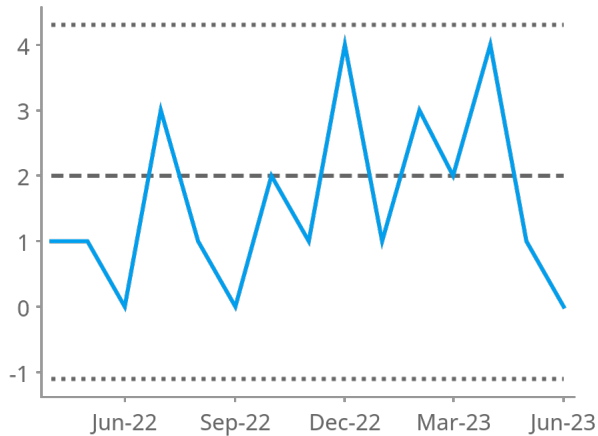
### Summary of Current Issues/ Recovery Plans



Month	Jun-23
Actual	0
Standard	1

There have been no trust attributable cases reported for Pseudomonas infections in June 2023.

## Falls with Moderate Harm



Month	Jun-23
Actual	0
Standard	2

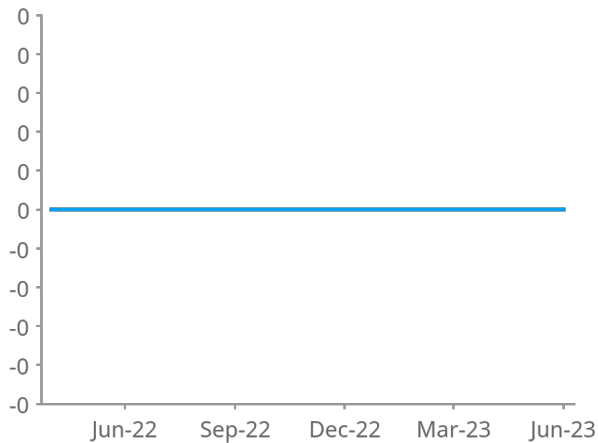
## Summary of Current Issues/ Recovery Plans

All falls resulting in moderate harm are thoroughly investigated with any immediate learning implemented at pace. There were no falls occurring in June resulting in moderate or severe harm.

The electronic nursing documentation which includes the falls assessments, has been launched alongside the recently agreed changes to the falls policy, which includes the age requirement of patient falls assessments and the guidance of completing lying and standing blood pressure.

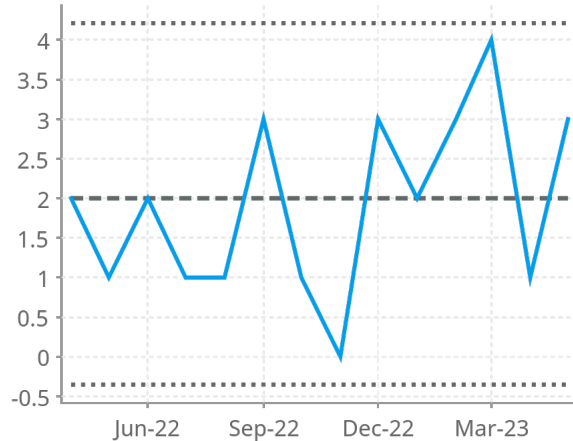
The Trust falls lead continues to support the active hospital lead and deconditioning work stream. The therapy teams are taking the lead on some quality improvement projects which reinforces the falls prevention agenda.

## Falls with Severe Harm



Month	Jun-23
Actual	0
Standard	0

Pressure Ulcers Category 3



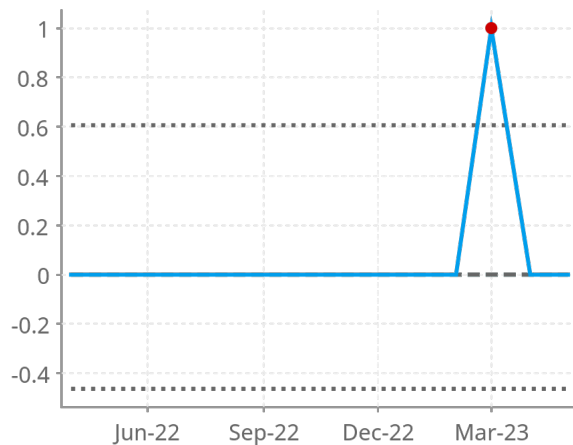
Month	May-23
Actual	3
Standard	2

Summary of Current Issues/ Recovery Plans

Work continues with the validation of pressure ulcers, due to the difference between validated and un-validated data positions. Pressure ulcer validation education has been provided to the band 6 and 7 nurses and an increase in accurate reporting has been noted.

A 'Skin Integrity Collaborative' is underway on ward 36 and ward 41 with a focus on prevention, early identification and accurate categorisation. Further collaborative work has commenced on ward 32 and 40 during May 23. An increase in all pressure ulcer reporting has been noted in May and reflects the focus in the clinical areas. A reassuring increase in category 1 pressure ulcer reporting demonstrates early identification. The increase in category 3 pressure ulcers is mainly linked to patients receiving care in care homes but are on a district nursing caseload. There has been no Category 4 pressure ulcers reported in May 2023.

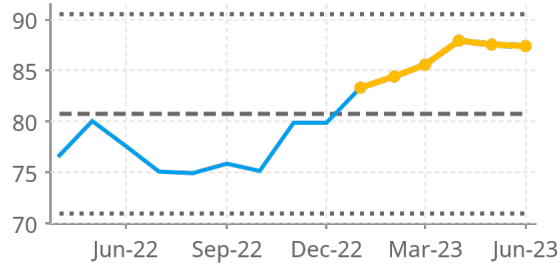
Pressure Ulcers Category 4



Month	May-23
Actual	0
Standard	0

The Trust was successful in their interview with NHS England will be working collaboratively to shape the national wound care strategy in tackling pressure ulcer prevention, specifically in their diagnostic phase of the project. This is a very exciting opportunity for the trust

## UNIFY Day RCN



Month	Jun-23
Actual	87.40%
Standard	>=80% and <=109.99%

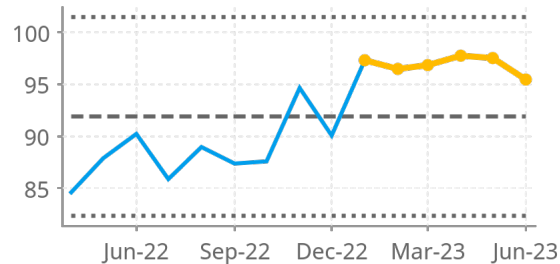
## Summary of Current Issues/ Recovery Plans

Nursing fill rates have been sustained and sit within the recommended standard of >80%. The demand rates to NHSP continue to reduce each month in line with the nurse vacancy level reducing. However, nurse vacancy levels have increased from June 2023 following an uplift in funded nursing establishments to support safe staffing.

Monthly recruitment remains on-going for both registered and unregistered nurses and midwives. On-boarding work with third year nursing students who will qualify in September 2023 is progressing with 39 nurses currently locked into vacancies.

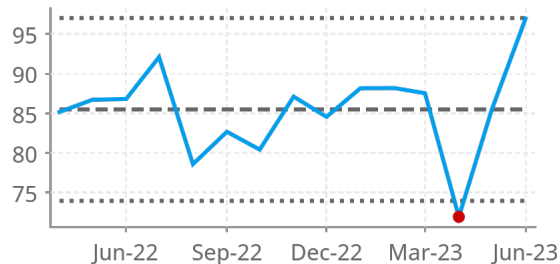
International recruitment (IR) of nurses continues with 60wte nurses now deployed to the UK. There has been success in offering 3wte Registered Midwives positions and an additional 25wte Registered Nurses in May 2023, which will further increase the shift fill rate and reduce the overarching nursing and midwifery vacancy level from November 2023 (following OSCE pass).

## UNIFY Night RCN



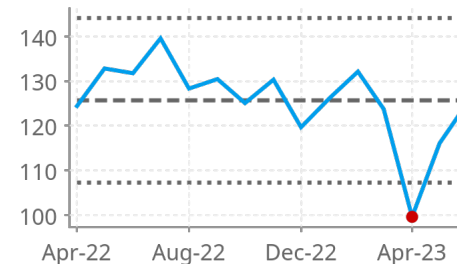
Month	Jun-23
Actual	95.43%
Standard	>=80% and <=109.99%

## UNIFY Day HCA



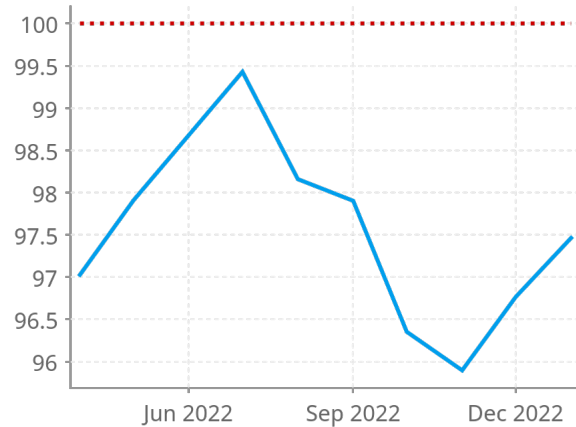
Month	Jun-23
Actual	96.96%
Standard	>=80% and <=109.99%

## UNIFY Night HCA



Month	Jun-23
Actual	125.35%
Standard	>=110% and <=125.99%

## Summary Hospital-level Mortality Indicator



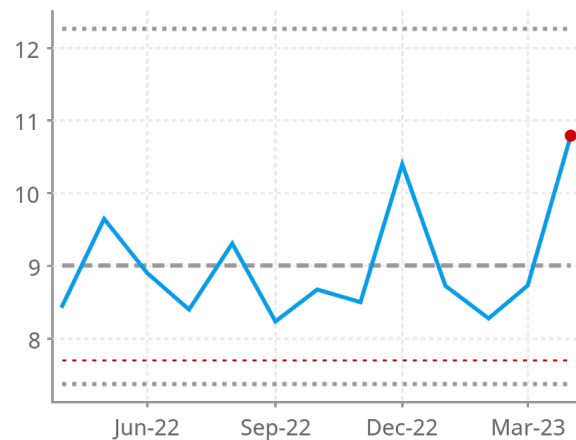
<b>Month</b>	Feb 22 - Jan 23
<b>Actual</b>	<b>97.46</b>
<b>Standard</b>	<b>100</b>

## Summary of Current Issues/ Recovery Plans

The latest SHMI value is now 97.46 (February 2022 to January 2023) which has increased from the previous rebased value of 96.77 (January 2022 to December 2022).

The value of 97.46 is 4th lowest in the region, which ranges from 84.32 to 111.30, with the national range falling between, 71.70 to 120.85.

## Re-admission Rate



<b>Month</b>	<b>Apr-23</b>
<b>Actual</b>	<b>10.79%</b>
<b>Standard</b>	<b>7.70%</b>

## Summary of Current Issues/ Recovery Plans

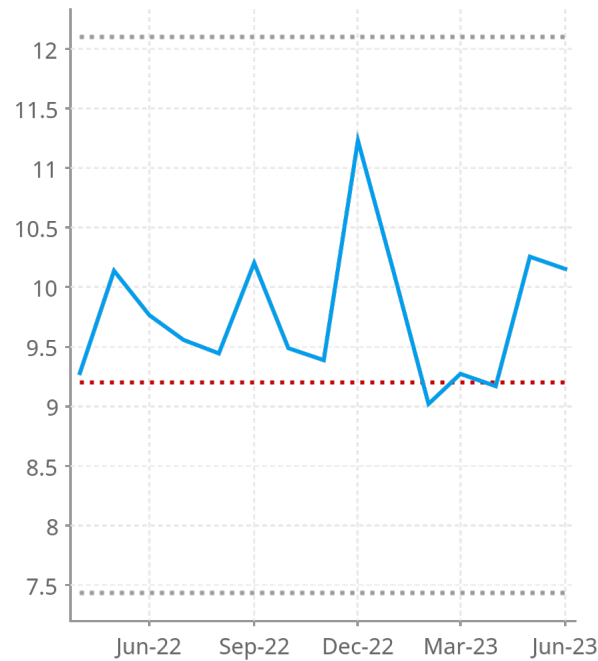
The latest validated position shows an increase with higher rates across all specialties specifically note in gynaecology and pain services.

The Trust is nearing completion of an electronic solution to enable real-time data validation, to help establish avoidable and unavoidable admissions.

## Outpatient Did Not Attend - Combined



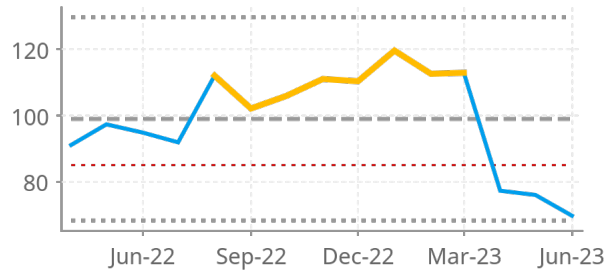
## Summary of Current Issues/ Recovery Plans



<b>Month</b>	<b>Jun-23</b>
<b>Actual</b>	<b>10.15%</b>
<b>Standard</b>	<b>9.20%</b>

Patients who are unable to attend their appointment reported a slight decrease this month. Some of the transformation work includes the DNA inequalities pilot (CORE20 most deprived) in obstetrics, gynaecology and paediatrics this has concluded phase 1, with regular meetings scheduled with key stakeholders to discuss the evaluation of phase 1 to inform phase 2.

## Reducing Reviews

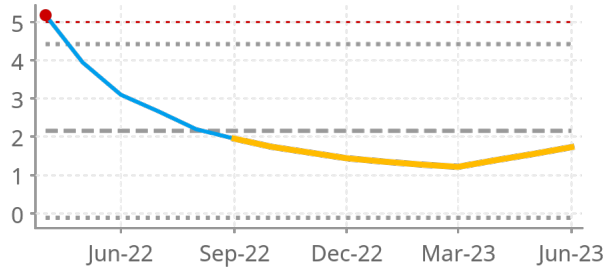


Month	Jun-23
Actual	69.75%
Standard	85.00%

## Summary of Current Issues/ Recovery Plans

National best practice gap analysis continues to be undertaken in each care group to understand further opportunities to reduce reviews in line with GIRFT guidance. Waiting list validation is a project underway to identify patients who no longer require an appointment. This project, supported by Netcall and funded by NHSE, is due to complete in Q2. Online forms is another NHSE funded project underway with Dr doctor, to stratify follow-up activity in cancer pathways and offer alternative communication (such as online forms) to reduce the need for reviews. This project will run for 18months and will likely go live at the end of Q2.

## Patient Initiated Follow-Up (PIFU)

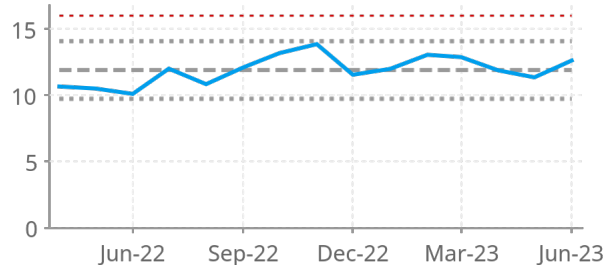


Month	Jun-23
Actual	1.73%
Standard	5.00%

## Summary of Current Issues/ Recovery Plans

Performance for PIFU continues to show an upwards trend. Focus has been on trauma and orthopaedics, with end of year goals agreed in line with high impact area forecasting. Work continues in respiratory and general surgery and initial work commencing in paediatrics in July.

## Advice and Guidance

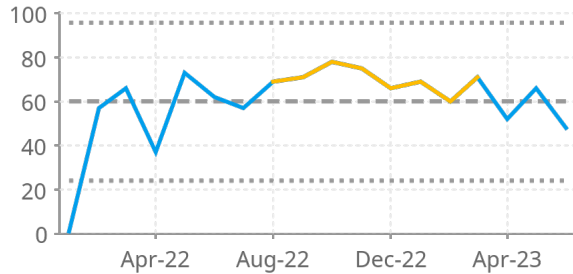


Month	Jun-23
Actual	12.62%
Standard	16.00%

## Summary of Current Issues/ Recovery Plans

Work has commenced to determine which services are utilising Advice and Guidance (compared to overall referrals and outpatient's first attendances) with a targeted focus on gynaecology in July/August who are keen to improve their A&G process

## Theatre - On the Day Cancellations



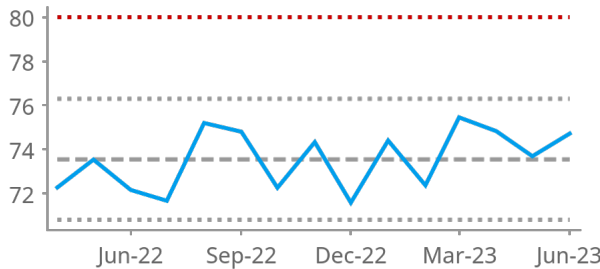
Month	Jun-23
Actual	48
Standard	N/A

## Summary of Current Issues/ Recovery Plans

Collaborative Care continues to hold daily theatre capacity meetings to ensure effective and efficient utilisation.

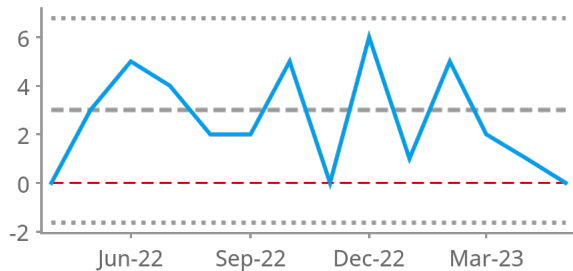
The 6-4-2 meetings have been reinstated to ensure effective planning of lists with attendance from a multi-disciplinary team, supported by the newly implemented software (Care Co-ordination System - CCS).

## Theatre Utilisation (%)



Month	Jun-23
Actual	74.72%
Standard	80.00%

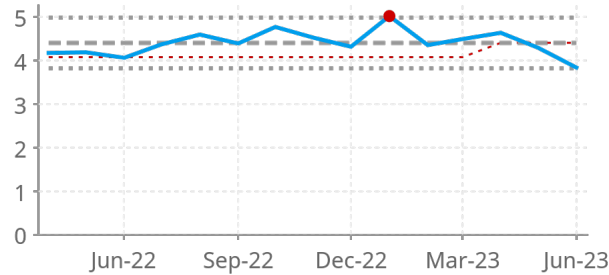
## Not Re-appointed within 28 days



Month	May-23
Actual	0
Standard	0



## Length of Stay (Combined)

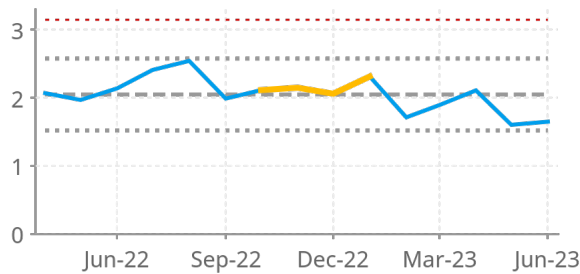


Month	Jun-23
Actual	3.84
Standard	4.41

## Summary of Current Issues/ Recovery Plans

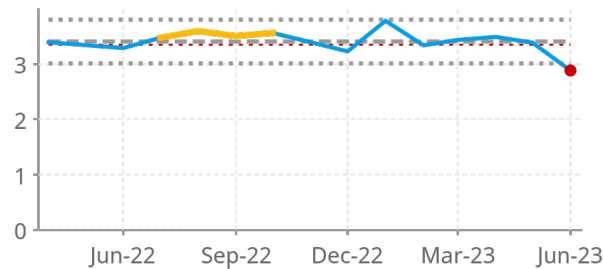
There has been a significant reduction to the patients' combined length of stay, with both emergency and elective pathways decreasing.

## Length of Stay (Elective)



Month	Jun-23
Actual	1.64
Standard	3.14

## Length of Stay (Emergency)

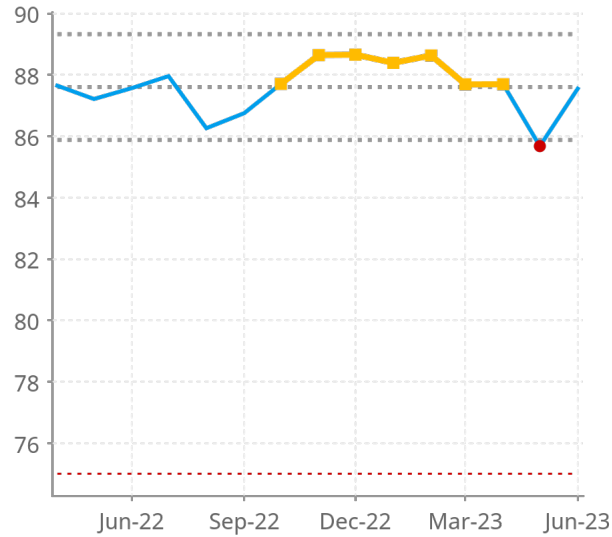


Month	Jun-23
Actual	2.88
Standard	3.35

## Day Case Rates



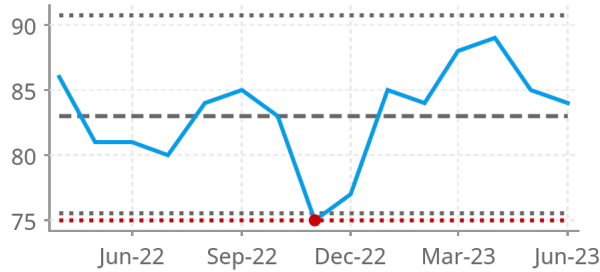
## Summary of Current Issues/ Recovery Plans



<b>Month</b>	<b>Jun-23</b>
<b>Actual</b>	<b>87.55%</b>
	<b>75.00%</b>

The Trust continues to achieve this standard aided by the High Volume Low Complexity (HVLC) type procedures and the Trust continues to review other procedures as part of the elective hub.

## Friends & Family Test - A & E



<b>Month</b>	<b>Jun-23</b>
<b>Actual</b>	<b>84.00%</b>
<b>Standard</b>	<b>75.00%</b>

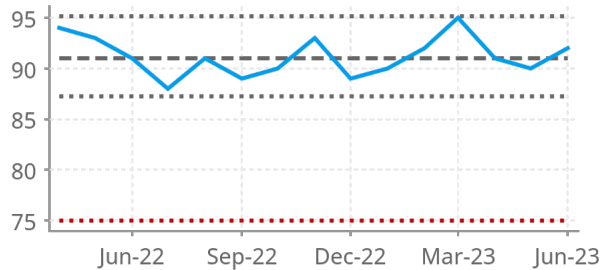
## Summary of Current Issues/ Recovery Plans

The Trust received 2,021 Friends & Family Test returns this month, this is a decrease on the previous months updated return of 2,149 but remains between the control limits.

The Very Good or Good responses returned for June 2023 is 92.41%.

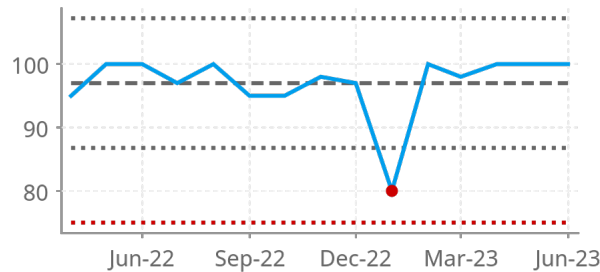
All Friends & Family Test metrics fall within their relevant control limits and above the minimum standard of 75%. A&E showing a continued increase in Very Good/Good responses.

## Friends & Family Test - Inpatient



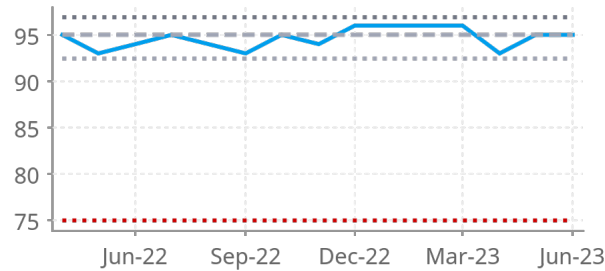
<b>Month</b>	<b>Jun-23</b>
<b>Actual</b>	<b>92.00%</b>
<b>Standard</b>	<b>75.00%</b>

## Friends & Family Test - Maternity



<b>Month</b>	<b>Jun-23</b>
<b>Actual</b>	<b>100.00%</b>
<b>Standard</b>	<b>75.00%</b>

## Friends & Family Test - Outpatient



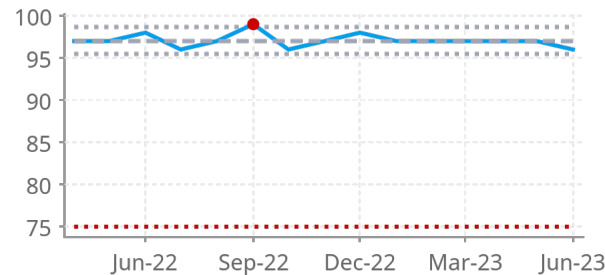
Month	Jun-23
Actual	95.00%
Standard	75.00%

## Summary of Current Issues/ Recovery Plans

The Friends & Family Test metrics for Outpatients, Community and Long Covid are new to this IPR. All three metrics falling within their relevant control limits with the recent trends displaying natural cause variation.

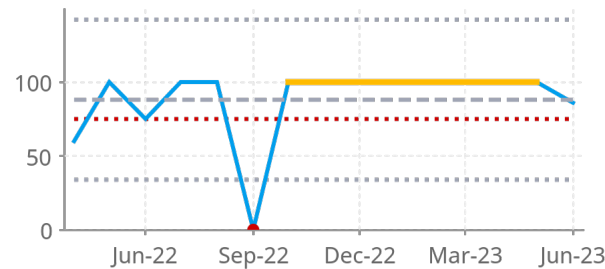
Work continues to promote the Friends & Family Test, particularly from the in-patient areas to improve the amount of feedback.

## Friends & Family Test - Community



Month	Jun-23
Actual	96.00%
Standard	75.00%

## Friends & Family Test - Long Covid

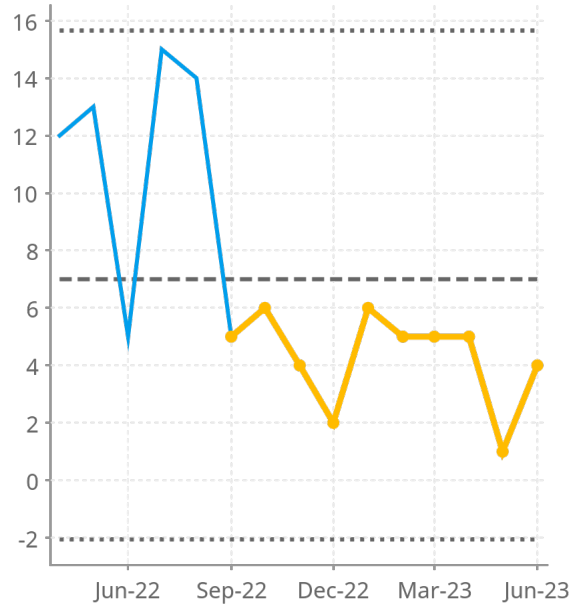


Month	Jun-23
Actual	86.00%
Standard	75.00%

## Complaints - Stage 3



## Summary of Current Issues/ Recovery Plans



<b>Month</b>	<b>Jun-23</b>
<b>Actual</b>	<b>4</b>
<b>Standard</b>	<b>5</b>

Complaint themes continue to be monitored on a daily basis, with the Trust continuing to drive for local and face to face resolution of concerns. Of the 109 open complaints at this time, 64% are to be resolved locally, 25% are to be resolved with a face to face meeting, and 11% have opted for a written response.

Complaints data and analysis is presented and discussed during the weekly Safety Panel meetings, with a Patient Experience Report presented each quarter.

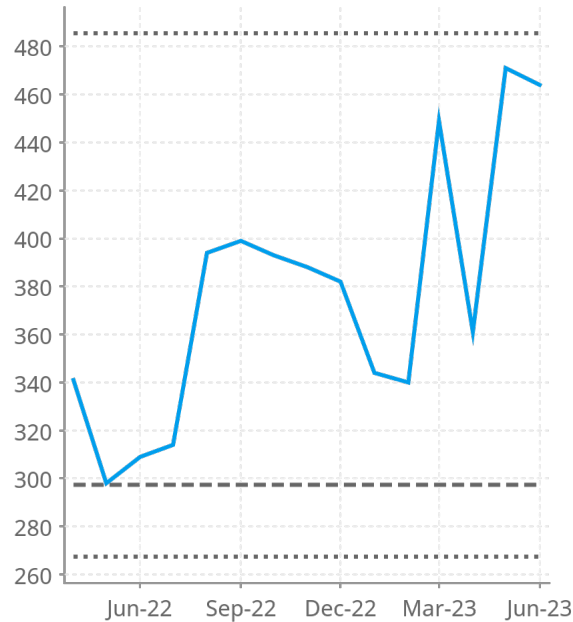
Complaint analysis is also raised during weekly Senior Clinical Professional (SCP) Huddles. This robust process continues to support timely identification of the themes which enables faster resolutions.

The Complaint Improvement Project is continuing, with an evaluation of the revised Stage 3 process now complete. Overall feedback has been positive and the teams have opted to continue with this revised process. The Project Group are currently finalising the review of the Stage 2 complaint process and the revised Stage 1 process aims to pilot in early August 2023.

## Compliments



## Summary of Current Issues/ Recovery Plans



<b>Month</b>	<b>Jun-23</b>
<b>Actual</b>	<b>464</b>
<b>Standard</b>	<b>297</b>

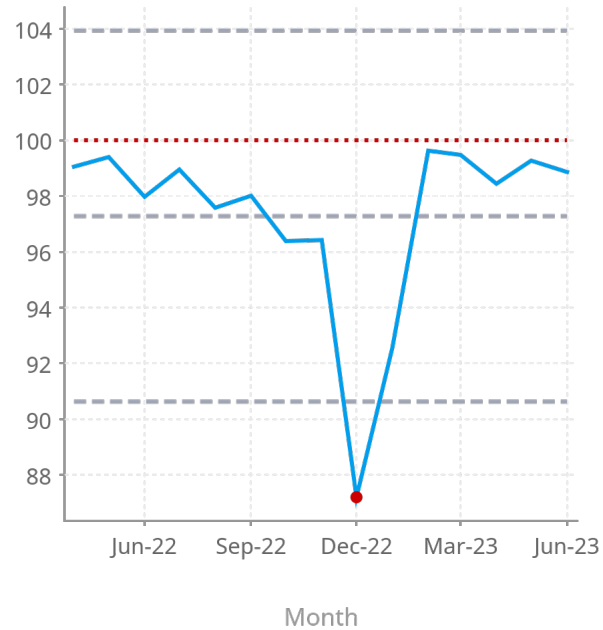
The number of compliments received in June 2023 slightly decreased from May 2023. However, the total amount of compliments received in Q1 2023/24 is 1,397 which is higher than the number received this same period last year when 1,002 were received.

As with complaints, identification of themes arising from compliments is also shared at the weekly SCP huddles for shared success across all teams. The promotion of Greatix continues to ensure all positive feedback received by clinical teams is recorded to support the overarching trust position and the positive balance of complaints and compliments.

## Ambulance Handovers <59minutes



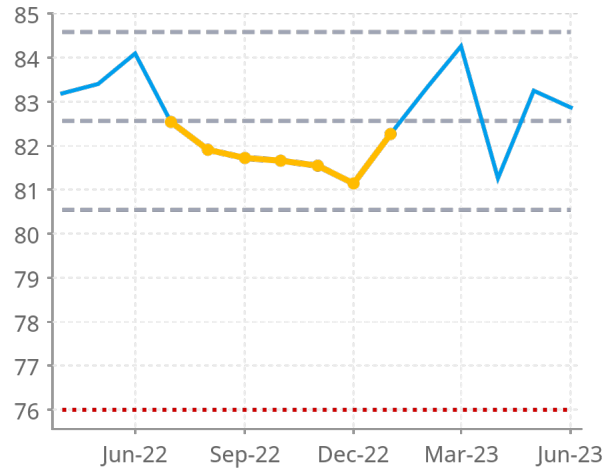
## Summary of Current Issues/ Recovery Plans



<b>Month</b>	<b>Jun-23</b>
<b>Actual</b>	<b>98.86%</b>
<b>Standard</b>	<b>100.00%</b>

Ambulance handovers remain in a positive position with SPC showing in the main, controlled variation. There were 14 over 59 minute handovers, leading to a compliance of 98.86%.

## 4 hr Accident & Emergency Waiting Times



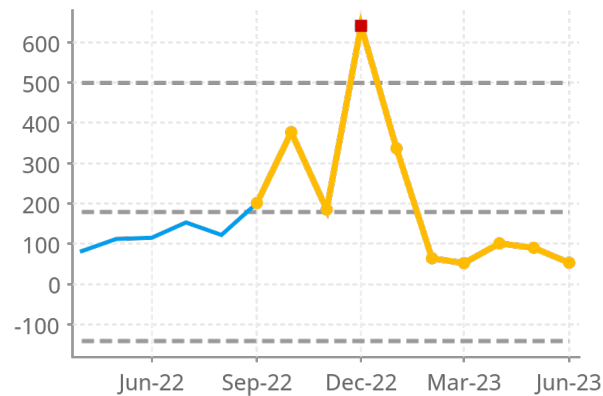
Month	Jun-23
Actual	82.87%
Standard	76.00%

## Summary of Current Issues/ Recovery Plans

Whilst the Trust continues to meet the National standard of 76% of the overall 4-hour standard, it does acknowledge that pressures are noted within Type 1 pathways. It must be noted that compliance with this particular standard has changed for the Trust more recently as we come out of the field-testing phase. This has resulted in a shift in focus from 'clinical review standards' to a national 4 hour standard with a cultural shift.

The Trust is fully committed to improving overall compliance in all areas that relate to patient flow, to aid a positive impact on the 4-hour standard but more importantly patient experience. An improvement plan has been developed with a focus on improving compliance against Type 1 activity.

## 12 Hour Waits in Accident & Emergency



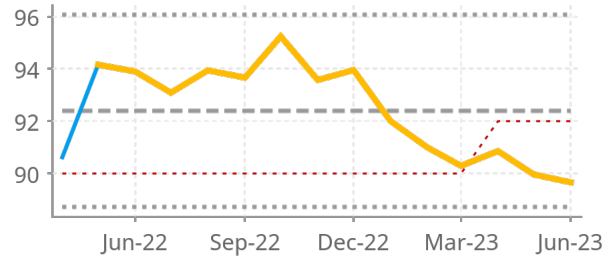
Month	Jun-23
Actual	53
Standard	0

The Trust has established a working group to review all process in relation to this area and an improvement recovery plan has commenced.

**12 hour waits** - Whilst the Trust acknowledges pressures with Type 1 attendances, the number of patients waiting greater than 12 hours in department has seen a significant reduction, with one of the lowest numbers seen since April 2022.



## Trust Occupancy



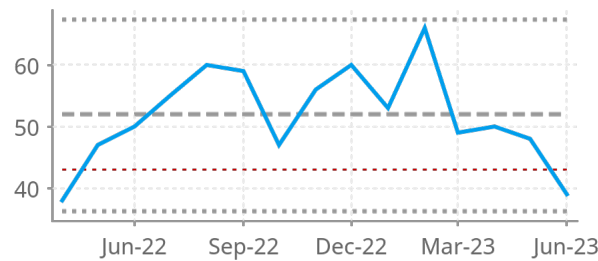
Month	Jun-23
Actual	89.66%
Standard	92.00%

## Summary of Current Issues/ Recovery Plans

The Trust has seen significant improvements against its occupancy levels in June with an average of 89.66%, although there were some surges in activity.

The Trust remains on plan to meet the 2023/2024 planning submission.

## Super Stranded Patients (21+days)

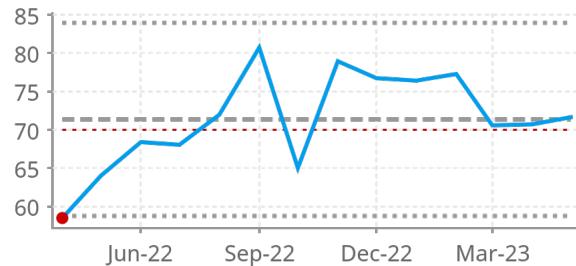


Month	Jun-23
Actual	39
Standard	43

## Summary of Current Issues/ Recovery Plans

A continued decrease is noted with the Trust continuing to work with its partners in Local Authorities to ensure timely discharge where clinically appropriate. Regular review of all patients over 21 days takes place and escalated where appropriate. Low numbers of patients waiting for regional neuro rehabilitation seen in June has contributed to decrease in the number of patients as well as reduced occupancy seen in June.

## 2 hour Community Response

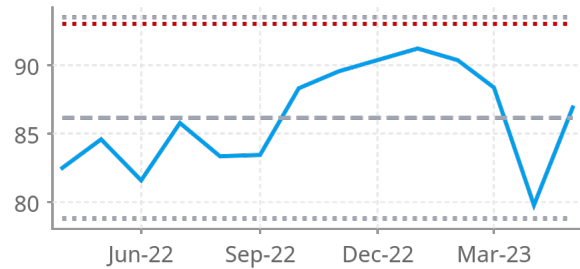


Month	May-23
Actual	71.64%
Standard	70.00%

## Summary of Current Issues/ Recovery Plans

The Trust continues to meet the national standard for this measure. The Teams are seeing a month on month increase in the number of UCR referrals, this is encouraging as it is aligned by our Home First ethos underpinned planned communication programme. There is ongoing training with Teams to ensure data is being reported accurately and this is being monitored across all UCR pathways.

## New Cancer Two Week Rule

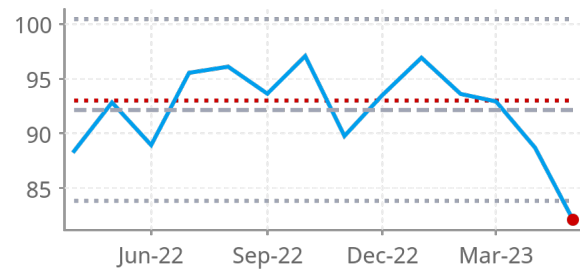


Month	May-23
Actual	86.90%
Standard	93.00%

## Summary of Current Issues/ Recovery Plans

An improved position compared to the previous month is noted, despite increased referrals and a reduced capacity due to 3 bank holidays. Particular pressure was noted in colorectal reporting at 78.6% and lung reporting at 77.3%. Patient choice continues to be a factor with the recent Cancer Navigator post to help facilitate liaison with patients and attendance to hospital appointments.

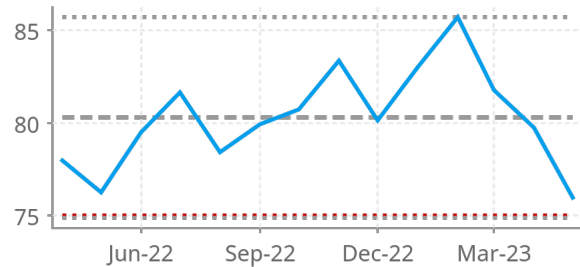
## Breast Symptomatic Two Week Rule



Month	May-23
Actual	82.13%
Standard	93.00%

A 17% increase in referrals was noted this month, with additional pressures the same as those described above. Regional average reported 81.3% with the national average reporting 75.2%.

## Cancer 28 day Faster Diagnosis

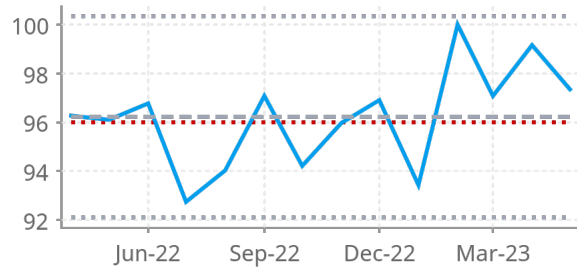


Month	May-23
Actual	75.97%
Standard	75.00%

Whilst a decrease is noted this month compliance remains comparable against the regional (77.8%) and national position (71.3%). Breast were the only tumour site to achieve the standard reporting 95.2%.

Implementation of 'one-stop' clinics, providing comprehensive diagnostic testing in one outpatient appointment for pathways not already in place is currently being explored, along with requests for diagnostics at the time of vetting to mitigate against any delays at the front end of the patient pathway.

## New Cancer 31 Days

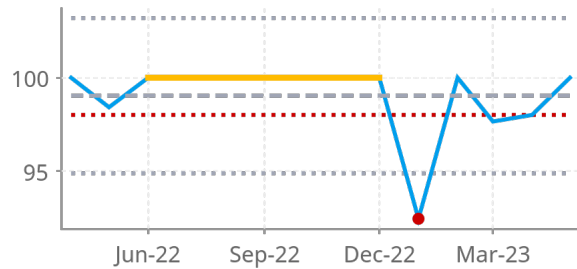


Month	May-23
Actual	97.35%
Standard	96.00%

## Summary of Current Issues/ Recovery Plans

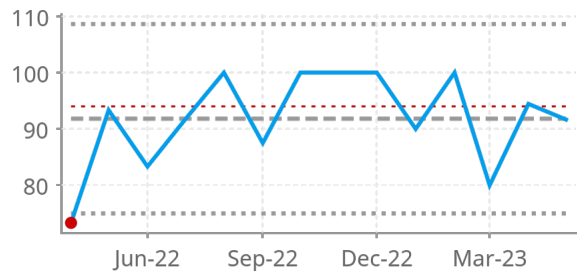
Compliance was overall good against the 31 day standards however just under achieved against the subsequent treatment for surgery standard (1 patient) as a result of elective capacity. The patient was treated on day 36.

## New Cancer 31 Days Subsequent Treatment (Drug)



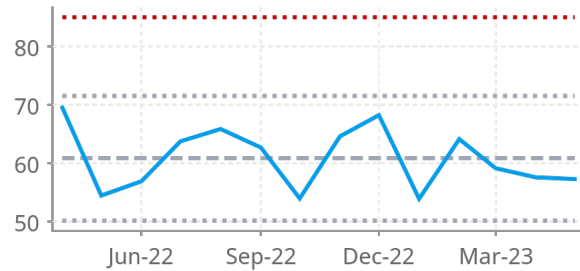
Month	May-23
Actual	100.00%
Standard	98.00%

## New Cancer 31 Days Subsequent Treatment (Surgery)



Month	May-23
Actual	91.67%
Standard	94.00%

## New Cancer 62 Days



Month	May-23
Actual	57.32%
Standard	85.00%

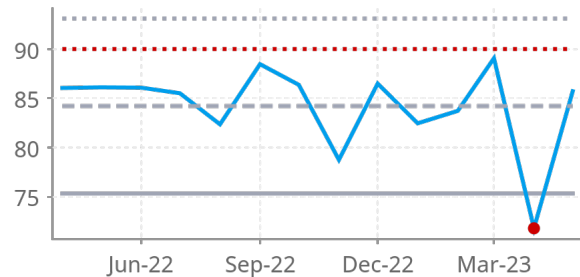
## Summary of Current Issues/ Recovery Plans

Work continues to improve the standard ensuring that patients are seen in a timely fashion, with trajectories being set internally at tumour specific level and applied to the internal dashboards to enable visibility of performance.

Key focused areas for improvement include turnaround times for diagnostics to ensure National Best Practice Timed Pathways (BPTP) are being met. May data shows an improved performance compared to the previous month against both BPTP reporting 70% of patients received an MRI (pre-biopsy) within 9 days of referral on the prostate pathway and 75% of patients received a colonoscopy within 4 days of referral onto the colorectal pathway. The gynaecology BPTP is currently being progressed with the implementation of a one-stop ultrasound or biopsy clinic, to support patients being seen within 9 days of referral.

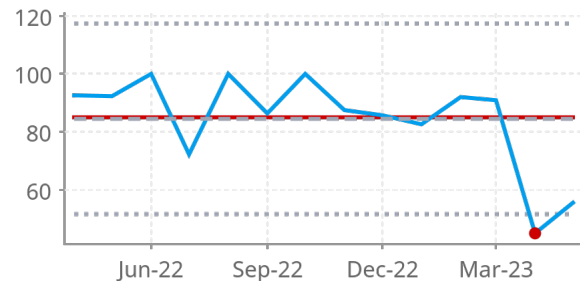
62-day screening - For May, 24 of 28 patients were treated within time, with Breast reporting 84.6% and Lower GI achieving 100%.

## New Cancer 62 Days (Screening)



Month	May-23
Actual	85.71%
Standard	90.00%

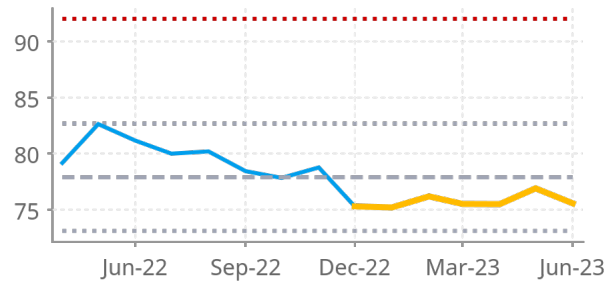
## New Cancer 62 Days (Consultant Upgrade)



Month	May-23
Actual	55.56%
Standard	85.00%

62 day Consultant upgrade - Performance against the is again attributed to very low numbers. There were 5 patients treated within target out of 9, resulting in 4 breaches. Breaches were as a result of complex pathways, oncology waits and elective capacity.

## Referral to Treatment Incomplete Pathways Wait (92%)

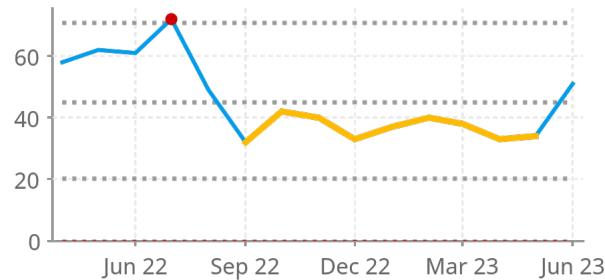


Month	Jun-23
Actual	75.59%
Standard	92.00%

## Summary of Current Issues/ Recovery Plans

A relatively positive position is maintained against the overall standard with reduced variability noted on SPC. Whilst a slight increase in the number of over 52 week waits is evident, this has been impacted upon by industrial action which inevitably resulted in reduced capacity. The latest benchmarking position being May, is reflective of a regional average at 69.0% and national average reporting at 59.5%.

## Incomplete Pathways Wait (>52 Week Wait)

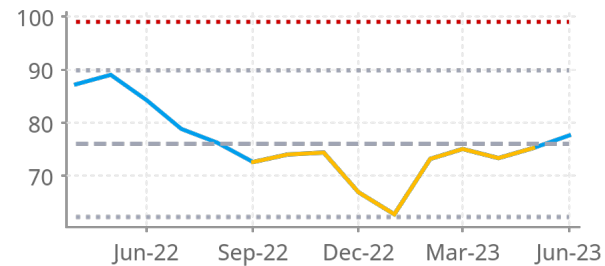


Month	Jun 23
Actual	51
Standard	0

The Trust maintained the position of no patients waiting longer than 104 or 78 weeks and continuing to report the lowest numbers of both 52 and 40 week waiters across the North East and Yorkshire region. There was one patient reported waiting over 65 weeks as at the end of June. All long waiters are regularly reviewed to ensure pathways are progressed by expediting appointments, however patient choice remains a factor.

The Trust is embarking on a mutual aid/support task and finish group regionally to establish how this can be implemented in practice to aid elective recovery across the system.

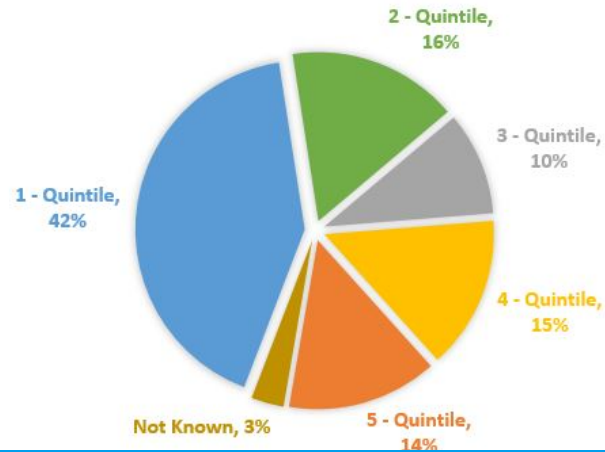
## Diagnosis <6 Weeks (DM01 %)



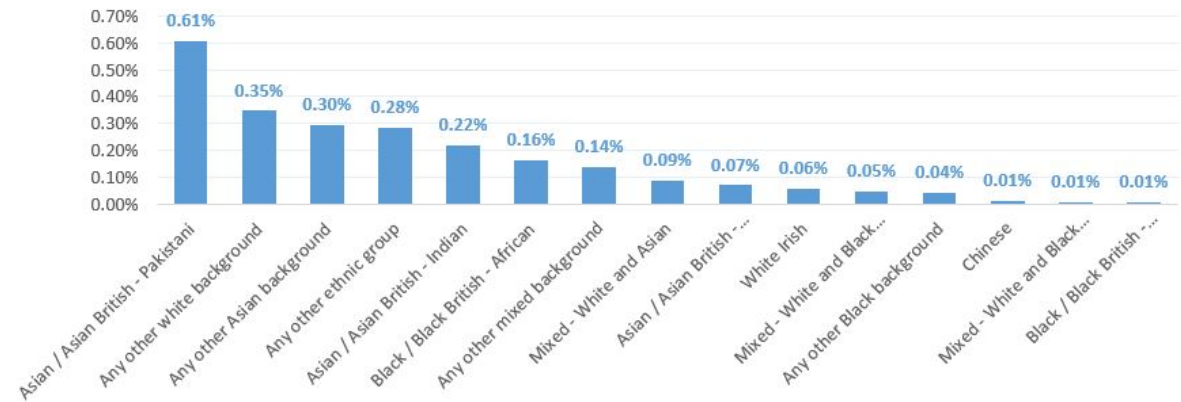
Month	Jun-23
Actual	77.59%
Standard	99.00%

**Diagnostics** - A continued improvement position for diagnostics, with a 10.2% reduction in the number of patients waiting greater than 6 weeks. The forecast improvements within Non-obstetric ultrasound is still on plan, with a decrease of 536 on their waiting lists and a decrease of 23.83% (n=373) patients waiting over 6 weeks. Capacity availability was lost across Endoscopy as a result of Industrial action, impacting on compliance with all patients re-booked in a timely manner.

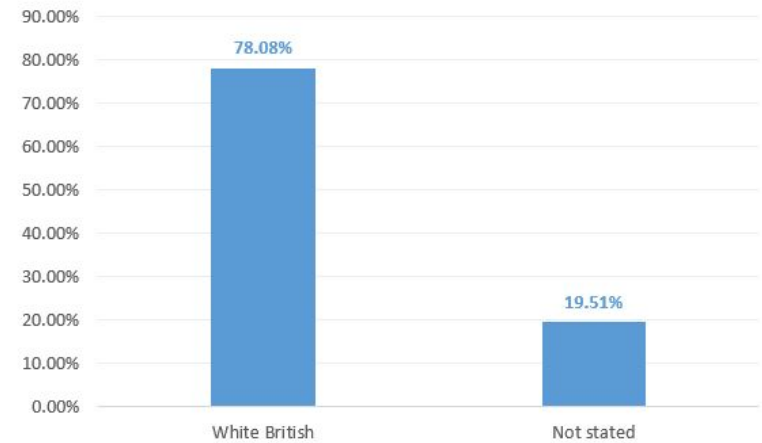
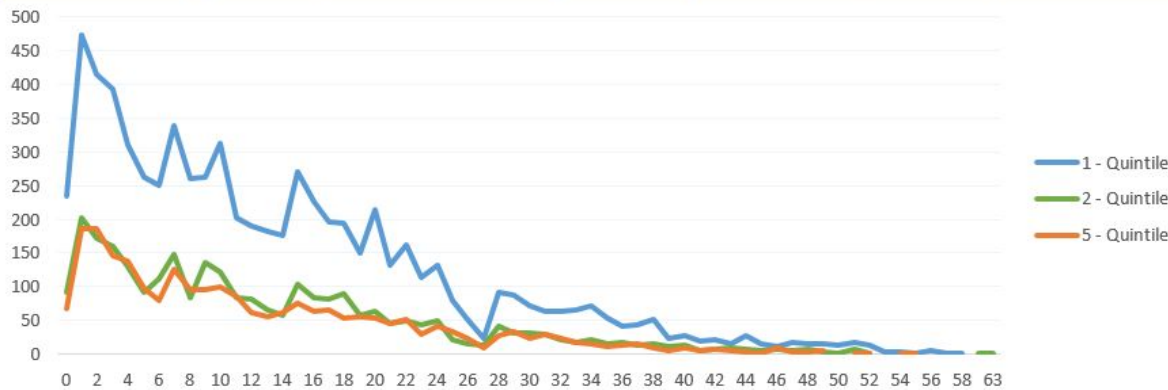
## By Deprivation Quintile (1 Most - 5 Least Deprived)



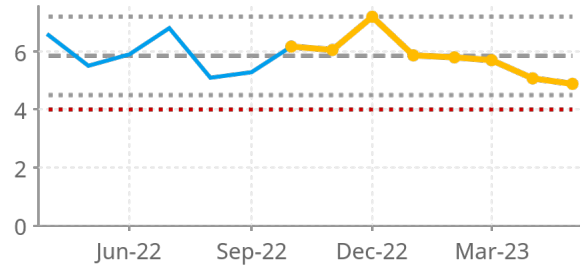
## By Ethnicity



## Waiting List by Weeks Waiting and Deprivation Quintile 1, 2 & 5



## Sickness % - Trust



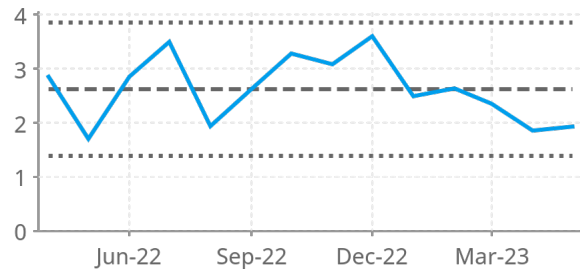
Month	May-23
Actual	4.88%
Standard	4.00%

## Summary of Current Issues/ Recovery Plans

The overall absence rate is 4.88% as of May 2023, against a target of 4%. Stress/Anxiety/Depression (34.14%) and Musculoskeletal (14.17%) remain the highest classified reasons for absence, collectively accounting for 48.31% of the overall absence.

Covid absences saw a decrease from 0.33% in April to 0.11% in May 2023. Long term sickness accounted for 2.96% of overall sickness with short term being 1.93%.

## Sickness % - Short Term

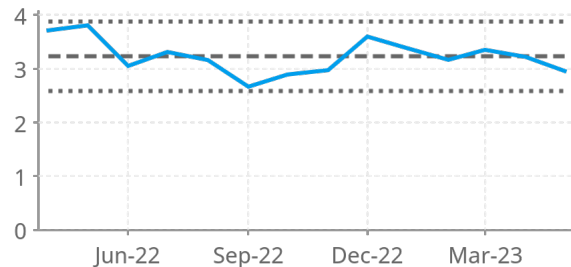


Month	May-23
Actual	1.93%

Work is underway with Care Group and corporate managers to remind them of the importance of accurate recording on the ESR system. 13.48% of absence in May 2023 was for 'reasons unknown'.

Assurance that managers continue to robustly manage absence and appropriately support staff experiencing significant health and well-being challenges, occurs through the monthly people clinics chaired at care group level. Oversight and escalation for support and specialist advice is further provided through this route.

## Sickness % - Long Term

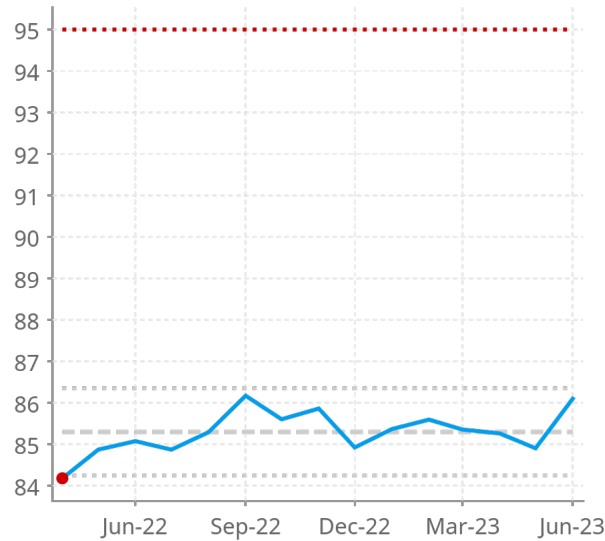


Month	May-23
Actual	2.96%

## Appraisal %



## Summary of Current Issues/ Recovery Plans



<b>Month</b>	<b>Jun-23</b>
<b>Actual</b>	<b>86.09%</b>
<b>Standard</b>	<b>95.00%</b>

The position for appraisal compliance from June 2023 Trust RAG report stands at 86.09%. The Trust target is 95%. Engagement continues with the Care Groups and Corporate areas in supporting appraisals to take place and an improvement workshop was recently held to identify and address the barriers to achievement.

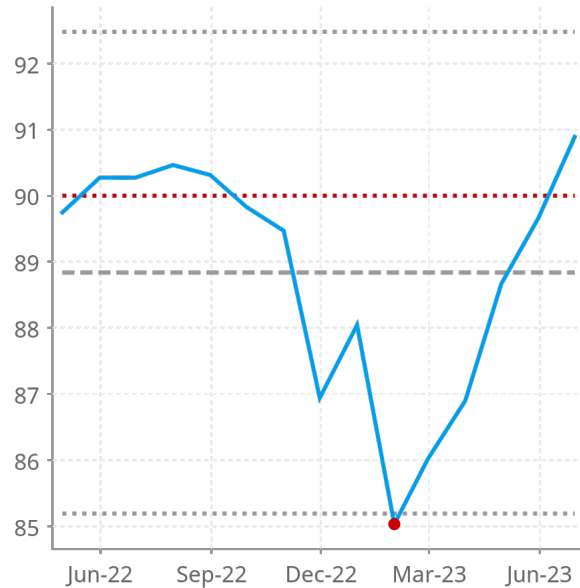
Following on from the improvement workshop, revised appraisal documentation has been developed and trialled, pending wider implementation. The revised process and documentation incorporates talent management using 'Scope for Growth' methodology. The recording process via ESR is being reviewed to improve user experience.



## Mandatory Training %



## Summary of Current Issues/ Recovery Plans



<b>Month</b>	<b>Jun-23</b>
<b>Actual</b>	<b>90.89%</b>
<b>Standard</b>	<b>90.00%</b>

Overall compliance saw an increase of 1.22% in May 2023 to 90.89%. The Trust overall target is 90%. The Trust has 63 mandatory training modules with 58% of topics available via e-learning modules and therefore flexibility and accessibility can be achieved in consideration of shift and working patterns and pressures.

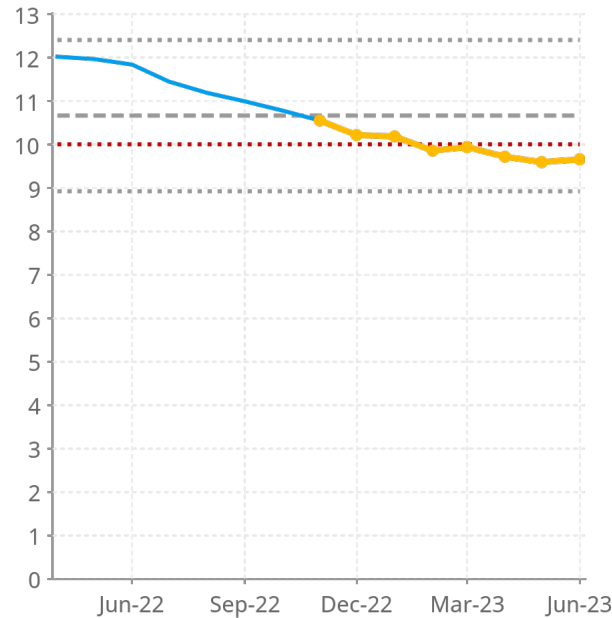
Compliance levels for all face to face training remain a challenge, specifically resuscitation topics. A recent review of training needs analysis for resuscitation topics has taken place and as a result, 282 people will be moved from ILS to BLS increasing overall ILS compliance by 25% whilst not compromising quality or safety. The introduction of e-ILS is also underway.

A comprehensive review of mandatory training has recently been conducted with a range of changes agreed by Business Team and the Trusts Executive Team. Amongst the changes is a move to a 'core 10' topics and single reporting system via ESR.

## Staff Turnover %



## Summary of Current Issues/ Recovery Plans



<b>Month</b>	<b>Jun-23</b>
<b>Actual</b>	<b>9.65%</b>
<b>Threshold</b>	<b>10.00%</b>

The turnover rate is 9.65% in June 2023 and continues to remain under the Trusts 10% threshold.

Turnover rates in clinical roles including registered nursing and midwifery and medical and dental are all below the 10% target.

It is noted that the two highest reasons for leaving are reported as unknown or other and work-life balance. Further work to understand this in order to identify appropriate and corrective responses is underway to determine whether this is a coding and reporting issue for training address or alternative reasons for leaving not identified. In which additional review of leaving codes are required. Secondly further exploratory work to identify route cause and staff groups affected indicating issues relating to work life balance is underway. This intelligence can be used to identify and address both local and corporate issues to improve staff retention.

Through further exploratory work on increased turnover within the allied health professional staff group it is identified that an increase can be attributed to employees leaving to work overseas and to work within private practice. Actions to address this are underway through engagement with staff, staff development opportunities and through robust future workforce plans.



## Overview - Month 3

Income/Expenditure	Plan (£000)	Actual (£000)	
In Month	955	714	The Trust has a breakeven financial plan for 2023/24 with reported risks relating to inflationary pressures and efficiency requirements.
Year to Date	2,536	1,301	
			At Month 3, the Trust is reporting an in-month surplus of £0.714m against a planned surplus of £0.955m, which is £0.241m behind plan.
Capital*	Plan (£000)	Actual (£000)	
In Month	100	1,635	The Trust is reporting a year to date surplus of £1.301m against a plan of £2.536m, which is £1.235m behind plan.
Year to Date	200	2,235	
			Total Trust income in Month 3 is £34.119m (including donated asset income and finance income), with pay expenditure totalling £23.6m and non-pay expenditure totalling £8.559m.
Balance Sheet*	£m		
Cash Actual	72.9		The Month 3 year to date net contribution from Optimus is £0.063m against a plan of £0.043m (£0.020m ahead of plan) and the year to date net contribution from the LLP is £0.507m against a plan of £0.543m (£0.037m behind plan).
Cash Plan	68.2		

\* Total Capital Spend

\*Explained by an improvement in the debtor and creditor position.

## NHS Oversight Framework

Issued 27 June 2022

Financial  
Efficiency



Financial  
Stability



Mental  
Health

Investment



Agency  
Spending



The key risks at Month 3 relate to the continuation of exit run rates within the Care Groups, the financial impact of the industrial strikes, pay award pressures and under delivery of CIP and ERF.

The Trust's cash position is £72.9m, against a plan of £68.2m.

## Maternity Overview

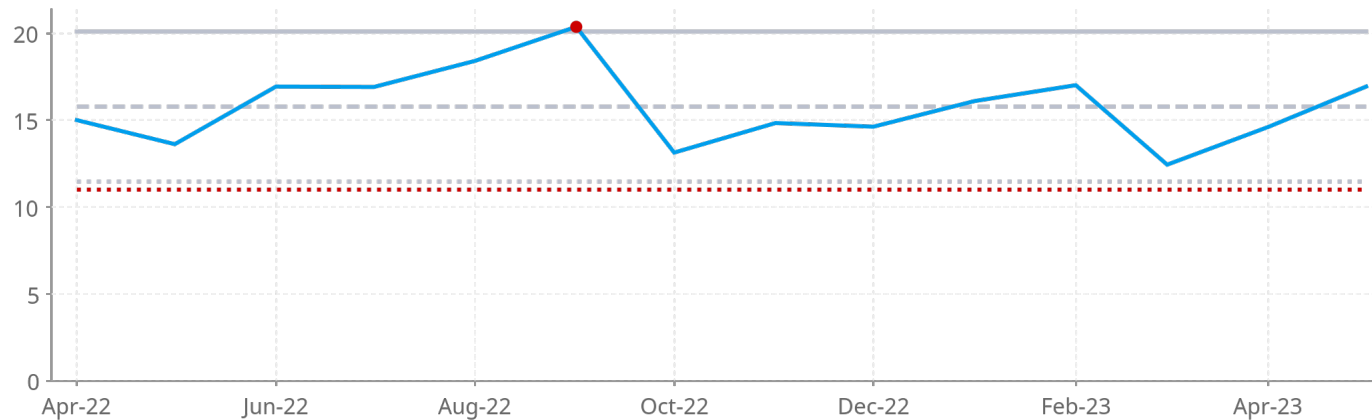
Prenatal					
	Current Month	Met	Actual	National Standard or Average	NENC Average
Smoking at Booking	May-23	X	16.93%		11.00%
VTE Compliance	May-23	X	83.04%	95.00%	
Right Place of Birth	May-23	✓	100%	100%	
Birth					
1:1 Care in active Labour	May-23	✓	98.70%	100.00%	
Labour ward Co-ordinator supernumary	May-23			100.00%	
Number of babies born	May-23		202		
Induction of Labour	May-23	✓	45.50%	46.90%	46.90%
PPH >1500mls (%)	May-23	✓	2.65%	3.30%	3.30%
3rd & 4th Degree tears	May-23	✓	2.12%		2.70%
Assisted Birth	May-23	✓	9.41%		12.90%
Still Births	May-23	✓	0.00%		0.45%
Postnatal					
Smoking at Delivery	May-23	X	15.34%		11.00%
Breast Feeding Initiated within 48 hours	May-23	X	50.50%		74.40%
Neonatal					
ATAIN Neonatal Admissions >=37 weeks	May-23	X	6.25%	6.00%	
Feedback					
Complaints	May-23		7		
Compliments	May-23		55		

The overview is split into the following sections:

- Pre-natal
- Birth
- Postnatal
- Neonatal
- Feedback

The following maternity sections details measures, with the narrative to support if the Trust is achieving or not against the relevant standard and what the next steps and actions will be.

## Smoking at Booking (%)



Month	May-23
-------	--------

Actual	16.93%
--------	--------

NENC Average	11.00%
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### Measure Summary

Smoking is a Public Health priority as it is a determinant of health, including being a potential contributing factors of stillbirths.

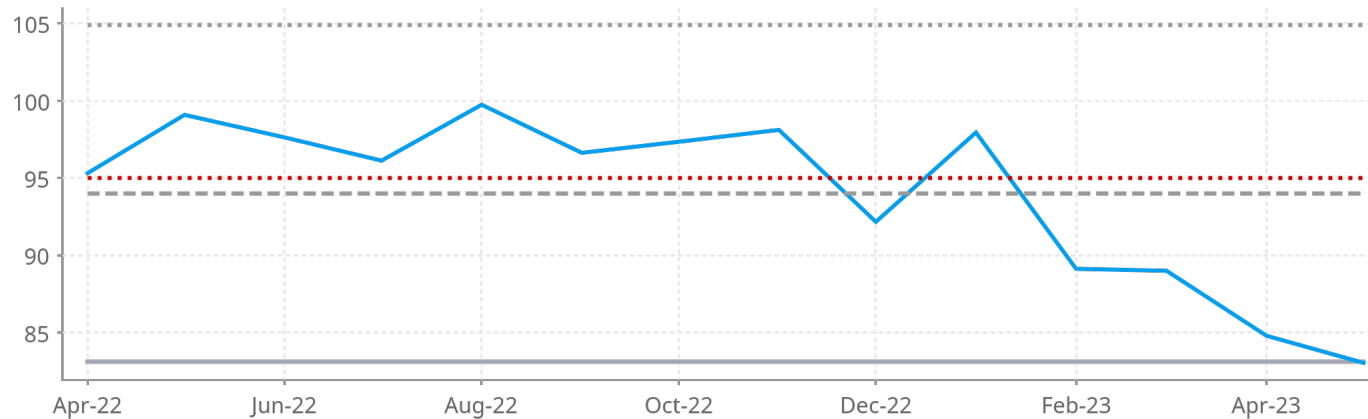
The Trusts local population rates of smoking are one of the highest in the North East of England and is reflected in the maternity population. To optimise health of the newborn and mother, there is a National recommendation to support a reduction in smoking or a cessation.

### Actions

The Quality Improvement lead has initiated 4 projects:

1. Community led 12 week quit programme
2. Increasing the rate of measuring Co levels on admission
3. Increasing Referrals on admission to Tobacco dependency
4. Issuing NRT within maternity services

## VTE compliance (%)



Month	May-23
Actual	83.04%
Trust Standard	95.00%

### Measure Summary

A decline in performance against the Trust standard has been seen over the last few months, with the latest value just above the lower confidence limit (LCL).

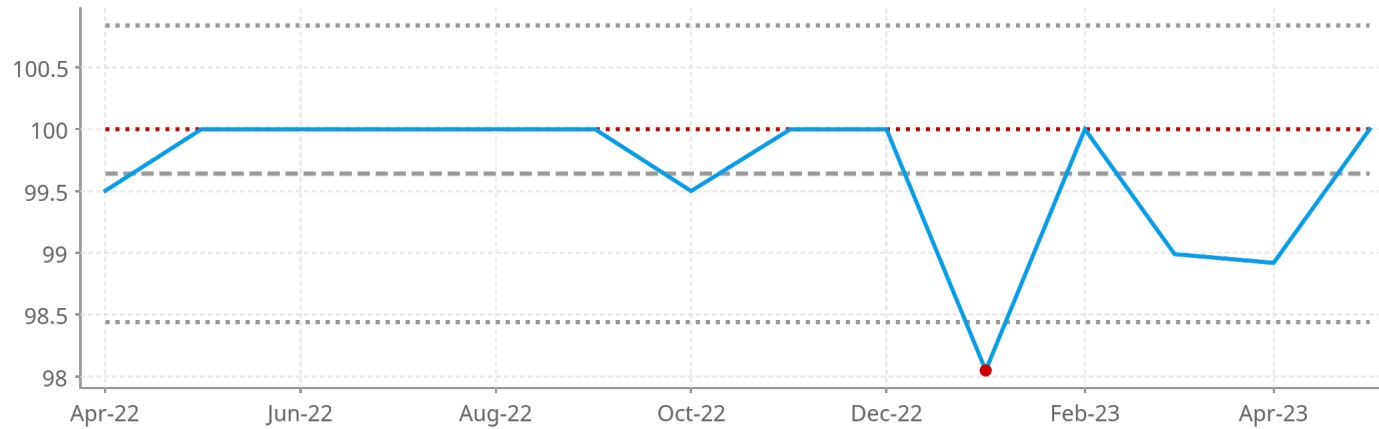
The maternity team is scheduled to undertake a review in July 23 to explore and understand the reasons for this decline in compliance, as a potential explanation could be an error in coding for women attending triage out of hours.

An action plan will be developed post findings.

### Actions

1. Undertake a review of VTE Compliance in July 23.
2. Action plan to be developed post review to outline actions and timeframes for improvements.

## Right place of birth (%)



Month	May-23
Actual	100.00%
National Standard	100.00%

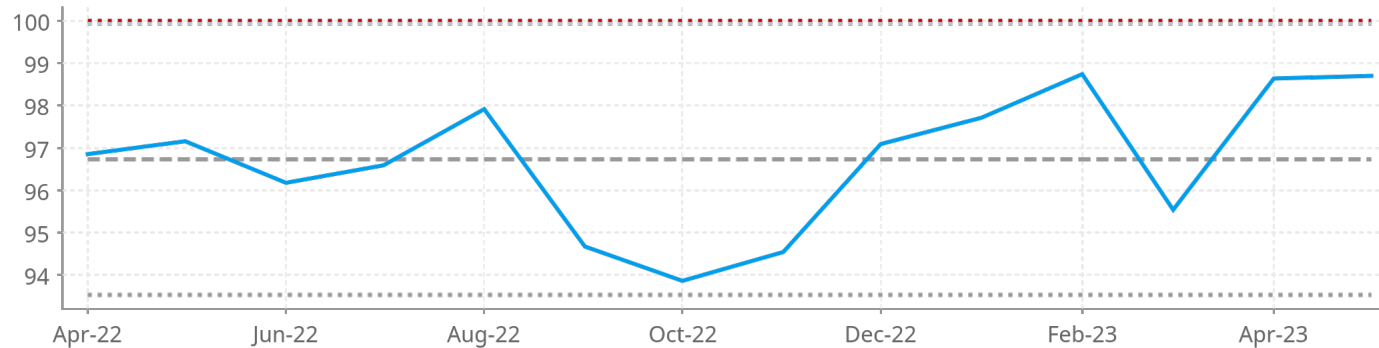
### Measure Summary

The above chart represents the percentage of babies born in the right maternity service based on clinical indications for gestation.

### Actions

1. Metric to be developed further once the new Electronic Patient Record (EPR) system is implemented, this will enable reporting of the achievement of preferred place of birth.

## 1:1 care in active labour (%)



Month	May-23
Actual	98.70%
National Standard	100.00%

### Measure Summary

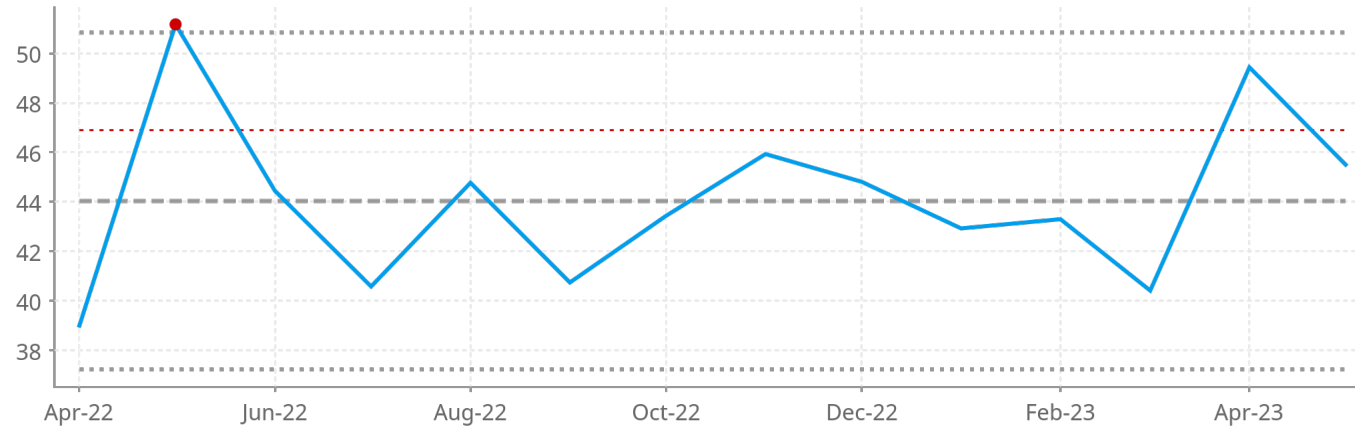
1:1 care in active labour is monitored and reported weekly, with the data acquired from the BR+ acuity app. Daily huddles are held by the Senior Clinical Matrons (SCMs) where a review and planned forecasting of staffing and activity occurs with information at that point in time. A key element of this review is to provide mitigation around red flags associated with staffing.

### Actions

1. On-going work with the Labour ward Coordinators to ensure appropriate use of the acuity app and clinical decision making.
2. Typical escalation and mitigation include:
  - Redeploying staff
  - Utilisation of on-call staff
  - Reviewing and temporarily pausing elective activity
 At time of escalation mainly around out of hours, a midwife can oversee care of a postnatal women awaiting transfer whilst supporting a woman in active labour.
3. A full data validation process will be undertaken from July 2023 to ensure full accuracy.



## Induction of Labour (%)

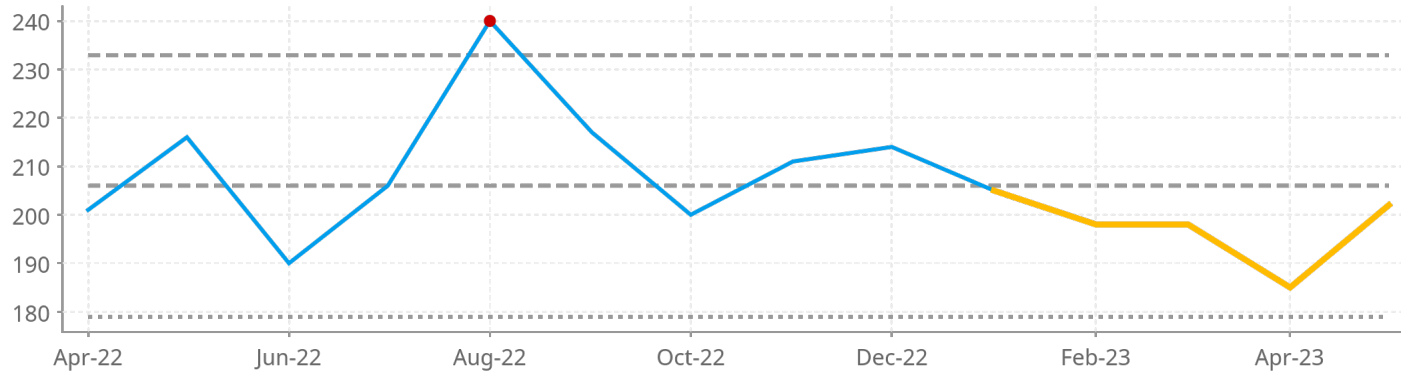


Month	May-23
Actual	45.50%
NENC Average	46.90%

## Measure Summary

The Induction of Labour (IOL) rate at North Tees and Hartlepool is representative of the national increase in rates of IOL.

## Number of Births

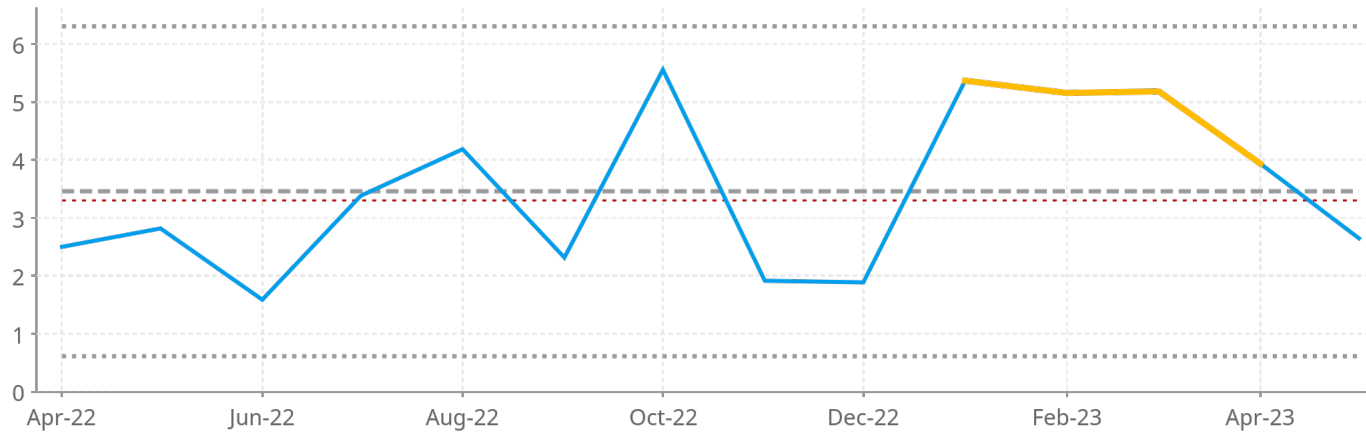


Month	May-23
Actual	202

## Measure Summary

There is no local or National standard associated with this metric, which is mandated to be provided to the Board on a monthly basis.

## Postpartum hemorrhage > 1500mls (%)



Month	May-23
Actual	2.65%
NENC Average	3.30%

### Measure Summary

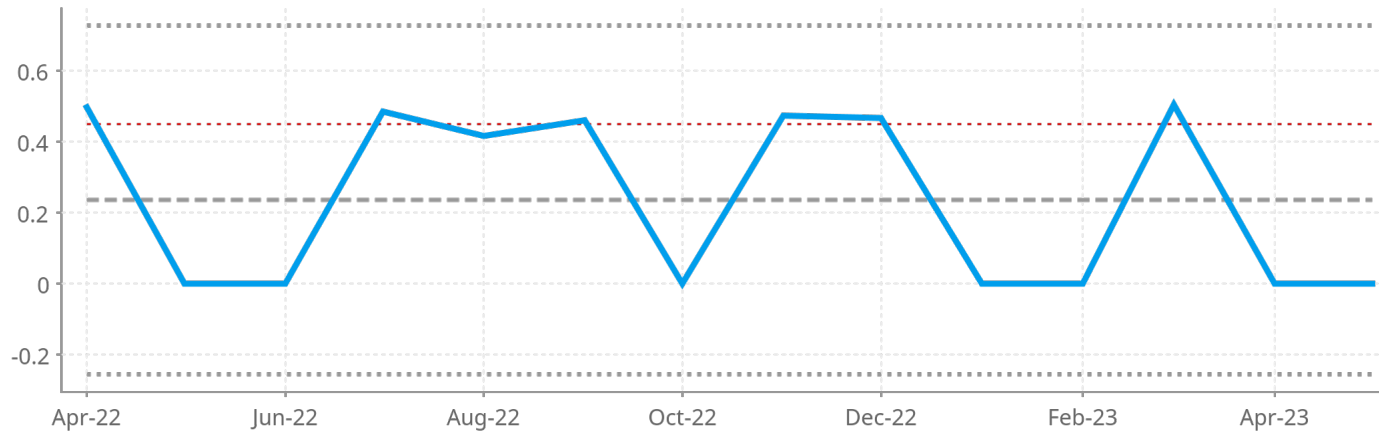
The increase in Postpartum Hemorrhage (PPH) rates is attributed to the recently introduced Quality Improvement (QI) project which accurately measures blood loss rather than estimating.

### Actions

Next steps of the project include:

1. Introducing an enhanced risk assessment tool to promote earlier intervention and assess impact of this on major haemorrhage rates.
2. A thematic case review has been commenced to ensure there are no other reasons or modifiable factors for the increase.

## Still births (%)



Month	May-23
Actual	0.00%
NENC Average	0.45%

### Measure Summary

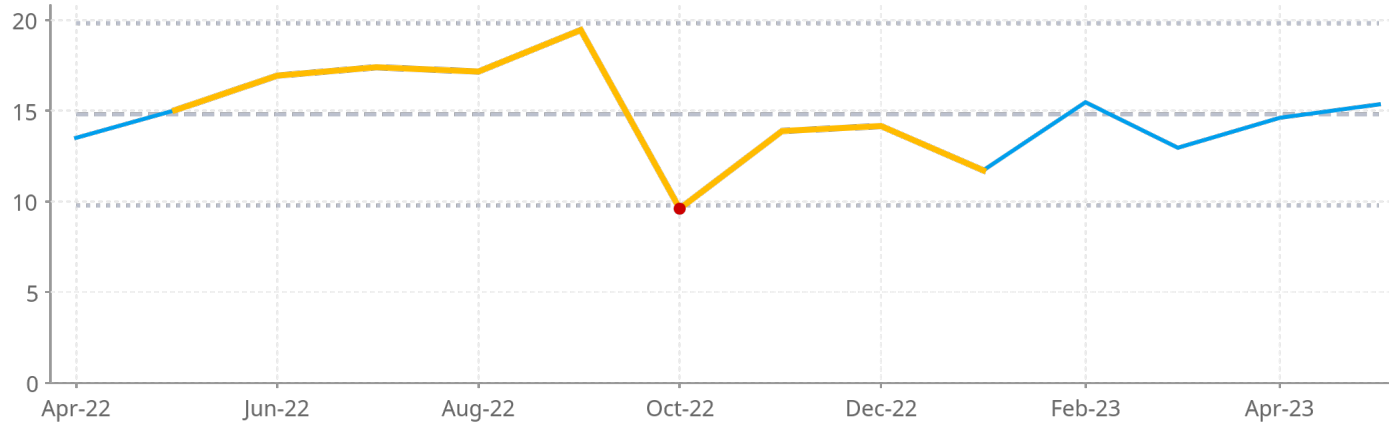
A thematic review was undertaken and a commonality was smoking in pregnancy. The Smoking in Pregnancy QI work will be evaluated to include any change in outcomes for those women who experience a stillbirth.

From April 2023, a bereavement midwife commenced with NTHFT.

### Actions

1. Key focuses include support offered to women and their families and benchmarking services against the National Bereavement Care pathways.
2. The measure will be reviewed in line with national standards reporting at per 1,000 births.
3. Continue with Smoking in Pregnancy Quality Improvement Project.

## Smoking at Delivery (%)



Month	May-23
Actual	15.34%
NENC Average	11.00%

### Measure Summary

To optimise health of the newborn and mother, it is a recommendation to support a reduction in smoking or a cessation.

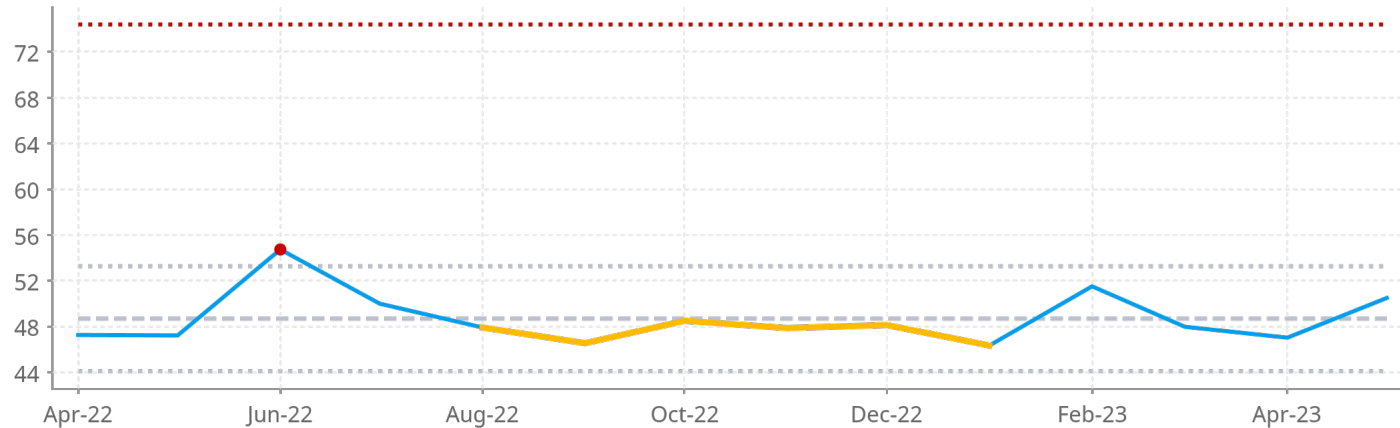
Local population rates of smoking are one of the highest in the North East of England and is reflected in the maternity population.

### Actions

The Quality Improvement lead has initiated 4 projects:

1. Community led 12 week quit programme
2. Increasing the rate of measuring Co levels on admission
3. Increasing Referrals on admission to Tobacco dependency
4. Issuing NRT within maternity services

## Breast feeding initiated within 48 hours



Month	May-23
Actual	50.50%
NENC Average	74.40%

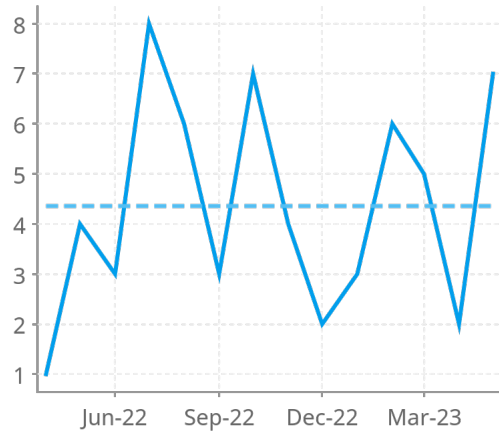
### Measure Summary

The Trust has some of the lowest rates of breast feeding in the North East.

To provide assurance and to increase rates through knowledge and support, the Trust employed an infant feeding specialist midwife who commenced this role at the start of 2023, with the key focus to gain Breast Feeding Initiative (BFI) accreditation.

It is expected the service will achieve year 1 by the end of the financial year.

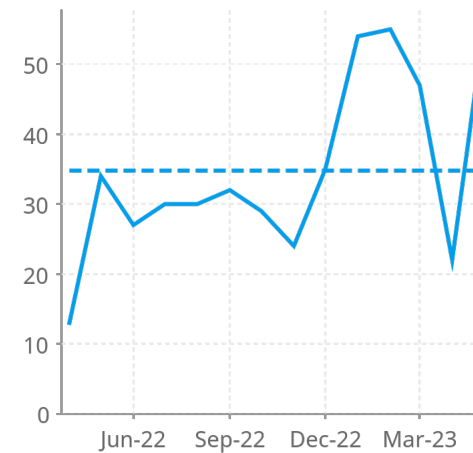
## Complaints



Month **May 23**

Actual **7**

## Compliments



Month **May-23**

Actual **55**

## Measure Summary

There were seven complaints in May around maternity services with themes of:

1. Appointment delays
2. Communication
3. Clinical treatment

Four complaints were dealt with at Stage 1 (Local Resolution) and three Stage 2 (face to face resolution).

## Summary

Maternity services received 55 compliments in May, the themes of compliments were:

1. Reassurance
2. High level of care
3. Friendliness
4. Kind and caring department

## Council of Governors

	Sub-Committee Membership Review									
Date:	19 September 2023									
Prepared by:	Sarah Hutt, Assistant Company Secretary									
Sponsor:	Stuart Irvine, Director of Strategy, Assurance and Compliance									
Purpose of the report	The purpose of the report is to outline changes to the membership of the Council of Governor Sub-Committees.									
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>In line with good practice, terms of reference and membership requirements for Committees should be reviewed regularly, but as a minimum every three years. The last full review was undertaken in May 2021. The Trust has four Governor Committees: Membership Strategy Committee; Strategy &amp; Service Development Committee; External Audit Working Group and the Nominations Committee.</p> <p><u>Membership</u> Vacancies for the Committees can occur following the annual Council of Governor elections when a Governor chooses to stand-down, is not re-elected or when a Governor is no longer able to attend. At the Council of Governors meeting on 16 May 2023, Governors were invited to forward any expressions of interest to join a Committee to Sarah Hutt, Assistant Company Secretary in addition to any notification to step-down as a member of a Committee.</p> <p>Appended to this report is a schedule of the revised Committee membership, any requested changes are highlighted in blue. Any requests to join a Committee where there are not currently any vacancies will be considered as part of the further review which will be undertaken in early 2024 following conclusion of the Governor 2023 elections. Arrangements regarding the 2023 round of elections are included in a separate paper.</p> <p><u>Terms of Reference</u> Minor changes to the Terms of Reference for the Committees were agreed at the Council of Governors meeting on 16 May 2023, with the exception of the Nominations Committee as no changes were required.</p> <p>The membership and quoracy for each Committee is in line with the Terms of Reference ensuring the Committees are able to effectively carry out their duties.</p>										
There are no risk implications associated with this report.										



Does the report impact on any of the following areas <i>(please check the box and provide detail in the body of the report)</i>			
Equality, diversity and or inclusion		Reputational	x
Workforce		Environmental	
Financial/value for money		Estates and Facilities	
Commercial		Compliance/Regulatory	
Quality, safety, experience and effectiveness		Service user, care and stakeholder involvement	x
Board Subcommittee meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
N/A		N/A	
Recommendation	The Council of Governors are asked to note the content of this report.		

## North Tees and Hartlepool NHS Foundation Trust

### Governor Representation on Sub-committees

September 2023

#### **Strategy and Service Development Committee (open to all Governors)**

**Chair: Derek Bell, Joint Chair**

**Trust Lead: Michael Houghton**

Janet Atkins, Elected Governor (Stockton)

Paul Garvin, Elected Governor (Stockton)

Tony Horrocks, Elected Governor (Stockton)

Anne Johnston, Elected Governor (Stockton)

Pat Upton, Elected Governor (Stockton)

Lynda White, Elected Governor (Stockton)

Mark White, Elected Governor (Stockton)

George Lee, Elected Governor (Hartlepool)

Geoff Northey, Elected Governor (Hartlepool)

Aaron Roy, Elected Governor (Hartlepool)

Mike Scanlon, Elected Governor (Hartlepool)

Alan Smith, Elected Governor (Hartlepool)

Allison Usher, Elected Governor (Sedgefield)

Ruth McNee, Elected Governor (Sedgefield)

Angela Warnes, Elected Governor (Out of Area) / Lead Governor

Dave Russon, Elected Governor (Staff)

[Steven Yull, Elected Governor \(Staff\)](#)

Christopher Akers-Belcher, Appointed Governor, Hartlepool HealthWatch

Andrew Martin-Wells, Appointed Governor, Hartlepool Borough Council

Steve Nelson, Appointed Governor, Stockton Borough Council

#### **Membership Strategy Committee (up to 11 Governors)**

**Chair: Derek Bell, Joint Chair**

**Trust Lead: Sarah Hutt**

Carol Alexander, Elected Governor (Staff)

Dave Russon, Elected Governor (Staff)

Janet Atkins, Elected Governor (Stockton)

Tony Horrocks, Elected Governor (Stockton)

Lynda White, Elected Governor (Stockton)

Alan Smith, Elected Governor (Hartlepool)

Angela Warnes, Elected Governor (Out of Area) / Lead Governor

#### **Nominations Committee (up to 7 Governors)**

**Chair: Derek Bell, Joint Chair**

**Trust Lead: Stuart Irvine**

Carol Alexander, Elected Governor (Staff)

Andy Simpson, Elected Governor (Staff)

Tony Horrocks, Elected Governor (Stockton)

Mark White, Elected Governor (Stockton)

Ruth McNee, Elected Governor (Sedgefield)

Angela Warnes, Elected Governor (Out of Area) / Lead Governor

Professor Tim Thompson, Appointed Governor, Teesside University

[David Russon, Elected Governor \(Staff\) – place requested](#)

[Paul Garvin, Elected Governor \(Stockton\) – place requested](#)

**External Audit Working Group (up to 7 Governors)**

**Chair: Alison Fellows**

**Trust Lead: Kate Hudson-Halliday**

Janet Atkins, Elected Governor (Stockton)

Tony Horrocks, Elected Governor (Stockton)

Pat Upton, Elected Governor (Stockton)

Mark White, Elected Governor (Stockton)

Alan Smith, Elected Governor (Hartlepool)

## Council of Governors

Title of report:	Governor Elections 2023 Timetable									
Date:	19 September 2023									
Prepared by:	Sarah Hutt, Assistant Company Secretary									
Sponsor:	Stuart Irvine, Director of Strategy, Assurance and Compliance									
Purpose of the report	The purpose of the report is to outline arrangements for the Governor Elections 2023									
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:

The Model Rules for Elections (Annex 4) of the Trust' Constitution require the Trust to hold annual Governor elections to fill any vacant seats due to Governor terms of office coming to an end on 30 November 2023, or to fill any vacancies that have arisen during the course of the year following resignations or remained unfilled from the previous election.

In 2022 the Trust amended its Constitution to bring it line with the revised Code of Governance guidance which stipulates that elected governors should not serve more than three consecutive terms of office of no more than 3 years per term, to ensure they retain objectivity and independence. This has meant there are a number of Governors who have already served the maximum term of 9 years and therefore are required to stand down, which has negatively impacted on the number of vacancies.

There will be a total of 17 vacancies for the 2023 round of Governor elections in the following constituencies:

Stockton – 7 seats  
Hartlepool – 3 seats  
Sedgefield – 1 seat  
Easington – 2 seats  
Out of Area – 1 seat  
Staff – 3 seats

Details of the vacancies are appended at Appendix 1.

In advance of the nominations stage of the elections, the Trust has commenced a communications and marketing exercise to increase awareness of the role of Governor and the elections with internal and external stakeholders to encourage the application of new members.

The Trust will work with Civica Election Services (CES) to conduct this year's round of elections, who will act as the Returning Officer and ensure the elections are run in accordance with statutory requirements.

<p>The timetable for the 2023 Governor Elections is appended at Appendix 2. In support of the annual election process, the Trust will work with CES in order to maximise awareness of the election round using a variety of communication methods including social media, the Trust website and internal communications to maximise exposure to internal and external stakeholders.</p> <p>The outcome of the elections will be announced on 27 November 2023 and will be formally reported at the Council of Governors meeting on 14 December 2023.</p>			
Board Assurance Framework/Corporate Risk Register risks this paper relates to:			
There are no risk implications associated with this report.			
Does the report impact on any of the following areas <i>(please check the box and provide detail in the body of the report)</i>			
Equality, diversity and or inclusion		Reputational	x
Workforce		Environmental	
Financial/value for money		Estates and Facilities	
Commercial		Compliance/Regulatory	
Quality, safety, experience and effectiveness		Service user, care and stakeholder involvement	x
Board Subcommittee meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
N/A		N/A	
Recommendation	<p>The Council of Governors are asked:</p> <ul style="list-style-type: none"> <li>to note the Governor Elections 2023 process and timetable;</li> <li>to note those Governors whose term of office will end on 30 November 2023; and</li> <li>to note those Governors eligible to re-stand for election.</li> </ul>		

**Council of Governors**

**19 September 2023**

**Governor Elections 2023**

The 17 vacancies for the 2023 Governor Elections comprise 14 Public Governors and 3 Staff Governors. All of the vacancies are for a three year term of office.

**Stockton Constituency**

Tony Horrocks (9 years)  
Anne Johnston (3 years)  
Pat Upton (13 years)  
Vacant Seat (unfilled)  
Vacant Seat (unfilled)  
Vacant Seat (unfilled)  
Vacant Seat (unfilled)

**Hartlepool Constituency**

Geoff Northey (3 years)  
Aaron Roy (3 years)  
Vacant Seat (unfilled)

**Sedgefield Constituency**

Ruth McNee (3 years)

**Easington Constituency**

Vacant Seat (unfilled)  
Vacant Seat (unfilled)

**Out of Area Constituency**

Angela Warnes (3 years)

**Staff Constituency**

Carol Alexander (12 years)  
Asokan Krishnaier (6 years)  
Vacant Seat (unfilled)

**Appendix 2**

**Council of Governors Election Timetable 2023**

<b>Notes</b>	<b>Timetable</b>
Returning Officer/Trust issue the Notice of Election. Nomination forms to be made available to Trust members.	Monday, 2 October 2023
Deadline for receipt of nominations.	Tuesday, 17 October 2023
Returning Officer and Trust to publish summary of nominated candidates.	Wednesday, 18 October 2023
Final date for candidate withdrawal.	Friday, 20 October 2023
Trust to make arrangements to provide electoral data to Returning Officer.	Tuesday, 24 October 2023
Returning Officer/Trust issue the Notice of Poll.	Friday, 3 November 2023
Voting packs despatched by Returning Officer to members.	Monday, 6 November 2023
Closing date for Election.	Friday, 24 November 2023
Returning Officer provides Election results/report, and the Trust write to successful/unsuccessful applicants.	Monday, 27 November 2023

**North Tees and Hartlepool NHS Foundation Trust**  
**Minutes of Strategy and Service Development Committee**

**Held, on Monday, 16 March 2023 at 1:30 pm**

**Boardroom, 4<sup>th</sup> Floor, North Wing**  
**University Hospital of North Tees**

**Present:** Derek Bell, (Joint Chair)  
 Julie Gillon, Chief Executive  
 Alan Smith, Elected Governor, Hartlepool (AS),  
 Mike Scanlon, Elected Governor, Hartlepool (MS)  
 Dave Russon, Staff Governor (DR)  
 Angela Warnes, Elected Governor, (Lead Governor)  
 Aaron Roy, Elected Governor, Hartlepool (AR)

**In attendance:** Janet Clarke Freedom of Information Lead (note taker)  
 Hilton Heslop, Associate Director Corporate Affairs and Strategy

		<b>Action</b>
<b>1.</b>	<p><b>Apologies for Absence</b></p> <p>Apologies for absence were noted from George Lee, Elected Governor, Hartlepool (GL), Mark White, Elected Governor Stockton (MW), Anne Johnston, Elected Governor Stockton (AJ), Janet Atkins, Elected Governor Stockton (JA), Stockton, Lynda White, Elected Governor Stockton (LW), Tony Horrocks, Elected Governor Stockton (TH), Andy Simpson, Staff Governor (AS), Pat Upton, Elected Governor, Stockton (PU)</p>	
<b>2.</b>	<p><b>Declarations of Interest</b></p> <p>The Chair, Derek Bell welcomed members to the meeting. There were no declarations of interest reported.</p>	
<b>3.</b>	<p><b>Minutes of the meeting held on, 13 June 2022</b></p> <p>Minutes of the last meeting held on, 13 June 2022 were accepted as a true and accurate record.</p>	
<b>4.</b>	<p><b>Tour of Non-Clinical Areas</b></p> <p>Before the Strategy &amp; Service Development meeting commenced the Governors in attendance were given a guided tour of non-clinical areas.</p> <p>Areas visited included CSSD, Procurement, Energy Centre, Waste, Mattress Decontamination and Portering/Navenio. This was the first visit for some time, having previously been stopped due to COVID restrictions.</p> <p>The visit was well received by the Governors and provided valuable insight into how the services worked operationally especially the Navenio technology</p>	



	<p>system used by portering and domestic services teams, providing an indoor location tracking device to ensure the right person is sent to the right place at the right time, which Governors found very interesting. The Governors wished to place on record a big thank you to all the staff involved in the tour.</p> <p>Following conversation with the portering and domestic services teams, regular walkabouts by Board members engaging with staff would be welcomed.</p>	
5.	<p><b>Corporate Strategy Refresh 2023</b></p> <p>The CE and ADoCA&amp;S provided an overview of the refreshed Corporate Strategy 2023 and explained the requirement for change and evolving strategic objectives including the focus on the health prevention agenda tackling health inequalities and population health as well as supporting delivery of the key NHS Long Term Plan ambitions.</p> <p>In 2020 the impact of COVID 19 caused disruption to patients and staff and it was essential to resume business as usual to all services with plans to maintain and focus on three key areas:</p> <ul style="list-style-type: none"> <li>• <b>Recovering our core services and productivity</b> - To improve patient safety, outcomes and experience it is imperative that we: <ul style="list-style-type: none"> <li>• improve ambulance response and A&amp;E waiting times</li> <li>• reduce elective long waits and cancer backlogs, and improve performance against the core diagnostic standard</li> <li>• make it easier for people to access primary care services, particularly general practice.</li> </ul> </li> <li>• <b>Delivering the key NHS Long Term Plan ambitions and transforming the NHS</b> - We need to create stronger foundations for the future, with the goals of the NHS Long Term Plan our 'north star'. These include our core commitments to: <ul style="list-style-type: none"> <li>• improve mental health services and services for people with a learning disability and autistic people</li> <li>• Prevention and the effective management of long-term conditions are key to improving population health and curbing the ever-increasing demand for healthcare services.</li> <li>• NHS England will work with integrated care systems (ICSs) to support delivery of the primary and secondary prevention priorities set out in the NHS Long Term Plan.</li> </ul> </li> <li>• <b>Transformation through continuous improvement</b> - Successful improvement approaches are abundant across the NHS but they are far from universal. This will include work at system level and the realisation of benefits of the Tees Valley collaboration opportunities. The Trust's refreshed transformation approach will support a programme of transformation and improvement work to support delivery.</li> </ul> <p><b>Initiatives aimed at reducing health inequalities and improving access to preventive healthcare services.</b></p>	

	<ul style="list-style-type: none"> <li>• DNA pilot as part of our outpatient’s transformation work. We are using a social prescribing model and one of the basic intervention includes promotion of the healthcare travel reimbursement scheme</li> <li>• Joint working with our 4 Tees local authorities to improve uptake in bowel screening</li> <li>• Waiting well, a social prescribing model to provide peri-operative support to our quintile 1 patients on the elective surgical waiting list classes as priority 4</li> <li>• TIA support service improvement work. We are embedding a personalised care approach with referrals to community prevention and support programmes following attendance at TIA clinics particularly for those diagnosed as non-TIA.</li> <li>• Digital inclusion</li> </ul> <p>Collaborations with local authorities, community organizations, or other healthcare providers to enhance prevention efforts.</p> <p>The CE explained working patterns had changed and a new culture was emerging. It was important to develop an ambition that staff could understand and be able to articulate the strategic aims and objectives. A plan on a page was being designed and would be rolled out across the organisation and would include metrics to support delivery of the strategy.</p> <p>Following a Governor’s query, clarification was provided on which staff groups had been interviewed by the CQC as part of the inspection process.</p> <p>Discussions ensued surrounding the importance of appraisals – a formal opportunity for leaders and management to communicate to their staff the value they bring, any concerns, address and update the understanding of business plans.</p> <p>AW questioned the monitoring of KPI’s in relation to the Corporate Strategy.</p> <p>It was noted a working group had been established to undertake a full review in relation to sickness.</p> <p>The CE explained that the refreshed Corporate Strategy launch onto the Trust website would be end of April beginning of May 2023.</p>	
6.	<p><b>Any Other Business</b></p> <p>There was no any other notified business.</p>	

**Date & Time of Next Meeting**  
Thursday 8 June 2023  
Boardroom, 4<sup>th</sup> Floor North wing  
1:30pm – 4:00pm

**In Confidence**

**North Tees and Hartlepool NHS Foundation Trust**

**DRAFT Minutes of the Nominations Committee**

**held virtually at 11.00am on Wednesday, 18 January 2023**

**Present:** Derek Bell, Joint Chair  
Tony Horrocks, Elected Governor for Stockton  
Ruth Mcnee, Elected Governor for Sedgefield  
Tim Thompson, Appointed Governor, Teesside University  
Angela Warnes, Elected Governor for Out of Trust Area (Lead Governor)  
Mark White, Elected Governor for Stockton

**In attendance:** Sarah Hutt, Company Secretary (note taker)

**1. Apologies for Absence**

Apologies for absence were reported from Carol Alexander, Elected Staff Governor and Andy Simpson, Elected Staff Governor.

**2. Declaration of Interests**

The Chair welcomed Tim Thompson to the Committee and confirmed there were no new declarations of interest.

**3. Minutes of the meeting, held on 6 October 2022**

**Resolved:** that, the minutes of the meeting held on 6 October 2022 were accepted as a true record.

**4. Matters Arising**

a) Chair Appraisal

It was reported that a joint meeting would be held with members of the Nominations Committee at South Tees Hospitals NHS Foundation Trust (South Tees) involving both Senior Independent Directors to agree the process and form to be used for the Chair Appraisal 2022/23.

b) Non-Executive Director Appraisals

The Joint Chair explained that in addition to the formal appraisal process for Non-Executive Directors, regular informal meetings took place. Similarly to the Chair Appraisal process, a joint template would be developed jointly with South Tees and shared at the Nominations Committee for the 2022/23 appraisals process. It was noted that the three newly appointed Non-Executive Directors were due to commence on 1 February 2023.

### c) Non-Executive Directors Remuneration Report

A proposal regarding the allocation of the £2,000 supplementary payment would be brought to a future meeting. Members were reminded that based upon the size of the Trust, up to two Non-Executive Directors could be allocated the payment for additional duties.

## 5. Vice Chair Appointment Proposal

The Company Secretary presented a proposal to appoint a new Vice Chair. Steve Hall had notified the Joint Chair of his intention to stand down and it was agreed this would take effect from 31 March 2023 to ensure continuity, stability and to allow an appropriate settling in period for the newly appointed Non-Executive Directors.

The Committee were asked to consider Ann Baxter as the new Vice Chair with effect from 1 April 2023, however for a smooth transition and gradual transfer of responsibility it was proposed that Ann be appointed with immediate effect as the Vice Chair Designate.

Ann Baxter was initially appointed as an Associate Non-Executive Director in 2019 as part of succession planning to refresh the Non-Executive Director contingent, and was appointed in a Non-Executive Director role in 2020. The Nominations Committee agreed on 6 October 2022 that Ann be reappointed for a further three years in her second term of office recognising her value as a member of the Board of Directors with extensive experience gained from previous senior roles, in addition to her contribution with the development of the collaborative agenda.

MW sought assurance that any future re-appointment proposals would be in line with the Code of Governance recommendations, which outlined that Non-Executive Directors should not remain in post beyond nine years, and any proposal to extend beyond six years should be subject to rigorous review. It should be noted that if a Non-Executive Director is appointed as Chair, any previous term of office is not counted. An induction programme was being developed for the newly appointed Non-Executive Directors including a phased approach for taking on Board Committee duties to provide capacity for Ann in her new role.

The role of Vice Chair would continue to be pivotal in the months ahead to support the Trust as part of a unitary board and to support the changing landscape as the work of the Joint Committee with South Tees Hospitals NHS Foundation Trust (South Tees) moves forward at pace.

Remuneration for the Vice Chair role, which was created in 2021 to support the implementation of a Joint Chair shared across the Trust and South Tees, to help shape and deliver the strategic intent was agreed as £26,000. It was proposed that whilst fulfilling the role as Vice Chair Designate, Ann's current salary of £15,790 would remain and increase to £26,000 from 1 April 2023. A discussion ensued.

- Resolved:**
- (i) that, Ann Baxter be appointed as Vice Chair with effect from 1 April 2023 for a term of office of three years, on a salary of £26,000; and
  - (ii) that, it be noted Steve Hall would stand down as Vice Chair with effect from 31 March 2023; and
  - (iii) that, Ann Baxter be appointed as Vice Chair Designate with immediate effect remaining on her currently salary level of £15,790; and
  - (iv) that, the above proposals be recommended to the Council of Governors at a general meeting on 16 February 2023.

## **6. Any Other Business**

The Joint Chair shared confidentially that information regarding joint working with South Tees had been shared with and published by the Health Service Journal (HSJ). A joint meeting with both Council of Governors was expected to be convened later that day.

Meeting concluded at 11.30am

## Council of Governors

Title of report:	Quality Assurance Committee (QAC)									
Date:	19 September 2023									
Prepared by:	Fay Scullion, Non-Executive Director – Chair of Quality Assurance Committee									
Executive sponsor:	Lindsey Robertson, Chief Nurse and Director of Patient Safety and Quality									
Purpose of the report	<p>The purpose of this report is to provide the Council of Governors with an update in relation to Patient Quality:</p> <ul style="list-style-type: none"> <li>- identifying key emerging themes and trends that may have an impact on Quality</li> <li>- Risks to note</li> <li>- Provide assurance that there are robust systems and processes in place to identify, manage and address the patient quality agenda across the Trust</li> </ul>									
Action required:	Approve		Assurance	x	Discuss		Information			
Strategic Objectives supported by this paper:	Putting our Population First	x	Valuing People	x	Transforming our Services	x	Health and Wellbeing			
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><b>Summary Context</b></p> <p>Each meeting commences with a patient story. This provides context for the meeting and sets the tone that the Committee must be assured that there are robust systems and processes in place to keep patients safe and deliver high quality care.</p> <p>There is now a designated representative from the population that we serve as a core member of the Committee.</p> <p>The Board Assurance Framework (BAF) is the primary agenda item and is the first item to be discussed. This ensures the Strategic Risks relating to patient quality are discussed early in the meeting and that they are considered throughout the agenda.</p> <p>The relevant BAF Strategic Risks relating to Patient Quality are:</p> <ul style="list-style-type: none"> <li>• 1a Patient Safety</li> <li>• 1b Patient Experience</li> <li>• 1d Emergency Preparedness, Resilience and Response (EPRR),</li> </ul>										

No new risks were raised with the Quality Assurance Committee in July, with the risk rating remaining

### **Key Issues discussed at the Quality Assurance Committee July 2023:**

1. **Incident Reporting.** The Committee received the Incident Report, which indicated there has been an increase in reporting around abusive and violent incidents (sits in top 5 of recorded incidents). On scrutinising the data the increase relates to improved reporting rather than an increase in incidents.
2. **Risk Assessments.** The accurate and timely completion of Patient Risk Assessments remains a focus for clinical staff. There are a number of risk assessments that must be completed for patients to prevent harm - i.e. falls, pressure care and fluid balance. Appropriate training is in place in addition to daily senior oversight of the patients to ensure that not only has the risk assessment been completed, the outcome of the assessment has been acted upon. There has been no increase in harm to patients due to incomplete or missed risk assessments.
3. **Emergency Preparedness, Resilience and Response (EPRR).** Currently the Trust reports 91% compliance with the EPRR Standards. This is a positive position. However, the assessment criteria for EPRR is due to be updated, which is likely to have a negative impact on performance for the Trust. This is due, in the main, to reporting timeframes and the availability of required evidence, impacted by recent and ongoing industrial action. The Trust EPRR Lead is attending the August Committee to discuss the implications and possible solutions and actions required.
4. **The Integrated performance Report (IPR).** The IPR is presented to the Quality Assurance Committee each month. The committee specifically looks at the quality elements of the report. Performance against the national Cancer Standards was discussed. The Trust is currently meeting four of the nine standards with continuous challenges relating to the two-week wait and 62 day standards.
5. **Infection Prevention and Control (I,P&C).** The I,P&C Annual Report was received by the Committee. The North East is currently showing as an outlier in terms of overall compliance with infection control indicators. The Trust performs well, despite the challenges of the ageing estate and number of single rooms. Performance reported to the Committee in July indicated the Trust is below trajectory for C-Difficile, one MRSA bacteraemia was reported, two MSAA infections, with E-Coli, and Klebsiella +1 above trajectory. The focus on strengthening antimicrobial stewardship across the organisation continues. The Infection Control Teams are working closely with their colleagues from South Tees Hospitals NHS Foundation Trust to identify and share best practice.
6. **Workforce.** The Committee received the Workforce Bi-annual Review Report. The workforce indicators show a reduction in staff vacancies across the nursing and allied health professional staff groups, demonstrating the effectiveness of the Workforce Recruitment and Retention Plan. There has been a significant effort in both the international and domestic recruitment opportunities, which has positively supported the current position. There is an improved turnover position and sickness absence levels are now on a downward trend. However, the industrial action is an ongoing challenge.

As part of the Quality Assurance Committee Workplan, there are a series of annual and quarterly reports that are provided as updates. A recent change in focus has resulted in these reports highlighting key achievements and areas for exception reporting and escalation/ risk, rather than verbatim reports, giving a much more succinct analysis of work underway.

Board Assurance Framework/Corporate Risk Register risks this paper relates to:			
The Committee reflects on the three BAF objectives. The June position was presented at the July meeting. The BAF objectives are: <ul style="list-style-type: none"> <li>• 1a Patient Safety</li> <li>• 1b Patient Experience</li> <li>• 1d EPRR</li> </ul>			
Does the report impact on any of the following areas ( <i>please check the box and provide detail in the body of the report</i> )			
Equality, diversity and or inclusion		Reputational	x
Workforce	x	Environmental	
Financial/value for money	x	Estates and Facilities	
Commercial		Compliance/Regulatory	x
Quality, safety, experience and effectiveness	x	Service user, care and stakeholder involvement	x
Meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
Some agenda items are discussed at Quality Assurance Council and escalated to Quality Assurance Committee by exception Board of Directors – 27 July 2023			
Recommendation	The Council of Governors are asked to: <ul style="list-style-type: none"> <li>• Note the Report</li> <li>• Note that the information presented to the Committee provides the level of assurance required to evidence safe, quality care.</li> </ul>		



## Council of Governors

Title of report:	Report of People Committee							
Date:	19 September 2023							
Prepared by:	Gary Wright, Deputy Chief People Officer							
Executive sponsor:	Ann Baxter, Vice Chair (Committee Chair)/ Susy Cook, Chief People Officer / Director of Corporate Affairs							
Purpose of the report	The purpose of this report is to update the Council of Governors on the key points from the July 2023 People Committee							
Action required:	Approve		Assurance	x	Discuss		Information	x
Strategic Objectives supported by this paper:	Putting our Population First		Valuing People	x	Transforming our Services		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>Summary of the key points from People Committee:</p> <p><b>BAF / Risk</b></p> <p>The People Committee ensures all people risks relating to the delivery of the organisation's performance objectives are taken into account, demonstrating the provision of a focused approach to the management of risk associated with people. The associated risks linked to BAF 2A are:</p> <p>Risk 5805 - Inability to deliver services as a result of staff not attending work due to sickness absence (moderate 9 (3x3)). There is the potential of negative impact on patients due to insufficient staffing levels as a result of sickness absence in the organisation.</p> <p>Risk 5574 – Risk of not retaining talent (moderate 9 (3x3)). The lack of a talent management strategic plan has the potential for us to not be able to retain talent once we have trained and provided the skills.</p> <p>Risk 6571 - Negative impact on services resulting from industrial action (moderate 9 (3x3)). There is a risk of negative impact to patient, service, care and experience as a result of industrial action.</p> <p>Risk 5572 - Impact to patient safety due to individuals not having the appropriate skills to undertake resuscitation (Low (3x2)). There is a risk of negative impact on patient safety resulting from staff not being trained in resuscitation, in particular ILS.</p> <p>Risk 6426 - Adverse impact on the Trust, from outcomes of employee relations cases/employment tribunals (moderate 9 (3x3)). The risk faced by the Trust in relation to formal Employee Relations cases and the potential for an individual to have a successful outcome at an Employment Tribunal (ET).</p>								

## **People Metric:**

The position for appraisal compliance from May 2023 Trust RAG report stands at 84.90% which is a slight increase on the same period last year.

Mandatory training compliance increased from 88.67% in April 2023 to 89.67% in May 2023.

The sickness absence rate decreased from 5.70% in March to 5.07% in April 2023.

There has been a decrease in staff turnover in May 2023 to 9.59% and remains under the Trusts 10% threshold.

There are currently nine live cases. This is on target with the internal estimated metric of nine formal cases.

No new cases are reported in the current month. The total number of cases by percentage of Trust head count (5075) is 0.17%, which is an improvement by comparison from the 2022 rate of 0.29%.

Currently the time to hire a vacancy is on a downward trajectory from the 56.8 days, as at end of March 2023 to 55.84 days as at end of May 2023.

The service received 119 management referrals in the last month. 104 related to Trust staff, 12 NTH Solutions staff and 3 external contract work.

A workshop was undertaken in May 2023 to explore the current pathway, guidance and support for mental ill health challenges. Work to progress the finalisation of the pathway and associated actions are on-going.

Further review of the availability of support to staff with mental ill health is also being reviewed.

## **EDI**

Over the last 12 months the Trust has continued to strengthen the equality and diversity agenda and the annual report pulls this work together to highlight the achievements of the previous year.

In addition to this, the annual report will also play a part in the Trust meeting the specific duties included within the Public Sector Equality Duty.

## **Mandatory Training**

A comprehensive review of mandatory training has been conducted. As a result, a number of recommendations have been made including:

1. Move to a single system of recording and reporting mandatory training using ESR accessible via the YellowFin platform
2. Using benchmarking data, develop a core and non-core approach to mandatory training TNA's including alignment with South Tees NHS FT to reflect partnership working going forward and to facilitate easy transfer of training across the two Trusts.

## **Apprenticeship Levy**

Currently, the Trust has 177 live apprentices studying a variety of apprenticeship standards across a number of different local and national training providers. The largest proportion of apprentices relates to the nursing and direct care workforce.

Regional financial information demonstrates good apprenticeship levy utilisation for the financial year

<p>2022-23 across the whole NENC ICS. Trust data demonstrates consistently good progress with levy utilisation since inception. For the financial year 2022-23, the Trust expired £102,163, however, recent data from May 2023 demonstrates improvement with zero expired funds. South Tees reported zero expired funds for the year 2022-23, however, data shows that this was in part due to a significant number of levy transfers.</p> <p>Predominantly, the Trust utilises the levy to support upskilling of the existing workforce, however, over the last two years new roles have been developed to create innovative routes into healthcare careers, such as the Team Support Worker (TSW) programme. To date, the TSW programme has been successful in supporting development and progression into substantive roles within the Trust, helping to deal with workforce gaps.</p>			
Board Assurance Framework/Corporate Risk Register risks this paper relates to:			
5573 – Not having appropriate levels of staff with the right skills to deliver safe services 4626 – Adverse impact from ER outcomes of ET and People Practices Cases 5805 - Inability to deliver services as a result of staff not attending work due to sickness absence 6571 - Negative impact on services resulting from industrial action 5877 - Stress Management (Corporate risk)			
Does the report impact on any of the following areas ( <i>please check the box and provide detail in the body of the report</i> )			
Equality, diversity, inclusion		Reputational	
Workforce	x	Environmental	
Financial/value for money		Estates and Facilities	
Commercial		Compliance/Regulatory	x
Quality, safety, experience and effectiveness	x	Service user, care and stakeholder involvement	
Meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
People Committee Board of Directors – 27 July 2023		Executive Team Meeting	
Recommendation	The Council of Governors are requested to note the contents of this report and support the activities outlined in order to achieve the NHS People Plan and Corporate Strategy		

## Council of Governors

Title of report:	Report of the Performance, Planning and Compliance Committee									
Date:	19 September 2023									
Prepared by:	Ann Baxter, Vice Chair (Committee Chair)									
Executive sponsor:	Linda Hunter, Director of Planning and Performance									
Purpose of the report	The purpose of the report is to provide the Council of Governors with an update of the activity of the Performance, Planning and Compliance Committee									
Action required:	Approve		Assurance	x	Discuss		Information			
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		Effective	x	Responsive	x	Well Led	x
Executive Summary and the key issues for consideration/ decision:										
<p>The Performance, Planning and Compliance Committee met on 26 June 2023. The minutes of the Committee will be available once ratified at the Committee meeting scheduled for 24 July.</p> <p>The key issues discussed at the Committee are indicated below:</p> <p><b>1. Workforce, sickness and wellbeing</b></p> <p>The Committee received the Workforce, sickness and wellbeing Report. It noted that the overall sickness percentage for the Trust is improving. Long and short-term sickness is monitored closely at corporate and care group level. It was noted that absence from covid-related sickness has declined considerably to 0.33%. The top three reasons for sickness are stress, anxiety and depression, with MSK remaining a concern.</p> <p>Work is underway to improve the coding of sickness absence in order to have an accurate and timely record of themes and trends and to be able to offer the appropriate support for staff during this time.</p> <p>The Trust is maintaining the good performance in relation to staff turnover, reporting 9.59% against an average of 10% across the wider NHS. A Wellbeing Advisor has been recruited in to the Occupational Health team to provide additional support, advice and guidance to keep staff healthy and well at work.</p> <p><b>2. Board Assurance Framework</b></p> <p>The Committee has accountability for Strategic Risks 1c – Performance and 3e – Transformation of Services (External).</p> <p>The issues identified within the 1c Strategic Risk have been reviewed and the documented updated.</p>										

A new risk has been added, which relates to achievement of the new 4-hour standard. The standard requires the Trust to achieve compliance of 76% for all patients attending the Emergency Department, including those streamed to Urgent Care. The Trust is currently meeting this standard overall; however when the Urgent Care cohort (type 3) are removed the performance for Type 1 patients falls significantly below the required % compliance. The Trust has agreed a stretch target to achieve 90% compliance by 31 March 2024 and work continues towards this.

The Committee noted that Strategic Risk 3e – Transforming our Services (external impact) is focused on the development of how the Trust will work collaboratively with the Integrated Care Board (ICB). This also aligns to the work of the Joint Partnership Board (JPB). This Strategic Risk may well be reflected in the JPB Risk Assurance Framework going forward.

**3. Integrated Performance Report (IPR)**

The Committee received the Integrated Performance Report (IPR) and are mindful that the document is currently under review. This is an iterative process and will be subject to some changes over the coming months as it developed further. The plan is to make it an interactive platform that will provide real time intelligence and data thus enabling improved decision-making and providing more accurate and timely assurance on performance.

**4. Cancer Standard Performance & Cancer Improvement Plan – March 2023**

The Committee received an overview of the Cancer Standards Performance. A significant increase in the number of 2 week wait referrals has been noted across all tumour sites, which is having a direct impact on Cancer Waiting Time performance. Analysis is being carried out to ensure the increase in referrals is real and that the patients meet the criteria for a 2 week wait referral. Initial conclusion concur that there is a genuine increase, likely to be exacerbated by the delays in referral due to the Covid-19 Pandemic and the resulting backlog and the ongoing industrial action and disruption to activity.

Challenges remain in meeting all the Cancer Standards, with the Trust currently compliance with four out of the nine standards.

Board Assurance Framework/Corporate Risk Register risks this paper relates to:

The Performance, Planning and Compliance Committee are currently accountable for:

- 1c – Performance
- 3e – Transformation of services (External)

Does the report impact on any of the following areas *(please check the box and provide detail in the body of the report)*

Equality, diversity, inclusion	x	Reputational	x
Workforce	x	Environmental	
Financial/value for money	x	Estates and Facilities	
Commercial		Compliance/Regulatory	x
Quality, safety, experience and effectiveness	x	Service user, care and stakeholder involvement	

Meetings where this item has been considered (specify date)

Management Group meetings where this item has been considered (specify date)

Board of Directors – 27 July 2023	N/A
Recommendation	The Council of Governors are asked to: <ul style="list-style-type: none"><li>• Note the content of the report</li><li>• The continued challenge In meeting the 4 hour Emergency Standard for Type 1 patients</li><li>• The increase in 2 week wait referrals and subsequent challenge in meeting the 2 week and 62 day cancer standards.</li></ul>

Title of report	Report of the Audit Committee – Minutes from the meeting on 13 February 2023										
Date	19 September 2023										
Prepared by	Chris Macklin, Non-Executive Director (Committee Chair)										
Executive sponsor	Neil Atkinson, Managing Director										
Purpose of the report	To provide assurance to the Council of Governors regarding the efficiency and effectiveness of the Audit Committee meeting on 13 February 2023.										
Action required	For Decision			For Assurance		X	For Information		X		
Strategic Objectives supported by this report	Putting our Population First		X	Valuing People		X	Transforming our Services		X	Health and Wellbeing	X
CQC Domain(s) supported by this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X	

Executive Summary and the key issues for consideration/ decision:

### Matters for Escalation

This was the last meeting that Chris Macklin chaired the Audit Committee, with the Chair responsibility transferring to James Bromiley.

### Key Issues Discussed

Minutes of the meeting held on 13 February 2023 were recorded and approved.

A wide range of issues were discussed including:

- Board Assurance Framework Report – Quarter 3 (2022/23)
- Rolling Programme of Sub-Committees
- Integrated Performance Report – Quarter 3 (2022/23)
- HFMA Checklist – Audit Findings
- Internal Audit Progress Report (to 31 December 2023)
- Counter Fraud Progress Report (to 31 December 2023)
- Draft External Audit Plan 2022/23
- Overdue Policies – Quarter 4 (2022/23)
- Patient Safety & Quality Standards Update
- Aged Debtors / Losses & Compensations / Single Tender Actions
- Schedule of Written Off Debts

### Decisions Made

The Audit Committee approved the Terms of Reference at the meeting on 17 October 2023 and the minor amendment to the ToR was presented to this meeting for transparency.

Strategic Risk linked to the Board Assurance Framework this report relates to:			
This report links to all sections of the BAF.			
Does the report impact on any of the following areas <i>(please check the box and provide detail in the body of the report)</i>			
Equality, diversity and inclusivity	<input type="checkbox"/>	Reputational	<input type="checkbox"/>
Workforce	<input type="checkbox"/>	Environmental	<input type="checkbox"/>
Financial/value for money	<input type="checkbox"/>	Estates and Facilities	<input type="checkbox"/>
Commercial	<input type="checkbox"/>	Compliance/Regulatory	<input type="checkbox"/>
Quality, safety, experience and effectiveness	<input type="checkbox"/>	Service user, care and stakeholder involvement	<input type="checkbox"/>
Committees/ Groups where this item has been presented before			
The minutes from the Audit Committee meeting on 13 February 2023 were approved by the Committee on 10 May 2023. Board of Directors – 27 July 2023			
Recommendation	The Council of Governors are asked to note this summary report of the minutes of the Audit Committee meeting held on 13 February 2023.		



## Council of Governors

Title of report	Report of the Audit Committee – Minutes from the meeting on 10 May 2023										
Date	19 September 2023										
Prepared by	James Bromiley, Non-Executive Director (Committee Chair)										
Executive sponsor	Kate Hudson-Halliday, Director of Finance										
Purpose of the report	To provide assurance to the Council of Governors regarding the efficiency and effectiveness of the Audit Committee meeting on 10 May 2023.										
Action required	For Decision			For Assurance		X	For Information		X		
Strategic Objectives supported by this report	Putting our Population First		X	Valuing People		X	Transforming our Services		X	Health and Wellbeing	X
CQC Domain(s) supported by this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X	

Executive Summary and the key issues for consideration/ decision:

### Matters for Escalation

Due to a Board of Directors meeting not taking place in June 2023, the Audit Committee noted that there was a need to obtain delegated authority from the Board of Directors on 25 May 2023. This would delegate the authority to the Audit Committee to approve the final versions of the Trust's Annual Report and Annual Accounts 2022/23 ahead of the national submission date of 30 June 2023 to NHSE. An extra-ordinary meeting of the Audit Committee was planned for 19 June 2023 to obtain approval.

### Key Issues Discussed

Minutes of the meeting held on 10 May 2023 were recorded and approved.

A wide range of issues were discussed including:

- Board Assurance Framework Report – Quarter 4 (2022/23)
- Integrated Performance Report – Quarter 4 (2022/23)
- Internal Audit Progress Report (to 31 March 2023)
- Draft Head of Internal Audit Opinion (2022/23)
- Draft Internal Audit Plan 2023/24
- Counter Fraud Progress Report
- Draft Counter Fraud Plan 2023/24
- Draft Annual Accounts 2022/23
- Draft Annual Report 2022/23
- External Audit Plan Update 2022/23
- Overdue Policies – Quarter 4 (2022/23)
- Patient Safety & Quality Standards Update
- Aged Debtors / Losses & Compensations / Single Tender Actions

<b>Decisions Made</b>			
The Audit Committee;			
<ul style="list-style-type: none"> <li>- Approved the Draft Internal Audit Plan 2023/24 and Internal Audit Charter 2023/24.</li> <li>- Approved the Draft Counter Fraud Plan 2023/24.</li> </ul>			
Strategic Risk linked to the Board Assurance Framework this report relates to:			
This report links to all sections of the BAF.			
Does the report impact on any of the following areas <i>(please check the box and provide detail in the body of the report)</i>			
Equality, diversity and inclusivity		Reputational	x
Workforce		Environmental	
Financial/value for money		Estates and Facilities	
Commercial		Compliance/Regulatory	x
Quality, safety, experience and effectiveness		Service user, care and stakeholder involvement	
Committees/ Groups where this item has been presented before			
The minutes from the Audit Committee meeting on 10 May 2023 were approved by the Committee on 19 June 2023. Board of Directors – 27 July 2023			
Recommendation	The Council of Governors are asked to note this summary report of the minutes of the Audit Committee meeting held on 10 May 2023.		

## Council of Governors

Title of report	Report of the Finance Committee – Minutes from the meeting on 24 April 2023											
Date	19 September 2023											
Prepared by	Chris Macklin, Non-Executive Director (Committee Chair)											
Executive sponsor	Neil Atkinson, Managing Director											
Purpose of the report	To provide assurance to the Council of Governors regarding the efficiency and effectiveness of the Finance Committee meeting on 24 April 2023.											
Action required	For Decision			For Assurance			X	For Information			X	
Strategic Objectives supported by this report	Putting our Population First			Valuing People				Transforming our Services			X	Health and Wellbeing
CQC Domain(s) supported by this report	Safe		Caring		Effective		X	Responsive		X	Well Led	X

Executive Summary and the key issues for consideration/ decision:

### Matters for Escalation

See decisions made by the Finance Committee.

### Key Issues Discussed

Minutes of the meeting held on 24 April 2023 were recorded and approved.

A wide range of issues were discussed including:

- Board Assurance Framework Report – Section 3C (Finance)
- Month 12/End of Year Financial Position
- Going Concern Declaration 2022/23
- Temporary Staffing Report – Quarter 4 (2022/23)
- Draft Revenue & Capital Plan 2023/24
- CIP Update 2022/23 & 2023/24

### Key Points/Decisions Made

The Finance Committee;

- Noted the final version of the Board Assurance Framework for 2022/23 and ongoing refresh for 2023/24.
- Agreed that the Trust's draft annual accounts for 2022/23 should be prepared on a going concern basis and would recommend this approach to the Board.
- Noted the capital and revenue plan for 2023/24, noted the breakeven financial plan, acknowledged the risks relating to excessive inflationary pressures and efficiency delivery and recommend to the Board that the plan is formally approved.

Strategic Risk linked to the Board Assurance Framework this report relates to:			
This report links to section 3C of the BAF.			
Does the report impact on any of the following areas <i>(please check the box and provide detail in the body of the report)</i>			
Equality, diversity and inclusivity		Reputational	X
Workforce		Environmental	
Financial/value for money	X	Estates and Facilities	X
Commercial		Compliance/Regulatory	X
Quality, safety, experience and effectiveness		Service user, care and stakeholder involvement	
Committees/ Groups where this item has been presented before			
The minutes from the Finance Committee meeting on 24 April 2023 were approved by the Committee on 23 May 2023. Board of Directors – 27 July 2023			
Recommendation	The Council of Governors are asked to note this summary report of the minutes of the Finance Committee meeting held on 24 April 2023.		

## Council of Governors

Title of report	Report of the Finance Committee – Minutes from the meeting on 23 May 2023									
Date	19 September 2023									
Prepared by	Chris Macklin, Non-Executive Director (Committee Chair)									
Executive sponsor	Kate Hudson-Halliday, Director of Finance									
Purpose of the report	To provide assurance to the Council of Governors regarding the efficiency and effectiveness of the Finance Committee meeting on 2 May 2023.									
Action required	For Decision			For Assurance		X	For Information		X	
Strategic Objectives supported by this report	Putting our Population First			Valuing People			Transforming our Services		X	Health and Wellbeing
CQC Domain(s) supported by this report	Safe		Caring		Effective	X	Responsive	X	Well Led	X

### Executive Summary and the key issues for consideration/ decision:

Due to one NED in attendance at the meeting, the meeting was confirmed as not quorate, in accordance with the Terms of Reference and was reduced to an operational meeting. The Chair noted that the agenda didn't require any decisions to be made and the meetings was agreed to proceed.

The Chair noted that it was early in the financial year and a formal financial return was not required to be submitted to NHSE. Trust staff remain heavily involved in year-end processes for annual accounts and the annual report. The agenda for the meeting was predominantly verbal, to reflect the current pressure on Trust staff. Each item was discussed in detail and any issues agreed to be taken forward.

#### **Matters for Escalation**

There were no matters for escalation.

#### **Key Issues Discussed**

Minutes of the meeting held on 23 May were recorded and approved.

A wide range of issues were discussed including:

- Board Assurance Framework Report – Section 3C (Finance)
- 2022/23 Financial Position Update
- Financial Position – Month 1 (2023/24)
- CIP Update 2023/24
- NHSE Allocations 2023/24

<b>Decisions Made</b>			
No decisions were made.			
Strategic Risk linked to the Board Assurance Framework this report relates to:			
This report links to section 3C of the BAF.			
Does the report impact on any of the following areas <i>(please check the box and provide detail in the body of the report)</i>			
Equality, diversity and inclusivity		Reputational	X
Workforce		Environmental	
Financial/value for money	X	Estates and Facilities	X
Commercial		Compliance/Regulatory	X
Quality, safety, experience and effectiveness		Service user, care and stakeholder involvement	
Committees/ Groups where this item has been presented before			
The minutes from the Finance Committee meeting on 23 May 2023 were approved by the Committee on 27 June 2023. Board of Directors – 27 July 2023			
Recommendation	The Council of Governors are asked to note this summary report of the minutes of the Finance Committee meeting held on 23 May 2023.		