



Council of Governors Meeting

**Thursday, 14 December 2023
at 9.30pm**

***To be held at Hartlepool College of
Further Education, Conference Room 1,
Stockton Street, Hartlepool, TS23 7NT***

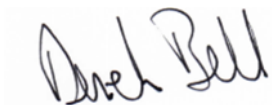
4 December 2023

Dear Colleague

A meeting of the Council of Governors will be held on **Thursday, 14 December 2023 at Hartlepool College of Further Education, Conference Room 1, Stockton Street, Hartlepool, TS23 7NT.**

The Meeting in Common with South Tees Council of Governors will follow at 11.30am, after which we will have our festive lunch.

Yours sincerely



Professor Derek Bell
Joint Chair

Agenda

- | | | |
|--------------|--|-------------------------|
| (1) 9.30am | Welcome | Chair |
| (2) 9.30am | Apologies for Absence | Chair |
| (3) 9.30am | Declaration of Interests | Chair |
| (4) 9.30am | Minutes of the last meeting held on, 19 September 2023
(enclosed) | Chair |
| (5) 9.35am | Matters Arising and Action Log (enclosed) | Chair |
| (6) 9.50am | Lead Governor Report (enclosed) | Angela Warnes |
| (7) 10.00am | Chair's Report including Board Business (enclosed)
(BoD agenda 1 February 2024) | Chair |
| (8) 10.10am | Report of the Managing Director (enclosed) | Neil Atkinson |
| (9) 10.30am | Integrated Compliance and Performance Report
(enclosed) | Non-Executive Directors |
| (10) 10.50am | Outcome of Governor Elections 2023 (enclosed) | Stuart Irvine |

Items to receive

- (11) 11.00am Draft Sub-Committee Minutes:
- Membership Strategy Committee: 20 April 2023 **(enclosed)**
- Strategy and Service Development Committee: 6 July 2023 **(enclosed)** A Warnes
A Smith
- (12) 11.05am Board Committee Assurance Reports – 30th September 2023 **(enclosed)** Chair
- Quality Committee
- People Committee
- Resources Committee
- (13) 11.10am Meeting Dates 2024 **(to follow)** Stuart Irvine
- (14) 11.15am Lead Governor Ballot Stuart Irvine/Sarah Hutt
- (15) 11.25am Any Other Notified Business Chair
- (16) 11.30am Approximate close

Date of Next Meeting

Thursday, 15 February 2024

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

Agenda Item 4

North Tees and Hartlepool NHS Foundation Trust

DRAFT Minutes of a Meeting of the Council of Governors held on Tuesday, 19 September 2023 at Stockton Town Football Club

Present:

Professor Derek Bell, Joint Chair

Hartlepool Elected Governors:

Mike Scanlon
Alan Smith - online

Stockton Elected Governors:

Janet Atkins
Tony Horrocks
Pat Upton
Paul Garvin
Anne Johnston
Lynda White

Appointed Governors:

Andrew Martin-Wells, Hartlepool Borough Council
Christopher Akers-Belcher, HealthWatch Hartlepool
Steve Nelson, Stockton Borough Council
Tim Thompson, University of Teesside

In Attendance:

Neil Atkinson, Managing Director	NA
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
Stuart Irvine, Director of Strategy, Assurance and Compliance	SI
Heidi Holliday, Secretary to Trust Board (note taker)	HH

CoG/1160 Welcome

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

CoG/1161 Apologies for absence

Apologies for absence were received from Mark White, Elected Governor for Stockton, Geoff Northey, Elected Governor for Hartlepool, George Lee, Elected Governor for Hartlepool, Asokan Krishnaier, Elected Staff Governor, Natasha Douglas, Appointed Governor for HealthWatch Stockton, Tony Alabaster, Appointed Governor for Sunderland University, Cllr Christopher Hood, Appointed Governor for Durham County Council, Prof Liz Barnes, Non-Executive Director, Alison Fellows, Non-Executive Director, Kate Hudson-Halliday, Acting Director of Finance and Lindsey Robertson, Chief Nurse/Director of Patient Safety & Quality.

CoG/1162 Declaration of Interests

No new declarations of interest were noted.

CoG/1163 Minutes of the last meeting held on, 16 May 2023

Resolved: that, the minutes of the meeting held on Thursday, 16 February 2023 be confirmed as an accurate record.

CoG/1164 Matters Arising and Action Log

An update regarding the action log was provided and information regarding the questions and issues raised at the pre-Council of Governors meeting were included in a number of reports presented that day.

At the pre-Council of Governor meeting, Prof Liz Barnes provided the following useful update regarding the Trust's Equality, Diversity and Inclusion (EDI) developments in line with the EDI Strategy:

- NHSE EDI improvement plan published June 2023
 - focus to improve EDI and sense of belonging for all staff
 - set out priorities for improving sense of belonging
 - stressed importance of role of Board and Executives and importance of measurable objectives
 - Trust was developing a new dashboard to support in tracking relevant data
 - data predominantly drawn from staff survey, Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES)
- Equality Delivery System (EDS) assessed progression on delivery of the priorities and a new baseline was established in 2022. We were, at that time, assessed as Developing and on our way to Achieving. We have achieved in a number of areas which predominantly recognised the systems and processes to support this work. The focus now had to be on the culture and ensuring that work was embedded across the Trust, at all levels.
- The Trust holds the Disability Confident Leadership status, recognising practices in recruitment and employment.
- The Trust was graded as good for both workforce race and equality action and for disability standard.
- A wide range of activities had been established to continue to improve culture, supporting EDI and focussed on improving the sense of belonging for all.
- Although there had been ongoing improvement in metrics, there were some aspects where the Trust had not improved or had moved backwards therefore, there was a focus on those areas.
- A range of staff networks had been set up and were very actively providing activities, raising awareness and supporting staff with protected characteristics.
- The leadership framework included training for all staff with the first session: 'It all starts with me'. This would help staff to be more aware of their individual roles and to speak out and support others as appropriate where they recognise unacceptable behaviours.
- The Schwartz round earlier in the week focused on the workforce who had joined from overseas. The Trust had staff from over 50 countries and just over 60 staff from overseas were joining this month. The session was titled 'Together we all serve the NHS', which included sessions from speakers discussing their experiences of moving to a new country and working in a different environment.
- In Feb 2023 'A guide to evidence-based effective recruitment and talent management interventions for race equality' was published and was informing our work. One area requiring improvement was the success of BAME staff successfully being appointed

following interview, where our gap currently was that white staff were more than twice as likely to be successful.

- Work was ongoing with BAME staff to encourage them to engage with more staff development and broader activities as they were currently less likely to take up non-mandatory training
- Support was being provided to them in preparing applications and preparing for interviews
- Continue to analyse outcomes and use focus groups to understand data and ensure that intervening was making a difference.

Resolved: that, the verbal updates be noted.

CoG/1165 Lead Governor Report

AW provided an overview of the meetings she had attended and provided feedback on the queries raised by fellow Governors, which included:

- What opportunities do Governors have to engage with the Non-Executive Directors?
 - A request had been made for Chair's logs from Committee meetings be brought to Council of Governor meetings, which had been actioned and were included in the papers that day.
- How do Governors link in with the Non-Executive Director Lead for Place Based?
 - Ruth McNee had met with Prof Liz Barnes and felt that was useful going forward and it was agreed that this would evolve with the engagement of other Governors and Non-Executive Directors.
- The value of pre-Council of Governor Meetings.
 - Discussions had been held at the last meeting and the unanimous outcome was that the meetings were helpful. An email was sent to those Governors who were not in attendance and they also felt that the meetings were of value, particularly the new Governors and they all welcomed the opportunity to see the Non-Executive Director and Joint Chair. It was felt important that issues be raised ahead of the Council of Governor meetings so that details could be provided at the meeting. Following discussion it was agreed that the meetings continued, with a programme of work being scheduled for the first 15 minutes of the meeting to bring areas of relevance and focus on any concerns regarding the IPR which would add further benefit to the meetings. It was also noted that the Governor development sessions were to be reinstated and that Stuart Irvine, Director of Strategy, Assurance and Compliance and Jackie White, Head of Governance and Company Secretary, South Tees Hospitals NHS Foundation Trust were producing a scheduled programme, including joint development sessions.

A concern was raised regarding governance issues, the work and involvement of the Non-Executive Directors and the assurances of what was happening. The Non-Executive Directors highlighted that they were working over and above of what was expected of their roles. The Joint Chair reported that he had carried out a review of minutes of the meetings and a lot more thematic analysis of information was provide now. It was agreed that a comprehensive mapping of Non-Executive Director activities would be provided. It was noted that in terms of time commitments, the Non-Executive Directors were doing more than the 4-6 days per month requirement. It was also noted that there were contributing factors as to why apologies had been received for meetings, including health issues and changes to dates and pre-arranged holidays. A suggestion was made that a small group be established to look at how this could be taken forward. AW agreed to liaise with Governors to agree

nominations to participate in the group where all comments and issues raised would be discussed. It was agreed that the Director of Strategy, Assurance and Compliance would circulate correspondence that week on taking this forward.

- Resolved:**
- (i) that, the content of the report be noted; and
 - (ii) that, Governors meet with their respective Place Based Lead Non-Executive Directors; and
 - (iii) that, that the pre-Council of Governor meetings continued, with a programme of work being scheduled for the first 15 minutes of the meeting bringing in areas of relevance and focus of any concerns regarding the IPR to add further benefit to the meetings; and
 - (iv) that, a programme of scheduled Governor development sessions be circulated once finalised; and
 - (v) that, a comprehensive mapping of Non-Executive Director activities be circulated to the Governors; and
 - (vi) that, the Director of Strategy, Assurance & Compliance would circulate correspondence that week regarding establishing a small group to discuss the issues and concerns raised regarding the relationship between Non-Executive Directors and Governors. AW to seek nominations from the Governors to be part of the small group.

CoG/1166 Joint Chairs Report including Board Business

A summary of the Joint Chair's Report included:

- Associate Director of Group Development – James Bromiley had been appointed to the post and had recruited a Programme Manager to support this work.
- Non-Executive Director Roles – the current NEDs of the Trust cover the governance arrangements of the Committees and each has a Non-Executive Director lead. The requirements of Non-Executive Directors would be considered as part of the Group progress. An update would be provided at a future meeting.
- Place Based Delivery – the Trust's Place Locality Directors and Non-Executive Director Representatives were as follows:
 - 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
- Collaborative Working with Teesside University – work was ongoing and going well and posters had been placed throughout the Trust.
- Regional Chairs Meeting – the meetings were becoming more structured and real time information was being provided from the Integrated Care Board (ICB). Vice Chairs had also been invited to attend future meetings. The Joint Chair highlighted the key issues to note which included:
 - government objectives regarding performance
 - the challenge faced across the NHS as going into the winter period
 - elective recovery
 - cancer
 - wider health determinants
 - access

- Lucy Letby case – discussions took place around strengthening mechanisms including a focus on Freedom to Speak Up Guardians and ensuring compliance with the new Fit and Proper Person Framework.
- Member Engagement – the programme of membership engagement continued and the Communications Team had developed an extensive communications programme to raise awareness.
- NHS England had launched a sexual safety charter and all members were encouraged to read it. Assurance was provided that the Executive Team were working hard on this. Susy Cook provided an overview of a piece of work that had been carried out to raise awareness of the report across the organisation. A suite of safe spaces had been created for staff to go to and speak confidentially about any areas of concern they had and work was ongoing to create other forums through messaging. A multifaceted approach was being taken however, fundamentally the aim was to educate people on the need to speak up and how to have difficult conversations.

Resolved: (i) that, the content of the report be noted; and
(ii) that, the future requirements of NEDs would be considered as part of Group progress and an update would be provided at a future meetings.

CoG/1167 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:

- In total there had been 46 days of Industrial Action (IA) and the estimated costs were around £1bn. Further dates were planned for October 2023. There were a number of other groups currently striking, which was an ongoing issue with the Pay Review Body and a number of meetings were being held with the hope to bring industrial disputes to resolution.
- July had been the second biggest month in NHS history with regards to elective care, with waiting lists costs around approximately £7.6m, diagnostic costs approximately £1.6m and mental health referrals reporting 26% higher since the pre-pandemic. The number of patients waiting for diagnosis were waiting much longer and with winter difficulties and the new variance of Covid, it was expected this could increase further.
- Finance was a real key issue, with 15 out of 42 Integrated Care Systems (ICSs) reporting a deficit at Month 5. Capital investment in the NHS was an issue and there was a need to look at alternative sources of investment.
- The Trust had begun reporting against the new four-hour standard from 1 May 2023 and in June were achieving 82.87%, 85% in July and 86% in August, which was a positive position for the organisation, either reporting top or second in the region. Work was ongoing to split this between type one and type three activity and a focussed piece of work was ongoing regarding type one. The Trust was recently highlighted for its work by the ICB and were asked to write a report to share some of its learning.
- Bed occupancy continued to be below the 92% at an average of 89.66% for June. A report had been received from Healthwatch and the recommendations highlighted were to be embedded into the organisation.
- The Trust was reporting the top performer in relation to ambulance handovers, with 98.66% of patients handed over in less than 59 minutes in June 2023.
- The Trust had undertaken an accreditation programme as part of the Get It Right First Time (GIRFT) elective care hub standards and a visit to the University of Hartlepool Elective Hub took place on Monday, 10 July 2023. Feedback had been positive overall and another visit was planned for a further review, when it was hoped that the Trust

would be accredited as an Elective Hub, which would create a great opportunity for the system to tackle waiting lists across the broader system.

- There had been an agreement that the Elective Recovery Fund would be transacted, which would offset some of the costs associated with the IA.
- Chief Executives from across the North East and North Cumbria continued to meet and the key areas of increased focus were noted in the report. A lot of work was ongoing to address the underlying deficit and how this could be addressed moving forward with support from Deloitte. Members were encouraged to read the Joint Forward Plan, which provided the mandate and plan for the system going forward. Although the ICB had a plan of a £50m deficit, it was noted that this was off plan by £26m, which could be split into two parts; ICB Primary Care due to prescribing pressures and the other around where trusts were reporting financially.
- New Hospital OBC – The Trust Board had given approval to progress to an Outline Business Case (OBC), which was now being developed with colleagues at South Tees Hospitals NHS Foundation Trust and would support the development of the North Tees and Hartlepool and South Tees Hospitals joint estates strategy. A meeting was scheduled to take place on Friday, 22 September with Directors of Finance and Estates Directors to review the approach and strategies with regards to capital plan funding.
- The Care Quality Commission (CQC) had lifted the restrictions against the Butterwick Hospice with two beds to be opened for known patients on the end of life pathway. There had been a lot of joint working between the Trust and the Butterwick Hospice and the Trust was providing a lot of nursing support. Good progress had been made and eight patients had been referred to date.
- An overview of work that was being undertaken following the Lucy Letby case was provided, which included the implementation of the Patient Safety Incident Response Framework (PSIRF), where early adopters were seeing an improved safety culture and effective reduction strategies, with evidence to support that. The Trust was trying to implement mechanisms to understand and learn from the impact of the Lucy Letby case. National patient safety alerts were circulated and the Chief Medical Officer and Chief Nurse ensured that all recommendations were implemented, with the right systems and processes to support that. Following the new Fit and Proper Person Framework, work was ongoing to look at how this could be implemented by January 2024.
- Additional funding had been received to help support costs associated with the IA and not to support winter pressures. It was noted that the Trust recognised the pressures faced therefore, planned a whole year round approach to support this with home first, virtual wards, community response, collaborative working and significantly invested into this. An overview was provided on further work the Trust had been undertaking to help relieve the winter pressures, which was reviewed on a regular basis.
- There was a requirement nationally that all Reinforced Autoclaved Aerated Concrete (RAAC) was replaced by 2035. Following a number of independent assessment and reviews, it was noted that the Trust had RAAC in its accommodation sites only and an update on the position with regards to replacing and/or reviewing this was provided. Following a query raised the MD agreed to look in to what the Multi-faith Prayer Group were doing whilst work was ongoing.
- A strategic plan for the development of the Community Diagnostic Centre had been agreed and clearance of the former Castlegate shopping centre site had been completed. A communication plan had been developed to keep staff and members of the public updated on the building work. A lot of support and engagement had been received from the Tees Valley Joint Oversight Group. An issue that had been raised was around transport and transport links. The Trust was working with the Local Authorities to help provide support in discussions with the travel companies. Work was also ongoing with Primary Care on how patients would be referred.

Following a member's query regarding the Urgent Care Tender, it was noted that commissioners had chosen to submit a Teeswide tender. A number of discussions had taken place with the ICB and they were in support of the development of the same service across all sites. The turnaround time to submit a tender was four weeks, with one organisation leading however, it was felt that the timescales needed to be challenged. It had been agreed that the Trust would lead on this from a contractual point of view with the Joint Partnership Board (JPB) overseeing and managing the process. There was a great opportunity for a Clinical Lead to be appointed to oversee the model. A review of the finance envelope was being undertaken to ensure this was affordable.

AB provided an update with regards to breast feeding and the improvements that had been made. In the short term the Trust had appointed a breast feeding co-ordinator to work with all staff and mums and there was a specific project being undertaken within Neonates to encourage every mother to express milk. The biggest issue was around culture and work was ongoing to look at that. The Trust was also working towards a Breast Feeding Accreditation with staff and external colleagues.

Following the well-attended leaving presentation for Julie Gillon, Chief Executive, the Joint Chair, on behalf of the Council of Governors, placed on record his thanks for all her hard work, contribution, dedication and commitment.

- Resolved:**
- (i) that, the content of the report be noted.
 - (ii) that, the MD would look in to what the Multi-faith Prayer Group were doing whilst work was ongoing to replace or repair the RAAC in the accommodation blocks.

CoG/1168 Annual Report and Accounts 2022/23 including Auditor Report

The Director of Strategy, Assurance and Compliance presented the Annual Report and Accounts 2022/23 and Auditor reports and highlighted the key issues.

The timetable for the Annual Reporting process for NHS Foundation Trusts was published in February 2023 and the timeline identified that the annual report and financial accounts were required to be uploaded to NHS England's portal by Friday, 30 June 2023. The Trust had complied with this and submitted the reports on Thursday, 29 June 2023.

Deloitte, the Trust's external auditors, completed the work in relation to producing a Value for Money (VFM) conclusion linked to the accounts and issued the final version of the Annual Auditor's Report (AAR) 2022/23 and the signed independent auditor's certificate on 31 August 2023.

The final version of the Annual Report for 2022/23 was laid before Parliament on 6 September 2023. This now allowed the Trust to present the Annual Report and Annual Accounts to the Council of Governors that day, ahead of the Annual General Meeting that was scheduled to take place on Wednesday, 11 October 2023.

Nicola Wright, Deloitte provided a short summary of the reports that had been presented to the Auditors and the two elements of work that Deloitte had undertaken to review the financial statements and VFM. Following the review of the financial statements Deloitte had issued an unqualified opinion. Deloitte had provided a detailed audit plan to the Trust's Audit Committee, which set out what they considered to be the significant audit risks for the Trust, together with a planned approach to addressing those risks. The three significant risk areas were Property Valuations, Validity of Accruals and Management Override of Controls. Deloitte had made a number of recommendations following the review of VFM however, the issue to note was that there were no significant weaknesses identified.

Following a query regarding the value of the Trust's estate and expected life time, Nicola Wright reported that they had challenged that with their in-house Valuers and they were in agreement with the Trust's estimate.

Nicola Wright reported that discussions were ongoing regarding how the Auditors would work in future following the development of the Group model, the options being either to have one Auditor for both organisations or permission be granted for the Auditors to speak to one another.

The Joint Chair thanked Nicola Wright and the Finance team for all their hard work and ensuring the accounts were submitted on time.

The MD and Nicola Wright left the meeting.

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

CoG/1169 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.

Following a query raised it was noted that VTE stood for Venous Thromboembolism.

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

CoG/1170 Update on Role and Portfolio of Chief People Officer and Director of Corporate Affairs

Susy Cook, Chief People Officer and Director of Corporate Affairs attended the meeting and provided a brief overview of her role.

The aim of her role was very much around valuing people and getting the culture right, which in turn would improve safety and patient outputs. Everything that was done with people was linked to the Quality agenda and this would be evidenced as part of future linked updates.

A real focus was being made on improving people outcomes and the Organisation Development team had been strengthened to help with this.

A number of leadership development programmes and ad-hoc work programmes were being created for example the Women's Leadership Event and the 'It Starts With Me' leadership programme, which had been very positive to date and all members were welcomed to join the programme. Susy Cook was the Lead for the Leadership Development programme for the region.

Talent management was now in place and was aligned to the national team, with scope for growth. Appraisal rates and talent management roles were increasing. Work was ongoing with South Tees Hospitals NHS Foundation Trust for those people wanting to develop across both trusts.

There was a growing workforce for the future and work was ongoing to look at advertising different roles and developing new ways of working and delivering care. A pool of jobs were being created, with groups of bandings, for people returning from long term sickness to help get them back to work without going back to their original roles, which was proving successful.

The Trust's code of conduct has also been reviewed and would be relaunched to provide a greater understanding between the principles of EDI and performance management.

The Corporate Plan had been shared which highlighted the Trust's priorities, how it would be measured and the desired outcomes. The Trust had been highly commended for the different types of Networks it had.

Exciting work had commenced for joint collaboration working across both trusts and Susy Cook was working closely with Rachael Metcalf, HR Director, South Tees Hospitals NHS Foundation Trust.

With regards to the Director of Corporate Affairs role, Susy Cook was working collaboratively to review governance arrangements and embedding accountability, not just around individuals but around teams and there was a breadth of work ongoing around that.

Following a query regarding deep dives and the three areas identified, it was reported that they had been raised either directly with Susy Cook or Lindsey Robertson as themes and through behaviour issues being seen within HR. A recent report had been developed for the Board of Directors on why the deep dives had been carried out and highlighted the key themes. An alignment of how the themes were being flagged was also ongoing.

Susy Cook reported on work being undertaken around intelligence and listening to it and training was going to be developed around that. It was noted that there were some pockets of areas with cultural issues and work was ongoing to shift some of the behaviours and Prof Tim Thompson ND Susy Cook agreed to meet outside of the meeting.

A Task and Finish Group had been established with South Tees Hospitals NHS Foundation Trust colleagues to identify the core 10 topics for mandatory training, to reduce the demand and ensure more targeted training was being undertaken. The next step was around ensuring that any new members of staff either completed their training prior to starting or had dedicated time set aside as soon as they were in post.

Resolved: (i) that, the content of the verbal update be noted.

CoG/1171 Sub Committee Membership Review

The Sub Committee Membership Review report outlined the changes that had been made to the membership of the Council of Governors Sub Committees.

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

CoG/1172 Governor Elections 2023 Timetable

The Governor Elections 2023 Timetable report outlined the arrangements in place for the Governor Elections for 2023.

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

CoG/1173 Draft Sub-Committee Minutes

Minutes of the Strategy and Service Development Committee held on 16 March 2023

Angela Warnes, Lead Governor presented the minutes of the Strategy and Service Development Committee, which was held on 16 March 2023, and highlighted the key points.

Resolved: that, the minutes of the Strategy & Service Development Committee held on 16 March 2023 be noted.

Minutes of the Nominations Committee held on 18 January 2023

Ruth McNee, Elected Governor for Sedgefield presented the minutes of the Nominations Committee, which was held on 18 January 2023, and highlighted the key points.

Resolved: that, the minutes of the Strategy & Service Development Committee held on 18 January 2023 be noted.

CoG/1174 Board Committee Assurance Reports

The Joint Chair presented the following Committee Assurance Reports and highlighted the key issues:

- Quality Assurance Committee
- People Committee
- Performance, Planning and Compliance Committee
- Audit Committee
- Finance Committee

Resolved: that, the Board Committee Assurance Reports be noted.

CoG/1175 Any Other Business

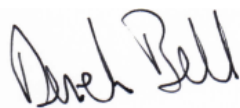
There was no other business reported.

CoG/1176 Date and Time of Next Meeting

Resolved: that, the next meeting be held on Thursday, 14 December 2023 at Hartlepool College of Further Education.

The meeting closed at 5.15pm.

Signed:



Date: 14 December 2023

Agenda Item 5

Council of Governors Action Log

Date	Ref.	Item Description	Owner	Completed	Notes
16 February 2023	CoG/1131	Executive Director Attendance at Council of Governor Meetings 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 attended the September meeting to provide an overview of her role and key pieces of work.
16 May 2023	CoG/1148	Attendance at Council of Governor Meetings 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	N/A	Superseded. Both Trusts are now looking to coordinate CoG meetings on the same day as CoG in common meetings.
19 September 2023	CoG/1165	Lead Governor Report Governors to link and meet with their respective Place Based Lead Non-Executive Directors The format of the Pre-Council of Governor meetings to be agreed going forward. The first 15 minutes of each meeting would focus on areas of relevance and/or concern and site walkabouts also to be scheduled. A programme of Governor development sessions be agreed and circulated. A comprehensive mapping of Non-Executive Director activities be shared with Governors. A small group to be established to discuss the issues and concerns raised regarding the relationship between Non-Executive Directors and Governors. The Lead Governor would seek nominations to be part of the group.	Governors S Irvine/S Hutt S Irvine/S Hutt S Irvine/S Hutt S Irvine/S Hutt/A Warnes		
19 September 2023	CoG/1166	Joint Chairs Report The future requirements of NEDs would be considered as part of Group progress and an update would be provided at a future meetings.	D Bell/S Irvine		
19 September 2023	CoG/1167	Report of the Managing Director The MD would look in to what the Multi-faith Prayer Group were doing whilst work was ongoing to replace or repair the RAAC in the accommodation blocks.	N Atkinson		

Agenda Item 6

Council of Governors

Title of report:	Lead Governor's Report							
Date:	24 November 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		Discuss	x	Information	x
Strategic Objectives supported by this paper:	Putting our Population First		Valuing People		Transforming our Services		Health and Wellbeing	
Which CQC Standards apply to this report	Safe		Caring		Effective		Responsive	Well Led
Executive Summary and the key issues for consideration/ decision:								
This report provides an overview of both regular and one-off meetings attended by the Lead Governor and other activities undertaken.								
Board Assurance Framework/Corporate Risk Register risks this paper relates to:								
N/A								
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					
Workforce			Environmental					
Financial/value for money			Estates and Facilities					
Commercial			Compliance/Regulatory					
Quality, safety, experience and effectiveness			Service user, care and stakeholder involvement					
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>Governors are asked:</p> <ol style="list-style-type: none"> 1. Note the activities undertaken by the Lead Governor. 2. Provide feedback on the value, format, and frequency of the additional email briefings from the Lead Governor to all governors. 3. Comment on the value of the private governor meeting, which is part of the pre-council of governors meeting, and advise if they wish this to be retained. 							

North Tees and Hartlepool NHS Foundation Trust
Meeting of the Council of Governors
14 December 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 and other related activities undertaken.

2. Key Meetings and Activities

Since the last meeting of the Council of Governors on 19 September 2023 I have undertaken the following meetings / activities:

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.

Other topics for discussion have included:

- Progress on the Partnership Agreement.
- Stakeholder meetings between the Joint Chair with key external stakeholders.
- Changes to Trust executive.
- Feedback on the Clinical Summit held on 9 October between clinicians from North Tees and Hartlepool and South Tees NHS Trusts.
- Arrangements and timescale for the Group Chief Executive taking up post and interim arrangements.

Every other meeting (i.e. monthly) now includes the Vice Chair and Lead Governor for South Tees NHS Foundation Trust focusing on areas of relevance to both trusts, enhancing collaboration between the two Councils of Governors. These meetings also provide an opportunity for the Lead Governors to contribute to the agendas for the Council of Governors meetings (individual and in common).

2.2 Monthly Meetings with Neil Atkinson, Managing Director

Neil Atkinson has shared information about changes to the executive as well as key issues having an impact on the Trust.

2.3 Observation of Board of Directors Meetings

These provide an excellent opportunity to see Non-Executive Directors challenge and hold the Executive Board 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's website before

the each meeting. The schedules for the meetings has changed from the published schedule and are the first Thursday of every month. Revised dates have been circulated. Please let Sarah Hutt know if you would like to attend in person or virtually and access will be given to the papers.

2.4 Regular Communication with South Tees Lead Governor

I have had regular written and verbal communication with Janet Crampton, Lead Governor for South Tees and we have collaborated on the activity to explore collaborative working between the two Councils of Governors that we facilitated at the extra Council of Governors meeting in common held on Thursday, 26 October 2023. Our plan is to meet monthly to discuss issues of relevance to both Councils.

2.5 Involvement in the Recruitment of the Group Chief Executive

Subsequent to my previous report, I can report that I met both of the candidates shortlisted as part of their meetings with key stakeholders. I also attended The Town Hall Events on 12 October, alongside fellow governors Ruth McNee and Mike Scanlon, where we received a presentation from each candidate and were given an opportunity to ask questions and provide feedback. I also observed the formal interviews, which took place on Friday, 13 October 2023, alongside my fellow Lead Governor, Janet Crampton. Although we were not part of the formal decision making panel, our views were sought and considered and I was able to confirm that a fair and transparent process had been undertaken.

2.6 Membership Strategy Committee Meeting 19 October 2023

This was a meeting of the North Tees Committee and feedback was given by Mark Malik, Communications, Engagement and Marketing Manager on progress of the governor elections and recruitment of new members. It was noted that the publicity campaign was more comprehensive and widespread, but it was likely there would still be gaps. It was agreed that further work was needed to widen the diversity of the members and governors and that there should be a Tees-wide approach.

2.7 Additional Council of Governors Meeting in Common - 26 October 2023

Governors were given an opportunity to discuss the Draft Partnership Agreement. James Bromiley, Associate Director of Group Development, confirmed that he took on board the feedback from the meeting and he made the final version available to myself and Janet Crampton on Monday, 20 November 2023. James summarised the changes made as follows:

- The proposal is now for 6 clinical boards rather than 5, as the majority of the senior clinicians across both Trusts preferred that.
- There are clearer references to the education and training links and to education providers.
- We have added some legal text into the second section based on the advice we have had – this is not designed to be a legal document, but it is important we set out on what basis we are working within the statutory framework as it is a formal commitment from the trusts and NHS England.
- There are also a number of additions and changes of emphasis, some of which have come directly from governor feedback, for example re-emphasising the breadth of our geography, increasing references to value for money, the responsibility of Non-Executives Directors for place and setting out that the councils of governors will “normally” meet in common.

The final version of the Partnership Agreement was due to be signed in a public meeting on 29 November 2023, although it is noted that it will need iterative changes going forward.

A session was also facilitated at this meeting to explore practical measures to enhance collaborative working between the two Councils and to improve communication. The activity was designed so that

the governors' voices can be heard and used to help shape the future working practices and was designed by the two Lead Governors (myself and Janet Crampton) and Stuart Irvine and Jackie White (Company Secretary roles for North Tees and Hartlepool and South Tees respectively). During the session we received lots of ideas and these have been written up and discussions are ongoing to identify the actions required to enable us to implement the practical measures identified. A copy of the feedback and action plan will be circulated once it has been agreed.

2.8 Engagement with the Non-executive Directors (NEDs)

Following the discussion at the last Council of Governors meeting, it was agreed that a working group would be formed to discuss this further and thank you to those who forwarded their names. Subsequent to this, I confirmed with the Non-Executives Directors present that the focus relates to exposing governors to the activities that NEDs undertake on their behalf in seeking assurance. I also confirmed that governors recognise the extensive range of activities undertaken and time committed by the Non-Executives Directors to their roles. Subsequent to the meeting, it is now proposed in the Partnership Agreement that Non-Executives Directors will be jointly appointed by both Trusts and it would seem appropriate that, as part of those discussions, further consideration can be given to this matter. Meanwhile, I have shared some initial thoughts with Stuart Irvine, Company Secretary about linking governors to specific agendas and Non-Executives Directors associated with those agendas. I have also suggested that governors be given an opportunity to observe executive committees of interest, again exposing them to constructive discussions.

2.9 Format of Pre-Council of Governors Meetings

I have been advised there is a proposal to broaden the remit of the pre-council of governors' meeting to include walkabouts and development sessions. I have been asked if we would like to retain the one-hour private part of the meeting so I would welcome views on this.

2.10 Occasional Email Briefings

I have provided some additional updates and briefings to all governors via email since the last meeting. I would welcome views on the format and usefulness of these briefings.

2.11 Outgoing Governors

We have a number of governors who have reached the end of their term or have indicated that they will be leaving the Council of Governors as follows:

Carol Alexander (12 years)
Tony Horrocks (9 years)
Geoff Northey (4 years)
Aaron Roy (3 years)

Pat Upton (13 years)
Asokan Krishnaier (6 years)
Ruth McNee (3 years)

I would like to thank all of the outgoing governors for their commitment and contributions to the Council and wish them good luck in their future endeavours. In particular, Tony Horrocks has served us very ably as Lead Governor for a number of years and I would like to thank him for the personal support he has given me since I took up the Lead Governor role.

3. Recommendations

Governors are asked to note and discuss:

1. Note the activities undertaken by the Lead Governor.
2. Provide feedback on the value, format and frequency of the additional email briefings.
3. Comment on the value of the private governor meeting, which is part of the pre-council of governors meeting, and advise if they wish this to be retained.

Agenda Item 7

Council of Governors

Title of report:	Joint Chair's Report									
Date:	14 December 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> <ul style="list-style-type: none"> • Group and Joint Working • Partnership Working • Trust Annual General Meeting • ICS FT Chairs Meeting • Staff Engagement • Flu and Covid vaccination programme and Covid Inquiry • Annual State of the Provider Sector Survey • Faculty for Learning, Leadership and Improvement 										
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

14 December 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 Group and Joint Working

The Joint Partnership Board met on 20 September, 18 October and 15 November 2023 and is moving at pace to progress the required structure and processes for Group working. The draft Partnership Agreement was agreed in principle prior to sharing with the Council of Governors and other stakeholders. This was subsequently formally approved at a meeting in common between the Board of Directors from both trusts on 29 November 2023, which was held in public with a number of Governors in attendance and representation from the North East North Cumbria Integrated Care Board (NENC ICB). James Bromiley, Associate Director of Group Development has been leading on this work.

As part of the development of the Clinical Services Strategy, a Clinical Summit event was held on 9 October 2023 to share group developments and discussion around the proposed clinical boards. It was agreed there should be six boards established.

The positive meetings in common of both Council of Governors continue and at the meeting on 26 October 2023 a useful session took place to share ideas and practical solutions to improve communication and knowledge about each organisation's cultures, structure and values. The piece of work is being taken forward by both Lead Governors and Company Secretaries.

The appointment process for the Group Single Chief Executive concluded on 12 and 13 October 2023 with a 'town hall' stakeholder event providing the opportunity for round table discussions with the candidates followed by a formal interview. I am pleased to formally announce that Stacey Hunter has been appointed as the Group Single Chief Executive. She will commence in post in January 2024, however, will attend key meetings in the meantime where possible.

We had our first joint site visit on 2 November 2023 across both North Tees and Hartlepool sites with Governors and Non-Executive Directors in attendance. The visit included a variety of departments and was an opportunity to meet staff. We hope this will become a regular occurrence.

2.2 Partnership Working

Along with the Managing Director and Chief People Officer from North Tees and the Managing Director, Chief Medical Officer and Chief Nurse from South Tees, I have met with Teesside University to explore working together more closely and development of the future workforce. A number of visits to the University have also been undertaken and we are excited about the work and progress to date.

I attended Hartlepool's Audit and Governance Committee meeting on 7 November 2023 where discussions took place regarding plans for the Hartlepool site. Along with the Vice Chair, I also met with Mike Greene, Managing Director, Stockton Borough Council on 29 November 2023 as part of our regular update meetings to share developments across the Trust.

2.3 Trust Annual General Meeting

The Trust held its Annual General Meeting on Wednesday, 11 October 2023 at the Stockton Baptist Church. Members, Governors and Staff heard a number of interesting presentations including the shared Cardiac CT and MRI services across the Trust and South Tees; a number of service developments from each care group and the Trust's Quality Account. The Trust's Annual Report and Accounts were formally presented and a plea to join the Trust's membership was made.

2.4 NENC ICS FT Chairs Meeting

I attended the North East North Cumbria Integrated Care System (NENC ICS) FT Chairs meeting on 17 October 2023, themes from the meeting included further development of the Digital Strategy and the requirement for greater cooperation between organisations in respect of the request and provision of mutual aid as we enter winter, which brings increased pressures across the system.

2.5 Staff Engagement

I attended another of the Trust's Celebrating Excellence events on 20 October 2023. It was great to hear about the really positive achievements of our staff and the successful improvement projects that enhance the care of our patients.

I had a positive visit to Billingham Health Centre as part of my monthly engagement visits where I had the opportunity to meet with staff and learn about their work

2.6 Flu and Covid Vaccination Programme

The Trust is continuing to encourage the uptake of both the flu and Covid vaccines amongst staff to protect themselves, their family and our patients. I would urge as many people as possible to receive both vaccinations to provide the maximum protection as we enter into the winter.

The Covid Public Inquiry was formally launched on 21 July 2022 led by Baroness Hallett to review the response to the pandemic by public health, the health and care sector and the government. The investigations are organised into modules with each module hearing evidence from witnesses, experts and core participants. Key figures from the pandemic who have provided evidence include Dominic Raab, Sajid Javid, Prof Dame Jenny Harries and Matt Hancock.

2.7 Annual State of the Provider Sector Survey

NHS Providers published the findings from its annual State of the Provider Sector Survey, which provides an overview of the key issues facing leaders across England and highlights the experience of trust leaders during a particularly difficult period for the NHS and their ongoing commitment to provide high quality care for patients. The findings will inform NHS Providers policies and influence future work with the government and national decision makers on behalf of trusts and also media work. The full survey and findings is available on NHS Providers website:

<https://nhsproviders.org/resources/surveys/state-of-the-provider-sector-survey>.

2.8 Faculty for Learning, Leadership and Improvement

The launch events for the Faculty for Learning, Leadership and Improvement took place at the University Hospital of Hartlepool on 26 October 2023 and on 9 November 2023 at the University Hospital of North Tees. The events were well attended and feedback had been positive. Feedback was being collated to ensure it was linked to 'you said, we did'.

3. Recommendation

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

Professor Derek Bell
Joint Chair

3 November 2023

Dear Colleague

A meeting of the **Board of Directors** will be held in public, on **Thursday, 1 February 2024 at 9.00am** in the **Boardroom, University Hospital of North Tees**.

Yours sincerely



Professor Derek Bell, OBE
Joint Chair

Agenda

		Led by
1. (9.00am)	Apologies for Absence	Chair
2. (9.00am)	Declaration of Interest	Chair
3. (9.00am)	Network Story	L Robertson
4. (9.15am)	Minutes of the meeting held on, 5 October and 9 November 2023 (enclosed)	Chair
5. (9.15am)	Minutes of the Annual General Meeting held on, 11 October 2023 (enclosed)	Chair
6. (9.20am)	Matters Arising and Action Log (enclosed)	Chair

Items for Information

7. (9.25am)	Report of the Joint Chair (enclosed)	Chair
8. (9.35am)	Joint Partnership Board Update (enclosed)	Vice Chair
9. (9.45am)	Report of the Managing Director (enclosed)	N Atkinson

Performance Management

10. (9.55am)	Board of Directors Declaration of Interests and Fit and Proper Persons Declaration (enclosed)	S Irvine
11. (10.05am)	Board Assurance Framework Quarter 3: 2023/24 (enclosed)	S Irvine

12. (10.15am)	Integrated Performance Report (enclosed)	L Wallace, L Robertson, K Hudson-Halliday, S Cook
Governance		
13. (10.25am)	Learning from Deaths Report (enclosed)	E Gouk
14. (10.35am)	Guardian of Safe Working Hours Report (enclosed)	E Gouk
15. (10.45am)	H2 Operational & Financial Delivery Return 2023/24 (enclosed)	K Hudson-Halliday
Quality		
16. (10.55am)	Professional Workforce Bi-Annual Report (enclosed)	L Robertson
17. (11.05am)	Maternity Board Report Quarter 3: 2023/24 (enclosed)	L Robertson
Operational		
18. (11.15am)	Responsible Officer's Medical Appraisal and Revalidation Report (enclosed)	E Gouk
19. (11.25am)	Nursing and Midwifery Revalidation Report (enclosed)	L Robertson
Items to Receive		
20. (11.35am)	Freedom To Speak Up Annual Report (enclosed)	Jules Huggan
21. (11.45am)	Assurance Report of Quality Committee (enclosed) (23 October, 27 November 2023 and 22 January 2024)	F Scullion/A Baxter
22. (11.50am)	Assurance Report of People Committee (enclosed) (27 November 2023 and 25 January 2024)	A Baxter
23. (11.55am)	Assurance Report of Resources Committee (enclosed) (24 October, 28 November 2023 and 23 January 2024)	C Macklin
24. (12.00noon)	Assurance Risk Management Group Report (enclosed) (27 October, 31 November, 22 December 2023 and 26 January 2024)	N Atkinson
25. (12.05pm)	Any Other Business	

Date of next meeting

(Thursday, 4 April 2024, Boardroom, University Hospital of Hartlepool)

Agenda Item 8

Council of Governors

Title of report:	Report of the Managing Director									
Date:	14 December 2023									
Prepared by:	Stuart Irvine, Director of Strategy, Assurance & Compliance									
Executive sponsor:	Neil Atkinson, Managing Director									
Purpose of the report	The purpose of the report is to provide information and an update to the Council of Governors on key local, regional and national issues.									
Action required:	Approve		Assurance		Discuss		Information	x		
Strategic Objectives supported by this paper:	Putting our Population First	x	Valuing People	x	Transforming our Services	x	Health and Wellbeing	x		
Which CQC Standards apply to this report	Safe	x	Caring	x	Effective	x	Responsive	x	Well Led	x
Executive Summary and the key issues for consideration/ decision:										
<p>The report provides an overview of the health and wider related news as well as issues that feature at a national, regional and local level.</p> <p>In addition, information is provided on strategic delivery, positioning and operational issues not covered elsewhere on the agenda of the Council of Governors.</p> <p>Key issues for this month include:</p> <ul style="list-style-type: none"> • Operational Challenges (including elective recovery, industrial action and winter planning); • Culture and Leadership Development; • Research and Development; • Integrated Care System and Integrated Care Board; • North East and North Cumbria Provider Collaborative; • Tees Valley Provider Collaborative; • Clinical Strategy Event; • Group Chief Executive update; • NHS England – New Chief Operating Officer; • North Tees and Hartlepool NHS Foundation Trust Estates Strategy (including RAAC); • Community Diagnostic Centre; • Faculty of Learning, Leadership and Improvement; • Workforce Development, • Vaccinations Update; • Consultant Appointments; • Clinical Support Worker Update; • Sunderland Medical School; and • Consideration of the wider national and regional contribution. 										

Board Assurance Framework/Corporate Risk Register risks this paper relates to:			
This report relates to all Trust strategic objectives and Board Assurance Framework domains and the content of this report should be considered by Executive Leads and BAF authors.			
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	x	Reputational	x
Workforce	x	Environmental	x
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 including, the pursuance of strategic objectives, work to improve system working and operational resilience.		

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Council of Governors

14 December 2023

Report of the Managing Director

1. Introduction

This report provides information to the Council of Governors on key local, regional and national issues and is linked to the strategic objectives of the Trust.

2. Strategic Objective: Putting our Population First

2.1 Operational Challenges

The Trust's reported bed occupancy in September 2023 was within the national target, with an average occupancy of 91.65% against a threshold of 92%, compared to a reported bed occupancy position of 92.28% in August 2023. The ward decant programme was completed on the 4th September 2023 and there is a plan for an earlier phased opening of the winter resilience ward on 5th October 2023 to proactively manage demand during the busiest time of the year, with key decisions being clinically led. Linked to the bed occupancy is the reported performance of super stranded patients (21+ days) which has seen a slight reduction from the previous months reporting (the target is 43, compared to an actual of 45). The Trust and local system, continues to be fully committed to proactive management of patient flow and timely discharge, with a number of patients being supported by the Home First Team. The Trust, with system partners, have received further visits from the national and regional teams given the strong performance in this area, to share best practice with the wider system.

A further dimension linked to bed occupancy is length of stay of patients across different planned and unplanned care pathways and the Trust continues to perform positively against this standard. Length of stay for elective (planned patients) was 1.91 against a standard of 3.14 and length of stay for unplanned patients was 2.89 against a standard of 3.35. This has resulted in a combined length of stay of 3.88 days against a standard of 4.41 days.

Readmission rates are higher than the Trust's threshold (the target is 7.70%, compared to an actual of 9.52%), with focused work underway in urology and general medicine. Work is also underway to bring Discharge to Assess (D2A) pathways onto the virtual ward, recognising that readmission rates from this pathway area could be positively impacted by increasing monitoring and support following discharge from hospital.

Within the month of September 2023, there were 33 patients waiting beyond 12 hours. Work is ongoing to review patient flow across all specialities, with speciality specific groups reviewing key pathways, capacity and demand and communications. The launch of the revised fracture neck of femur pathway reported an improvement in August 2023, following its implementation and it is important that this type of pathway improvement be sustained. Mental Health pressures continued in September 2023, and this is being discussed and addressed with Tees, Esk & Wear Valley NHS FT colleagues, not only through operational delivery but also through patient safety and outcomes and this risk (ref. 6607) is being monitored by the Quality Committee.

2.2 Urgent and Emergency Care

The Trust reverted back to reporting against the four-hour standard from May 2023 and continues to exceed the overall four-hour national standard, achieving 86.44% in September 2023 (against a national standard of 76%) with focused work concentrating on Type 1 pathways.

There has been improvements in the performance against the Type 1 metric since focused work commenced, with an over achievement of the in-month improvement trajectory (actual of 52.02%).

In September 2023, the Trust piloted an additional senior decision maker overnight in A&E, with initial analysis showing an improvement in the 4-hour compliance on the days this was in place, particularly for the non-admitted pathway, with mean compliance reporting at 68.35%, compared to 57.83% when the decision maker was not on duty.

Ambulance hand over delays remain in a positive position, achieving 99.43% of patients being handed over in less than 59 minutes for the month of September 2023. There were eight over 59 minute delays in September 2023. The Trust is continuing to focus on the whole pathway, monitoring a 30-minute target internally, which remains at an average handover time of 26 minutes in September 2023. Regionally, the Trust reported 0.6% handovers over 60 minutes, which places the Trust second in the region. Collaborative work with local partners is continuing to ensure patients are at the centre of decision making at times of escalation across the system.

2.3 Elective Recovery

The Referral to Treatment incomplete pathway standard continues to be a challenge nationally and within the Trust. In September 2023, the Trust reported 73.87% against a standard of 92.00%. There was a reduction in 52-week waits in September 2023, however, the impact of ongoing industrial action means the position is below the Trust's internal trajectory. Work is ongoing within all specialities to ensure all patients over 52 weeks are regularly reviewed with a focus on ensuring patients are provided with an appointment date as soon as possible.

Waiting list validation has commenced for patients waiting over 12 weeks in line with the 'Protecting Elective Capacity Programme' which was reported at the Board of Directors meeting on the 5th October 2023. The Trust has provided full assurance to the ICB against the set of activities that NHSE has detailed that will support the drive for outpatient recovery at pace.

The elective hub accreditation revisit from the GIRFT team is scheduled for November 2023 at our Hartlepool site, with a focus group established to take forward additional requirements prior to the accreditation visit. A key action is to ensure increased physical utilisation of the elective hub to 85% occupancy and the requirement to ring-fence staff resource for the hub. Securing elective hub accreditation will not only support and protect the Trust's elective recovery and support the response to winter pressures, but also provide support to the wider system.

2.4 Industrial Action

The Trust continues to plan and respond to ongoing Doctor in Training and Consultant industrial action to ensure that the Trust keeps patients safe and to minimise the impact on normal emergency activity during this period. Trust staff groups, including nursing teams, consultants, community services, pharmacy, allied health professionals and administration staff have worked flexibly to provide cover during these periods. However, the cumulative impact on strike action since December 2022 is having an impact on the Trust's planned programmes of care including a growth in both admitted and non-admitted waiting lists and number of patients waiting over 52 weeks. It is anticipated that the future strike action will continue to result in pressures on delivery.

2.5 Winter Planning

It is recognised that the winter months add additional pressure to operational delivery and work is underway to ensure the planned additional capacity is introduced in the next few months to support anticipated escalation in demand. The Trust is finalising the details of the Full Capacity Protocol to manage an escalated position, with focus on maintaining patient safety and the competing demands of unplanned and planned care delivery and importantly being led by our clinicians.

3. Strategic Objective: Health and Wellbeing

3.1 Culture and Leadership Development

Our Culture programme '*Our Trust, Our Future*' and our recent Pulse Survey has seen a number of actions taken forward, following staff feedback. A communication Plan has been developed which provides staff with an overview of all changes implemented and planned.

The Trust's appraisal process and documentation has been reviewed and updated, factoring in staff feedback. The updated version also includes the '*Scope for Growth*' framework, allowing development conversations to take place with staff, ensuring we retain talent and support development aspirations. The Appraisal '*100 day challenge*' has seen benchmarking data comparisons and work to improve compliance and data capture via ESR.

In addition, a Talent Management strategic plan has been developed, to ensure the Trust supports talent and succession planning across the organisation. Work has commenced to roll out targeted succession planning with initial focus on business critical roles.

The three levels of leadership identified within the Leadership Strategic Plan continue to progress, and the Foundation Programme, '*It all starts with me*' has seen an increase in numbers accessing the training with over 350 staff successfully completing the course. The second level '*Leading with Care*' has commenced with five cohorts launched.

The '*Leading with Unity*' first cohort is in progress, delivered by Teesside University. Twenty-one members of staff are enrolled on the six-month programme.

The Trust held the first Women in Leadership event in September 2023, attended by over 80 delegates, both clinical and non-clinical, from across the Trust. The event, aimed at Band 7 and above, is the first in a planned series of events to engage, inspire and develop our leaders. These events sit alongside the current Leadership offer, within both the Trust and external offers. Following the event, a number of action set learning groups have been established, and a network is being developed. These groups will support operationalising and influencing actions from the event. Further plans are being scoped, so these offers can be extended across the workforce.

3.2 Research and Development

3.2.1 Recruitment

Patient recruitment into clinical research trials remains high with 2,346 patients recruited into the National Institute for Health and Care Research portfolio studies this year (for context 1,883 patients were recruited at this point in 2022).

3.2.2 Embedding Research

The Trust now have "research link nurses" identified in all clinical areas to support the research delivery teams in raising the profile of research and being a point of contact for research. Twelve applications have been received for a PhD Fellowship opportunity with Teesside University for Nurses, Midwives and Allied Health Professionals (NMAHPs) and we are hoping to be able to offer two fellowships in 2024.

The Trust is now part of the Research Support and Best Practice Council (RSBP) initiated by South Tees FT, which will bring together research, interested NMAHPs from across the Trusts. Research animations have been shared with the Trust, one for patients and one for staff to display in public areas highlighting the importance of research and how to get involved.

3.2.3 Middlefield Commercial Trials Facility

The final deed of surrender to terminate the lease of the trials facility in Middlefield with Synexus has been signed and Tees Valley Research Alliance are currently preparing signatures on the replacement lease to Future Meds and a joint press release is due to be released shortly.

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. At the Chief Executive meeting in September, Sam Allen, Chief Executive of the Integrated Care Board updated members on a meeting with the Prime Minister to discuss both the Elective Recovery Plan and 120hour decision to admit standard. It was highlighted there will be national scrutiny on operating standards along with national scrutiny on reporting standards.

4.1.1 North East and North Cumbria Financial Position

The Integrated Care System (ICS) submitted a deficit plan of £49.9m for 2023/24. Within that plan, three providers have a planned deficit, one a planned surplus and the remaining providers have break-even plans, which includes North Tees and Hartlepool NHS Foundation Trust.

At Month 6, the ICS is reporting a year to date deficit of £65.68m against a forecast year-end position of £49.9m deficit, which has reduced from Month 5 reporting as income has been recognised in the year to date position for Elective Recovery Fund income. The year-end forecast position for the ICS remains £49.9m deficit. In terms of contribution to the ICS position, the Trust's breakeven plan is based upon the delivery of a surplus in the first half of the year, impacted by a deficit in the second half of the year (e.g. winter pressures etc.) to achieve an overall breakeven position at year end.

At Month 6, the Trust is reporting a planned year to date surplus of £2.539m and has delivered a £2.514m surplus, which is £25k behind plan. This is a positive movement from Month 5 attributable to the recognition of ERF income and a level on non-recurrent efficiency, which is offsetting the cost of the national pay award and industrial action. The forecast position for the Trust remains breakeven with the Trust expecting to deliver to plan.

4.2 North East and North Cumbria Provider Collaborative (PvCv)

Every month, Chief Executives across our eleven Provider Collaborative Foundation Trusts meet in the Provider Leadership Board (PLB). At the October 2023 meeting of the Board of Directors, a discussion took place on Provider Collaborative Governance, for discussion and feedback at individual Board of Directors meetings. A paper was discussed at the Board of Director's meeting held on 9 November which provided a detailed update to the Board on the governance arrangements for the NENC Provider Collaborative (the Collaborative), specifically focusing on the Responsibility Agreement (RA) with the ICB and the strategic partnership agreed with the North of England Commission Support (NECS) and progress that has been made.

4.3 Tees Valley Provider Collaborative

Work continues to develop the Group model between North Tees and Hartlepool and South Tees Hospitals NHS Foundation Trusts. Development meetings continue to take place on a regular basis, chaired by the Managing Directors of both Trusts to sustain momentum for the Group arrangements, which report to the Joint Partnership Board.

4.4 Clinical Strategy Event

On 9th October 2023, we joined our colleagues at South Tees Hospitals as part of our health and care group. Over 200 colleagues met at the Riverside Stadium, in Middlesbrough to discuss our clinical ambitions for the future. In the session, delegates heard more about the plans for a joint partnership agreement and discussed plans for how we prioritise services for development.

Colleagues across both organisations also delivered their progress to date as part of their managed clinical networks. These are working groups, dedicated to individual services that have been working together for a number of years. The sheer level of collaboration and work to date was really impressive as we progress our group working arrangements.

4.5 Trust Directors Performance Meeting

Following the implementation of revised Board and committee governance and reporting arrangements from 1st September 2023, the Trust introduced a Trust Directors Performance Team Meeting on a monthly basis. The meeting is chaired by the Managing Director and reviews the reported monthly performance across all portfolios and CQC domains at the same time. Trust Directors attend the meeting and it ensures oversight, triangulation and challenge is applied, ahead of committee meetings and the Board of Directors meeting. Non-Executive Directors are provided with an open invite to observe the monthly meeting, to obtain assurance from Trust governance processes and to inform challenge and lines of enquiry at the committee meetings.

This further strengthens the Trust's existing governance and reporting arrangements and a planned second line of assurance review will be undertaken later in the year regarding the effectiveness of arrangements and compliance with defined processes.

4.6 Group Chief Executive Officer

Following a competitive recruitment process, Stacey Hunter has been appointed to the post of Chief Executive Officer to lead the Group model for both North Tees and Hartlepool and South Tees Hospitals NHS Foundation Trust. Stacey joins the Trusts from Salisbury NHS Foundation Trust where she has worked as their Chief Executive Officer since September 2020.

4.7 NHS England appoints New Chief Operating Officer

Following the appointment of Sir Jim Mackey as the new Chief Executive of Newcastle Hospitals NHS Foundation Trust, it has been announced that Dame Emily Lawson, former head of the National Covid-19 programme will take over as Interim Chief Operating Officer for NHS England (NHSE) when Sir Jim leaves to take the Chief Executive role at Newcastle FT in the New Year. Sir Jim will leave his role with Northumbria Healthcare NHS Foundation Trust where he has been Chief Executive for more than 18 years. He will however, continue to lead the national elective recovery programme at NHSE.

4.8 Service and Estate Developments

4.8.1 New Hospital Outline Business Case (OBC)

Work on the OBC is being progressed to ensure the Trust is "*ready to bid*" against potential capital and revenue funding announcements that may arise prior to or post General Election. The strategy is to break down the project into phases costing £80-£100m each year to improve our chances of securing funding. From a Group perspective, this core £80-£100m element of our OBC leaves room for a Group Clinical Strategy to emerge before we progress to further phases and increases the likelihood of the Clinical Strategy being aligned with Estates Strategy.

A “kick off” presentation was held on 13th October 2023 where the phased approach was discussed and consideration given with regard to the scope and content for Phase 1 of the OBC. This allows the Trust’s priorities for Phase 1 to be set so that more detailed work can be progressed. This will support the Trust to achieve the ambitious target of completing an OBC for both North Tees and Hartlepool Hospital sites by the end of February 2024.

4.8.2 Reinforced Autoclaved Aerated Concrete (RAAC)

Following the update provided to the Board of Directors in October 2023, both Farndale and Everley House roofing structures were identified to have been impacted by RAAC, that required immediate action, work on the left hand side of Farndale was completed at the end of May 2023 and a further eight-week programme of work was undertaken to the right hand side of the building. Similar work commenced on the Everley Block at the end of August 2023 that required a temporary decant of Trust staff into nearby portacabins. The works to Everley are due to be completed by the end of October 2023.

Additional surveys have since been carried out and it was identified that RAAC corrective work is also required Goathland House and Ingleby House. Staff have been temporarily decanted to alternative accommodation and structural supports have been installed. The works are currently being costed and will be commissioned once the ongoing works to the remaining office block has been completed.

Structural reports also indicate that the remaining three blocks (Jervaulx House, Osmotherley House and Helmsley House) also have signs of RAAC, but don’t require corrective action at this stage. It is recommended that an annual inspection of each roof will take place to ensure this is monitored and corrective action taken when required. It has been recommended that all roofs are replaced to prevent water ingress.

All corrective RAAC work is being funded from the Trust’s annual capital backlog programme and the Trust is waiting for a response from NHSE regarding a funding request for this work. NHSE have confirmed the measures the Trust has taken are as they would expect and consistent with national guidance. Further surveys of all three hospital sites are underway and it has been confirmed that Peterlee Community Hospital has no identified RAAC impact and an update on the University Hospital of Hartlepool and University Hospital of North Tees will follow, once work is completed.

4.8.3 Community Diagnostic Centre (CDC)

A strategic plan for the health system in the Tees Valley to develop diagnostic capacity, 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 NHS Foundation Trust. It 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.

The joint clinical leads supported by service managers, staff, workforce, digital and finance teams are taking work forward alongside the development of the operating model through a joint operational group. The operating model defines how the CDC will work from a patient and workforce perspective ensuring quality of services and patient experience. Work is also underway to review patient pathways associated with diagnostics and align these with the CDC in operational readiness. The digital systems interoperability work has been scoped and is progressing to ensure that systems are aligned to support the CDC.

Workforce plans are complete and are aligned to meet the capacity and demand planning to coincide with the opening of the community diagnostic centre in 2024. Staff engagement is underway across both Trusts building on previous communication. All clinical and operational management teams receive regular updates and have copies of the architectural design plans for the CDC in their areas to share and communicate with colleagues. The construction work on the community diagnostic centre continues to progress.

5. Strategic Objective: Valuing our People

5.1 Staff Survey

The National Staff Survey launched on the 19th September 2023. The Trust currently has a 21% completion rate. Results are shared weekly, within Care Group Senior Management Teams and corporate areas and also circulated to key stakeholders. Areas of poor response have been identified and targeted support is being provided from the Organisational Development Team to improve engagement and completion.

5.2 Faculty for Learning, Leadership and Improvement

The Trust is fully committed to the Quality Service Improvement Redesign (QSIR) Foundation programmes and these have continued with a positive uptake across the Trust. In order, for the Trust to continue to develop capacity, capability and a sustainable approach to delivering QSIR, more associates will be developed in conjunction with AQUA.

The fifth cohort of the QSIR Practitioner course is in the planning stage and will take place in spring 2024. The Quality Improvement team are collaborating with Quality Improvement Leads on pieces of work and supporting the actions to operationalise the strategic plan.

Cohort 3 of the NTH100 programme launched on the 26 September 2023. The focus was on operational challenges, which were identified through triangulation of data across the Trust, aligned to strategic objectives. The approach will also incorporate the QSIR Foundation training ensuring we continue to build capability and capacity across the Trust.

The five areas of focus are;

- flexible/agile working;
- patient communication;
- improving patient lifestyles;
- engaging service users in quality improvement; and
- Weight management (staff).

Each of the five 'packs' will have a Mentor and an assigned 'subject matter expert' to support the projects.

The first of our Faculty Launch Events took place at the University Hospital of Hartlepool on 26 October with a second event planned for 9 November 2023. The formal launch showcases a range of offers for learning and development for staff, including Quality Improvement, Leadership development, organisation development as well as research and innovation.

5.3 Workforce Development

Positive progress has been made in the development of the Health and Social Care Academy. The grant funding agreement is now in place between the Trust and Hartlepool Borough Council which will enable the project to progress at pace. The facility will be located within the University Hospital of Hartlepool that will support growing our own talent and ensuring we have a robust, sustainable workforce plan across the wider health and social care economy. The tender process is now complete with the appointment of a main contractor. The academy supports the Trust's commitment to provide our workforce with the skills needed to support high quality patient care.

In addition to the capital funding (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 Vaccinations Update

As a Trust we have a duty to protect both patients and staff through the use of vaccinations. Evidence shows that healthcare professionals are an important part of communicating information about vaccinations and they are highly trusted by patients. A high level of knowledge and a positive attitude in relation to vaccinations is acknowledged as being important determinants in achieving and maintaining high vaccine uptake.

As with previous years, Covid and Influenza vaccinations are been offered to staff led by the People Directorate, supported by a range of staff across the Trust, volunteer vaccinators and peer vaccinators.

Current uptake for Covid vaccination is 18% with Influenza uptake at 33.7%. An action plan has been developed with the focus being on areas of low uptake and providing access to vaccines in the wards/departments as well as at the dedicated vaccination hub. Vaccines are also offered at shift handovers and weekends.

5.5 Consultant Appointments

Following the decision of the Chief Medical Officer to temporarily step away from his incumbent role as CMO/Deputy Chief Executive for North Tees and Hartlepool NHS Foundation Trust, Elaine Gouk, Deputy Medical Director will be acting up for a short period of six months, following an internal recruitment process. Elaine has served as Chief Medical Officer on an interim basis over the last few weeks and brings with her a wealth of experience. Having worked at the Trust for many years as a consultant obstetrician and gynaecologist, she has also worked in various other roles including as a Clinical Director, and as Deputy Chief Medical Officer.

Elaine will not only be closely supported by Deputy Chief Medical Officer, Narayanan Suresh but also by the wider Board of Directors, to ensure the continued delivery of safe, quality patient care to our population.

5.6 Independent Advisor

The Trust has welcomed Dr Hamish McLure (MB, ChB, FRCA) to North Tees and Hartlepool NHS Foundation Trust as Independent Advisor to the Acting Chief Medical Officer. Hamish will work with Trust for two days a week, working across the Trust. He brings a wealth of experience from across a number of organisations which we welcome as we work to progress our ambitions for our group model with South Tees Hospitals NHS Foundation Trust.

Alongside his prominent NHS roles, Hamish has worked within the Royal College of Anaesthetists, where he held the position of Deputy Chair and then Chair of the College Clinical Director network. Within the College, he is also the England representative on their Workforce Strategy Group and chaired the 2020 census group which produced the census last year describing the anaesthesia workforce across the UK.

Hamish is also a Regional Medical Appraiser, in which role he appraises Responsible Officers across the North of England. This support role is key to ensure we continue to deliver safe, quality care to our patients and communities across the region.

5.7 Clinical Support Worker (Band 2/Band 3)

Following the release of updated Agenda for Change national profiles for clinical support workers (in the combined nursing job family), there were concerns were raised that the duties and tasks in some clinical support worker (CSW) and maternity support worker (MSW) roles had changed significantly over time and job descriptions may not have been reviewed regularly and updated. As a consequence some banding outcomes may have become out of date and inconsistent when viewed against other NHS Jobs.

Factors such as staffing and recruitment challenges, combined with an increasing trend for clinical, patient care tasks and activities being delegated to CSWs/MSWs has resulted in some cases to significant changes to these roles.

The Trust reviewed its position and in March 2023, the Trust Board of Directors approved the option to apply an uplift to July 2021 when new AfC National Profiles were published and a provision was made for the estimated costs.

The Trust received a collective grievance at the Board of Directors meeting on 5th October 2023, seeking back dated pay, beyond July 2021. The Trust has been liaising closely with Union representatives and this has now been escalated to regional level for resolution to ensure a fair and consistent decision across the ICS.

5.8 Sunderland Medical School Expansion

The Trust has confirmed its support 'in principle' to the news that Sunderland Medical School intend to increase the number of undergraduate medical student places as part of the national plan to achieve the ambition of the NHS Long Term Workforce Plan.

5.9 Wider National and Regional Contribution

5.9.1 New booking system being piloted

We are making life easier for gastroenterology outpatient patients by offering more control over their appointments using the free NHS app. Patients will be able to access a new appointment function, which allows the patient to book, rearrange or cancel their appointment at their convenience. The Trust aims to offer the service to all outpatients' users by February 2024.

5.9.2 Wolviston couple honour trainee doctor by naming new born after him

Local couple Laura and Arron Gardiner, who were planning for the birth of their second child, had not planned on a middle name. Nevertheless, that quickly changed when they met one trainee doctor assisting Laura with her delivery. So impressed with the work of Dr Channell during an elective caesarean section, the happy couple chose to add his name as the middle name of their new arrival. So, on Thursday 10 August 2023, Rory Wes Gardiner was introduced to the world, weighing in at 5lb 13oz.

6. Recommendation

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

Neil Atkinson
Managing Director

Agenda Item 9

Council of Governors

Title of report:	Integrated Performance Report									
Date:	14 December 2023									
Prepared by:	Lynsey Atkins, 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	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 following is a summary of the performance for September 2023:

Safe

The Trust reported three high risks, two financial with a further high risk in regard to Neonatal and Children and Young people's acute service delivery and associated pathways which has now reduced from high to moderate following work undertaken within the Healthily Lives Care Group. All risks continue to be monitored through the appropriate governance structures. A reduction in infections continues to be a significant focused piece of work. The ongoing work within the trust on validation of pressure ulcers and the skin integrity collaborative all contribute to this positive move in reducing patient harm.

Effective

Trust bed occupancy came back in line in September with an average occupancy of 91.65% against a threshold of 92% compared to a raised occupancy of 92.28% in August.

The Trust continues to perform positively in relation to target for length of stay with a combined (emergency and elective) length of stay of 3.88 days against a standard of 4.41.

Readmission rates are higher than the Trusts threshold (Standard 7.70% Actual 9.52%). The Care groups continue to audit readmission rates at speciality level and undertake deep dives in areas above target.

Caring

The number of Friends and Family Test (FFT) returns seen a reduced response rate this month compared to previous months, however with a Very Good/Good rate at 92.22%. All Friends & Family Test metrics, aside from Maternity, fall within their relevant control limits and above the minimum standard of 75%. The Complaint Improvement Project is continuing, with an evaluation of the revised

Stage 2 and Stage 3 process now complete. Overall feedback has been positive and the teams have opted to continue with this revised process. The Project Group have completed a review of the Stage 1 process and this will be trialled with the introduction of the new InPhase system.

Responsive

Within the month of September, there were 33 patients waiting beyond 12 hours. Work is ongoing in this area with regard to patient flow across all specialities with speciality specific groups being taken forward looking at key pathways, capacity and demand and communications.

The Trust began reporting against the four-hour standard from May 2023. Whilst the Trust continues to exceed the overall four-hour national standard, achieving 86.44% in September, focused work continues with a particular focus on type one pathways. There have been 2 improvements in this specific metric since the work has commenced with an over achievement of the in-month improvement trajectory (52.02%).

Ambulance hand over delays remain in a positive position, achieving 99.43% of patients being handed over in less than 59 minutes for the month of September.

Referral to Treatment incomplete pathway standard continues to be a challenge nationally and within the Trust. In September, the Trust reported 73.87% against a standard of 92.00%. 52-week waits (97) have seen a slight reduction in September.

The elective hub accreditation revisit from GIRFT team is scheduled for November and there is a steering group focusing on the areas, which required further work prior to accreditation. A key action was to ensure increased physical utilisation of the elective hub to 85% occupancy.

The cancer two week rule standard (August 2023) showed a reduced performance compared to previous months. However, the Trust reported above the regional average with the third highest in performance.

Whilst the Trust reported below the regional position, an improvement in performance was noted from the previous month with respect to the new 62-day standard and 62-day screening standard. Key themes for breaches delays to diagnostic procedures and multiple diagnostic procedures required.

Well Led

Care groups continue to undertake People Clinics overseeing management of cases and providing support and advice appropriately where staff are experiencing significant health and well-being challenges. In order to support an improvement in Appraisal compliance, the Organisation Development (OD) Team have undertaken a 100 day project. The aim of the project was to understand the data, the impact of reporting in RAG report versus ESR and barriers to improving compliance.

Finance

The Trust has a breakeven financial plan for 2023/24 with reported risks relating to inflationary pressures and efficiency requirements. At month 6, the Trust is reporting an in-month surplus of £1.439m against a planned deficit of £0.432m, which is £1.891m ahead of plan.

The improved in month position is driven by recognition of the year to date elective recovery over performance of 1.799m. The Trust is reporting a year to date surplus of £2.514m against a plan of £2.541m, which is £0.027m behind plan.

Total Trust income in month 6 is £35.655m (including donated asset income and finance income), with pay expenditure totalling £23.914m and non-pay expenditure totalling £9.236m.

<p>The month 6 year to date net contribution from Optimus is £0.128m against a plan of £0.086m (£0.043m ahead of plan) and the year to date net contribution from the LLP is £1.267m against a plan of £1.163m (£0.104m ahead of plan).</p> <p>The Trust's cash position is £66.7m, against a plan of £68.7m, which is slightly behind plan.</p> <p>The key risks at month 6 relate to the reduction of run rates and identification and delivery of CIP within the Care Groups. Industrial action continues to have a financial impact on the Trust's financial position and the delivery of elective recovery.</p>			
<p>Board Assurance Framework/Corporate Risk Register risks this paper relates to:</p>			
<p>The IPR relates to a number of BAF areas 1A, 1B, 1C, 2A, 2B And 3C.</p>			
<p>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></p>			
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
Board Subcommittee meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
Resource Committee – 24 th October 2023 Quality Committee – 27 th October 2023 Audit Committee – 30 th October 2023 Board of Directors – 9 November 2023		Directors Performance Meeting – 19 th October 2023	
Recommendation	<p>The Council of Governors are asked to note:</p> <ul style="list-style-type: none"> • The performance against the key operational, quality and workforce standards. • Acknowledge the on-going operational pressures and system risks to regulatory key performance indicators and the associated mitigation. 		



North Tees and Hartlepool
NHS Foundation Trust



Integrated Performance Report (IPR)

October 2023 Report

(September 2023 data)

Executive Summary

Domain	Summary
<p style="text-align: center;">Safe</p> <p style="text-align: center;">Page 6 to Page 11</p>	<p>The Trust reported three high risks, two financial with a further high risk in regard to Neonatal and Children and Young people's acute service delivery and associated pathways which has now reduced from high to moderate following work undertaken within the Healthily Lives Care Group. All risks continue to be monitored through the appropriate governance structures.</p> <p>A reduction in infections continues to be a significant focused piece of work. The ongoing work within the trust on validation of pressure ulcers and the skin integrity collaborative all contribute to this positive move in reducing patient harm.</p>
<p style="text-align: center;">Effective</p> <p style="text-align: center;">Page 12 to Page 17</p>	<p>The Outpatient Transformation work continues with the Health Inequalities project where patients or carers from low deprivation areas are contacted prior to their appointment. If the patient is unable to attend, they are re-booked for one that they can. This falls within our aligned approach with the CORE 20 PLUS 5 NHS initiative.</p> <p>Gastroenterology has now gone live with PEP - allowing patients to effectively manage their appointments. This will be rolled out to other services as part of a phased plan.</p> <p>PIFU activity has continued to increase, particularly within Orthopaedics, Urology and Pain services. There are further developments linked to 'straight from theatre' PIFU and consideration of procedures from the elective hub.</p>
<p style="text-align: center;">Caring</p> <p style="text-align: center;">Page 18 to Page 21</p>	<p>The number of Friends and Family Test (FFT) returns seen a reduced response rate this month compared to previous months, however with a Very Good/Good rate at 92.22%. All Friends & Family Test metrics, aside from Maternity, fall within their relevant control limits and above the minimum standard of 75%. The Complaint Improvement Project is continuing, with an evaluation of the revised Stage 2 and Stage 3 process now complete. Overall feedback has been positive and the teams have opted to continue with this revised process. The Project Group have completed a review of the Stage 1 process and this will be trialled with the introduction of the new InPhase system.</p>

Executive Summary

Domain	Summary
<p data-bbox="185 520 539 587">Responsive</p> <p data-bbox="232 635 492 663">Page 22 to Page 29</p>	<p data-bbox="647 400 1738 429">Trust ambulance handover performance continues to be one of the best in region.</p> <p data-bbox="647 472 2085 576">The Trust continues comfortably meet the national 4-hour standard. A steering group continues to review progress with improvements already being seen in this position, with the over-achievement of the in-month improvement trajectory.</p> <p data-bbox="647 619 1854 647">The Trust remains on plan to meet the 2023/2024 planning submission for Trust occupancy.</p> <p data-bbox="647 691 2056 826">The Trust is achieving three out of nine Cancer standards, the a change to the metrics to be reported from October following a national consultation, reducing from the current 9 standards down to 3. Key breach themes across the cancer standards this month reported as a result of delay to diagnostic procedures /reporting and multiple investigations required.</p>
<p data-bbox="226 935 495 1002">Well-Led</p> <p data-bbox="293 1038 434 1083">People</p> <p data-bbox="232 1134 492 1163">Page 30 to Page 33</p> <p data-bbox="344 1206 383 1251">&</p> <p data-bbox="280 1289 448 1334">Finance</p> <p data-bbox="309 1390 418 1418">Page 34</p>	<p data-bbox="647 895 2123 959">Care Groups continue to undertake People Clinics overseeing management of cases and providing support and advice appropriately where staff are experiencing significant health and well-being challenges.</p> <p data-bbox="647 1002 2101 1098">In order to support an improvement in Appraisal compliance, the Organisation Development (OD) Team have undertaken a 100 day project. The aim of the project was to understand the data, the impact of reporting in RAG report versus ESR and barriers to improving compliance.</p> <p data-bbox="647 1141 2107 1276">The Trust has a breakeven financial plan for 2023/24 with reported risks relating to inflationary pressures and efficiency requirements. At month 6, the Trust is reporting an in-month surplus of £1.439m against a planned deficit of £0.432m, which is £1.891m ahead of plan. The improved in month position is driven by recognition of the year to date elective recovery over performance of 1.799m.</p> <p data-bbox="647 1319 2069 1383">The Trust is reporting a year to date surplus of £2.514m against a plan of £2.541m, which is £0.027m behind plan.</p>

Executive Summary

Domain

Summary

Maternity

Page 35 to Page 46

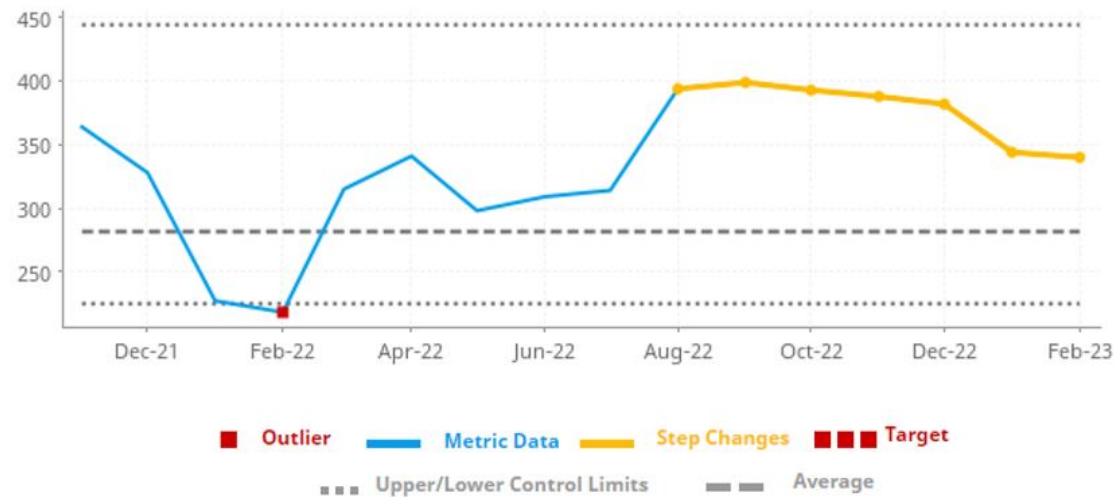
The Trust local population reside in one of the most deprived areas in the country, with the rates of smoking one of the highest in the North East and is reflected in the maternity population. The Trust continues to support patients in reducing smoking to help optimise the health of the newborn and mother.

The Trust has noted a decline in the VTE compliance with a review undertaken which has identified some specific issues which are being addressed by the team.

The Trust continues to reduce 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 with as key focus on gaining breast feeding initiative (BFI) accreditation.

Statistical Process Control (SPC) Charts

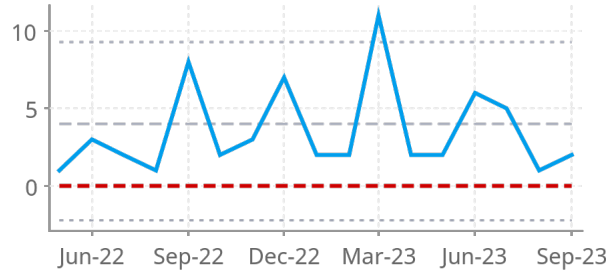


A **Step Change** occurs when there are 7 or more consecutive points above or below the *average*.

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

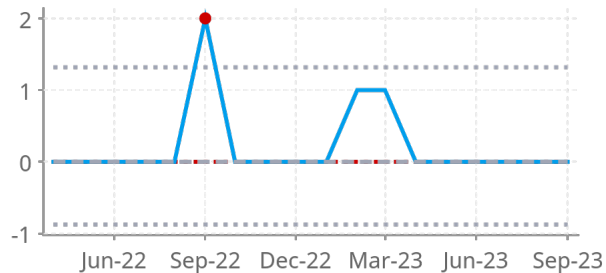


Month	Sep-23
Actual	2
Standard	0

Summary of Current Issues/ Recovery Plans

During September, the Trust reported two serious incidents in line with the Serious Incident framework; both cases are under review using the appropriate safety processes, the Trust has initiated the candour regulations and also deployed Family Liaison Officers.

Never Events

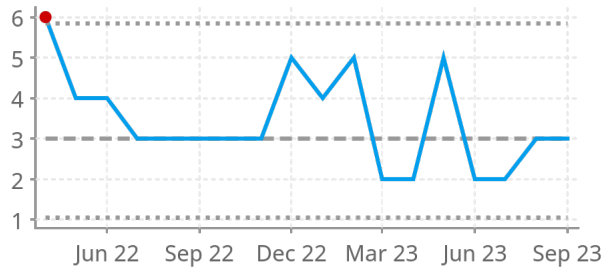


Month	Sep-23
Actual	0
Standard	0

Summary of Current Issues/ Recovery Plans

During September 2023, there were zero Never Events reported.

High Risks

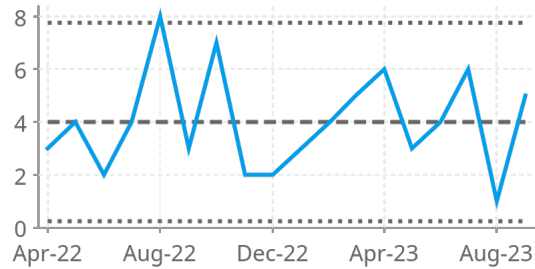


Month	Sep 23
Actual	3
Standard	N/A

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 three high risks in September 2023, two financial risks relating to Trusts Aging Estate and the Delivery of Savings. One risk relating to Neonatal and Children and Young people's acute service delivery and associated pathways due to potential Consultant vacancies has now reduced from high to moderate following work undertaken within the Healthily Lives Care Group.

Clostridium difficile (C. diff)



Month	Sep-23
Actual	5
Standard	4

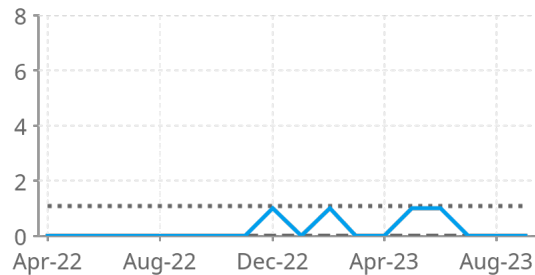
Summary of Current Issues/ Recovery Plans

C.diff reduction remains a focus as a regional and national priority. The trust continue to engage and take part with the Intergrated Care Board C.Diff reduction strategy and currently report 25 cases against our threshold of 46 cases for 2023.

MSSA bacteraemias do not have an external threshold associated but the trust currently reports 28 cases against an internal threshold of 29. Out of the six cases reported in September none were linked to intravascular devices. The implementation of the non-ported venflons has demonstrated a reduction in intravascular as a source with only one incident reported within the last four months. There have been no further MSSA breast cases since the implementation of decolonisation treatment for complex breast surgeries was introduced.

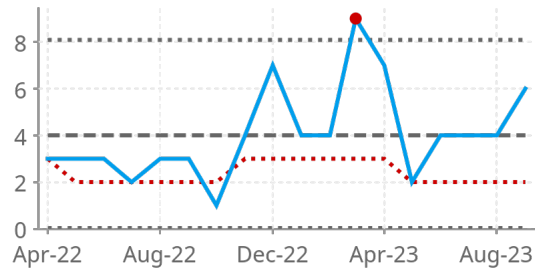
A reduction in CAUTI was reported in September after catheter training delivered in July and August.

MRSA



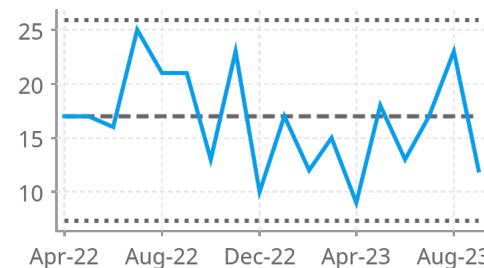
Month	Sep-23
Actual	0
Standard	0

MSSA



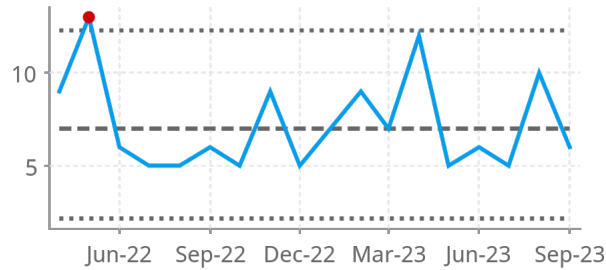
Month	Sep-23
Actual	6
Standard	2

CAUTI



Month	Sep-23
Actual	12
Standard	17

Escherichia coli (E. coli)

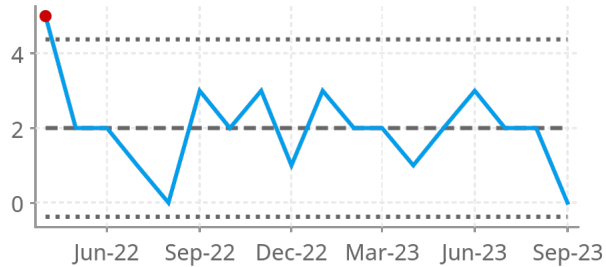


Month	Sep-23
Actual	6
Standard	6

Summary of Current Issues/ Recovery Plans

An Integrated Care Board (ICB) reduction strategy for Gram Negative Bloodstream Infections (GNBSI) is also underway. An increase across the region is noted in E-coli bacteraemias and nearly all local partners are performing above their expected trajectory. Currently the Trust reports 45 cases against a threshold of 69 cases for E-coli, with lower urinary tract remains the highest reported source.

Klebsiella

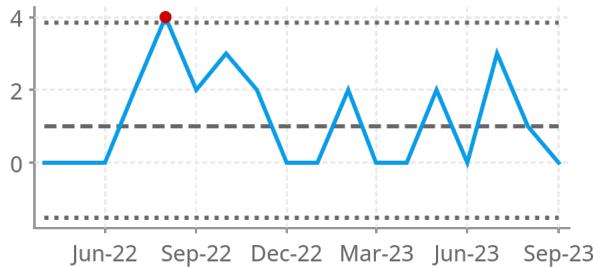


Month	Sep-23
Actual	0
Standard	2

Summary of Current Issues/ Recovery Plans

Klebsiella bacteraemias across the ICB remains above trajectory with the trust currently reporting 11 cases against a threshold of 20 at the end of month six.

Pseudomonas aeruginosa

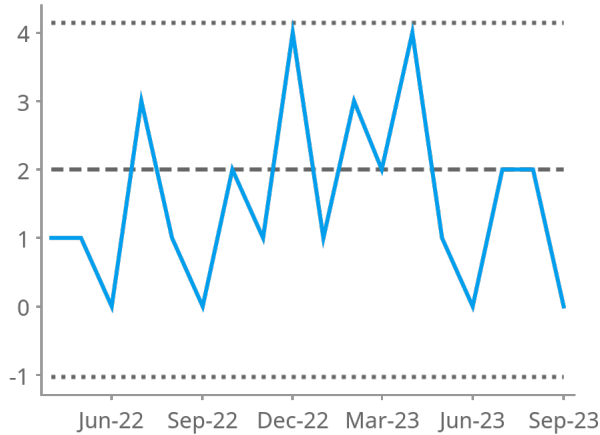


Month	Sep-23
Actual	0
Standard	1

Summary of Current Issues/ Recovery Plans

Pseudomonas infections remain above trajectory within the ICB, with the trust reporting a total of six cases against a threshold of 11, with zero cases reported in September.

Falls with Moderate Harm



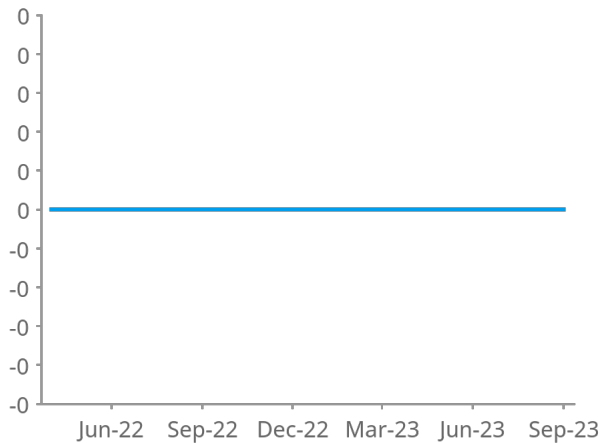
Month	Sep-23
Actual	0
Standard	2

Summary of Current Issues/ Recovery Plans

There have been no reported falls resulting in moderate harm or severe harm in September 2023.

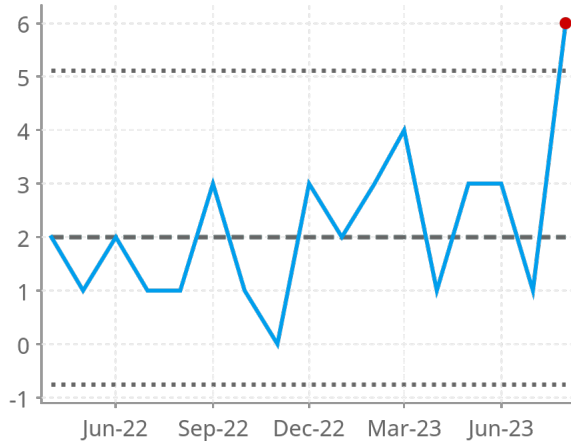
Staff continue to appropriately assess patients and implement any risk mitigation strategies in a timely manner.

Falls with Severe Harm



Month	Sep-23
Actual	0
Standard	0

Pressure Ulcers Category 3



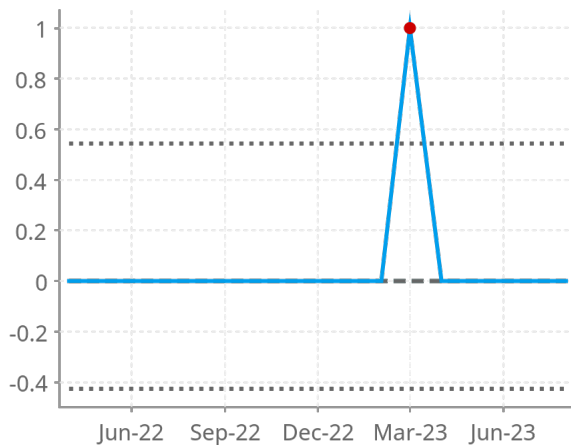
Month	Aug-23
Actual	6
Standard	2

Summary of Current Issues/ Recovery Plans

During August, there has been an increase in Category 1 reported ulcers supporting early identification of pressure damage. Reporting of category 2 pressure ulcers remains stable over the last three months with little variation.

The ongoing work within the trust on validation of pressure ulcers and the skin integrity collaborative all contribute to this positive move in reducing patient harm. An increase in Category 3 reports is unusual and review of the incidents demonstrates that they are from differing specialities and not one identified area.

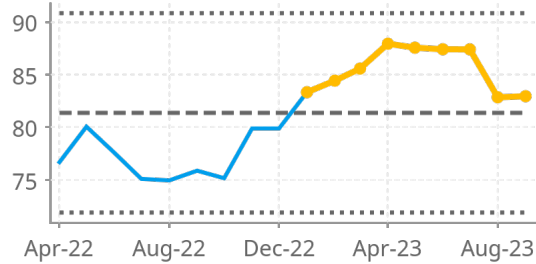
Pressure Ulcers Category 4



Month	Aug-23
Actual	0
Standard	0

There was one device-related incident reported with the patient making a full recovery of the wound. Anatomically, a higher number of the reported incidents occurred in the buttock/sacrum/coccyx region and further investigation is underway to ensure that care planning involves assessment and implementation of seated cushions and dynamic position changes.

UNIFY Day RCN



Month	Sep-23
Actual	82.94%
Standard	>=80% and <=109.99%

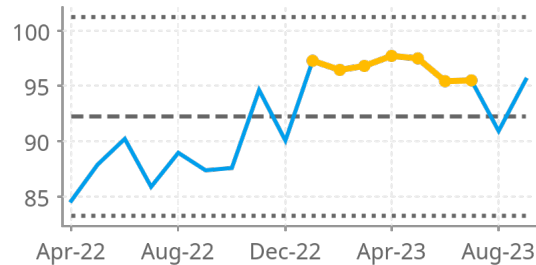
Summary of Current Issues/ Recovery Plans

Nursing fill rates have been sustained and sit within the recommended standard of >80%. The demand rates to NHSP continue to reduce each month. Nurse vacancy levels continue to reduce in line with the planned trajectory. Monthly recruitment remains on going for both registered and unregistered nurses and midwives and all newly registered nurses from the September 2023 cohorts have taken up their positions across the Trust.

January 2024 cohort are now being placed into vacancies and on boarding has commenced to engage and support this group during this phase. International recruitment (IR) of nurses continues with 86wte nurses now deployed to the UK.

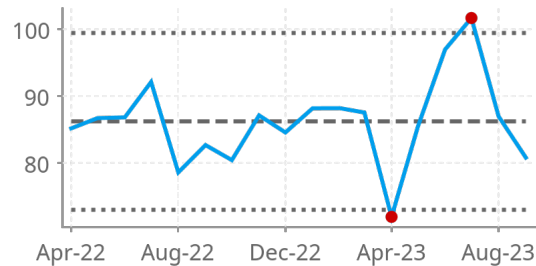
The recruitment of IR midwives continues with support from NHSIE. All planned recruitment will further increase the shift fill rate across establishments and will reduce the overarching nursing and midwifery vacancy level from November 2023

UNIFY Night RCN



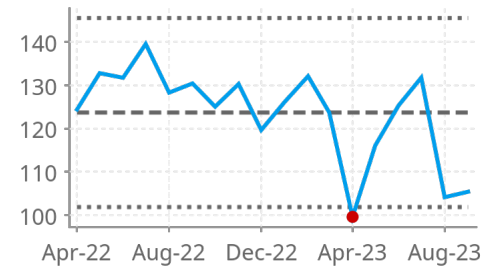
Month	Sep-23
Actual	95.58%
Standard	>=80% and <=109.99%

UNIFY Day HCA



Month	Sep-23
Actual	80.79%
Standard	>=80% and <=109.99%

UNIFY Night HCA



Month	Sep-23
Actual	105.41%
Standard	>=110% and <=125.99%

Summary Hospital-level Mortality Indicator



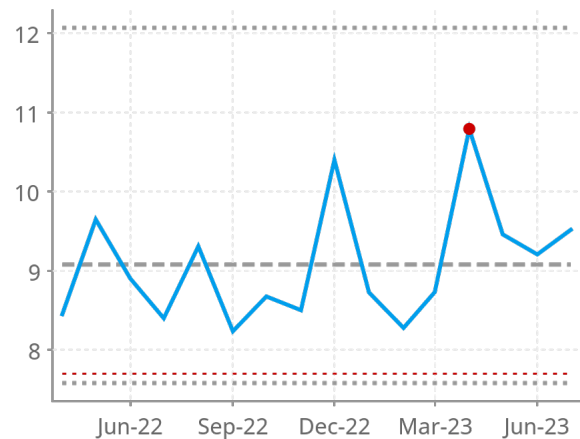
Month	May 22 - Apr 23
Actual	95.03
Standard	100

Summary of Current Issues/ Recovery Plans

The latest SHMI value is now 95.03 (May 2022 to April 2023) which has decreased from the previous rebased value of 95.66 (April 2022 to March 2023)

The value of 95.03 is 5th lowest in the region, which ranges from 86.95 to 114.72, with the national range falling between, 71.70 to 121.47.

Re-admission Rate



Month	Jul-23
Actual	9.52%
Standard	7.70%

Summary of Current Issues/ Recovery Plans

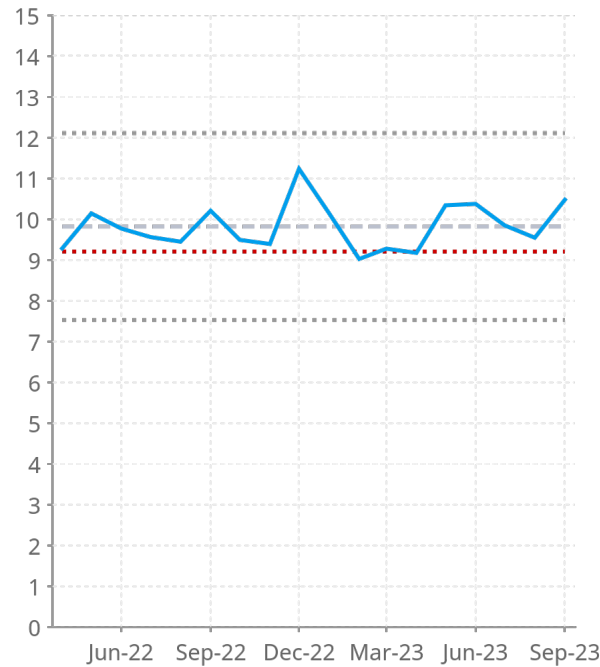
The Care Groups continue to audit readmission rates across each of the speciality areas undertaking deep dives in areas above the target with focussed work being undertaken in Urology and within General Medicine in regard to emergency health care plans to support the ongoing management of appropriate patients.

Work to bring Discharge to Assess (D2A) pathways onto virtual ward has commenced, recognising that readmission rates from this pathway area could be positively impacted by increased monitoring and support following discharge from hospital.

Outpatient Did Not Attend - Combined



Summary of Current Issues/ Recovery Plans



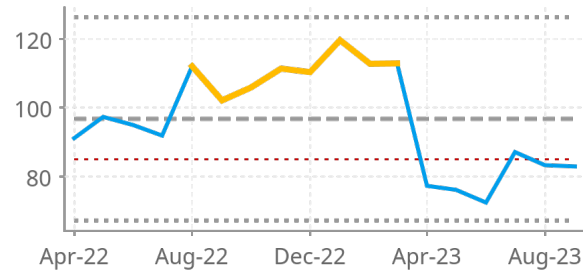
Month	Sep-23
Actual	10.47%
Standard	9.20%

The Health Inequalities project continues where patients or carers from low deprivation areas are contacted prior to their appointment. If the patient is unable to attend, they are re-booked for one that they can. This falls within our aligned approach with the CORE 20 PLUS 5 NHS initiative.

Following evaluation of Phase 1 which demonstrated a positive impact, phase 2 of this project, which incorporates additional service areas, went live in Sept 23. and evaluation of phase 1 is in final draft.

Gastroenterology has gone live with PEP - allowing patients to effectively manage their appointments. This will be rolled out to other services as part of a phased plan.

Reducing Reviews

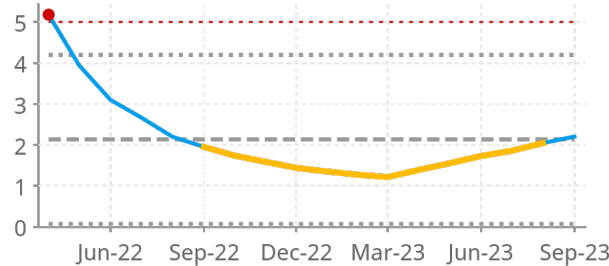


Month	Sep-23
Actual	82.93%
Standard	85.00%

Summary of Current Issues/ Recovery Plans

There is continued focus on reducing review outpatient appointments to free up capacity for long waits. Whilst some of this reduction is likely to be attributed to reduced activity resulting from industrial action, the Trust is on track to meet the agreed 15% reduction agreed against the annual planning submission and continues to strive towards national best practice in line with GIRFT guidance. Waiting list validation is a project underway to identify patients who no longer require an appointment with all new patients to be validated by end of October and "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 18 months and went live at the end of Q2.

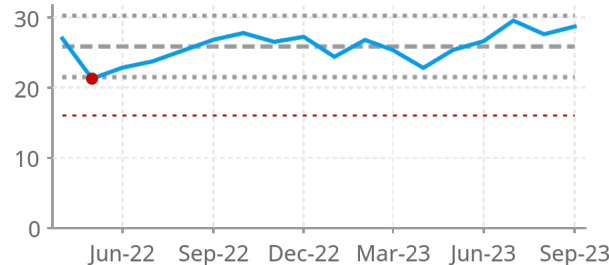
Patient Initiated Follow-Up (PIFU)



Month	Sep-23
Actual	2.20%
Standard	5.00%

PIFU activity has continued to increase, particularly within Orthopaedics, Urology and Pain services. There are further developments linked to 'straight from theatre' PIFU and consideration of procedures from the elective hub. The Pain team are developing a clinical protocol and are due to undertake training on the system. Initial discussions have commenced with Care Groups for continued growth within general surgery and respiratory.

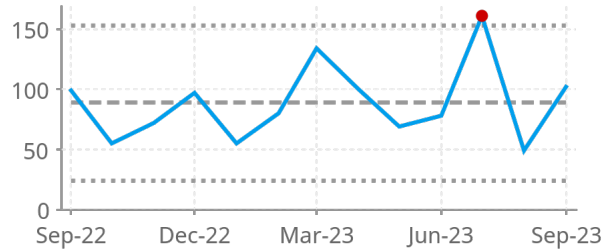
Advice and Guidance



Month	Sep-23
Actual	28.70%
Standard	16.00%

The Trust continues to perform positively in this area with further increased uptake in Orthopaedics and Urology since last month.

Theatre - Reportable Cancellations



Month	Sep-23
Actual	102
Standard	N/A

Summary of Current Issues/ Recovery Plans

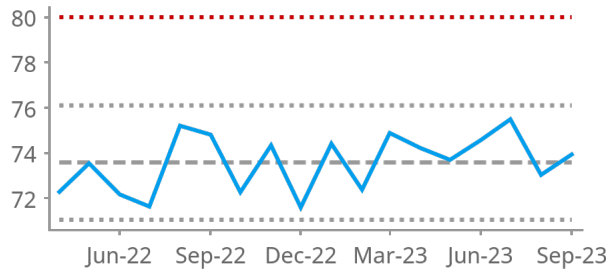
Cancellations have been particularly impacted this month with Industrial action despite trying to offer alternative capacity although cancers have not been affected. Cancellations have also been affected by Anaesthetics resource and the ability to cover lists which is risk on the register.

As a Trust we are beginning to see an increase in cancellations to accommodate more urgent patients (28 during Sept), although this hasn't yet identified as a step change, 8 of the cancellations were to allow for Trauma patients and 15 then there's the strikes (15), which is also likely contributing to the increasing number of cancellations to accommodate more urgent patients. During September theatres delivered 268 lists which equated to 942 patient procedures. The 6:4:2 is now embedded however acknowledging more work is needed for full engagement.

Patients are being booked to 4 weeks at the moment rather than 6 to prevent cancellations and improve patient experience. Work remains on going to increase theatre utilisation at Hartlepool with lists transferring across in breast, general surgery, urology and gynaecology.

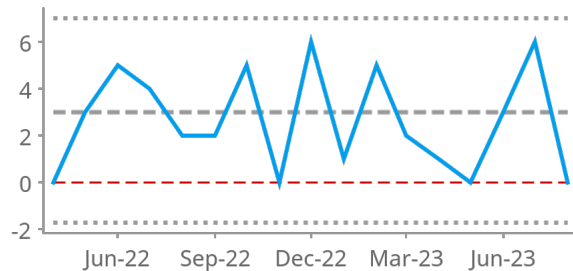
All patients were re-appointed within 28 days.

Theatre Utilisation (%)



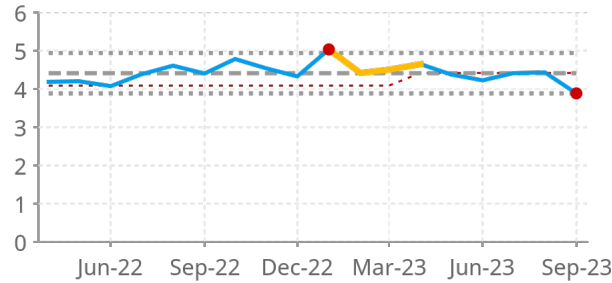
Month	Sep-23
Actual	73.93%
Standard	80.00%

Not Re-appointed within 28 days



Month	Aug-23
Actual	0
Standard	0

Length of Stay (Combined)



Month **Sep-23**

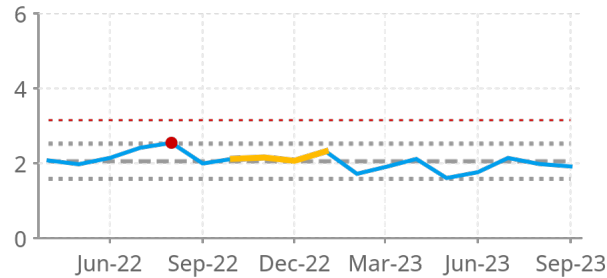
Actual **3.88**

Standard **4.41**

Summary of Current Issues/ Recovery Plans

The Trust continues to achieve targets for Length of Stay, whether the patient be on a elective or emergency pathway. This works is supported by both effective In-hospital care teams and Community working closely with system partners

Length of Stay (Elective)

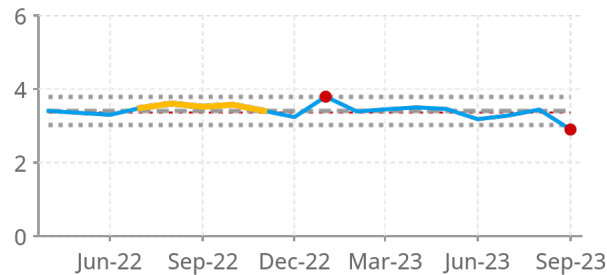


Month **Sep-23**

Actual **1.91**

Standard **3.14**

Length of Stay (Emergency)



Month **Sep-23**

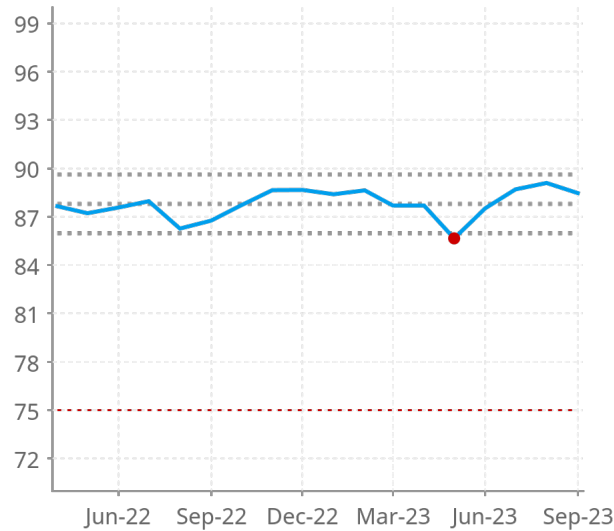
Actual **2.89**

Standard **3.35**

Day Case Rates



Summary of Current Issues/ Recovery Plans

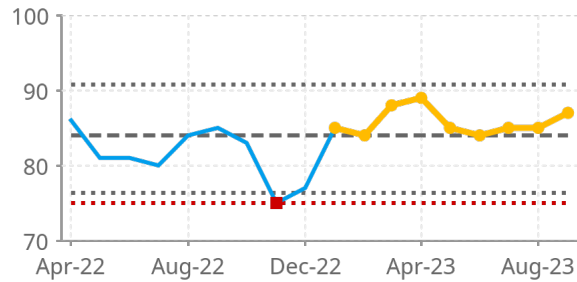


Month	Sep-23
Actual	88.46%
Standard	75.00%

The Trust continues to achieve this standard aided by the High Volume Low Complexity type procedures . Day case rates have increased in Urology with rates now above that peer and national benchmarking position (85.2% vs 67.8% national).

A focussed piece of quality improvement work has been undertaken for TURBT patients. A work stream is underway to increase the day case arthroplasty rate in line with GIRFT recommendations a sustained improvement

Friends & Family Test - A & E



Month	Sep-23
Actual	87.00%
Standard	75.00%

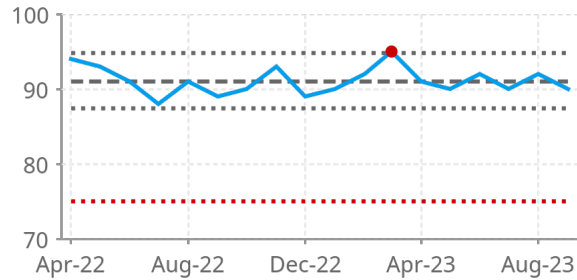
Summary of Current Issues/ Recovery Plans

The Trust received 1,954 Friends & Family Test returns this month, this is a decrease on the previous month's updated return of 2,583 and remains between the control limits.

The Very Good or Good responses returned for September 2023 is 92.22%.

All Friends & Family Test metrics, aside from Maternity, fall within their relevant control limits and above the minimum standard of 75%. Work to improve FFT returns across maternity services is being supported by Maternity Assistants, HCA's and Team Support Workers. All staff are aware of the importance of encouraging FFT feedback.

Friends & Family Test - Inpatient



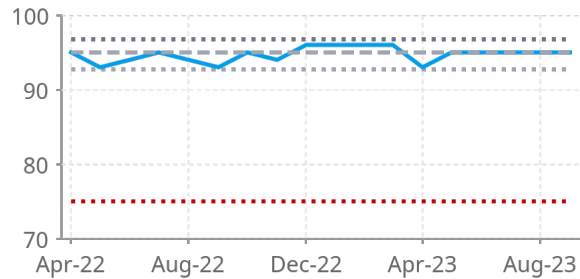
Month	Sep-23
Actual	90.00%
Standard	75.00%

Friends & Family Test - Maternity



Month	Sep-23
Actual	67.00%
Standard	75.00%

Friends & Family Test - Outpatient



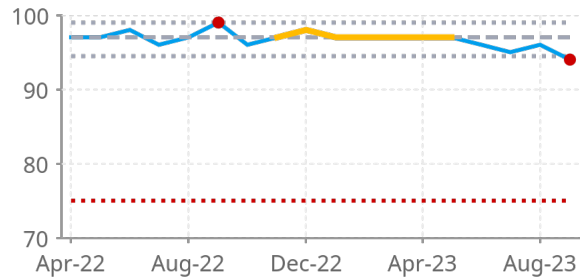
Month	Sep-23
Actual	95.00%
Standard	75.00%

Summary of Current Issues/ Recovery Plans

All three metrics falling within their relevant control limits with the recent trends displaying natural cause variation.

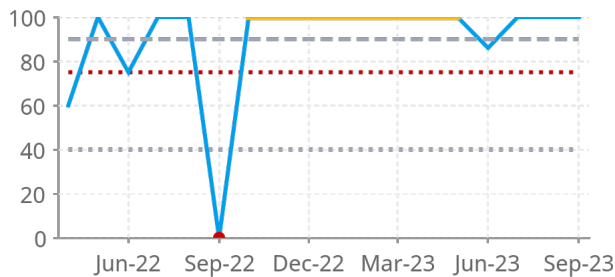
Work continues, with the help of the Volunteer Service, to promote the Friends & Family Test, particularly from the in-patient areas to improve the amount of feedback.

Friends & Family Test - Community



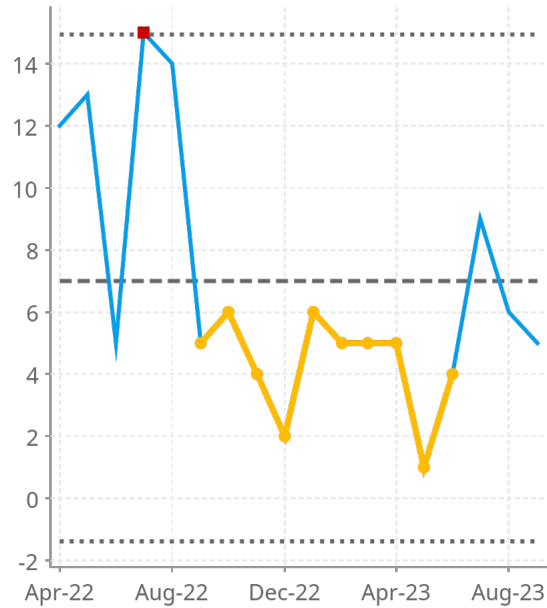
Month	Sep-23
Actual	94.00%
Standard	75.00%

Friends & Family Test - Long Covid



Month	Sep-23
Actual	100.00%
Standard	75.00%

Complaints - Stage 3



Month	Sep-23
Actual	5

Summary of Current Issues/ Recovery Plans

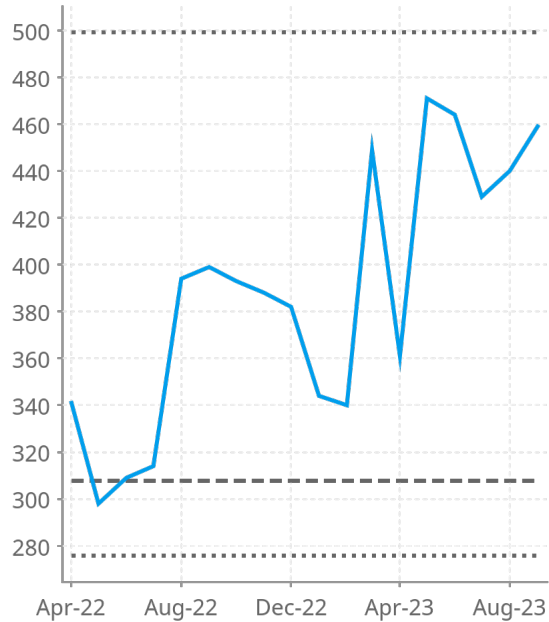
Complaint themes continue to be monitored on a daily basis, with the Trust continuing to drive for local and face to face resolution of concerns. Of the 170 complaints received in September, 93% were to be resolved locally, 3% are to be resolved with a face to face meeting, and 4% have opted for a written response.

Complaints data and analysis is presented and discussed during the weekly Safety Panel meetings, and a Patient Experience Report presented on a quarterly basis.

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 2 and Stage 3 process now complete. Overall feedback has been positive and the teams have opted to continue with this revised process. The Project Group have completed a review of the Stage 1 process and this will be trialled with the introduction of the new InPhase system.

Compliments



Month	Sep-23
Actual	459

Summary of Current Issues/ Recovery Plans

The number of compliments received in September 2023 (467) decreased from August 2023 (545). However, the total amount of compliments received in Q2 2023/24 is 1,543 which is slightly higher than the number received in Q1 2023/43 when 1,512 were received.

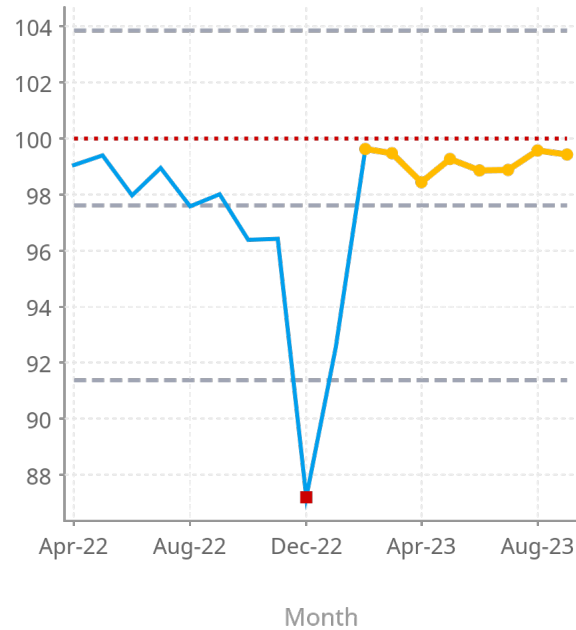
As with complaints, identification of themes arising from compliments is also shared at the weekly SCP huddles for shared success across all teams. Leading themes were care provided (385), followed by compassion (28), and communication (17). Additionally, the number of the compliments received for the previous week is presented at the weekly Safety Panel meeting, together with a number of compliments in detail.

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 Plan



Month	Sep-23
Actual	99.43%
Standard	100.00%

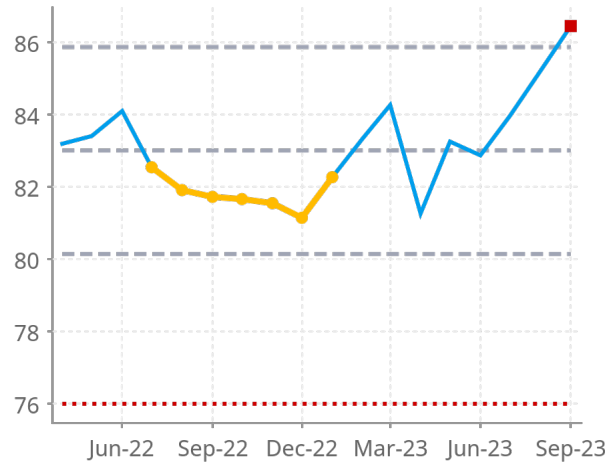
Ambulance handovers continue to remain in a positive position with the SPC showing 7 consecutive months above the mean. There were 8 over 59 minute handovers in September, leading to a compliance of 99.43%.

As a Trust we continue to focus on the whole pathway, including monitoring 30 minute target internally. In September we had a mean Ambulance handover time of 26 minutes.

The Trust reported 0.6% handovers over 60 minutes, which places second in the region, with a regional average of 2.9% (range 0.0% - 9.4%).

Improving waiting times is a key focus within our 4 Hour Standard Improvement Plan

4 hr Accident & Emergency Waiting Times



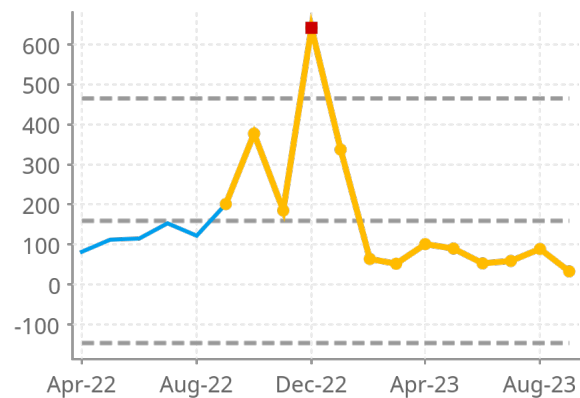
Month	Sep-23
Actual	86.44%
Standard	76.00%

Summary of Current Issues/ Recovery Plans

Whilst the Trust continues to comfortably meet the National standard of 76% of the overall 4-hour standard, there is an acknowledgement that pressures remain within Type 1 pathways. A steering group continues to review progress with improvements already being seen in this position, with the over-achievement of the in-month improvement trajectory (52.02% - September 2023) aligned to the target outlined in the annual planning round to achieve 90% by March 2024.

During September as part of our focussed work, a pilot of two senior decision makers overnight was trialled, with initial analysis showing improvement in 4 hour compliance on the days this was in place, particularly in the non-admitted pathway, with mean compliance of 68.35% (max 79.45%) compared to 57.83% when they were not on shift.

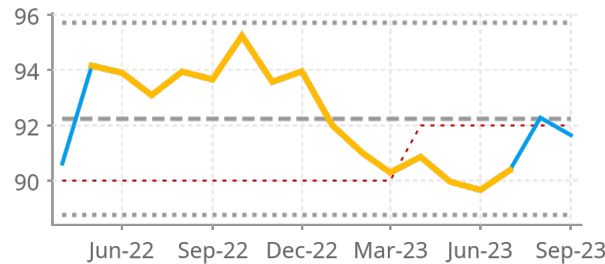
12 Hour Waits in Accident & Emergency



Month	Sep-23
Actual	33
Standard	0

Over a third of 12 hour delays are due to bed waits - work is ongoing with the discharge team to ensure timely discharge and transfer of patients to support flow. Actions continue to be progressed through the steering group and associated workstreams, looking at key pathways, capacity and demand and communications.

Trust Occupancy

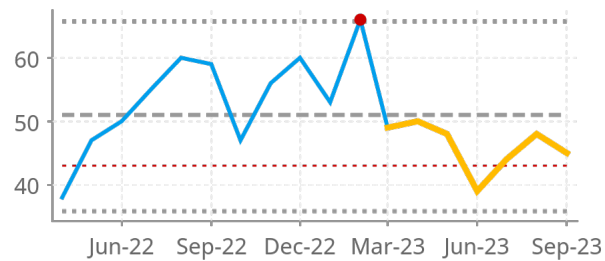


Month	Sep-23
Actual	91.65%
Standard	92.00%

Summary of Current Issues/ Recovery Plans

Bed occupancy remains within target, with the decant programme completed on the 4th September, which had seen a reduction of 7 beds during this period. There is flexibility to utilise further surge beds based on demand and availability of the required staffing to support which is monitored and managed through daily OPEL meetings. Ward 37 will be opening on 5th October and initially staffed for 13 beds and can increase to 29 beds as demand increases. We have invested in opening our resilience ward for 7 months this year to reflect the sustained demand.

Super Stranded Patients (21+days)

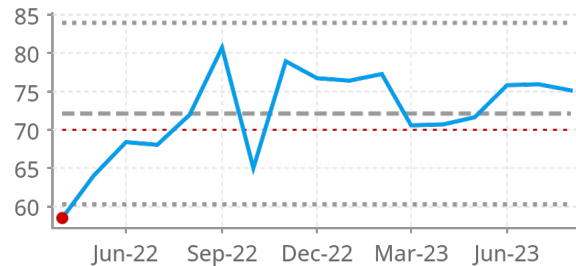


Month	Sep-23
Actual	45
Standard	43

Summary of Current Issues/ Recovery Plans

Despite continued work focussed on effective management of patient flow, inclusive of work in the community and with system partners, the Trust had 45 patients who remained in hospital over 21 days. This is a reduction from the prior months reporting. The Trust is fully committed to proactive management of patient flow and timely discharge, with a number of patients supported by the Home First team. The Trust, with system partners, has received further visits from the national and regional discharge teams given the strong performance in this area.

2 hour Community Response



Month	Aug-23
Actual	75.14%
Standard	70.00%

Summary of Current Issues/ Recovery Plans

The Trust continues to exceed the national target of 70% of urgent community response referrals being seen within two hours of referral. Work continues with NEAS to ensure that appropriate patients awaiting response from the ambulance service are streamed into urgent community response services to ensure that patients are seen in the right place, by the right team at the right time with positive patient outcomes being demonstrated. local UCR pathways remain an important part of our Home First approach. The ICB continues to underreport our position.

New Cancer Two Week Rule

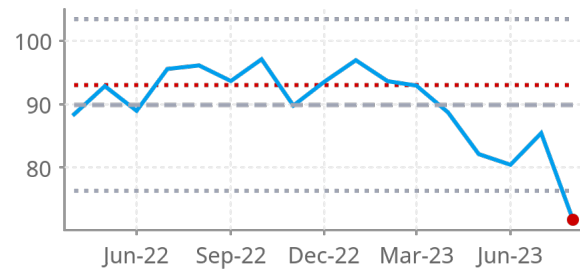


Month	Aug-23
Actual	88.46%
Standard	93.00%

Summary of Current Issues/ Recovery Plans

An improved position this month, reporting above the *regional* average, with the third highest performance. Both respiratory and urology achieved the standard, with some focussed work being undertaken with gynaecology. The Trust continues to manage the impact of industrial action with the absolute minimal number of 2 week rules appointments cancelled as a result. Appointments cancelled were re-appointed within 7 days.

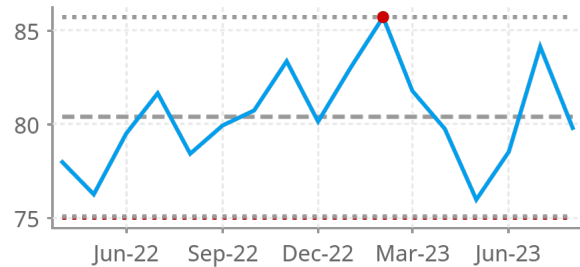
Breast Symptomatic Two Week Rule



Month	Aug-23
Actual	71.78%
Standard	93.00%

Significant workforce pressures have been seen across the Breast Symptomatic service with a clear plan to maximise capacity in the coming months, aligned to the full recruitment programme.

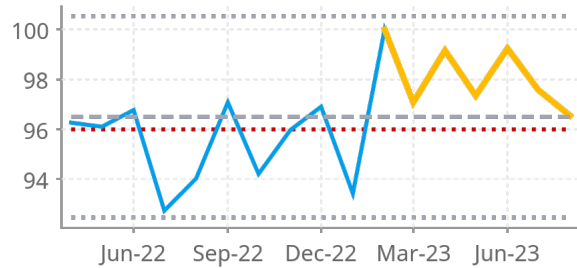
Cancer 28 day Faster Diagnosis



Month	Aug-23
Actual	79.79%
Standard	75.00%

A reduction in performance can be seen in August compared to the previous month, however noting a continued achievement of the standard.

New Cancer 31 Days

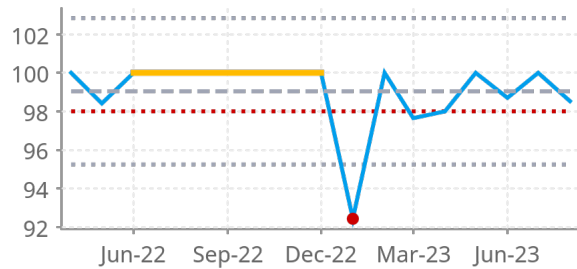


Month	Aug-23
Actual	96.55%
Standard	96.00%

Summary of Current Issues/ Recovery Plans

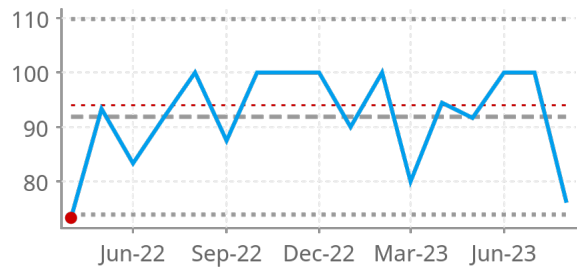
The Trust was one of two Trusts across the Region to achieve the standard and reported above the regional position in August.

New Cancer 31 Days Subsequent Treatment (Drug)



Month	Aug-23
Actual	98.53%
Standard	98.00%

New Cancer 31 Days Subsequent Treatment (Surgery)



Month	Aug-23
Actual	76.47%
Standard	94.00%

Small numbers impacted on performance in August. Breaches were as a result of elective capacity.

New Cancer 62 Days



Month	Aug-23
Actual	59.88%
Standard	85.00%

Summary of Current Issues/ Recovery Plans

Whilst the Trust reported below the regional position an improvement in performance is noted from the previous month. Key themes from breaches in August reported to be delay to diagnostic procedures/reporting and multiple diagnostic procedures required. Diagnostics waiting times remain a key focus area within the Cancer Improvement Plan across all the specialties, with the implementation of Best Practice Timed Pathways. Capacity and demand continues across all specialties and diagnostic services with teams looking at creating additional 'ring fenced' slots that only consultants/nurse specialists can book into to ensure pathway delays are kept to a minimum. Weekly face to face meetings between the cancer tracking team and respiratory clinical team is currently being piloted with the overall aim to progress individual pathways in the most timely manner, with the plan to roll out across all specialties.

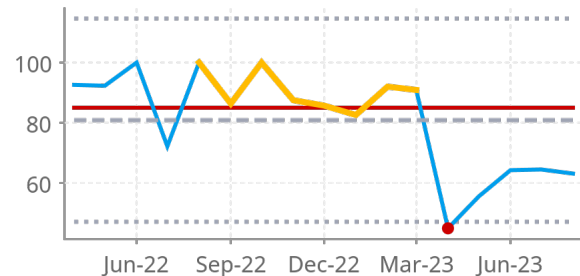
New Cancer 62 Days (Screening)



Month	Aug-23
Actual	76.40%
Standard	90.00%

The Trust is showing an improvement in performance against the 62 day screening standard compared to the previous month and reporting above the regional position of 70.01%, second highest in the region. A multitude of breach reasons were reported including diagnostic delays, multiple diagnostics, and elective capacity.

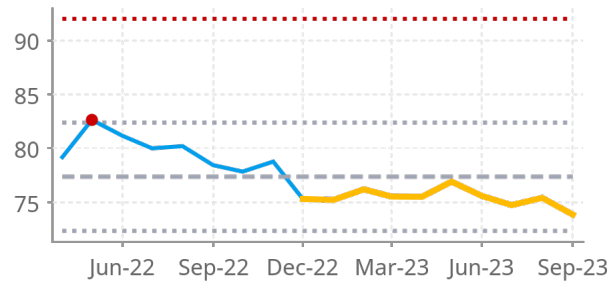
New Cancer 62 Days (Consultant Upgrade)



Month	Aug-23
Actual	63.16%
Standard	85.00%

Small numbers treated in August impacted on performance.

Referral to Treatment Incomplete Pathways Wait (92%)



Month	Sep-23
Actual	73.87%
Standard	92.00%

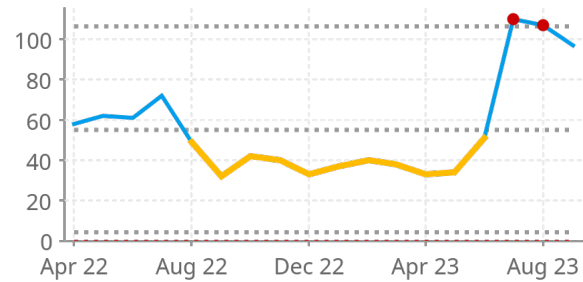
Summary of Current Issues/ Recovery Plans

52 week waits have seen an increase this month with the ongoing industrial action continuing to impact on capacity. Work is on-going within all specialities to ensure that all patients over 52 weeks are regularly reviewed with a focus on ensuring that these patients are appointed as soon as possible.

Waiting List Validation has commenced for all patients waiting over 12 weeks in line with the protecting elective capacity programme

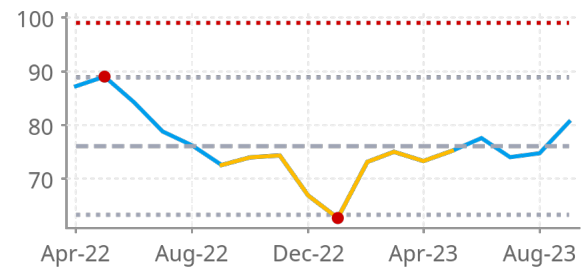
Patient Initiated Digital Mutual Aid Programme going Live in October.

Incomplete Pathways Wait (>52 Week Wait)



Month	Sep 23
Actual	97
Standard	0

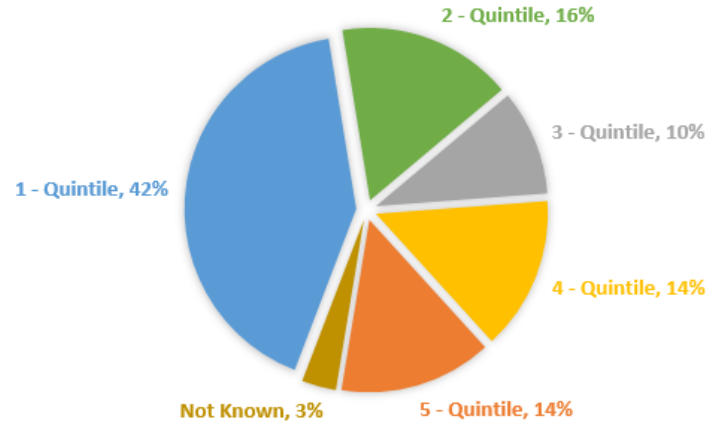
Diagnosis <6 Weeks (DM01 %)



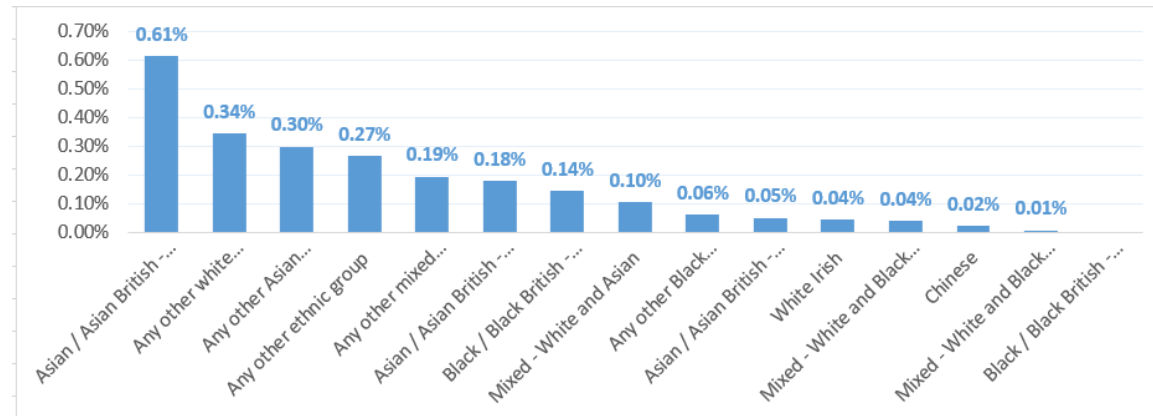
Month	Sep-23
Actual	80.61%
Standard	99.00%

As a result of the Greater MRI capacity that has been in place specifically the mobile unit at Hartlepool, an improvement can be seen in the compliance against the standard. Community Diagnostic activity continues to take place in Lawson Street Health Centre, supporting an increase in Capacity.

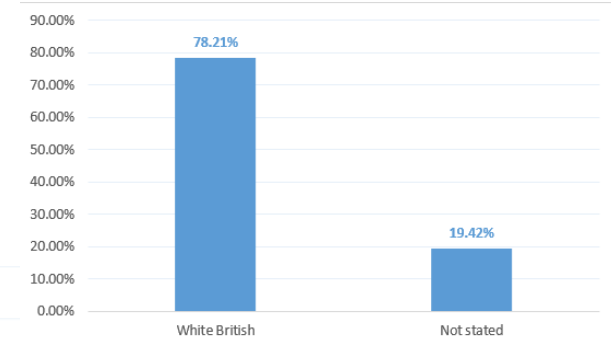
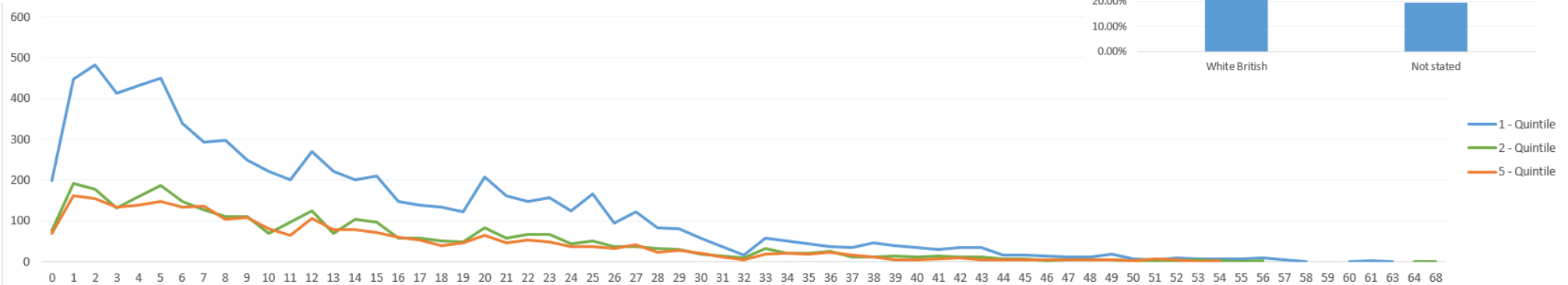
By Deprivation Quintile (1 Most - 5 Least Deprived)



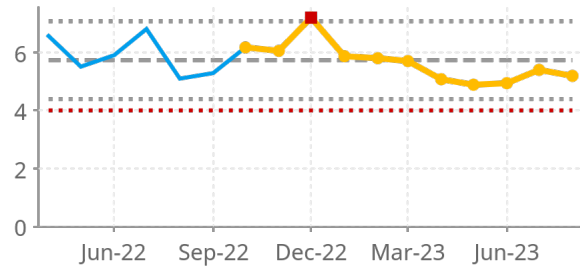
By Ethnicity



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



Sickness % - Trust



Month	Aug-23
Actual	5.19%
Standard	4.00%

Summary of Current Issues/ Recovery Plans

The Trust has a sickness absence threshold of 4%.

The sickness absence rate reduced from 5.39% in July 2023 to 5.19% in August 2023. Stress/Anxiety/Depression remains the highest reason for absence and accounts for 33.34% of all absence. Covid absences saw a slight increase to 0.13% in August 2023.

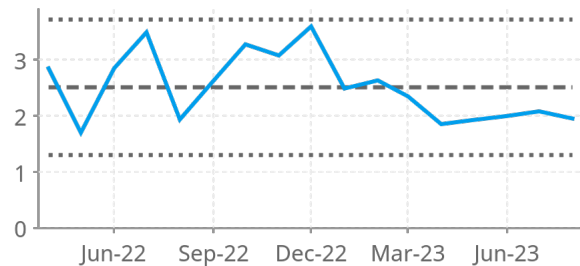
Long-term sickness accounted for 3.24% of overall sickness with short term being 1.95%.

To ensure ownership and reassurance of policy application and case management, the care groups continue to undertake People Clinics overseeing management of cases and providing support and advice appropriately where staff are experiencing significant health and well-being challenges.

Due to the continued increase in reason for absence identified as stress, anxiety and depression, a review of the current offer of mental health support is being undertaken to ensure that this meets current and future staff health needs and support.

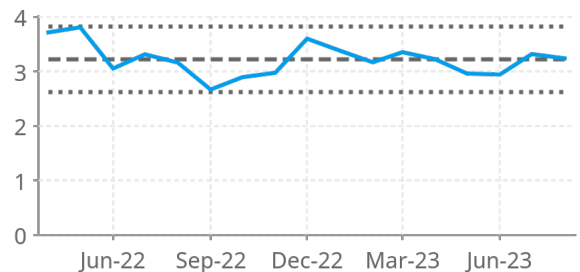
A refresh of the action plan has been undertaken to incorporate recently identified issues and emerging themes. These actions are in process for address. Focus on the management of absence of medical staff and standardisation is a newly identified action for address and is being taken forward by the medical staffing manager.

Sickness % - Short Term



Month	Aug-23
Actual	1.95%

Sickness % - Long Term

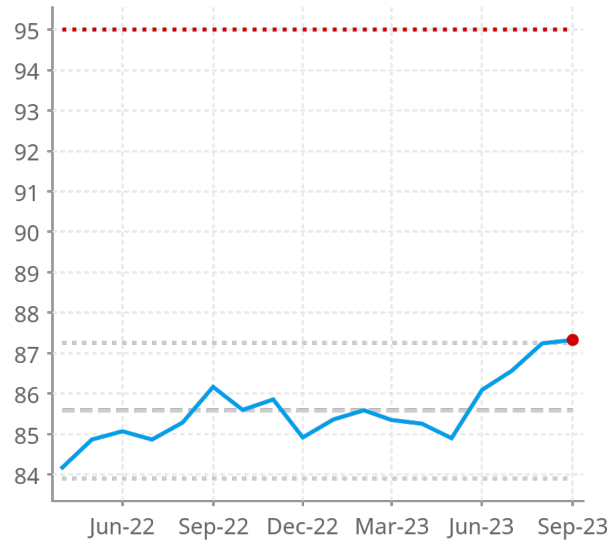


Month	Aug-23
Actual	3.24%

Appraisal %



Summary of Current Issues/ Recovery Plans



Month	Sep-23
Actual	87.33%
Standard	95.00%

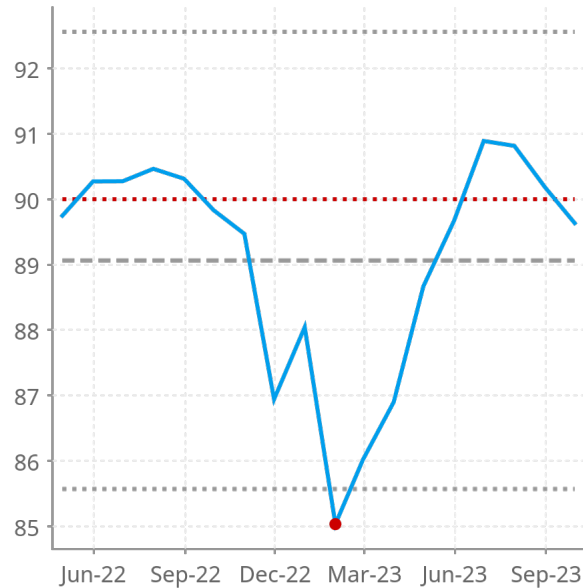
The Trust has a target of 95% compliance for staff annual appraisals. The position for appraisal compliance for September 2023 stands at 87.33% which is an increase of 0.09% from the previous month.

In order to support an improvement in compliance, the Organisation Development (OD) Team have undertaken a 100 day project. The aim of the project was to understand the data, the impact of reporting in RAG report versus ESR and barriers to improving compliance. The project has strengthened understanding of how data is reported and allowed the people business managers to work closely with the care groups to target specific areas. In order to support manager awareness and planning for appraisals, the education team provide monthly summary reports by department and directorate levels to aide in application of process and achieve compliance.

Following the engagement and improvement workshops, the appraisal document is now fully rolled out across the organisation. The documentation incorporates talent management, utilising the 'scope for growth' framework. The OD team are co-producing training materials with the ESR team and Education teams to empower managers to effectively use the ESR platform to record appraisal completion, which was highlighted as a barrier.

The OD team have collaborated with the People Business Managers to review recorded line managers and has provided an opportunity for ensuring accurate records.

Mandatory Training %



Month	Sep-23
Actual	89.63%
Standard	90.00%

Summary of Current Issues/ Recovery Plans

Mandatory training compliance for September 2023 is 89.63% which represents a decrease on the previous month of 0.55%.

Resuscitation topics remain a compliance challenge and specifically Intermediate Life Support (ILS). Following a review of Training Needs Analysis, work has been undertaken to update competency requirements for specific roles to ensure staff undertake the most appropriate level of training depending on their role. The transition has not impacted on overall compliance for ILS or BLS. A targeted approach to improving ILS compliance has been taken, with an additional 78 spaces being created from October-December - 30% of each session has been ring-fenced for front of house (ED & EAU). Plans have been put in place to improve capacity across 2024, with bookings currently open for staff.

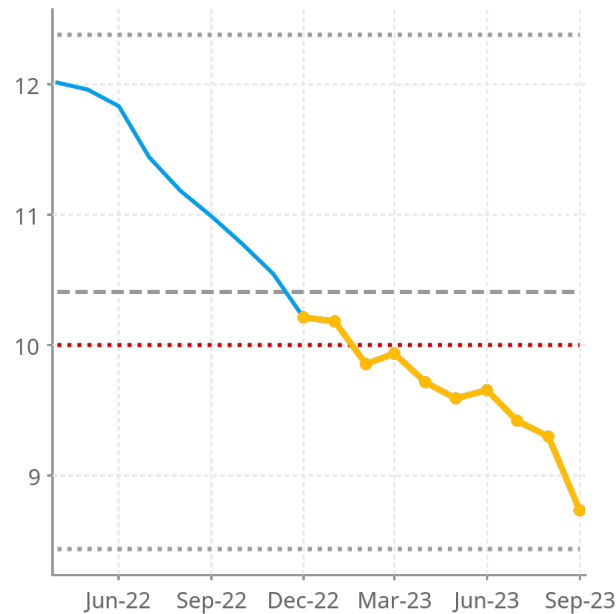
Care Groups and Corporate services are cited on departmental and individual level mandatory training requirements and are being supported via the relevant clinical educators in order to ensure address and improvements in compliance. Mandatory training for medical staff remains an area of low compliance. The appointment of a new Medical Staffing Manager role will support both the care groups and educators in identifying and addressing areas of concern and improvements required to achieve compliance. Following a comprehensive review of mandatory training, agreement has been reached to move to a 'core' and 'non-core' approach and a single reporting system via ESR for individual and department level.

The Education team and BI team are co-producing a dashboard within Yellowfin which will allow oversight of the 'core' topics at Trust, Care group and Department level. This work is in progress and is expected to be in place by December 2023.

Staff Turnover %



Summary of Current Issues/ Recovery Plans



Month	Sep-23
Actual	8.73%
Threshold	10.00%

The Trust recognises and acknowledges a healthy turnover is good for the organisation as staff develop within their careers and specialism and others who decide to retire after years of service to patients. The Trust therefore accepts a healthy turnover rate at 10% of the workforce.

Turnover for September 2023 is 8.73% which is 0.57% lower than August 2023.

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

A key focus is on going to identify route cause of reason for leaving where staff have resigned within 12 months of commencement.



Overview - Month 6

Income/Expenditure	Plan (£000)	Actual (£000)	
In Month	(432)	1439	The Trust has a breakeven financial plan for 2023/24 with reported risks relating to inflationary pressures and efficiency requirements.
Year to Date	2,541	2,514	
			At month 6, the Trust is reporting an in-month surplus of £1.439m against a planned deficit of £0.432m, which is £1.891m ahead of plan. The improved in month position is driven by recognition of the year to date elective recovery over performance of 1.799m.
Capital	Plan (£000)	Actual (£000)	
In Month	731	1,104	The Trust is reporting a year to date surplus of £2.514m against a plan of £2.541m, which is £0.027m behind plan.
Year to Date	2,513	7,338	
			Total Trust income in month 6 is £35.655m (including donated asset income and finance income), with pay expenditure totalling £23.914m and non-pay expenditure totalling £9.236m.
Balance Sheet	£m		
Cash Actual	66.7		The month 6 year to date net contribution from Optimus is £0.128m against a plan of £0.086m (£0.043m ahead of plan) and the year to date net contribution from the LLP is £1.267m against a plan of £1.163m (£0.104m ahead of plan).
Cash Plan	68.7		

*Broadly on plan.

NHS Oversight Framework

Issued 27 June 2022

Financial
Efficiency



Financial
Stability



Mental
Health
Investment



Agency
Spending



The Trust's cash position is £66.7m, against a plan of £68.7m, which is slightly behind plan.

The key risks at month 6 relate to the reduction of run rates and identification and delivery of CIP within the Care Groups. Industrial action continues to have a financial impact on the Trust's financial position and the delivery of elective recovery.

Maternity Overview

Antenatal				
	Current Month	Actual	National Standard or Average	NENC Average
Smoking at Booking	Aug-23	10.55%	n/a	11.00%
VTE Compliance	Aug-23	79.29%	95.00%	n/a
Right Place of Birth	Aug-23	100.00%	100%	n/a
Birth				
1:1 Care in active Labour	Aug-23	100.00%	100.00%	n/a
Number of babies born	Aug-23	203	n/a	n/a
Induction of Labour	Aug-23	49.25%	46.90%	46.90%
PPH >1500mls (%)	Aug-23	1.51%	3.30%	3.30%
3rd & 4th Degree tears	Aug-23	0.00%	n/a	2.70%
Assisted Birth	Aug-23	10.84%	n/a	12.90%
Still Births	Aug-23	0.00%	0.40%	0.45%
Postnatal				
Smoking at Delivery	Aug-23	9.55%	n/a	11.00%
Breast Feeding Initiated within 48 hours	Aug-23	46.80%	n/a	74.40%
Neonatal				
ATAIN Neonatal Admissions >=37 weeks	Aug-23	4.95%	6.00%	n/a
Feedback				
Complaints	Aug-23	4	n/a	n/a
Compliments	Aug-23	59	n/a	n/a

The overview is split into the following sections:

- Antenatal
- 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	Aug-23
Actual	10.55%
NENC Average	11.00%

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.

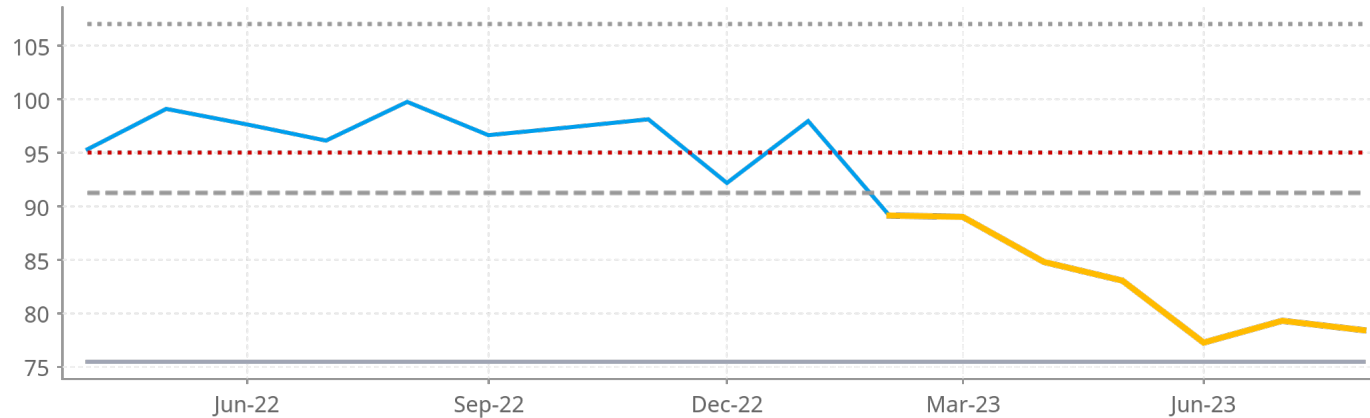
It is to be noted the data for smoking at booking and smoking at delivery are not the same cohort of women.

Actions

The Quality Improvement lead has initiated 4 projects:

1. Community led 12 week quit programme - initial results are positive although this will be reflected in the coming months.
2. Increasing the rate of measuring Co2 levels on admission
3. Increasing Referrals on admission to Tobacco dependency
4. Issuing Nicotine Replacement Therapy within maternity services

VTE compliance (%)



Month	Aug-23
Actual	78.41%
Trust Standard	95.00%

Measure Summary

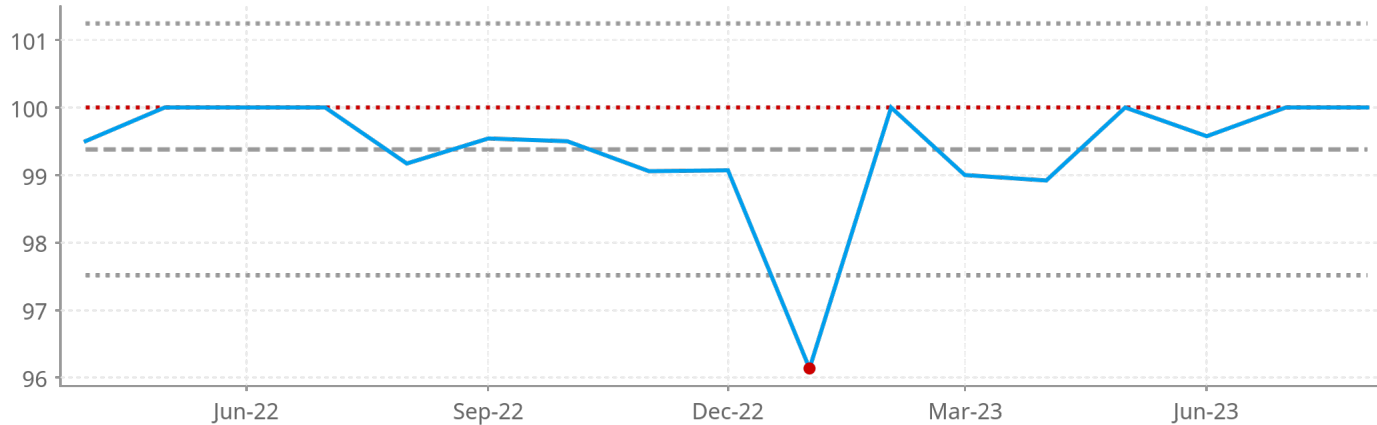
A decline in performance against the Trust standard has been seen over the last few months, with the latest value just above the lower confidence limit (LCL).

The maternity team has undertaken a review in July to explore and understand the reasons for this decline in compliance. The review identified administration teams have supported clinical teams to upload completed VTE assessments onto Trakcare. Administration support has been limited due to workforce pressures over a period of a couple of months. This has informed an action plan to increase compliance. An additional review has been undertaken and potential coding errors have been identified.

Actions

1. A review of VTE Compliance started in July 2023.
2. Action plan has been developed and implemented in August.
3. Ongoing with with Information Management regarding potential coding errors

Right place of birth (%)



Month	Aug-23
Actual	100.00%
National Standard	100.00%

Measure Summary

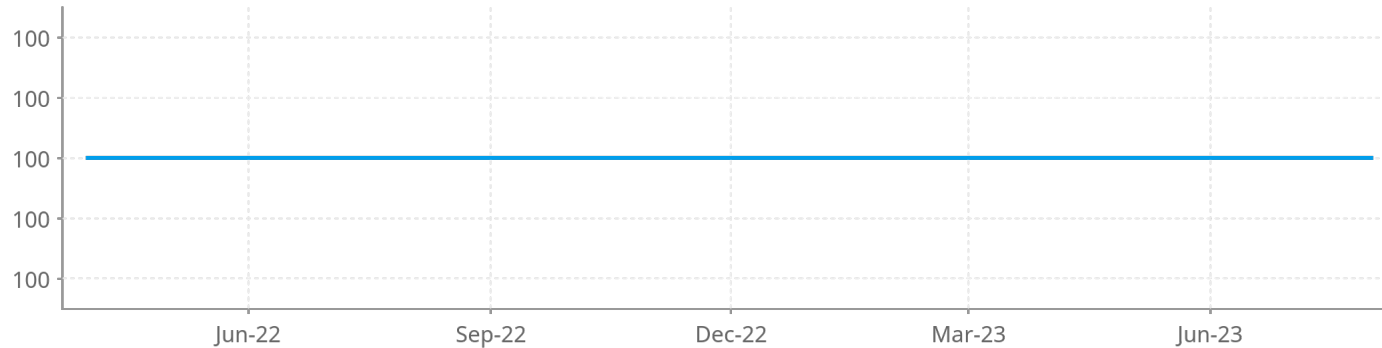
The above chart represents the percentage of babies born in the right maternity service based on clinical indications for gestation.

In order to optimise outcomes for babies born with less than 30 weeks gestation, care should be delivered at a maternity service with a Neonatal Intensive Care Unit (NICU).

Actions

1. Metric to be developed further once the new Badgernet Electronic Patient Record (EPR) system is implemented (Phase 1 October 2023), this will enable reporting of the achievement of preferred place of birth.
2. Continue to undertake a Multi Disciplinary Team case review for babies born at North Tees who had less than 30 weeks gestation period to identify themes and learning points.

1:1 care in active labour (%)



Month	Aug-23
Actual	100.00%
National Standard	100.00%

Measure Summary

1:1 care in active labour is monitored and reported weekly, with the data acquired from the Birth Rate plus (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.

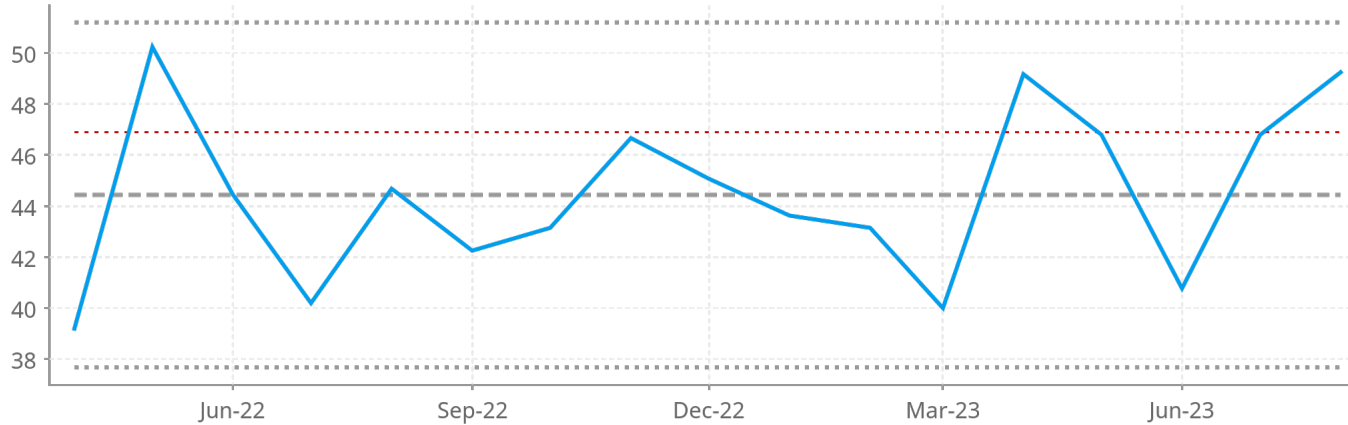
Actions

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 has commenced after a full data validation process has commenced and initial findings have shown there are 2 data sources; BR+ acuity tool and Trakcare. The questions on Trakcare will be removed in time for Badgernet EPR implementation. Data will sourced from the BR+ acuity tool will be the only data source.

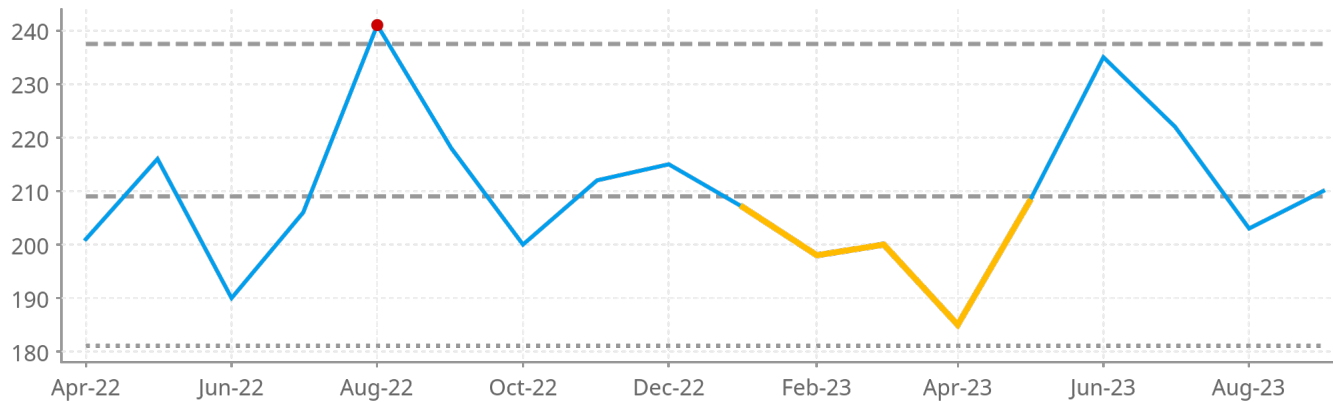
Maternity - Safe

Induction of Labour (%)



Month	Aug-23
Actual	49.25%
NENC Average	46.90%

Total Births

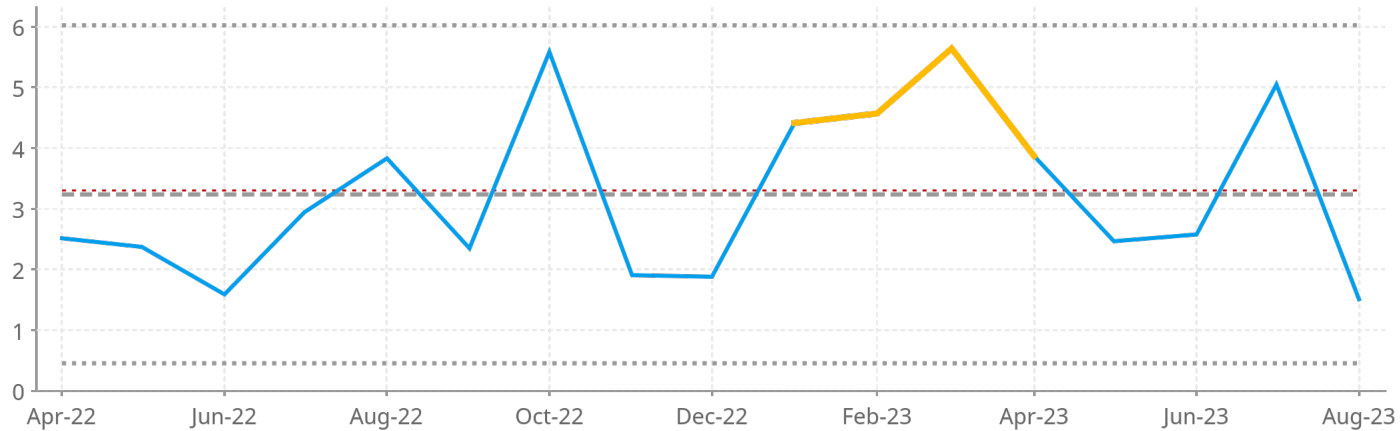


Measure Summary

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

There is no local or National standard associated with this metric.

Postpartum hemorrhage > 1500mls (%)



Month	Aug-23
Actual	1.51%
NENC Average	3.30%

Measure Summary

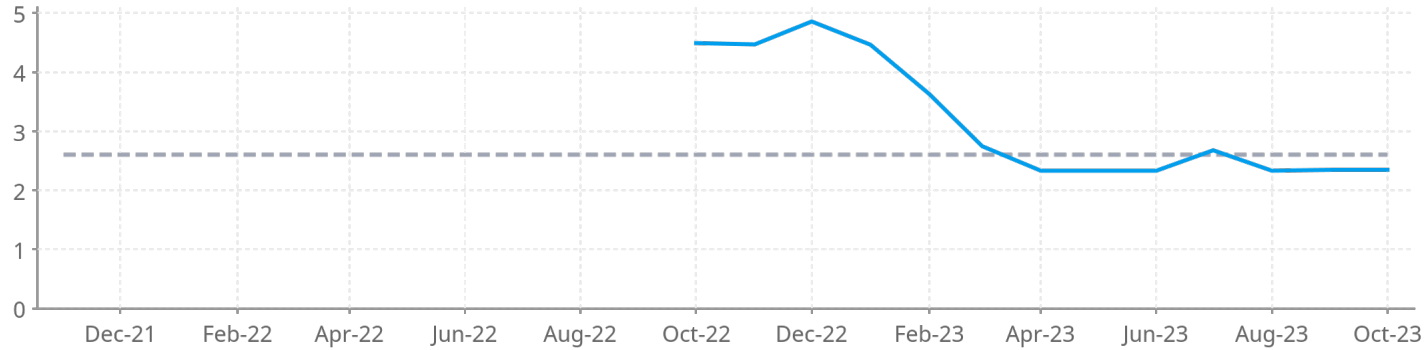
The decrease in Postpartum Hemorrhage (PPH) rates is attributed to the recently introduced Quality Improvement (QI) project which accurately measures blood loss rather than estimating.

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 did not identify any themes. The rise in PPH rates corresponds to the QI project to measure blood loss.
3. Relaunch of QI project to include real time measurement.

Still births (%)



● 12 Month Moving Average of Stillbirth rate per 1000 Births ● NENC Average

Month	Aug-23
Actual	0.00%
NENC Average	0.45%

Measure Summary

A thematic review was undertaken and the 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.

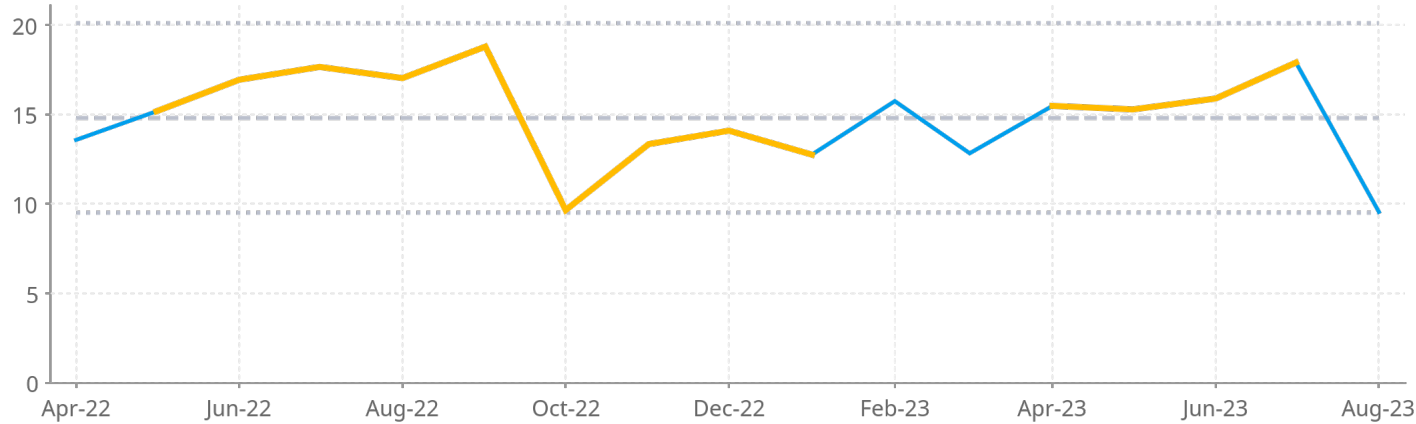
From April 2023, a bereavement midwife commenced with the Trust.

This measure was changed to a 12 month rolling average per 1000 births, in line with national reporting standards.

Actions

1. Key focuses include support offered to women and their families and benchmarking services against the National Bereavement Care pathways.
2. Continue with Smoking in Pregnancy Quality Improvement Project.

Smoking at Delivery (%)



Month	Aug-23
Actual	9.55%
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

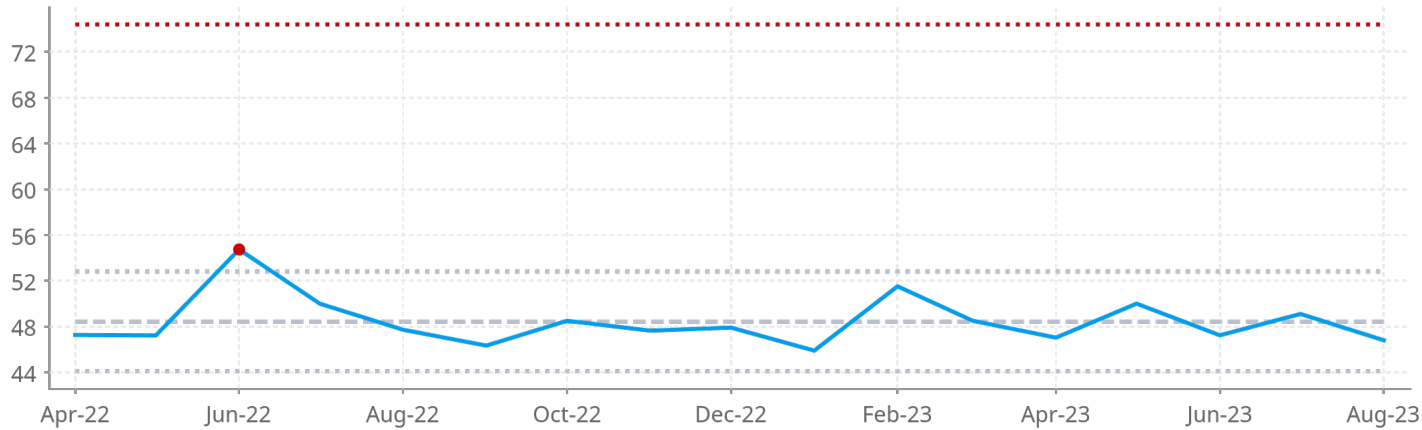
The Quality Improvement lead has initiated 4 projects:

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

Maternity - Effective



Breast feeding initiated after birth



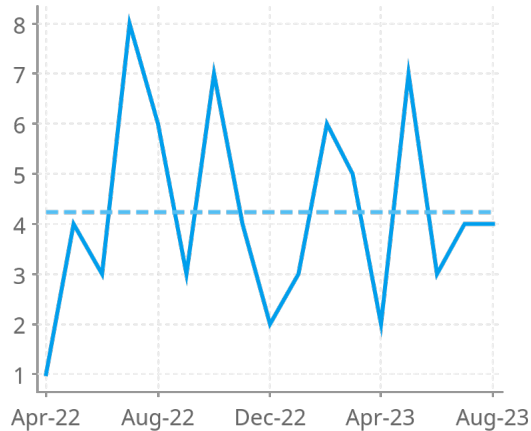
Month	Aug-23
Actual	46.80%
NENC Average	74.40%

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. The service has achieved BFI stage 1 accreditation, Stage 2 accreditation plans are in development .

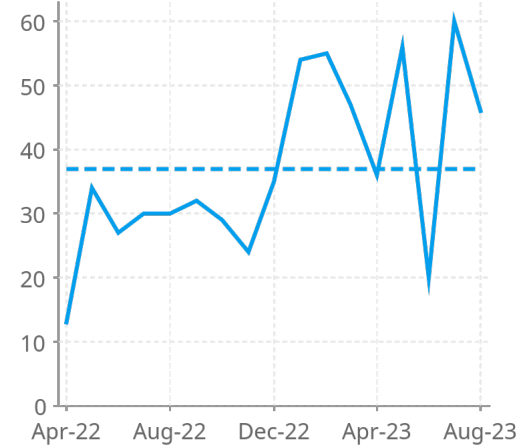
Complaints



Month	Aug 23
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Actual	4
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Compliments



Month	Aug-23
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Actual	46
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Measure Summary

There were 4 complaints in August around maternity services with themes of:

1. Communication

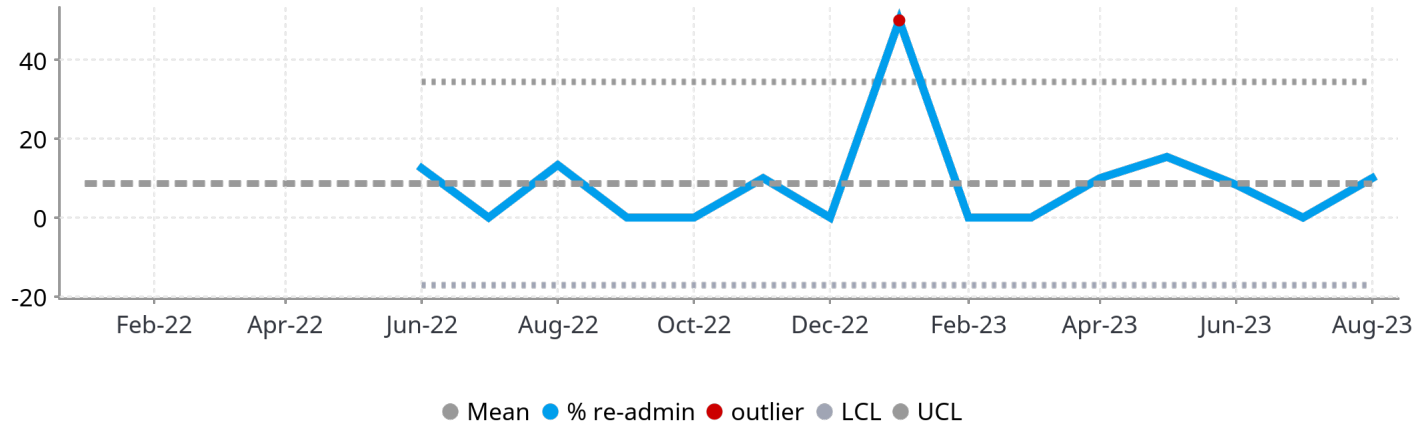
Staff attitude and communication was identified as a theme in 3 complaints. Information not shared through departments. This will be actioned via mandatory training, staff briefings, staff handovers and meetings. Lack of flexibility for an antenatal booking was received.

Actions

Maternity services received 35 compliments in August, the themes of compliments were:

1. Friendliness
2. Kind and caring department

Re-admissions of babies



Month	Aug-23
Actual	10.00%
Standard	N/A

Measure Summary

As a quality metric the perinatal team are being proactive in monitoring and reviewing readmission of babies to identifying any themes and learning points.

The maternity services have appointed an Infant Feeding Specialist Midwife and undertaking the Breast Feeding Initiative (BFI) accreditation programme. Infant feeding training and education is a possible contributory factor for readmissions for weight loss.

Actions

1. Continue with ongoing thematic reviews
2. A separate review for weight loss and jaundice to be conducted by the Infant Feeding Specialist Midwife

Agenda Item 10

Council of Governors

Title of report:	Outcome of Governor Elections 2023										
Date:	14 December 2023										
Prepared by:	Sarah Hutt, Company Secretary										
Executive sponsor:	Stuart Irvine, Director of Strategy, Assurance and Compliance										
Purpose of the report	The purpose of the report is to present the outcome of the Governor Elections that were undertaken to commence office from 1 December 2023.										
Action required:	Approve		x	Assurance			Discuss		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		Responsive		x

Executive Summary and the key issues for consideration/ decision:

The Model Rules for Elections requires the Trust to hold annual Governor elections to fill any vacant seats due to Governor terms of office coming to an end on 30 November 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 line with the new Code of Governance requirements setting out that Governors may serve for a maximum of nine years there were a number of Governors whose term of office had come to an end and would be unable to stand for re-election.

There were a total of seventeen vacancies in the following constituencies:

Constituency	Vacant Seats
Stockton	Seven
Hartlepool	Three
Sedgefield	One
Easington	Two
Out of Area	One
Staff	Three

The elections were conducted in accordance with the rules and constitutional arrangements as set out by the Trust's Constitution using the Single Transferable Vote electoral system. Civica Election Services (CES) were employed to assist the Trust for the purposes of this round of elections and conducted the elections as the Returning Officer.

The deadlines for receipt of nominations was 5.00pm on 17 October 2023 and following the nomination stage, all seats were either uncontested or no nominations were received. The following candidates were elected unopposed with effect from 1 December 2023.

Stockton Constituency

Anne Johnston (re-elected)
Mark Davis (newly elected)
Robbie Harris (newly elected)

<p>Elliot Kennedy (newly elected) Therefore: Three seats vacant (unfilled)</p> <p>Hartlepool Constituency No nominations were received Therefore: Three seats vacant (unfilled)</p> <p>Easington Constituency Florence Black Sarah Moule</p> <p>Out of Area Angela Warnes (re-elected)</p> <p>Sedgefield Constituency No nominations were received Therefore: One seat vacant (unfilled)</p> <p>Staff Constituency No nominations were received Therefore: Three seats vacant (unfilled)</p> <p>All Governors were elected to a term of office of 3 years. It was proposed to hold a further round of elections in early 2024 to fill the ten vacant seats. In addition, the Membership Strategy Committee will continue consider ways to attract new members who may also stand for election as Governors.</p> <p>The exceptional contribution and length of service of the five Governors unable to re-stand for re-election was noted and formally recognised. Thank you to Pat Upton (Stockton), Tony Horrocks (Stockton), Ruth McNee (Sedgefield), Geoff Northey (Hartlepool), Aaron Roy (Hartlepool), Carol Alexander (Staff) and Asokan Krishnaier (Staff).</p>			
Board Assurance Framework/Corporate Risk Register risks this paper relates to:			
This report does not highlight any new risks. The number of public Governors continues to outweigh the number of appointed partnership Governors and elected staff Governors.			
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	x	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	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 outcome of the Governor Elections for 2023 and the plan to undertake a further election process in early 2024.		

Agenda Item 11.1

North Tees and Hartlepool NHS Foundation Trust

Minutes of the Membership Strategy Committee

Held virtually on, Thursday, 20 April 2023

Present: Derek Bell, Joint Chair (Chair)
Carol Alexander, Elected Staff Governor
Tony Horrocks, Elected Governor, Stockton
Dave Russon, Elected Staff Governor
Angela Warnes, Elected Governor, Out of Area / Lead Governor

In attendance: Elaine Jeffers, Deputy Director of Governance and Corporate Affairs
Ruth Dalton, Associate Director of Communications and Marketing
Sarah Hutt, Assistant Company Secretary
Janet Clarke, FOI Lead (note taker)

Welcome

The Joint Chair welcomed members to the meeting.

1. Minutes of the last meeting held on Thursday, 19 January 2023

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

2. Matters Arising

There were no matters arising.

3. Membership Statistics

SH provided an overview of the membership statistics. Although there was a slight reduction overall in public members there had been increases in the number of members in the 30-39 and 60-74 age brackets, which was positive. As at the 18 April 2023, the total number of members was 11,887 comprising 6,804 staff and 5083 public. It was noted, that although 23 new public members had been added since the last meeting, there had been 33 deceased members. The Joint Chair thanked DR for the new members he had recruited.

4. Membership Engagement

Representatives from Radio Stitch provided an update regarding progress being made in activating T.V. screens across North Tees which were able to play videos and adverts. It was agreed this would be useful to advertise trust membership and to play the video featuring AW regarding why she became a Governor. Although at present there were no T.V. screens in the common areas at the Hartlepool site there were screens on the wards which could be adapted. It was unknown what equipment was currently at Peterlee, however, a visit was planned to find out.

SH reported that the Trust was holding its first member event since the pandemic on Saturday, 17 June 2023, which would be held in a venue in the community. The topic for the event was still to be decided.

It was noted that there were a couple of joint meetings scheduled to take place with South Tees. The first was a joint Council of Governors meeting on 16 May 2023, where an update regarding joint working progress would be reported. In addition, a joint engagement and constitution session was scheduled for 7 June 2023 to share ideas for engagement and to review the Constitutions of both trusts to ensure they were in line with the revised Code of Governance. It was agreed arrangements regarding parking would be confirmed.

Due to Purdah, which would run until 4 May commencement of the Governor elections had been delayed.

5. Any Other Business

There was no other business reported.

The meeting closed at 12 noon.

Agenda Item 11.2

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

Held, on Thursday, 6 July 2023 at 2:00 pm

Workforce Seminar Room, Third Floor, North Wing
University Hospital of North Tees

Present: Derek Bell, (Joint Chair)
 Alan Smith, Elected Governor, Hartlepool (AS)
 Mike Scanlon, Elected Governor, Hartlepool (MS)
 Geoff Northey, Elected Governor, Hartlepool (GN)
 Allison Usher, Elected Governor, Sedgefield (AU)
 Anne Johnston, Elected Governor, Stockton (AJ)
 Tony Horrocks, Elected Governor, Stockton (TH)
 Dave Russon, Staff Governor (DR)
 Christopher Akers-Belcher, Appointed Governor, Healthwatch Hartlepool (CAB)
 Cllr Steve Nelson, Appointed Governor, Stockton Borough Council (SN)

Via video link: Angela Warnes, Elected Governor, Out of Trust Area/Lead Governor (AW)

In attendance: Michael Houghton, Director of Transformation
 Heidi Holliday, Secretary to Trust Board (note taker)

		Action
1.	<p>Apologies for Absence</p> <p>Apologies for absence were noted from Mark White, Elected Governor for Stockton, Paul Garvin, Elected Governor for Stockton and Cllr Andrew Martin-Wells, Appointed Governor for Hartlepool Borough Council.</p>	
2.	<p>Declarations of Interest</p> <p>The Joint Chair, Derek Bell welcomed members to the meeting. There were no declarations of interest reported.</p>	
3.	<p>Minutes of the meeting held on, 16 March 2023</p> <p>Minutes of the last meeting held on, 16 March 2023 were accepted as a true and accurate record.</p>	
4.	<p>Matters arising</p> <p>A member raised a query regarding the Corporate Strategy Refresh 2023 that was on the Trust's website and highlighted that the document was not dated. It was agreed that this would be reviewed and updated accordingly.</p>	Stuart Irvine
5.	<p>Estates Strategy Update</p> <p>The Director of Transformation provided a presentation with regards to the Trust's estate, the Estates Strategy, the Clinical Services development and highlighted the key issues.</p>	

Both North Tees and Hartlepool NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust were progressing towards a Group model, which was being led by the Joint Partnership Board. The underpinning principles of that were:

- The very best care for everyone
- Equity of access for services
- Respect, compassion and dignity in everything we do
- Learning for all, everyone counts
- Improving lives by working together across Tees Valley and North Yorkshire
- Using all possible resources effectively and efficiently

It was agreed that these underpinning principles needed to ensure that pathways were more accessible for all.

Clinical services were at the forefront and had synergies with Estates, Workforce, Digital and Finance and Resources. In terms of strategy development, the four individual strategies would be developed at the same time working concurrently. An overview of the overriding strategic objectives to enable the best health and care across the Tees Valley was provided, with early intervention and prevention being key drivers.

Following a member's query it was noted that the healthcare model being developed was based around national policy and also include priorities from Integrated Care Board (ICB) level which would be localised in the context of the Tees Valley to build a sustainable platform moving forward. The ICB had recently published its better health and wellbeing plan for all and it was suggested that a mapping exercise be undertaken against the clinical service strategy objectives. The Director of Transformation agreed to look in to this. The Joint Chair clarified that the Group were not reconfiguring clinical services instead were looking to align them across the organisations.

A number of draft principles had been agreed, one of which was supporting partner organisations to ensure every child had the best possible start in life. Work was ongoing with Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust and other mental health organisations to ensure that mental health and wellbeing was considered equal to physical health needs.

Locations of key services was an important link to other services and a number of fixed planning points had been developed such as the Urgent Treatment Centres, high volume Elective Hubs and the Community Diagnostic model, which continued to grow and develop. It was noted that Peterlee and Sedgfield were also being considered as part of the broader Tees Valley strategy and that the ICB was looking at estates overall to ensure value for money.

An overview of potential areas for early work was provided. Following a member's query regarding the Pathology Joint Venture and previous difficulties faced with the interface of systems and laboratories, it was noted that there was now a joined up Digital Strategy, locally and regionally early identification of digital technology opportunities that could be capitalised upon. It was also noted that new equipment orders were standardised across

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organisations and that as a Group model the Trusts were 'ahead of the game' in developing the joint venture and would be able to provide areas of learning to other organisations. With regards to centralised laboratories there would be some duplication which would be necessary for the management of urgent work flow however, work continued to identify common digital platforms. A visit was to be arranged for the Governors to visit the Pathology department, which would likely be towards the end of the year.

Following the publication of the delivery plan for recovering urgent and emergency care services, which was the model already adopted by the Trust, a piece of work was emerging to ensure consistent platforms and pathways across the Tees Valley, in collaboration with the ambulance services.

Work was being undertaken to identify the role of the Clinical Boards and Networks, which would be led by triumvirate teams, and would be representative across the Group and be supported by data and business intelligence.

The overarching aim of the Estates Strategy was to '*develop a Tees Valley clinically led estates strategy which supports our people to deliver the best possible care for all our patients*'. There were also a number of key strategic estates priorities with the main priority for the Trust being the ageing estate.

Discussions ensued regarding maintenance work at the Trust and James Cook University Hospital. The trusts continued with ongoing maintenance and infrastructure investment as part of the planned maintenance programmes. It was reported that the economic life of the University Hospital of North Tees was 9/10 years if further maintenance work was not carried out. A query was raised with regards to what the maximum economic life of the estate would be following the maintenance work that continued to be carried out and the Director of Transformation agreed to confirm and update members on this. It was agreed that communications regarding the economic lifespan needed to be explicitly clear.

The Trust continued to maintain and prolong the estate going forward and continued to work on the options appraisal and Outline Business Case (OBC) in terms of need for the future estate. It was noted that the Trust's infrastructure was good and as part of the primary infrastructure a £25m Energy Centre was developed in 2017, which had at least 40 years' service life remaining. Savings made on electricity and gas was being reinvested into front line services and there was also an option for the Trust to put the energy back into the grid. A suggestion was made to provide the public with access to the charging points on the hospitals sites out of hours with a service charge. A query was raised regarding whether the Trust burnt its own clinical waste and the Director of Transformation agreed to look into both issues. With regards to the Trust's secondary infrastructure, there had been major upgrades to pipework and the oxygen system during the pandemic, which had helped enhance ventilation.

Work at both hospital sites was underway including the theatre development and refurbishment, the provision of the cardiology enabled computerised tomography machine at the University Hospital of North Tees and the Health and Social Care Training Academy and Endoscopy Academy at the University Hospital of Hartlepool. The University Hospital of Hartlepool was also to become one of a few trusts to be carbon neutral following the success in

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	<p>securing £13m grant funding. Following discussion it was agreed that improvements on signage across the sites needed to be undertaken.</p> <p>Following a member's query it was reported that the Trust would not object to anyone carrying out fundraising for the organisation.</p> <p>It was noted that workforce challenges remained and was being looked at as part of the overall Workforce Strategy. Susy Cook, Chief People Officer and Director of Corporate Affairs was due to attend the next Council of Governors meeting in September to provide an overview of work streams.</p>	
6.	<p>Any Other Business</p> <p>There was no other business to discuss.</p>	

Agenda Item 12.1

Council of Governors

Title of report:	Quality Committee									
Date:	14 December 2023									
Prepared by:	Fay Scullion, Non-Executive Director – Chair of QAC									
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 relate to Patient Quality and Safety:</p> <ul style="list-style-type: none"> - Identifying key emerging themes and trends that may have an impact on Quality and Safety - Risks for the Council of Governors to note - Provide reassurance to the Council of Governors 									
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:

Summary Context

Each meeting commences with the patient story, as this has strengthened the connect between the strategy and delivery and demonstrates the impact on the local population.

The Board Assurance Framework is the primary agenda item and a focus of the Quality Assurance Committee, which generates scrutiny and discussion. In addition, there are standing reports aligned to the annual work plan, that are provided as an annual update, or a quarterly update as well as Executive Summary Reports. The new summary sheets are providing a good focus for discussion highlighting the key issues.

Key Issues

Agreed the merged BAF (1a & 1b) to one Quality BAF

- The high risk in regard to Neonatal and Children and Young People's acute service delivery and associated pathways, primarily Consultant Paediatric workforce, has now reduced to moderate following work undertaken within the Healthy Lives Care Group. All risks continue to be monitored through the appropriate governance structures.
- Although infection rates continue to increase across the system, the Trust continues to be a positive outlier in relation to C.Diff.
- The Outpatient Transformation work continues with the Health Inequalities project where patients or carers from low deprivation areas are contacted prior to their appointment. If the patient is unable to attend, they are re-booked for an appointment that is convenient to them.
- Gastroenterology has now gone live with PEP - allowing patients to effectively manage their appointments. This will be rolled out to other services as part of a phased plan.
- The Trust is achieving three out of ten cancer standards, and there will be a change to the metrics

to be reported from October following a national consultation, reducing from the current ten standards down to three. Key breach themes across the cancer standards this month were reported as a result of delay to diagnostic procedures, reporting and multiple investigations required.

- The Trust's 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. Significant achievement noted at time of birth for mothers stopping smoking due to the QI projects in place.
- The Trust continues to reduce Postpartum Haemorrhage (PPH) rates, which can be attributed to the recent introduction of the 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 with a key focus on gaining the breast feeding initiative. The Trust has achieved BFI level 1.
- There have been positive developments around organ donation with an increase in donations.
- A question was raised with regards to the need to ensure that Lying and Standing BP was undertaken when needed and Stephen Green was asked to review the risk.
- The harrowing patient story of a child who has died, not in this Trust, has demonstrated that the Trust has made a positive improvement following recommendations on food to be made available to parents or carers of a child when in hospital.

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

The Committee reflects on the BAF objectives and the September position was presented at the October meeting. The BAF objectives are:

- 1a Patient Safety
- 1b Patient Experience (now merged)
- 1d EPRR
- 3a Transforming Our Services

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	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

Board Subcommittee 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 – 9 November 2023	

Recommendation	The Council of Governors are asked to note the summary report from the Quality Committee meeting on 23 rd October 2023.
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Agenda Item 12.2

Council of Governors

Title of report:	Assurance Report of the People Committee							
Date:	14 December 2023							
Prepared by:	Gary Wright, Deputy Chief People Officer							
Executive sponsor:	Susy Cook, Chief People Officer / Director of Corporate Affairs							
Purpose of the report	The purpose of this report is to provide the Council of Governors an overview of the work of the people Committee and specifically the committee meeting held on 28 September 2023.							
Action required:	Approve		Assurance		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:

A summary of the key points from the People Committee held on 28 September 2023:

BAF - The Trust's Board Assurance Framework (BAF) sets out the strategic objectives of the organisation and the BAF contains a section that specifically relates to People (BAF Reference: 2A). Whilst the People section of the BAF links to all other sections of the BAF, the key link is to Strategic Aim: To ensure every member of our staff feel valued (Corporate Strategy and People Plan) / Principal Objective: to have a workforce that is compassionate and inclusive, recognised and rewarded, has a voice that counts, are safe and healthy and always learning (People Plan). The People Committee will continue to receive a monthly update regarding the BAF and assurance on the management and mitigation of strategic risks. There are currently four strategic risks included on BAF 2A. The BAF 2A is aligned to the four pillars of the NHS People Plan:

- Risk of not looking after our people
- Risk of staff not having a sense of belonging
- Risk of not growing a workforce for the future
- Risk of not developing and embedding new ways of working and delivering care.

It was agreed that these four themes will be revised to be more meaningful for our trust whilst aligning to the NHS People plan.

In summary terms, the following key causes of risk (though not exhaustive) are included in the BAF;

- Not having appropriate levels of staff with the right skills to deliver safe services
- Not having adequate processes in place to manage sickness absence management
- Not having plans and support for staff in place during periods of industrial action
- Not having robust / consistent processes in place in relation to managing people practice cases
- Not having relevant staff trained
- Not having in place leadership and talent management processes across the Trust

The committee agreed the following:

- 1, to merge BAF 2A and 2B
- 2, consider the risk appetite

- 3, Invite the owner of BAF 4A (health and wellbeing) to present / provide assurance at the next committee meeting.
- 4, to refresh the four themes of the People BAF to ensure more meaningful to our Trust whilst aligning to the NHS People plan.
- 5, Write to AuditOne via Audit Committee regarding outstanding People practices audit from Q3 22//23.

People Metric – The committee received a report outlining the key metrics monitored by the people directorate including:

- Appraisal
- Mandatory training
- Turnover
- People practice cases
- Occupational health
- recruitment

The position for appraisal compliance from August 2023 Trust RAG report stands at 87.24% which is an increase of 0.68% on the previous month.

Mandatory training compliance for August 2023 is 90.18%, which represents a decrease on the previous month of 0.64%.

The sickness absence rate increased from 4.94% in June 2023 to 5.39% in July 2023.

Turnover for August 2023 is 9.30% which is 0.12% lower than July 2023.

There are currently seven live cases. This is below the 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 (5099) is 0.13%, which is an improvement by comparison from the 2022 rate of 0.22%

The Trust's time to hire metric for August 2023 is reported at 70.8 days against a target of 60.5 days.

Organisation Development - OD interventions are the programmes and processes which are designed to solve a specific problem. The purpose of these interventions is to improve an organisations efficiency and help leaders manage more effectively. These interventions can be categorised into five types. The Organisation Development team provide support for each of the five areas of interventions:

- 1, Individual
- 2, Team
- 3, Departmental
- 4, Organisational
- 5, Pan-organisational

The committee acknowledged the range of complex interventions currently underway supported by the OD team in conjunction with AQUA and NECS.

Guardian of Safe Working – The committee received the Guardian of Safe Working annual report 22/23. The role of the guardian includes:

- 1, ensure the confidence of doctors that concerns will be addressed
- 2, require improvements in working hours and rotas
- 3, champion safe practices and exception reporting

4, provide assurance to the Council of Governors that junior medical staff are safe to work, identify risk and advise on required response			
Board Assurance Framework/Corporate Risk Register risks this paper relates to:			
BAF 2A and 2B			
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	X	Reputational	
Workforce	X	Environmental	
Financial/value for money		Estates and Facilities	
Commercial		Compliance/Regulatory	
Quality, safety, experience and effectiveness		Service user, care and stakeholder involvement	
Board Subcommittee meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
People Committee – 28 September 2023 Board of Directors – 5 October 2023		N/A	
Recommendation	The Council of Governors are requested to note the summary report of People Committee meeting that took place on 28 th September 2023.		

Agenda Item 12.3

Council of Governors

Title of report:	Assurance Report of the Resources Committee								
Date:	14 December 2023								
Prepared by:	Chris Macklin, Non-Executive Director (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 Resource Committee meeting on 24 October 2023.								
Action required:	Approve		Assurance	x	Discuss		Information	x	
Strategic Objectives supported by this paper:	Putting our Population First		Valuing People			Transforming our Services		x	Health and Wellbeing
Which CQC Standards apply to this report	Safe		Caring		Effective	x	Responsive	x	Well Led
Executive Summary and the key issues for consideration/ decision:									
<p>The meeting was confirmed as quorate, in accordance with the Terms of Reference.</p> <p>Agenda Items were discussed in detail with key issues noted and actions agreed.</p> <p>Matters for Escalation</p> <p>There were no matters for escalation.</p> <p>Key Issues Discussed</p> <p>Minutes of the meeting held on 26th September 2023 were recorded and approved.</p> <p>A wide range of issues were discussed including:</p> <ul style="list-style-type: none"> • Terms of Reference for the Committee • Integrated Performance Report (reporting to 30th September 2023) • Protecting and Expanding Elective Capacity Gap Analysis Operations Report (Presented to Board 5th October 2023) • Elective Hub Update • Governance Structure • Planning & Performance Board Assurance Framework & Risk Update Report – Performance (reporting to 30th September 2023) • Financial Position and Performance – Month 6 (reporting to 30th September 2023) • CIP Update (reporting to 30th September 2023) • Finance Board Assurance Framework & Risk Update Report – Finance (reporting to 30th September 2023) • I&TS Update & Assurance Report September 2023 • Digital Board Assurance Framework & Risk Update Report – Digital (reporting to 30th September 2023) 									

- Transformation Update Report (reporting to 30th September 2023)
- Transformation Board Assurance Framework & Risk Update Report – Transformation Internal and External (reporting to 30th September 2023)

Decisions Made

- Terms of Reference approved and agreed by the committee.
- Integrated Performance Report noted by the committee.
- The Integrated Commissioning Board (ICB) assurance template with regard to protecting and expanding elective capacity was noted by the committee.
- The extension of two planned risk reduction action noted in the Finance Board Assurance Framework & Risk Update Report for Finance was agreed by the committee, subject to Audit Committee approval.
- Confirmed continued support for I&TS function in the delivery of Digital Strategy reported in the I&TS Update & Assurance Report covering September 2023
- Approved the realignment of strategic risks associated with the previous transformation BAFs 3b and 3e.

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

This report links to the Finance, Performance and Digital BAF domains.

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	x	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)	
Resource Committee – 24 October 2023 Board of Directors – 9 November 2023		N/A	
Recommendation	The Council of Governors are requested to note this summary report of the Resources Committee meeting held on 24 th October 2023.		