

Excellence as
our **standard**



North Tees and Hartlepool
NHS Foundation Trust

Council of Governors

Thursday 15 February 2024
at 9.30am

River Tees Watersports Centre, The Slipway,
North Shore Road, Stockton on Tees, TS18 2NL

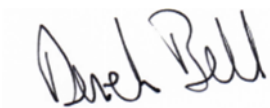
5 February 2024

Dear Colleague

A meeting of the Council of Governors will be held on **Thursday, 15 February 2024 at 9.30am** in the **Riverview Room, River Tees Watersports Centre, The Slipway, North Shore Road, Stockton, TS18 2NL**

This is a singular meeting with the North Tees Council of Governors only.

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 | Learning from Lived Experience | Lindsey Robertson |
| (5) 9.45am | Healthwatch Update (presentation) | Christopher Akers-Belcher |
| (6) 9.55am | Minutes of the last meeting held on, 14 December 2023 (enclosed) | Chair |
| (7) 10.00am | Matters Arising and Action Log (enclosed) | Chair |
| (8) 10.05am | Lead Governor Report (enclosed) | Angela Warnes |
| (9) 10.15am | Chair's Report including Board Business (enclosed)
(Draft BoD agenda 4 April 2024) | Chair |
| (10) 10.25am | Joint Partnership Board Update (enclosed) | Ann Baxter |
| (11) 10.35am | Report of the Managing Director (enclosed) | Neil Atkinson |
| (12) 10.50am | Integrated Compliance and Performance Report (enclosed) | Non-Executive Directors |

Professor Derek Bell, OBE
Joint Chairman

Stacey Hunter
Group Chief Executive

- | | | | |
|-------------------------|-----------|--|--------------------------|
| (13) | 11.05am | Interim Governor Elections 2024 (verbal) | Stuart Irvine |
| (14) | 11.10am | Constitution Update (enclosed) | Stuart Irvine/Sarah Hutt |
| (15) | 11.15am | Draft Sub-Committee Minutes (enclosed) :
- Nominations Committee: 20 July 2023
- Meeting in Common of Nominations Committee: 26 September 2023
- Draft Nominations Committee: 18 January 2024 | Angela Warnes |
| (16) | 11.20am | Board Committee Assurance Reports (enclosed)
- Audit Committee (Oct 2023)
- Quality Committee (Oct, Nov 2023 & Jan 2024)
- People Committee (Nov 2023 & Jan 2024)
- Resources Committee Oct, Nov 2023 & Jan 2024)
- Charitable Funds Committee (Oct 2023)
- Investment Committee (Nov 2023) | Non-Executive Directors |
| (17) | 11.30am | New Fit and Proper Person Test Framework (enclosed) | Stuart Irvine |
| (18) | 11.40am | Council of Governor Register of Interests (enclosed) | Stuart Irvine |
| Items to receive | | | |
| (19) | | Non-Executive Director Portfolios (enclosed) | Stuart Irvine |
| (20) | | Governor Photoboard January 2024 (to be tabled) | Stuart Irvine |
| (21) | 11.45am | Any Other Notified Business | Chair |
| (22) | 11.45am | Meeting New Group Chief Executive | Stacey Hunter |
| (23) | 12.00noon | Approximate close | |

Date of Next Meeting
 Thursday, 16 May 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)

North Tees and Hartlepool NHS Foundation Trust

Minutes of a Meeting of the Council of Governors held on Thursday, 14 December 2023 at Hartlepool College of Further Education

Present:

Professor Derek Bell, Joint Chair

Hartlepool Elected Governors:

Mike Scanlon
Alan Smith

Stockton Elected Governors:

Anne Johnston
Paul Garvin
Tony Horrocks
Pat Upton
Lynda White

Appointed Governors:

Andrew Martin-Wells, Hartlepool Borough Council
Steve Nelson, Stockton Borough Council

Staff Elected Governors:

David Russon
Andy Simpson
Steven Yull
Asokan Krishnaier

Out of Area Elected Governor:

Angela Warnes (Lead Governor)

Sedgefield Elected Governors:

Allison Usher

In Attendance:

Neil Atkinson, Managing Director	NA
Ann Baxter, Vice Chair	AB
Chris Macklin, Non-Executive Director	CM
Fay Scullion, Non-Executive Director	FS
Alison Fellows, Non-Executive Director	AF
Prof Liz Barnes, Non-Executive Director	LB
Stuart Irvine, Director of Strategy, Assurance and Compliance	SI
Sarah Hutt, Assistant Company Secretary	SH
Heidi Holliday, Secretary to Trust Board (note taker)	HH

CoG/1177 Welcome

The Joint Chair welcomed members to the meeting and introduced the attending Executive Directors. The Joint Chair also thanked Hartlepool College of Further Education for hosting the meeting.

The exceptional contribution and service for three Governors, Pat Upton (Stockton), Tony Horrocks (Stockton) and Carol Alexander (Staff) who had completed their final term of office was noted and formally recognised with the presentation of an award. Carol Alexander was unable to attend the meeting therefore, the Joint Chair would present her award to her on another mutually agreed date and time. Thanks were also given to those Governors who did not stand for re-election, Geoff Northey (Hartlepool), Aaron Roy (Hartlepool), Ruth McNee (Sedgefield) and Asokan Krishnaier (Staff).

Resolved: that, a date and time be arranged with Carol Alexander to present her award in recognition of service.

CoG/1178 Apologies for absence

Apologies for absence were received from Janet Atkins, Elected Governor for Stockton, Mark White, Elected Governor for Stockton, George Lee, Elected Governor for Hartlepool, Christopher Akers-Belcher, Appointed Governor for HealthWatch Hartlepool, Natasha Douglas, Appointed Governor for HealthWatch Stockton, Tony Alabaster, Appointed Governor for Sunderland University and Christopher Hood, Appointed Governor for Durham County Council.

CoG/1179 Declaration of Interests

Declarations of interest were noted from the DoSA&C for his role as Chair of Hartlepool College of Further Education.

CoG/1180 Minutes of the last meeting held on, 19 September 2023

Following discussion, a slight change to the wording of the minutes of the last meeting was agreed to the last paragraph on page three.

Resolved: that, the minutes of the meeting held on Thursday, 19 September 2023 be confirmed as an accurate record following the above amendment.

CoG/1181 Matters Arising and Action Log

An update regarding the action log was noted and the DoSA&C provided information regarding the questions and issues raised at the pre-Council of Governors meeting that were not already covered in the reports presented that day.

Following discussion it was agreed that draft Sub Committee minutes would be circulated to Committee members as soon as was practically possible to ensure oversight due to the timeframe between each meeting. The DoSA&C reported that work was ongoing to align all Committees with the Council of Governor and Board of Directors meeting dates to ensure that timely and accurate information was provided.

Following a member's query, the Joint Chair reported that an update regarding the urgent care tender would be provided once the embargoed period had ended.

Resolved: (i) that, draft Sub Committee minutes would be circulated to Committee members as soon as was practically possible; and
(ii) that, an update regarding the urgent care tender be provided once the embargoed period had ended.

CoG/1182 Lead Governor Report

AW provided an overview of the meetings she had attended and provided feedback on the queries raised by fellow Governors.

It was agreed that the Lead Governor would provide more regular update reports to Governors, as appropriate.

The Lead Governor reported on a meeting she and the Lead Governor of South Tees Hospitals NHS Foundation Trust (South Tees) had attended with the new Group Chief Executive the previous day, which had been useful. The Lead Governors felt encouraged by the thoughts and ideas the new Group Chief Executive had in terms of the Council of Governors. The Joint Chair highlighted that he had also met with the new Group Chief Executive to discuss her views and

the cycle of business of the Council of Governors and how to take forward the views of the Governors.

Resolved: that, the Lead Governor would provide more regular update reports to Governors, as appropriate.

CoG/1183 Joint Chairs Report including Board Business

The Vice Chair provided an update with regards to the Group development. A Meeting in Common of the Board of Directors from North Tees and South Tees trusts took place on Wednesday, 29 November 2023 for the formal signing of the Partnership Agreement, which was a significant milestone in the Group development and formalised the arrangement between both trusts. A number of Governors attended the meeting.

A summary of the Joint Chair's Report was provided along with further relevant updates which included:

- The Group Chief Executive had met with the Executive Team individually and collectively over the last few weeks and would be increasing her visibility over the coming weeks. Work was ongoing to review the organisational and management structures and the Executive Team were being encouraged to provide input with support from the Non-Executive Directors. It was noted that work to date had been positive with active engagement.
- At a recent Chairs and Chief Executives meeting it was announced that Jim Mackey had been appointed to the post of Chief Executive of Newcastle Hospitals NHS Foundation Trust.
- Both North Tees and South Tees trusts had seen an increase in norovirus cases, which was the biggest cause of loss of NHS beds. It was reported that some hospitals in London had seen a rise in flu cases and the Trust continued to urge as many people as possible to receive both flu and covid vaccinations to provide the maximum protection moving in to the winter period.
- The Trust's Charity had provided funding for the creation of a Covid Memorial at both North Tees and Hartlepool Hospitals. A Sub Committee had been formed and a plan was being developed to reach out to local higher education, colleges and local artists to seek ideas with prizes to be awarded to the winner and two runners up. The process was expected to be commissioned in early February and the opening would be aligned with an important anniversary in the NHS calendar.
- The Faculty for Learning, Leadership and Improvement events had been well attended and feedback had been positive. The Faculty covered all professional groups and a wide range of staff and the work carried out to date had been fantastic. It was agreed that the work of the Faculty would be highlighted at a future Governor Development Session.

Following a member's query, the Joint Chair confirmed that the development of the digital strategy was a high priority for the North East and North Cumbria Chairs meeting along with the high level clinical strategy and how that linked with services. It was also noted that the digital strategy was a key priority at Group level. Professor Liz Barnes was the Lead Non-Executive Director and was working closely with South Tees in carrying out an audit of all systems to develop short, medium and long term plans, which would be aligned to regional plans. Further updates were to be provided as and when necessary.

Following a request the Assistant Company Secretary forwarded information to a member regarding the overall numbers of covid.

- Resolved:** (i) that, a future Governor Development Session cover the work of the Faculty for Learning, Leadership and Improvement; and
- (ii) that, further digital strategy updates be provided as and when necessary.

CoG/1184 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:

- Ken Anderson had been appointed to the post of Chief Information and Technology Officer and commenced in post on 30 October 2023. He brought a wealth of experience and knowledge. The accommodation blocks identified as having Reinforced Autoclaved Aerated Concrete (RAAC) had all now been repaired and an annual review was to be undertaken. It was reported that RAAC had also been identified in the Lecture Theatre and a structural engineer was working on the repairs. The Lecture Theatre was out of commission until the work was completed, which was anticipated to be the end of January 2024. Further costs had been associated with this work and the longer term requirement in replacing the roofs. A business case was being developed and would be submitted to NHS England with a request for funding to cover the additional significant costs.
- The Getting It Right First Time (GIRFT) Team revisited Hartlepool Hospital in November 2023 to look at the work carried to address the number of recommendations made during the summer visit, which went very well. It was hoped that the outcome of the elective hub accreditation would be communicated following the Panel meeting the following week. If the Trust was successful it would be the first accredited elective hub in the region.
- Work continued in developing the Outline Business Case for the New Hospital and David Chandler, Chief Finance Officer, North East and North Cumbria Integrated Care Board (NENC ICB) had visited the site. Work was ongoing with South Tees to ensure that a system response was developed and that risks highlighted would be included on associated risk registers.
- A Chief Executive Strategic Event was scheduled for the following day where discussions would take place regarding the Industrial Action to ensure regional plans were in place. Finance and productivity were also key topics of discussion for the event.
- At Month 7, the Trust was on target to meet the breakeven plan. A number of risks were highlighted within the presentation and work continued to address those. The biggest financial pressure was around the Industrial Action, which was over and above the financial plan. This had been recognised at national level and some additional monies were expected to offset the cost pressures. An overview of the additional £4.319m monies was provided and £1.5m had been committed non-recurrently to provide additional support to services. A decision regarding the remaining allocation was to be made following discussions regarding moving from a breakeven position to a surplus position. A further Elective Recovery Fund (ERF) target reduction of 2% was expected and an additional ERF advice and guidance allocation, based on activity April to July 2023, was estimated at £1.329m.
- An overview of the financial position of the NENC ICB including 2024/25 planning was provided.
- Following a member's query around resolving the issues resulting in Industrial Action, the MD confirmed that this was an issue that needed to be resolved nationally and not at a local level. The Trust continued to engage and support the Junior Doctors.
- Discussions were ongoing regarding the re-banding of the Clinical Support Workers (CSW) and the agreement of how far to back date. The current regional agreement was to back date to two years however, if a regional decision was made to back date to the requested four years there would be financial implications for the Trust.

- The Trust was reporting a positive position against national targets and was one of the top performing organisations regionally. ITV had visited the Trust's A&E department as it had been selected as an exemplar for its urgent and emergency care services. The Trust was performing well with regards to ambulance handovers and remained within its tolerances. Some challenges were noted around the Cancer standards and focussed work was being undertaken with six out of the nine standards currently being met. Following a member's query FS, Non-Executive Director reported that the change to three Cancer standards the following month would not change the pathways however, it was noted that it could be interpreted that organisations were reporting improved positions therefore, this would be reviewed on a regular basis. The Cancer standards were affected by the Industrial Action and were a key focus for the NENC ICB as well as the Quality Committee for the Trust.
- The national context for winter was included in the presentation. The Trust started to prepare for winter in April and had invested in a delivery model for 60-70wte and recruitment was taking place. A sustainable model across the whole year was developed and the operational teams involved were thanked for their hard work. A further piece of work was ongoing to identify the reasons for the increase in readmissions and how the Virtual Ward could be used to help reduce the rates.
- New guidance had been published for complaint processes and the Trust had reviewed its processes against the guidance to develop one set of standards, focusing on working together with patients, families or complainants. A Working Group had been established with Patient Safety Leads from each Care Group and Healthwatch to develop a project plan with key milestones to be taken forward with the Project Management and Information Office (PMIO) Team. A triage system had been put in place and a greater reduction in contacts were being seen. The Trust had engaged Bond Solon trainers to deliver Responding to Complaints training. Following a review of complaints a key theme identified was communication, after a piece of focused work an overall reduction in complaints was being seen. The Quality Committee was leading and overseeing this work.
- The Trust continued to make progress to strengthen existing governance arrangements which continued to be reviewed and refined based upon feedback.
- Flu and covid vaccination uptake figures were reporting as 44.5% for Flu, 22.7% for Covid and 47.8% overall. Work continued to encourage people to receive their vaccinations and a Communications campaign had been developed, which had shown positive results. It was noted that low uptake figures were being seen nationally.
- A copy of the presentation was to be circulated to the Governors.

The MD asked members if the new format of the MD Report had been helpful and requested feedback on this.

Ken Anderson, Chief Information and Technology Officer joined the meeting at 10.20am, David Russon, Staff Elected Governor left the meeting at 10.25am and Jackie White, Head of Governance, South Tees Hospitals joined the meeting at 10.30am.

- Resolved:**
- (i) that, members provide feedback on the new format of the MD Report; and
 - (ii) that, a copy of the accompanying presentation be circulated to the Governors following the meeting.

CoG/1185 Integrated Compliance and Performance Report

AB, Vice Chair presented the September 2023 Integrated Compliance and Performance Report (IPR) explaining that each element of the IPR was reviewed in detail at the relevant Board Committees in order to gain appropriate assurance.

FS, Non-Executive Director reported on a Quality Committee meeting that had been held on Monday, 27 November 2023 where discussions took place regarding the Annual Pressure Damage and Tissue Viability Report and it was noted that there had been no Level 4 pressure ulcers reported in the community or hospital setting. It was anticipated there would be a reduction in Level 3 pressure ulcers following the increase in resource and delivered training.

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

CoG/1186 Outcome of Governor Elections 2023

The DoSA&C presented the Outcome of Governor Elections report for 2023 and highlighted the key issues.

The Trust had complied with the Model Rules for Elections and the new Code of governance for NHS provider trusts, which stated that Governors may serve a maximum of nine years. This meant there were a number of Governors whose term of office had come to an end and were unable to stand for re-election.

Civica Election Services (CES) conducted the elections as the Returning Officer. There were a total of 17 vacancies across all of the constituent areas and following the nominations stage all seats had either been uncontested or no nominations had been received. Seven candidates were elected unopposed with effect from 1 December 2023, which were as follows:

Stockton Constituency

Anne Johnston (re-elected)

Mark Davis (newly elected)

Robbie Harris (newly elected)

Elliot Kennedy (newly elected)

Therefore:

Three seats vacant (unfilled)

Hartlepool Constituency

No nominations were received

Therefore:

Three seats vacant (unfilled)

Easington Constituency

Florence Black

Sarah Moule

Out of Area

Angela Warnes (re-elected)

Sedgefield Constituency

No nominations were received

Therefore:

One seat vacant (unfilled)

Staff Constituency

No nominations were received

Therefore:

Three seats vacant (unfilled)

The Council of Governors congratulated those Governors that had been re-elected and extended a warm welcome to the newly elected Governors. It was pleasing to note that both

seats for Easington had been filled. It was noted that a further election process was to be undertaken early in the New Year to fill the remaining vacant seats.

It was noted that previously there had been an issue recruiting to the Easington constituency however, two successful candidates had been elected and it was agreed that the newly elected Governors be asked what influenced them to apply so that learning could be applied to future election processes.

The Communications Team were commended for the hard work that had been carried out in advertising the 2023 elections.

Following a member's query it was noted that a Governor Induction meeting was to be scheduled for January 2024.

Resolved: that, the newly elected Governors be asked influenced them to apply so that learning could be applied to future election processes.

CoG/1187 Draft Sub-Committee Minutes

Minutes of the Membership Strategy Committee held on 20 April 2023

Angela Warnes, Lead Governor presented the minutes of the Membership Strategy Committee, which was held on 20 April 2023, and highlighted the key points.

Resolved: that, the minutes of the Membership Strategy Committee held on 20 April 2023 be noted.

Minutes of the Strategy and Service Development Committee held on 6 July 2023

Alan Smith, Elected Governor for Hartlepool presented the minutes of the Strategy and Service Development Committee, which was held on 6 July 2023, and highlighted the key points.

Michael Houghton attended the meeting and gave a presentation on the Estates Strategy, which had been very helpful.

Resolved: that, the minutes of the Strategy & Service Development Committee held on 6 July 2023 be noted.

CoG/1188 Board Committee Assurance Reports

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

- Quality Assurance Committee
- People Committee
- Resources Committee
- Audit Committee

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

CoG/1189 Meeting Dates 2024

This item had been covered in the Matters Arising.

CoG/1190 Lead Governor Ballot

The DoSA&C provided an overview of the process undertaken in order to nominate and appoint a Lead Governor due to the current incumbent, Angela Warnes, Elected Governor for Out of Area, term of office ending on 30 November 2023.

The Governors were asked for expressions of interest and a timetable for the process was provided. One expression of interest had been received and the DoSA&C was delighted to announce that Angela Warnes would continue as Lead Governor.

The Council of Governors congratulated Angela on her reappointment.

CoG/1191 Any Other Business

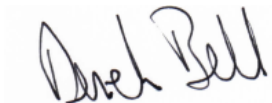
There was no other business reported.

CoG/1192 Date and Time of Next Meeting

Resolved: that, the next meeting be held on Thursday, 15 February 2024 at 9.30am, in the Riverview Room, River Tees Watersports Centre, The Slipway, North Shore Road, Stockton, TS18 2NL.

The meeting closed at 11.30am.

Signed:



Date: 15 February 2024

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	Completed	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. Suggest this action is closed and any future requests for Executive Directors to attend future CoG meetings will be considered.
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	Ongoing Completed Ongoing Completed Completed	Suggest this action is closed and allow Governors to reach out to Place Based leads. Pre-CoG meetings are determined by the Lead Governor and Governors. Site walkabouts have been confirmed and meeting invites issued. Areas of development are to be identified. Two meetings per year will focus on development sessions. Non-Executive Director roles and responsibilities have been identified and are included in the agenda for the CoG meeting on 15 February 2024. A number of discussions have taken place and there are three main ways for Governors to engage and have oversight of Non-Executive Directors; - Introduction of quarterly meetings hosted by NEDs. - Scheduled walkabout meetings. - Observations at public meetings and updates from NEDs.
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	Ongoing	A process is to be identified for Non-Executive Directors and an update will be provided once this has been confirmed.
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		
14 December 2023	CoG/1177	Welcome An alternative date and time to be agreed to present Carole Alexander with her award.	D Bell	Completed	
14 December 2023	CoG/1181	Matters Arising and Action Log It was agreed that draft Sub Committee minutes would be circulated to Committee members as soon as was practically possible to ensure oversight due to the timeframe between each meeting.	S Irvine/S Hutt	Completed	Minutes of meetings will now be circulated on the basis that they are draft.
14 December 2023	CoG/1181	Matters Arising and Action Log An update would be provided regarding the urgent care tender as soon as the period of embargo had ended.	D Bell		
14 December 2023	CoG/1182	Lead Governor Report It was agreed that the Lead Governor would provide more regular update reports to Governors, when and where appropriate.	A Warnes	Completed	Feedback on current arrangements would be welcomed.
14 December 2023	CoG/1183	Joint Chair's Report including Board Business A future Governor Development session to cover the Faculty for Learning, Leadership & Improvement. Future digital strategy updates to be provided as and when necessary.	S Irvine D Bell	Ongoing Ongoing	This will be added to the future Governor Development programme. This is currently progressing and a future update will be provided.
14 December 2023	CoG/1184	Report of the Managing Director Members to provide feedback on the new format of the MD's presentation to CoG. A copy of the MD's presentation slides to be shared with Governors.	Governors Managing Director		
14 December 2023	CoG/1186	Outcome of Governor Elections 2023 Obtain feedback from new Governors regarding reasons to apply to inform future election processes.	S Irvine		

Council of Governors

Title of report:	Lead Governor's Report									
Date:	15 January 2024									
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				x
Strategic Objectives supported by this paper:	Putting our Population First	x	Valuing People	x	Transforming our Services	x				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:										
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					x	
Workforce				Environmental						
Financial/value for money				Estates and Facilities						
Commercial				Compliance/Regulatory						
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	<p>Governors are asked to:</p> <ol style="list-style-type: none"> Note the activities undertaken by the Lead Governor. Note the opportunities and benefits of attending a Trust walkabout and consider attending. Provide feedback on the usefulness of the wider communications received. Offer and provide support to new governors as required. Offer support for the promotion of trust membership and role of the governor events (barrows). Provide feedback on how they seek and receive information from their local communities and identify any support required for this. 									

**North Tees and Hartlepool NHS Foundation Trust
Meeting of the Council of Governors
15 February 2024
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 14 December 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 and winter pressures
- Briefing on any areas of media interest – positive or adverse
- Updates following the Joint Partnership Board.

Other topics for discussion have included:

- Arrangements and timescale for the Group Chief Executive taking up post and interim arrangements
- Updates on the proposed Group and site executive structures and processes including feedback from James Bromiley
- Current bids and accreditation e.g. Urgent Care Tender, Elective Hub Accreditation
- Progress against actions from CoG feedback on 26 October 2023 regarding collaborative working
- Changes to Executive leadership teams at North Tees and Hartlepool and South Tees Hospitals Foundation Trusts.

Every other meeting (i.e. monthly) now includes the Vice-Chair and Lead Governor for South Tees, focusing on areas of relevance to both trusts further 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 Regular Meetings with Neil Atkinson, Managing Director

Neil Atkinson has shared information about changes to the Executive Team as well as key issues having an impact on the Trust. He also briefed me on the work to develop the Group and site executive structures. We discussed the format of the Managing Directors presentation to the Council of Governors in December and it was acknowledged that the format of this will evolve through future meetings.

2.3 Observation of Board of Directors Meetings

I observed the Board of Directors meeting virtually on 1 February 2024. Observing the board meetings provides an excellent opportunity to see Non-Executive Directors challenge and hold the Executive Directors to account and I would recommend that Governors try to observe at least one Board of Directors meeting. Board papers can be accessed electronically via a website before the meeting. **Please let Sarah Hutt or Heidi Holliday 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 development of the actions for the collaborative working activity alongside Stuart Irvine and Jackie White, Company Secretaries.

2.5 Nominations Committee 18 January 2024

I attended this meeting which received the information relating to the annual appraisals of the Non-Executive Directors and received and approved a proposal relating to remuneration.

2.6 Trust Walkabouts

The first walkabout of the year took place on 18 January 2024 and we have been given dates for three further walkabouts on 11 April 2024, 11 July 2024 and 10 October 2024. We had four governors (myself, Elliot Kennedy, Paul Garvin and Alan Smith) at North Tees and Mike Scanlon at Hartlepool. Each team was taken to three wards/departments with a Non-Executive Director, Executive Director and senior clinical representatives. The visits provided an invaluable opportunity to speak to staff and a small number of patients, where appropriate, as well as some informal discussions with the Non-Executive and Executive Directors. At the feedback session we all noted a common theme of the commitment and enthusiasm of the staff and the support they have on a day-to-day basis. There were also several improvements in terms of the physical environment that have been identified and will be taken forward. This opportunity is something we have been requesting so I would urge everyone to try and attend at least one walkabout. Please let Heidi Holliday know if you are interested in taking part on the dates proposed. If, nearer the time, there are too many of us who would like to attend, priority will be given to those Governors who haven't yet taken part. The areas to be visited cannot be made available too far in advance due to potential operational pressures, but I feel that wherever we visit, there are opportunities for us to learn and the process will evolve.

2.7 CoG Feedback and Proposed Actions on Collaborative Working

Progress has been made against the actions identified and an update is provided in the attachment to this report. You should have started receiving information and briefings from South Tees, in addition to our regular North Tees and Hartlepool briefings. I personally have found these very useful in relation to learning about processes and current activities at South Tees. The links to the executive and management structures and other essential information at South Tees is likewise helpful. Feedback on the usefulness of this information is requested.

2.8 Promoting Trust Membership and the Role of the Governor

Promotion materials have been developed (a pop-up stand and leaflets) for us to use to promote our role. Some initial dates have been booked at the North Tees site at the 'barrows' for us to promote our roles and engage with staff and visitors, for a period of approximately 2 hours around lunch-time on each occasion. Provisionally these dates are 23 February 2024, 22 March 2024, 26 April 2024 and 21 May 2024. I would be grateful for any support from fellow Governors for these

events and we will be looking to host some similar activities on the Hartlepool site. We will also evaluate the impact of the activities and evolve them as necessary.

2.9 Engaging with our Communities

As Governors, we represent the interests and provide a voice for the wider public regarding health and care services. To do this, we need to have ways of seeking and receiving feedback from our communities. I am interested in learning about how, as Governors, we do this and identify if structured support can be provided, if necessary, to enable us to access local networks in a more strategic way.

2.10 Regular Email Briefings

I have provided some additional updates and briefings on 20 December 2023 and 19 January 2024 to all Governors via email since the last meeting.

2.11 New Governors

I would like to formally welcome our newly elected public Governors who are as follows:

Easington: Florence June Black and Sarah Moule
Stockton: Mark Davis, Robbie Harris and Elliott Kennedy

An induction event for the new governors took place on 22 January 2024, which I contributed to. I had an opportunity to find out more about the background and interests of the new Governors and I look forward to their contributions to the Council of Governors meetings and related activities. They bring a rich mix of personal and professional interests and experience that adds value to our collective voice. The new Governors have each been allocated a mentor and I am sure we will all make them welcome and provide support as appropriate.

3. Recommendations

Governors are asked to:

1. Note the activities undertaken by the Lead Governor.
2. Note the opportunities and benefits of attending a Trust walkabout and consider attending.
3. Provide feedback on the usefulness of the wider communications received.
4. Offer and provide support to new Governors as required.
5. Offer support for the promotion of trust membership and role of the Governor events.
6. Provide feedback on how they seek and receive information from their local communities and identify any support required for this.

Question 1: What practical strategies can we put in place to help us to understand each other's cultures, organisational structures and challenges and enable us to learn from each other?

You Said	We propose	Update
Share Trust services/systems/management structures.	Links to information on each others websites for Governors to access – end January 2024 More detailed information to circulated to Governors – end February 2024 Induction pack for generic information to be added to packs March 2024	Links to websites for Governors have been sent Induction packs for NT&H and ST have been shared and a combined pack will be developed for March 2024
Sharing of weekly briefings from both Trusts to Governors.	Email distributions for each CoG to be provided to comms by end of December 2023	Weekly briefings now shared for NT&H and ST
Joint Governor inductions.	From next round of elections and by March 2024	On track – meeting being held on elections and subsequently inductions



Question 1: What practical strategies can we put in place to help us to understand each other's cultures, organisational structures and challenges and enable us to learn from each other?

You Said	We propose	Update
Plan joint walkabouts across Group sites.	From 2024/25	No further progress
Strengthen Governor Place with NEDs.	Matrix to be shared and Governors to engage colleagues where they have areas of interest	No further progress
Governors to develop a shared culture and values	Development of a compact (house rules) for joint working together – facilitated session	No further progress
Governors to use 'Insights' strengthen collaboration.	Interest and experience and skills of Governors to be explored further	Not agreed at this stage to progress
Forward looking joint governor development sessions	Agreed – build in one session as joint meeting arrangements	2 development sessions built into 2024/25 schedule as joint
Increased commonality in CoG agendas/meetings.	Agreed – 4 meetings per year joint – 2 separate – joint to include common agenda as much as possible	4 joint meetings scheduled

Question 1: What practical strategies can we put in place to help us to understand each other's cultures, organisational structures and challenges and enable us to learn from each other?

You Said	We propose	Update
Pre-CoG meeting for both Trusts to allow questions to be submitted in advance.	Not agreed for ST	Ongoing for NT&H Not applicable for ST
Align all CoG meetings to take place on the same date and nearer to Board meetings to prevent reporting lag.	Agreed see above – 4 meetings per year 1 whole day, joint development and meeting	4 joint meetings scheduled including 2 development sessions
Rotate CoG meeting at Group sites going forward/share best practice.	Agreed – to be held across all 4 main sites	To take place on alternative sites and for the whole day
Alignment of constitutions	Agreed - on track	On track
Dedicated Q&A sessions	To be included in development sessions	Not progressing



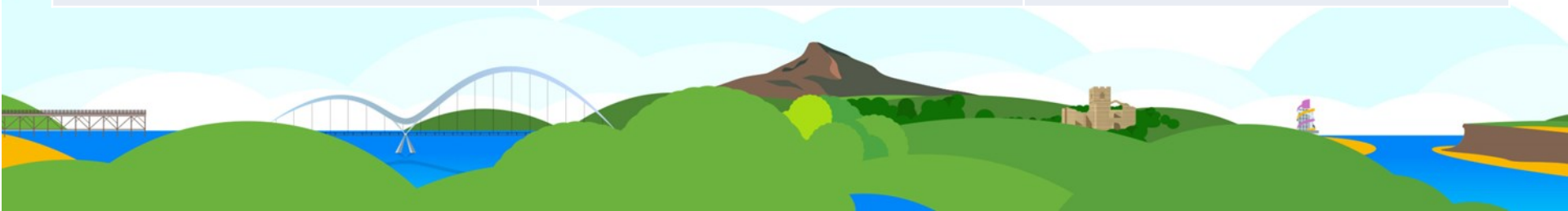
Question 2: How can we improve communication flows between Governors within and between the two Councils?

You Said	We Propose	Update
Extended CoG meeting time for key issues, Governor discussion and networking	Format of meeting and use of time to explore exception reporting and NED feedback	Agreed not to progress
More frequent CoG meetings	6 meetings a year – by exception ad hoc 6 weeks notice where able to	4 joint meetings scheduled plus 2 joint development sessions plus 2 Trust specific meetings
Sharing of weekly briefings from both Trusts to Governors.	Email details of CoGs to be shared with Comms by end of December 2023	Weekly briefings now shared for NT&H and ST
Share Governor portraits and names between Trusts.	Links to website Include in induction pack	Links to website shared Induction pack in progress



Question 2: How can we improve communication flows between Governors within and between the two Councils?

You Said	We Propose	Update
Regional Governor networking opportunities.	Jackie to explore in more detail	Jackie has raised with ICS and will follow up as no progress
Introduce Governor buddying system	Matrix to be shared and encourage Governors to explore buddying / interest areas themselves	No progress
Governor e-mail distribution list/WhatsApp network group to support Governor communication.	For foreseeable contact Lead Governors South Tees to trial WhatsApp and feedback	Not progressing for NT&H Under construction for ST
Face to face meetings the preferred option, with optional TEAMS link only if appropriate.	For accessibility purposes a TEAMS link will be provided but where possible colleagues should attend face to face	No action but meetings will be accessible for all



Question 2: How can we improve communication flows between Governors within and between the two Councils?

You Said	We Propose	Update
Increase external Communications	Agree a communications plan with communications and co secretaries for external communications	No progress
In Common Membership meetings going forward (promoting membership and increased diversity).	Agreed – set up membership meeting by end of January 2024	Membership & Engagement meeting in common scheduled for March



Council of Governors

Title of report:	Joint Chair's Report									
	15 February 2024									
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				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 from the Joint Chair and provides important information from health and wider contextual related news and issues that feature at a national, regional and local level. Key areas covered in this report include;</p> <ul style="list-style-type: none"> • Group and Joint Working • Fit and Proper Person Test Framework • Staff Engagement • Trust Volunteer Service 										
Board Assurance Framework/Corporate Risk Register risks this paper relates to:										
There are no new 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		x	Environmental							
Financial/value for money			Estates and Facilities							
Commercial			Compliance/Regulatory						x	
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

15 February 2024

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

I would like to formally welcome our new Group Chief Executive, Stacey Hunter who officially started in post with us on 1 February 2024.

The Joint Partnership Board met on 15 November 2023 and 17 January 2024. Work is progressing regarding governance arrangements for the Group, the workforce enabling strategy and the clinical services strategy. A further clinic engagement event took place on 24 January 2024, which was well attended by staff from both North and South Tees. An important event will be the signing of the Group agreement which will take place in February and will be attended by Sir Liam Donaldson, Chair, North East North Cumbria Integrated Care Board (NENC ICB).

We were very pleased as a trust to welcome Sir Julian Hartley, Chief Executive, NHS Providers to North Tees and take him on a tour of the site. Sir Julian has previously worked at both North and South Tees trusts so it was great to bring him up to date with developments.

2.2 Fit and Proper Person Test Framework

In the autumn of 2023 NHS England issued new guidance regarding the Fit and Proper Person Test (FPPT) and the implementation of a new framework to support the test, following recommendations in the Kark Report led by Tom Kark KC. I am pleased to report that the updated FPPT has been undertaken for all Board/Director led staff at the Trust and as Chair, I have signed off the declaration that will be submitted to NHS England confirming there are no issues to report.

2.3 Staff Engagement

We had another successful Board and Governor Walkabout on 18 January 2024 visiting areas at both the North Tees and Hartlepool sites. The visits provide a great opportunity to meet staff and understand both the positives and challenges they face. Positives included great culture, energy and commitment from staff. Challenges included limitations of the trust estate and digital systems to support greater effectiveness.

The Trust's Charitable Funds have provided funding for the creation of a Covid Memorial at both the North Tees and Hartlepool sites and ideas were being sought from local higher education establishments and local artists.

2.4 Trust Volunteer Service

The Trust's Volunteer Service are looking at ways to expand volunteer activity at the Hartlepool Site including the Welcomer role. I am pleased to announce that on 5 June 2024 the Trust will once again

be hosting its 'Thank You' volunteer event, which will take part during national volunteer week, this year we will also extend an invitation to some of our colleagues from South Tees.

3. Recommendation

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

Professor Derek Bell
Joint Chair

DRAFT

Dear Colleague

A meeting of the **Board of Directors** will be held in public, on **Thursday, 4 April 2024 at 9.00am** in the **Boardroom, University Hospital of Hartlepool.**

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)	Learning from Lived Experience	L Robertson
4. (9.15am)	Minutes of the meeting held on, 1 February 2024 (enclosed)	Chair
5. (9.20am)	Matters Arising and Action Log (enclosed)	Chair

Items for Information

6. (9.25am)	Report of the Joint Chair (enclosed)	Chair
7. (9.35am)	Joint Partnership Board Update (enclosed)	Vice Chair
8. (9.40am)	Report of the Managing Director (enclosed)	N Atkinson

Performance Management

9. (9.50am)	Integrated Performance Report (enclosed)	R Dean, L Robertson, K Hudson-Halliday, G Wright
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Governance

10. (10.05am)	Review of Constitution (enclosed)	S Irvine
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Quality

11. (10.15am)	Maternity Report (enclosed)	L Robertson
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Operational

- | | | |
|---------------|--|-------------------|
| 12. (10.25am) | Annual Priorities and Operational Planning Guidance
(enclosed) | R Dean |
| 13. (10.35am) | Capital and Revenue Budgets (enclosed) | K Hudson-Halliday |
| 14. (10.45am) | Modern Slavery and Human Trafficking Statement (enclosed) | S Irvine |
| 15. (10.55am) | Equality Delivery System (enclosed) | S Cook |

Items to Receive

- | | | |
|---------------|---|-------------|
| 16. (11.05am) | Research and Development Annual Report
(enclosed) | J Greenaway |
| 17. (11.15am) | Assurance Report of Quality Committee (enclosed) | F Scullion |
| 18. | Assurance Report of Resources Committee (enclosed) | C Macklin |
| 19. | Assurance Report of Risk Management Group (enclosed) | N Atkinson |
| 20. (11.30am) | Any Other Business | |

Date of next meeting

(Thursday, 2 May 2024, Boardroom, University Hospital of North Tees)

Council of Governors

Title of report:	Joint Partnership Board Update									
	15 February 2024									
Prepared by:	Stuart Irvine, Director of Strategy, Assurance and Compliance/Company Secretary									
	Ann Baxter, Vice Chair									
Purpose of the report	The purpose of the report is to provide an update to the Council of Governors regarding the Joint Partnership Board meeting that took place on 17 January 2024.									
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>This report provided a summary update of the Joint Partnership Board meeting that took place on 17 January 2024.</p> <p>Key topics that were discussed in the meeting included;</p> <ul style="list-style-type: none"> • Chair’s report covering; <ul style="list-style-type: none"> ○ The in common meetings of the Council of Governors of North Tees & Hartlepool NHS FT and South Tees Hospitals NHS FT to support collaborative working arrangements. ○ Progress of applying the new Fit & Proper Persons Test guidance. ○ Planning for the Education Event that is taking place in February 2024 with key stakeholders. ○ The success of both Trust’s and key stakeholders in being awarded the urgent care contract for the provision of services across Teesside. • A programme update was provided by the Associate Director of Group Development relating to the progress of group arrangements. The programme has now moved from the initial phase into mobilisation and delivery within the four work streams – board governance; executive structure; clinical strategy and enabling strategies. • An updated was provided by the Company Secretaries relating to the Governance work stream and the planning to ensure robust governance arrangements are in place to support the group developments. • A presentation was made which set out the consultation process to form a joint Executive Team for the Group, with the consultation process commenting on 22 January 2024. • An update was provided for the Clinical Strategy Event that was taking place on 24 January 2024, with extensive engagement prior the meeting to maximise attendance to support outcomes from the meeting. • An engagement plan update was also provided as well as a finance update. 										

Board Assurance Framework/Corporate Risk Register risks this paper relates to:			
This paper doesn't identify any new risks and is a discussion item at the monthly meeting of BAF domain authors for consideration.			
Does the report impact on any of the following areas <i>(please check the box and provide detail in the body of the report)</i>			
Equality, diversity, inclusion		Reputational	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)	
Board of Directors – 1 February 2024		N/A	
Recommendation	The Council of Governors are asked to note the content of this report.		

Council of Governors

Title of report:	Report of the Managing Director									
Date:	15 February 2024									
Prepared by:	Stuart Irvine, Director of Strategy, Assurance & Compliance/Company Secretary Donna Fairhurst, Senior Project Support Officer									
Executive sponsor:	Neil Atkinson, Managing Director									
Purpose of the report	The purpose of the report is to provide an update to the Council of Governors on key local, regional and national issues.									
Action required:	Approve		Assurance		Discuss		Information	x		
	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 and industrial action); Culture and Leadership Development; Research and Development; Integrated Care System and Integrated Care Board; North East and North Cumbria Provider Collaborative; Tees Valley Group Model; Clinical Services Strategy; NHS Planning Guidance; North Tees and Hartlepool NHS Foundation Trust Estates Strategy (including RAAC); Community Diagnostic Centre; Faculty of Learning, Leadership and Improvement; Workforce Development; Vaccinations Update; Clinical Support Worker Update, and; Consideration of the wider national and regional contributions; 										

Board Assurance Framework/Corporate Risk Register risks this paper relates to:			
This report relates to all Trust strategic objectives and Board Assurance Framework (BAF) 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 are 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

15 February 2024

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

During December, there was an increase in operational pressures across the majority of specialities as anticipated within the winter months however, industrial action and partners pressures also impacted on the Trust. The Trusts bed occupancy in December continued to be just above the standard with an average occupancy of 92.13%. However, medicine occupancy was reporting at 97.44%. All additional resilience capacity is now fully open. Capacity prioritisation measures are in place and full capacity protocol considered through Operational Pressures Escalation Levels Framework (OPEL) meetings.

Delivering an alternative to attending the emergency department via the Urgent 2 Hour Community response remains above the national standard of 70% (actual 79.27%). The service continues to progress, this month receiving referrals from 111 and Paramedics evidencing a wider uptake of urgent community response pathways. The team continue to work in collaboration with North East Ambulance Service (NEAS) to ensure hospital avoidance and support patients in the community where appropriate.

The Trusts '*home first principle*' remains at the forefront of decision-making and our medium to long-term clinical services planning. These services are vitally important to ensure the acute service provision does not get overwhelmed. From January 2024, there has been the establishment of Acute Respiratory Infection hubs (ARI) across the localities led by Primary Care. Hubs have been developed to manage demand over winter, providing additional surge capacity to support primary and secondary care pressures.

There continues to be an increase in the number of super stranded patients from previous months but a slight decrease from 62 patients to 59 patients between November and December. In addition to a surge in complex discharges this increase is also attributed to the discharge decision making panel at Stockton Borough Council for level two and level three discharges. It should however, be acknowledged that the localities use of intermediate care bed provision which results in permanent nursing / residential home placements is an outlier nationally and a focused piece of work is being undertaken to ensure, where possible, patients / clients are being cared for within their own homes. In addition, the Local Authorities are seeing pressures to facilitate discharges due to the availability of staff to deliver care packages. There has been a temporary reduction in the number of beds available at Rosedale in Stockton.

2.2 Urgent and Emergency Care

Following a procurement exercise undertaken by the Integrated Care Board (ICB) for an integrated Urgent and Emergency service across Teesside, the Trust and its partners (South Tees NHS Foundation Trust, NEAS and Hartlepool and Stockton Health (HaSH)) have been awarded the contract with the Trust taking the lead from a contracting perspective. The operational teams across

have now commenced mobilisation for delivering the service. The service specification is based upon the current delivery model in place at the Trust.

The Trust continues to exceed the overall four-hour national standard, achieving 82.99% in December (against a national standard of 76%) despite a significant increase in urgent and emergency attendances compared to the previous month (+8.8%). There is an acknowledgement that pressures remain within Type 1 pathways. A steering group continues to review progress with improvements already evident.

Worthy of note is how the Trust performs compared to other providers within the North East and North Cumbria (NENC). Detailed in table 1 is the NENC performance data for November 2023 which is the latest available position at the time of writing).

Table 1

Nov-23	Gateshead	Northumbria	NUTH	CDDFT	STSFT	N Tees	S Tees	NCIC	NENC	England
A&E performance	70.5%	87.0%	73.1%	72.5%	71.4%	85.0%	68.0%	62.4%	74.8%	69.7%
A&E performance rank (/144)	57	23	44	49	54	24	74	106	5 (/42)	
A&E performance Type 1	53.7%	73.1%	57.4%	51.6%	54.1%	50.9%	54.0%	55.8%	56.7%	55.4%
12 hour DTA delays	0	6	90	18	0	2	99	568	783	42,854
% A&E Attendances >12hrs from arrival	7.8%	1.0%	3.2%	11.0%	0.0%	1.2%	4.8%	11.8%	6.10%	10.90%
Ambulance HO delays - 60+ mins	58	119	44	307	96	4	233	186	1047	

NB - The top 22 Trusts in the A&E ranking are providers with type 2 and / or type 3 activity only.

An increase in the number of ambulance arrivals to the A&E department were seen during December at 2,017 (+8.7%), with a handover completion rate of 97.35%. During December, 44 ambulance handovers were completed outside of the required 59 minutes. There was a mean ambulance handover time of 20 minutes and a turnaround time (arrival to clear) of 30 minutes, placing the organisation as one of the most consistent and best performers in the region for both of these metrics. The Trust continues to focus on preventing ambulance handover delays, recognising the negative system impact when this does occur. There is focused collaborative work with colleagues across the region and NEAS, with a dedicated ambulance handover team now working in the department with a registered nurse supporting care (when required on a temporary basis) and administration support to assist with PIN compliance.

2.3 Elective Recovery

Following the GIRFT elective hub accreditation visit on the 20th November 2023 the Trust was notified at the end of December that it had received accreditation. The teams are now working through the action plan to ensure that the elective hub becomes a key planned care resource for the Trust, Group and the wider system going forward.

The Referral to Treatment incomplete pathway standard continues to be a challenge both within the Trust and nationally. In December, the Trust reported 71.70% against a standard of 92.00% with 157 patients waiting over 52-weeks. It has been noted that the position increased in December with work ongoing to address the position within all specialties to ensure these patients are appointed as soon as possible.

Across the NHS, elective recovery is challenged and there is a drive to reduce the number of patients waiting over 78 weeks by the end of March 2024. There are a number of organisations who are currently outliers in this regard, organisations are being asked to support, with the Trust looking to support where possible.

2.4 Industrial Action

The Trust continues to plan and respond to Doctors in Training industrial action to ensure our patients are safe and minimise the impact on normal emergency activity during the challenging winter period. The strike from the 20th – 23rd December was managed well with senior decision makers supporting the urgent and emergency pathways across the Trust. The cumulative impact on strike action since December 2022 continues to have an impact on the Trusts planned programmes of care including a growth in both admitted and non-admitted waiting lists and number of patients waiting over 52 weeks. The strike action to date and future strikes will continue to place pressure on delivery. It should be recognised by the Board for the continued support and dedication of the Trusts clinical teams in ensuring that urgent, emergency, and priority patient care is delivered whilst industrial action continues.

3. Strategic Objective: *Health and Wellbeing*

3.1 Culture and Leadership Development

The Code of Conduct for the Trust was launched in December 2023, with a programme of sessions planned for 2024. Work is in progress to strengthen performance management, aligned to the work with the code.

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 six 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, due to complete in March 2024.

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.

3.2 Research and Development

3.2.1 Recruitment

Patient recruitment into clinical research trials remains high with 3,135 patients recruited into the National Institute for Health and Care Research (NIHR) portfolio studies this year at North Tees and 4,821 for South Tees, giving a cumulative Tees Valley Research Alliance (TVRA) total of 7,956. This positive position, puts the Group second in the region behind Newcastle Hospitals NHS Foundation Trust who have recruited 8,146 patients.

The PRE-DX breast study has now closed and the Trust was the highest recruiting site in the country. Up to date news and performance data is available on the TVRA newsletter <https://infogram.com/tvra-newsletter-1hmr6g7rdm3ro6n>

3.2.2 Embedding Research

Caroline Fernandez-James was the successful applicant for the Trust's first PhD Fellowship with Teesside University aimed at growing research competencies and experience within our Nursing, Midwifery and Allied Health Professional staff.

3.2.3 Future Meds Clinical Trial Facility

The Master Collaboration Agreement and lease agreement between Research and Development (R&D) and Future Meds has been signed. The official launch will be on 30th January 2024 between within the Future Meds Clinical Trials Facility.

3.2.4 Additional Collaborations

Jane Greenaway, Associate Director of Tees Valley Research Alliance has been appointed as a member of the steering committee for the North Health Futures Digital Health Hub to ensure opportunities for investment and research are maximised for the TVRA. Jane is also a member of the Research & Innovation work stream of the new '*Tees Valley Health and Social Care Innovation Zone* in Stockton. Jane will ensure any opportunities for research within this proposal are considered and shared with the wider TVRA.

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 strategic session on 15th December 2023 discussion centred on the current Urgent and Emergency Care and NEAS performance; pending industrial action and the ICB financial position.

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.

The Month 9 YTD position is a £33.7m deficit, compared to a deficit YTD plan of £51.0m, indicating that the ICS is ahead of plan by £17.3m. All providers continue to forecast delivery of original financial plans with the exception of Northumbria Healthcare NHS Foundation Trust who are forecasting to be ahead of plan by £14.875m by the end of the financial year. This results in the delivery of a £34.9m deficit across the ICS at year-end.

In terms of contribution to the ICS position, the Trust's break-even 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 to achieve an overall break-even position at year end.

At Month 9, the Trust is reporting an in-month surplus of £0.9m against a planned deficit of £0.3m, which is £0.6m ahead of plan. The Trust is reporting a year to date surplus of £2.7m against a plan of £1.5m, which is £1.2m ahead of plan. This position recognises additional national non-recurrent funding to address the financial impact of industrial action and other pressures.

4.2 North East and North Cumbria Provider Collaborative (PvCv)

Every month, Chief Executives across the eleven Provider Collaborative Foundation Trusts meet in the Provider Leadership Board (PLB). In December it was announced Dr Chris Snowden has been appointed as Clinical Lead for the collaborative.

At the meeting on 12 December 2023 the PvCv priorities were agreed for 2024.

These include:

- The delivery of a comprehensive elective recovery plan in line with the ICS to deliver the 'Getting it Right First Time' Programme;
- The delivery of a diagnostics programme encompassing both Pathology and Community Diagnostic Centres;
- The mapping of major acute services across the ICB to ensure a strategic approach to clinical services;
- The development of an aseptic manufacturing hub at Seaton Delaval;
- The development of an Estates Framework to inform the ICS infrastructure strategy, and;
- A workforce programme including a scaling up programme across payroll, job evaluation, collaborative bank, occupational health, employee relations, recruitment, leadership development and workforce planning.

4.3 Tees Valley Group Model

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 reports to the Joint Partnership Board.

As colleagues are aware, Sue Page, Chief Executive of South Tees Hospitals NHS Foundation Trust departed from her post as Chief Executive at the end of December 2023 and Rob Harrison, Managing Director will take up the opportunity to work with Sir James Mackey at Newcastle upon Tyne NHS Foundation Trust at the end of January 2024. I am sure you will join me in thanking them for their contribution to the Tees Valley Group Model and wish them both well for the future.

4.4 Clinical Services Strategy

Following the update to the Board of Directors on 9th November 2023, a series of digital clinical engagement workshops commenced on 15 January 2024 and a third clinical structure and development session took place on 24th January 2024. A verbal update will be provided at the Board meeting.

4.5 Thirlwall Submission

The Trust received a request to complete a questionnaire as part of the Thirlwall Inquiry; this questionnaire was sent to all Trusts with a Neonatal Unit designation. It is being used to help the Inquiry to understand how babies in hospital are kept safe and well looked after. This includes understanding the effectiveness of NHS management and governance structures in neonatal units and, in that context, a consideration of NHS culture.

The Chair of the Inquiry requested that a copy of the questionnaire is completed by both the Trust Medical Director and a Non-Clinical Director with responsibility for the Trust's neonatal services. Each should complete the questionnaire separately and with as much detail as possible. The instructions also requested that Trusts did not discuss their responses with other organisations and that NHS England would not be involved in the completion.

The questionnaire came with some specific instructions and a "frequently asked questions" to support the two colleagues completing it. These identified that key members of relevant teams could be approached confidentially to assist them in gathering the details to appropriately respond to the questions set out.

Within the questionnaire there were 43 questions, some with several sections and broad ranging. The requests ranged from factual information about the services, policies, procedures and data; to some asking specifically, the opinions of the people completing the questionnaire. A group of key

staff were asked to support in gathering the relevant information to assist in the responses, this was then checked and enhanced further as needed until it was considered there was sufficient details to support completion.

The Chief Medical Officer and a Non-Executive Director completed the questionnaires on behalf of the Trust; they did not discuss their individual responses with any other staff and the signed responses were sent back to the Inquiry within the agreed timescales. The Inquiry will use all replies to further inform the scope of the terms of reference and will share learning as part of the recommendations in their final report.

4.6 NHS Planning Guidance

It is to be noted that the NHS Planning Guidance due to be published at the end of December 2023 was released mid-January to allow NHS Organisations to plan for the forthcoming year.

4.7 Secretary of State for Health

During the cabinet reshuffle in November 2023, Steve Barclay was replaced as Secretary of State for Health and Social Care by Victoria Atkins who takes up post following her role as Financial Secretary to the Treasury. Mrs. Atkins is the sixth conservative MP to hold the Secretary of State for Health post in the last five years.

4.8 Service and Estate Developments

4.8.1 New Hospital Outline Business Case (OBC)

The early stages of the development of the Outline Business Case has highlighted the clinical service priorities for the University Hospital of North Tees (UHNT) and University Hospital of Hartlepool (UHH) sites.

These clinical priorities have been tested and agreed during clinical workshops, Operational Delivery Group and Clinical Leaders Group meetings. The agreed priorities for UHNT are critical care and inpatient wards. The agreed priorities for UHH are the Elective Hub, Centralised Surgical Sterilisation Department (CSSD), Same Day Emergency Care (SDEC) and neuro-rehabilitation. The next step is to ensure these are consistent with the Group clinical priorities.

4.8.2 Reinforced Autoclaved Aerated Concrete (RAAC)

The Trust have instructed RAAC specific surveys of all three hospital sites and the update is as follows:

- Peterlee Community Hospital - completed with no RAAC identified;
- University Hospital of Hartlepool - completed and verbally advised no RAAC identified, final report expected at the end of January 2024;
- University Hospital of North Tees - completed and report expected at the end of January 2024.

On the University Hospital of North Tees site, RAAC has been found within the seven residency blocks and the Lecture Theatre within the Middlefield Centre. Four residency blocks and the lecture theatre were identified as requiring urgent work to make safe, with the other three recommended for annual inspections. The making safe work has now been completed on three of the residency blocks.

The making safe works to the final residency block and the lecture theatre commenced in early January 2024 with completion by the end of March 2024.

Please note that all works to date are purely making buildings safe and have been funded from the Trusts capital programme for 2023/2024. Eradication of the RAAC requires external funding from NHS England. The cost for the replacement of the RAAC roofs including the Lecture Theatre is circa £4.9M.

The Trust has sought assurance in relation to the community estate we occupy as a Trust. Of those that have responded no landlords have confirmed RAAC however, for additional assurance the Trust have commissioned Capsticks LLP to write to each landlord, collate the responses and advise on next steps. This is in line with the approach adopted by the other Trusts within the Region.

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 have been developing pathways with clinical specialities that will be supported by the CDC. These are initially focused on urology, respiratory, musculoskeletal and cardiology. The digital systems interoperability work is progressing to ensure that systems are aligned to support the CDC. Staff engagement is underway across both Trusts building on previous communication. All clinical and operational management teams receive regular updates on progress and feedback is positive.

The construction work on the CDC continues to progress to plan. The foundation piling is completed and work continues on the foundations and build. The contract for the supply of radiology diagnostic equipment for the CDC has been signed and orders placed.

5. Strategic Objective: Valuing our People

5.1 Staff Survey

The National Staff Survey closed late November 2023. An electronic census was undertaken which allowed all staff the opportunity to respond. 2,444 surveys were completed which gives a response rate of 50%. This equates to 81 more responses than in 2022.

High level results are now available, however, these are embargoed until early March 2024. There were one hundred questions asked in this year's survey, with three new questions included.

The Trust's Organisation Development team will continue to evaluate the data at Trust, Care Group and department level, working with business intelligence to ensure the data can be accessed via the Yellowfin platform. Once thematically analysed, communication and action plans will be developed and shared.

5.2 Faculty for Learning, Leadership and Improvement

The Trust is committed to developing the capacity and capability in supporting quality improvement and continues to roll out training via the Quality Service Improvement Redesign (QSIR) Foundation and Practitioner programmes, and these have continued with a positive uptake across the Trust.

A work programme for the strategic plan has been developed. Current priorities in delivering the Strategic Plan include:

- The development of an intranet site for staff to access resources, training and QI leads;

- To raise the profile of QI in the Trust, and;
- The development of new training model to ensure awareness of all projects and alignment to strategic priorities.

The Trust's continuous improvement maturity level was assessed using the NHS IMPACT Self-Assessment tool. Using the scores generated the areas of priority have been ranked. The top five areas include:

- Lived Experience;
- Co-production;
- Improvement work aligned to strategic priorities;
- Enabling staff through a coaching style of leadership and Improvement, and;
- Capacity and Capability Building strategy.

The purpose of the NTH 100 programme is to teach the selected cohort of Trust individual's basic improvement tools and techniques that can be used in their day-to-day jobs to enhance how they improve the service to patients, carers, and other staff. They practice the use of these tools and techniques through the delivery of improvement projects that have Trust wide significance, with the aim of delivering tangible benefits.

Cohort three of the NTH 100 is focussing on delivering improvement benefits within 100 days across five categories of Trust wide themes. The five Trust wide themes being addressed include: patient communication; health and well-being specifically weight management; flexible working; service users, and quality improvement and improving patient lifestyles.

5.3 Workforce Development

As part of the Hartlepool Towns Deal initiative, the Trust has been successful in attracting capital funding (£1.25m) to develop a regionally significant Health and Social Care Academy. Working with key stakeholders including Hartlepool College of Further Education, the academy will be located in the heart of our current estate within Ward 10 at the University Hospital of Hartlepool.

In late 2023, VEST construction were awarded the build programme following a thorough tendering evaluation process. Construction work commenced on 8 January 2024 with an estimated 22 week build.

In addition to the capital funding, a successful bid for funding (circa £200k) has been made to the Local Skills Improvement Fund (LSIF) to support with costs associated with additional equipment. The successful 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 23% with Influenza uptake at 49%. 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

Since the last meeting held on 9 November 2023, the Trust has appointed Dr Ashley Brown, Consultant in Colorectal Surgery who will take up post on 1st June 2024.

5.6 Clinical Support Worker (Band 2 / Band 3)

The release of updated Agenda for Change national profiles for clinical support workers (in the combined nursing job family), resulted in concerns 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.

Following discussion and approval by the Trust Board of Directors work has begun to apply an uplift to approximately 500 eligible staff from July 2021 when new Agenda for Change National Profiles were published. Implementation will take place in a phased manner due to the complexities associated with calculating payment for each of the affected staff members and provision has been made for the estimated costs.

Whilst locally there is positivity regarding the uplift and back pay arrangement, regional UNISON representatives continue to request back pay equivalent to four years. The Trust continues to engage with local and regional union representatives on this matter as well as engaging fully with colleagues across the region.

5.7 Wider National and Regional Contribution

5.7.1 University Hospital of Hartlepool surgical hub accreditation

The Trust is thrilled to reveal that NHS England's 'Getting It Right First Time' team has granted the University Hospital of Hartlepool's surgical hub accreditation status in recognition of our dedication to making Hartlepool our centre for elective care.

5.7.2 Asthma services transformed

Over the last nine months, the Trust have created a special asthma treatment pathway for hospital patients, which provides even greater support for inhaler technique, reviews of medications and exploration of any triggering factors like smoking and mental health. Service user Janice Hutchinson said: "*The team have made several improvements to the way I treat my asthma and have really helped me.*"

5.7.3 First in series of new skills development days for T Levels

Trust education leads and allied health professionals hosted students from Hartlepool Sixth Form College to undertake health-related training sessions and 'soft skills' including communication, problem solving, teamwork and leadership.

5.7.4 Extra special Christmas gift for Hartlepool couple

Hartlepool couple Cloe and Kieran Payne welcomed baby Arlo on Christmas Day. The little bundle was due a few days later but surprised his mum and dad, becoming the best Christmas gift they could imagine.

5.7.5 New Year's Honours List

Finally, I am sure you would wish to join me in congratulating recipients from the North East and North Cumbria who were honoured from health and care in the North East and North Cumbria as part of the Kings New Year's Honours List, they include:

- Professor Amritpal Singh Hungin OBE DL Emeritus Professor of General Practice, Newcastle University honoured for services to medicine who received a Knights Bachelor;
- Consultant Urologist Dr Alice Hartley, who specialises in renal and prostate cancer care and is based at Sunderland Royal Hospital, in recognition of her pioneering work to deal with bullying and undermining in surgery who was awarded an MBE, and;
- Jacqueline Savage, volunteer from Stockton-on-Tees, was honoured for services to social care who received an MBE and Penelope Jean Walters for services to the community in Byker, Newcastle upon Tyne, particularly during Covid-19 who received a Medallists of the Order of the British Empire (BEM).

6. 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.

Neil Atkinson
Managing Director

Council of Governors

Title of report:	Integrated Performance Report									
Date:	15 February 2024									
Prepared by:	Linda Hunter – Director of Planning & Performance									
Executive sponsor:	Lindsey Robertson - Chief Nurse/ Director of Patient Safety and Quality Rowena Dean – Acting Chief Operating Officer Susy Cook - Chief People Officer & Director of Corporate Affairs Kate Hudson - Halliday– Director of Finance									
Purpose of the report	To provide an overview to the Council of Governors on performance and associated pressures for compliance, quality, finance and workforce.									
Action required:	Approve		Assurance	x	Discuss	x	Information	x		
Strategic Objectives supported by this paper:	Putting our Population First	x	Valuing People	x	Transforming our Services	x	Health and Wellbeing	x		
Which CQC Standards apply to this report	Safe	x	Caring	x	Effective	x	Responsive	x	Well Led	x
Executive Summary and the key issues for consideration/ decision:										
<p>The following is a summary of the performance for December 2023:</p> <p>Safe The Trust reported no serious incidents during December. The trend of zero never events reported continues in December. Increased infection reporting in month, most noticeably, Clostridium Difficile (C diff), cases during December exceeding the internal annual threshold. This increase is mirrored regionally and nationally, with antimicrobial stewardship and use broad-spectrum antibiotics being a common theme</p> <p>Effective Readmission rates are higher than the Trusts threshold (Standard 7.70% Actual 9.08%), real time data is now available with the early identification of themes to provide full overview of real time findings providing the ability to address proactively.</p> <p>Caring All Friends and Family Test (FFT) returns seen a reduced response rate this month, with the exception of Maternity, Care provided, compassion and end of life care are just some of the themes identified in the reported compliments for December.</p>										

Responsive

Ambulance handover compliance saw a decrease in month with 44 ambulance handovers outside of the 59 minute, that said the average handover time for the month was 20 minutes and turnaround time was at 30 minutes placing the Trust joint first across the region.

The Trust continues to exceed the overall four-hour national standard, achieving 82.99% in December (against a national standard of 76%) despite a significant increase in urgent and emergency attendances (16,969) compared to the previous month (+8.8%). There is an acknowledgement that pressures remain within Type 1 pathways. A steering group continues to review progress with improvements already evident.

Patients waiting for a hospital bed within the emergency department (ED) have significantly increased in month from 57 patients waiting over 12 hours in November to 225 patients waiting in December

Delivering an alternative to attending the emergency department via the Urgent 2 Hour Community response remains above the national standard of 70% (actual 79.27%).

Reporting against the new standards compliance for each of three standards being the November position:-

- 28-day faster diagnosis standard has been achieved against the 75% standard with an actual delivery of 79.36%.
- Cancer 31-day target was achieved, actual 96.05% against a target of 96%.
- 62-day target was not achieved; actual 66.01% against a target of 85% an improvement on the previous month

Referral to Treatment incomplete pathway standard continues to be a challenge nationally and within the Trust. In December, the Trust reported 71.70% against a standard of 92%. 52- week waits have seen a significant increase in December at 157.

Well Led People

The absence rate continues to report above standard, although a slight decrease in the reported rate at the end of November at 5.69%.

In order to support an improvement in the appraisal compliance, the Organisational Development Team have undertaken a 100-day project. The aim of the project was to understand the data, the impact of reporting in the different systems and barriers to improving compliance. Actions are now being implemented following this work to improve the position.

Finance

The Trust has a breakeven financial plan for 2023/24 with reported risks relating to inflationary pressures and efficiency requirements.

At Month 9, the Trust is reporting an in-month surplus of £0.296m against a planned deficit of £0.305m. The year to date position includes recognition of the year to date position including elective recovery over performance of £4.321m. The Trust is reporting a year to date surplus of £2.651m against a plan of £1.524m, therefore is £1.127m ahead of plan.

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

The IPR relates to all BAF domains.

Does the report impact on any of the following areas <i>(please check the box and provide detail in the body of the report)</i>			
Equality, diversity and or inclusion		Reputational	X
Workforce	X	Environmental	
Financial/value for money	X	Estates and Facilities	
Commercial		Compliance/Regulatory	X
Quality, safety, experience and effectiveness	X	Service user, care and stakeholder involvement	X
Board Subcommittee meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
Quality Committee – 22 January 2024 Resource Committee – 23 January 2024 People Committee – 25 January 2024 Board of Directors – 1 February 2024		Directors Performance Meeting – 18 January 2024	
Recommendation	<p>The Council of Governors is asked to note:</p> <ul style="list-style-type: none"> • The performance against the key operational, quality and workforce standards. • Acknowledge the on-going operational pressures and system risks to regulatory key performance indicators and the associated mitigation. 		



North Tees and Hartlepool
NHS Foundation Trust



Integrated Performance Report (IPR)

January 2024 Report

(December 2023 data)

Executive Summary

Domain

Summary

Safe

Page 6 to Page 12

Zero serious incidents were reported in December 2023.

The Summary Hospital-level Mortality Indicator (SHMI) is regionally low and within the expected National range.

Although reported cases of Catheter Associated Urinary Tract Infection (CAUTI) are within threshold, there is a significant increase in comparison to the last reporting month. This is attributed to increased activity and acuity.

No falls resulting in significant harm are reported in December 2023.

Effective

Page 13 to Page 18

Outpatient transformation continues to reflect a positive position in terms of advice and guidance offered, however, Other elements of outpatient delivery are below the standard. Although Patient Initiated Follow-up (PIFU) remains below the standard there is a positive trajectory with month on month improvement evident. Continued improvement plans reflecting "Getting it Right First Time" (GIRFT) directives, via the Outpatient Transformation Group are in place to improve patient access, choice and reduce waiting times.

Theatre utilisation continues to report below the standard of 80%, however, with increased use of the Elective Hub, and efficiencies identified across specialities, it is anticipated that this position will improve.

Length of stay for Elective and Emergency pathway continue to report a positive position.

Caring

Page 19 to Page 22

The Friends and Family Test (FFT) demonstrates a very positive position and in most areas exceeds the standard. However, it is noted that Maternity is below the 75% standard achieving 57%.

A reduction in Stage 3 complaints is noted in December 2023.

There is a notable decrease of Compliments received in December 2023; however, this is likely due to the decrease in activity during this period.

Executive Summary

Domain

Summary

Responsive

Page 23 to Page 30

Ambulance Handover time (less than 59 minutes) continues to exceed the National standard. However, The Trust standard was not met and has reduced from the November 2023 position.

Trust Occupancy and Super Stranded Patients (+21 days) do not meet the standard, although there is a significant decrease in Super Stranded Patients noted compared to the November 2023 position. All additional resilience capacity is now fully open. Capacity prioritisation measures are in place and full capacity protocol considered through Operational Pressures Escalation Levels Framework (OPEL) meetings.

Cancer 28-day faster diagnosis and Cancer 31 days both meet the standard. The 62-day standard is not met; there is an improvement in performance compared to the previous month, achieving this has been consistently below the standard of 85%.

Referral to treatment incomplete pathways are below the standard, and patients waiting 52 weeks and over for appointment has increased. Focused work continues in utilisation of the Elective Hub and additional clinic provision to maximise capacity.

Well-Led People

Page 31 to Page 34

&

Finance

Page 35

The Trust has a sickness absence has exceeded threshold of 4%, at 5.69% and has increased from the previous reporting month. Stress, anxiety and depression remain a theme, accounting for 30.41% of all recorded absences.

Both mandatory training and appraisal fall below the standard in December. There is a gradual decrease in mandatory training compliance since July 2023. Appraisal compliance is relatively static since July 2023.

At month 9, the Trust is reporting an in-month surplus of £0.296m against a planned deficit of £0.305m, which is £0.601m ahead of plan. The year to date position includes recognition of the year to date elective recovery over performance of £4.312m. The Trust is reporting a year to date surplus of £2.651m against a plan of £1.524m, which is £1.127m ahead of plan. Key risks at month 9 relate to the reduction of run rates and industrial action will continue to have a financial impact at the Trust's financial position.

Executive Summary

Domain

Summary

Maternity

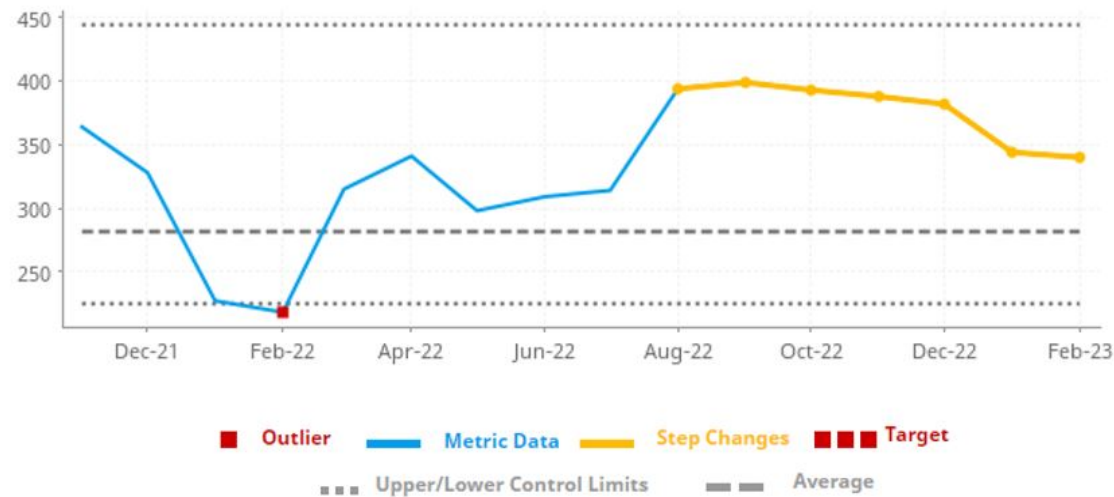
Page 36 to Page 47

Focused work continues to reduce smoking in pregnancy, Smoking at booking is reporting within the Regional average at 10.41%.

An increase in postpartum haemorrhage has been noted for November and is inline with the regional average.

Complaints received in Maternity services has increased, only 2 complaints were received in October 2023 compared to 5 in the reporting month of November 2023.

Statistical Process Control (SPC) Charts



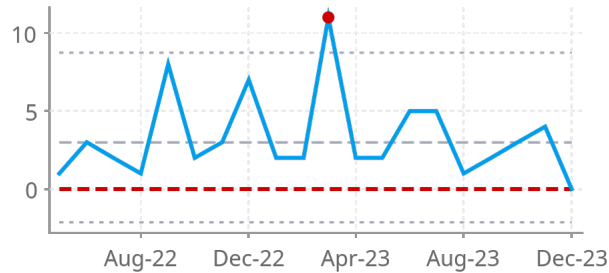
A **Step Change** occurs when there are 7 or more consecutive points above or below the *average*.

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

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

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

Serious Incidents

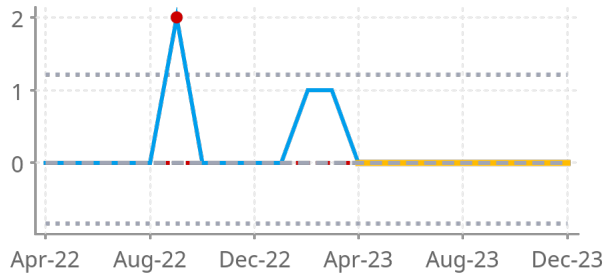


Month	Dec-23
Actual	0
Standard	0

Summary of Current Issues/ Recovery Plans

During December 2023, staff reported 1,545 safety events across all types of adverse events. None of the safety events are serious incidents. The Trust has changed the patient safety reporting platform at the end of December 2023 from Datix to Inphase. During January 2024, a Patient Safety Event Response Plan will be implemented to support compliance with the National Patient Safety Incident Response Framework, which supersedes the National Serious Incident Framework.

Never Events

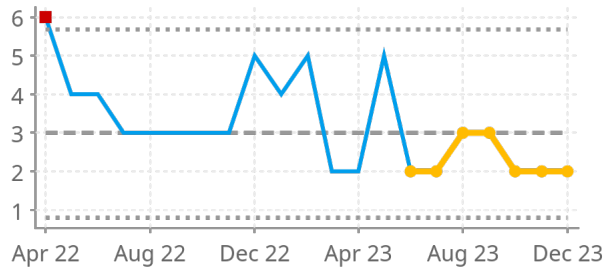


Month	Dec-23
Actual	0
Standard	0

Summary of Current Issues/ Recovery Plans

They have been zero Never Events reported since April 2023.

High Risks



Month	Dec 23
Actual	2
Standard	N/A

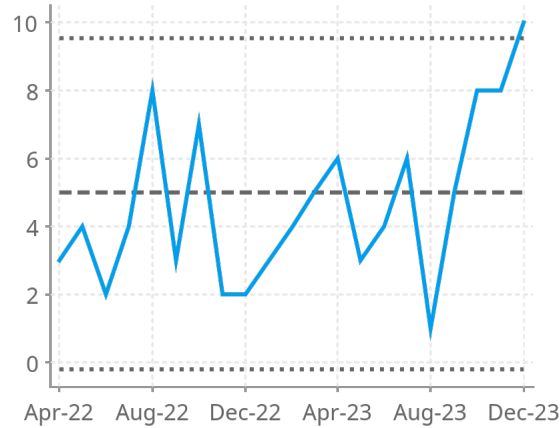
Summary of Current Issues/ Recovery Plans

Two high risks remain in December 2023, which relate to the Trust's ageing estate and the delivery of savings. These risks are agreed through the Trust's governance process.

Clostridium difficile (C. diff)



Summary of Current Issues/ Recovery Plans



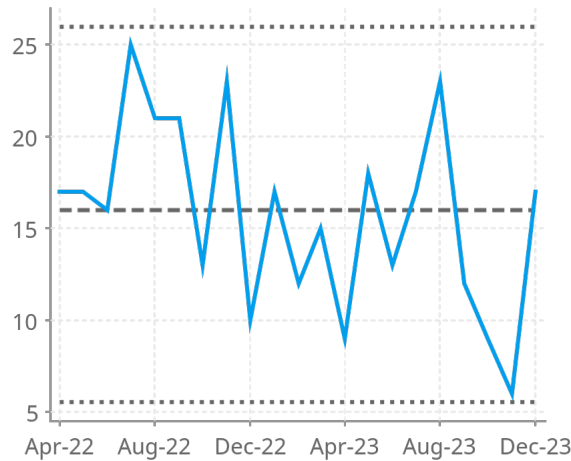
Month	Dec-23
Actual	10
Standard	4

Currently there are 51 cases of C. diff against internal threshold of 46 across 2023. There have been 10 healthcare associated cases reported in December 2023, with two clinical areas reporting two cases in within month. The increase in cases is mirrored regionally and nationally, with antimicrobial stewardship and the use of broad-spectrum antibiotics being a common theme. Additionally, increased activity and flow impacted upon deep cleaning turnaround.

Catheter Associated Urinary Tract Infection (CAUTI)



Summary of Current Issues/ Recovery Plans



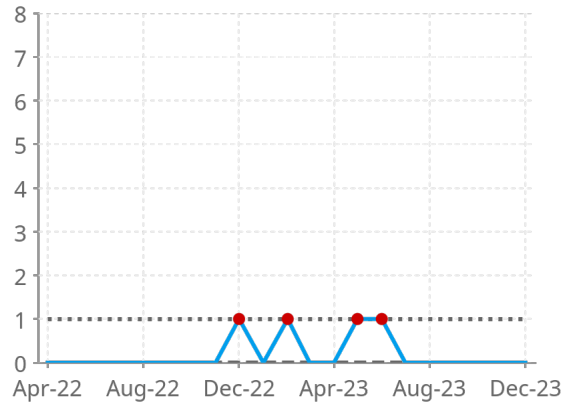
Month	Dec-23
Actual	17
Standard	17

There have been 17 CAUTI reported in December 2023, which is a significant increase on the previous month. There were no common themes with the type of bacteria or specific ward areas with higher than expected cases. This fluctuation is likely due to the increase in activity and acuity of patients who have been admitted. The CAUTI audit was completed during November by an external team and feedback provided in January 2024.

MRSA



Summary of Current Issues/ Recovery Plans



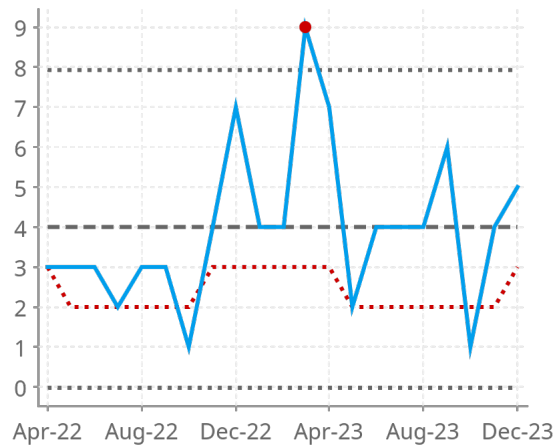
Month	Dec-23
Actual	0
Standard	0

MRSA bacteraemia continues to achieve the standard with Zero reported in December 2023.

MSSA



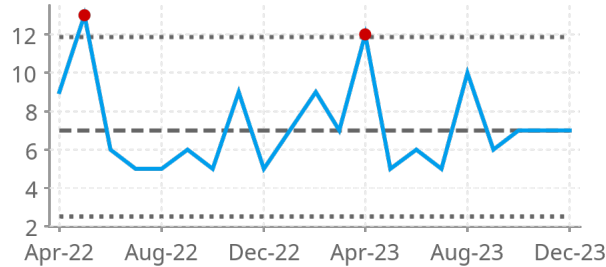
Summary of Current Issues/ Recovery Plans



Month	Dec-23
Actual	5
Standard	3

The trust reports five MSSA bacteraemia. Although there is no external threshold, this exceeds the internal standard.

Escherichia coli (E. coli)

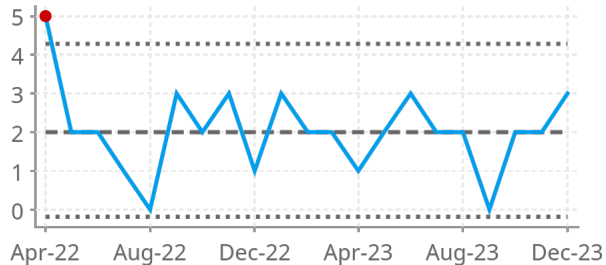


Month	Dec-23
Actual	7
Standard	6

Summary of Current Issues/ Recovery Plans

Seven E-coli bacteraemia were reported, which is slightly above the expected standard. Total reported cases to date are 66 against a threshold of 69 cases, with lower urinary tract remaining the highest reported source.

Klebsiella

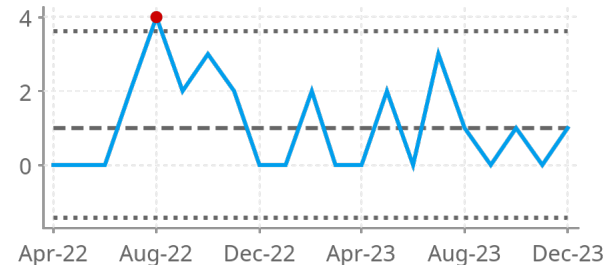


Month	Dec-23
Actual	3
Standard	2

Summary of Current Issues/ Recovery Plans

Klebsiella bacteraemia across the Integrated Care Board (ICB) remains above trajectory, the Trust reported three cases in December, with 19 cases against a threshold of 20. All cases in December are recorded in differing clinical areas, and from varied sources.

Pseudomonas aeruginosa

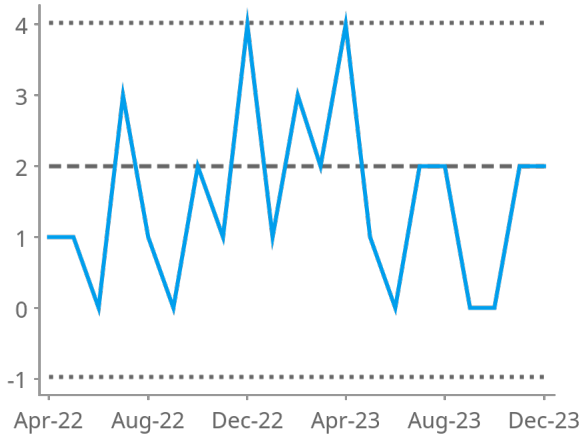


Month	Dec-23
Actual	1
Standard	1

Summary of Current Issues/ Recovery Plans

Pseudomonas infections across the Integrated Care Board (ICB) remain above trajectory. The Trust is currently reporting one new case in December 2023, with eight cases reported against a threshold of 11 to date.

Falls with Moderate Harm



Month	Dec-23
Actual	2
Standard	2

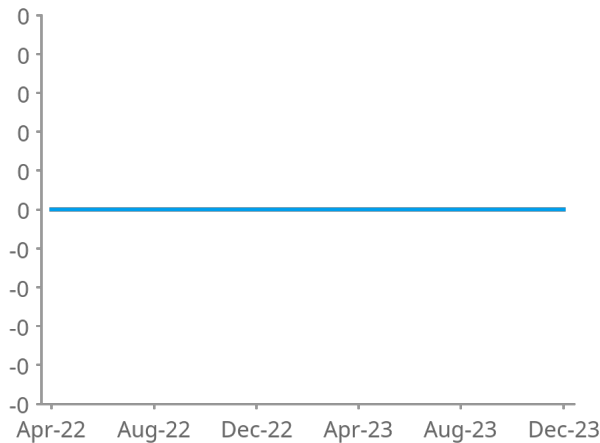
Summary of Current Issues/ Recovery Plans

During December 2023, there were 89 reported inpatient falls, of which 72 resulted in no harm, 15 low harm, and two resulted in moderate harm. None resulted in severe harm.

Two falls with moderate harm are not limited to one specific area. Both falls are subject to review through the Trust's Safety Response process, with Duty of Candour applied as required.

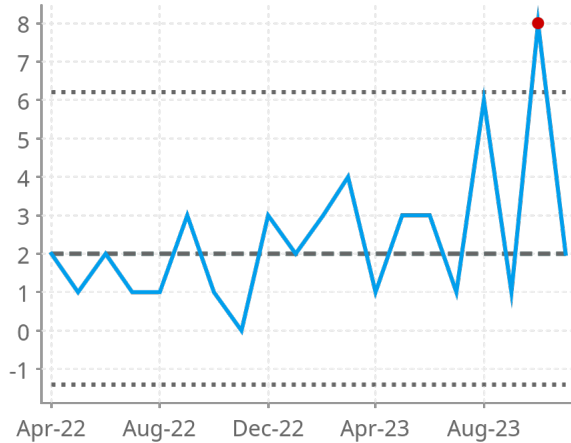
This provides positive assurance that staff continue to appropriately assess patients, identifying those at risk and implementing any risk mitigation strategies in a timely manner.

Falls with Severe Harm



Month	Dec-23
Actual	0
Standard	0

Pressure Ulcers Category 3



Month	Nov-23
Actual	2
Standard	2

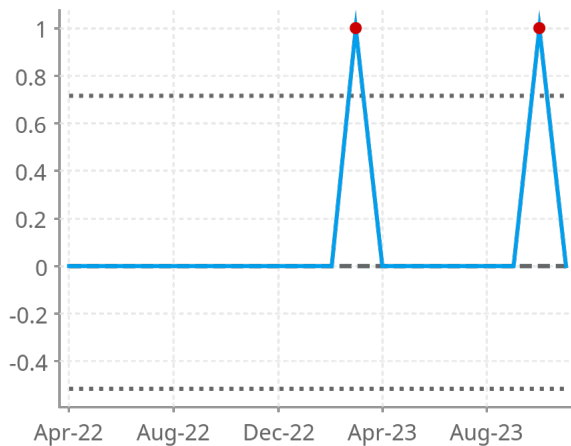
Summary of Current Issues/ Recovery Plans

There has been a decrease in category 3 pressure ulcers reported in November 2023, in both community and hospital settings. This provides assurance that the reported increase in October 2023 was likely a fluctuation as a result of increased activity and acuity.

In hospital, there remains an elevated number of category 1 reported pressure ulcers, which demonstrates early identification of skin damage.

There is an increase in reports of category 2 damage, however, this is in line with a higher number of overall reporting.

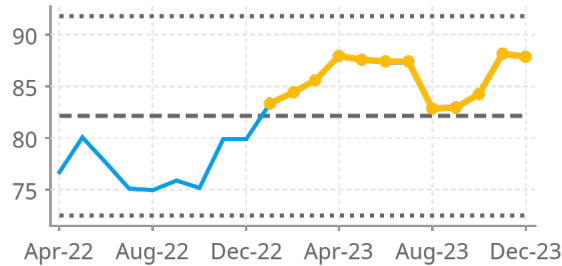
Pressure Ulcers Category 4



Month	Nov-23
Actual	0
Standard	0

The numbers of reported category 4 pressure damage reduced to zero across both community and hospital settings.

UNIFY Day RCN

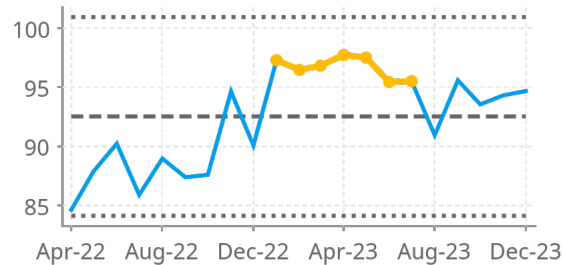


Month	Dec-23
Actual	87.84%
Standard	>=80% and <=109.99%

Summary of Current Issues/ Recovery Plans

Nursing fill rates for Registered Nurses and Health Care Assistants continue to sit within the recommended standard of >80%. Nurse vacancy levels continue to reduce in line with the planned trajectory, which will naturally increase the nurse fill levels as the new establishments are recruited into. Monthly recruitment remains on going for both registered and unregistered nurses and midwives. The January 2024 cohort of pre-registered nurses are now preparing to take up their positions across January and February 2024 on receipt of their planned registration.

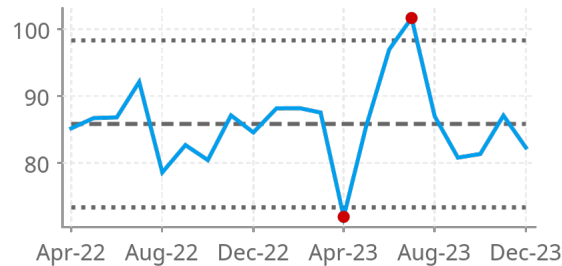
UNIFY Night RCN



Month	Dec-23
Actual	94.67%
Standard	>=80% and <=109.99%

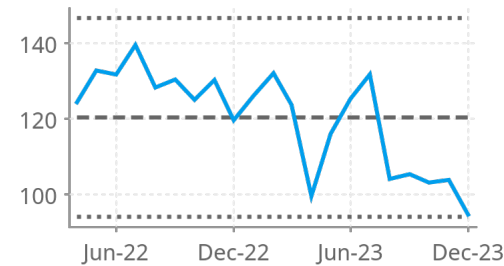
The recruitment of Internationally Educated Nurses (IEN) remains a priority for the Trust, and to date 86wte nurses have arrived in the UK. 100% of these nurses are now OSCE passed and 84wte are working within establishments (2wte remain supernumerary due to passing OSCE in January 2024).

UNIFY Day HCA



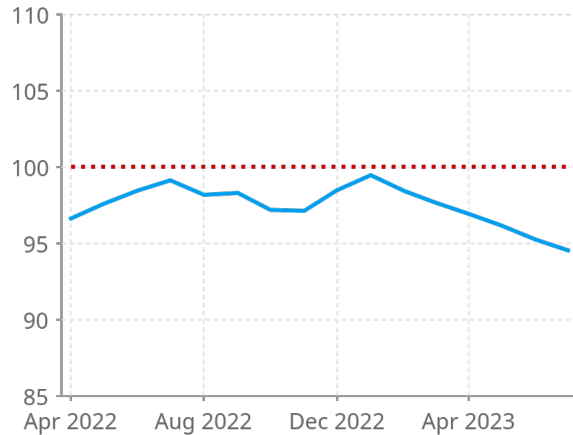
Month	Dec-23
Actual	82.29%
Standard	>=80% and <=109.99%

UNIFY Night HCA



Month	Dec-23
Actual	94.72%
Standard	>=110% and <=125.99%

Summary Hospital-level Mortality Indicator (SHIMI)



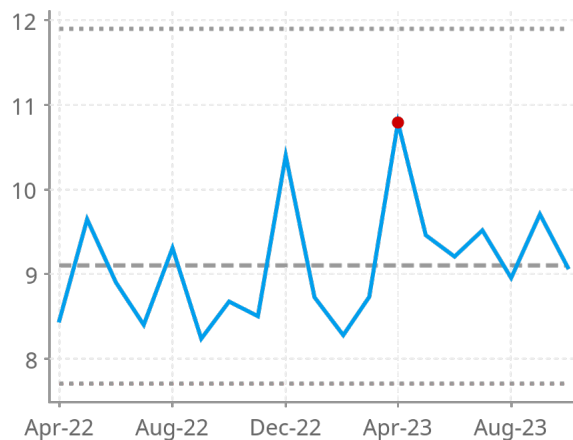
Month	Aug 22 - Jul 23
Actual	94.52
Standard	100

Summary of Current Issues/ Recovery Plans

The latest SHMI value is now 94.52 (August 2022 to July 2023) which has increased from the previous rebased value of 94.45 (July 2022 to June 2023).

The value of 94.52 is 6th lowest in the region, which ranges from 89.89 to 120.69, with the national range falling between, 71.04 to 120.74.

Re-admission Rate



Month	Oct-23
Actual	9.08%
Standard	7.70%

Summary of Current Issues/ Recovery Plans

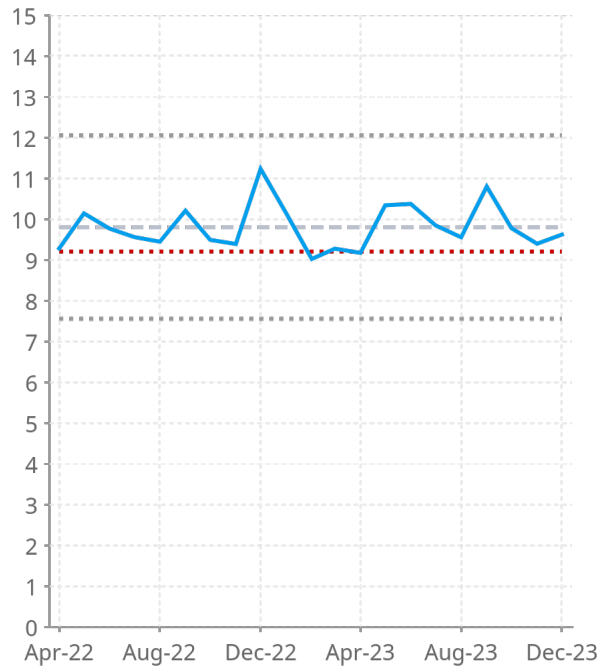
The Trust has not met the standard for the re-admission rate, although, a slight improvement on the September 2023 position is noted.

Review of real time re-admission data to cleanse and validate before reporting is underway, in order to identify themes. Findings will be reported to Senior Management Team meeting in February 2023.

Outpatient Did Not Attend - Combined



Summary of Current Issues/ Recovery Plans



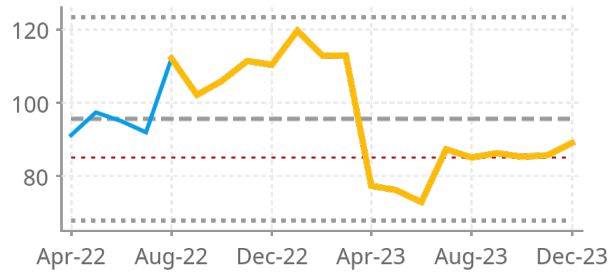
Month	Dec-23
Actual	9.62%
Standard	9.20%

Outpatients not attending appointment for new and review appointments combined has marginally increased from November 2023, and continues to be outside of the standard. Diabetic Medicine (32.36%) and Pain management (22.81%) have the highest DNA rate across the specialities for new appointments in month. This elevated position is reflected in review appointment DNA rates for Diabetic Medicine, with a rate of 21.69% in December.

Waiting list validation continues, and has resulted in 297 patient discharges up to December 2023. Work continues to progress validation of review activity in order to improve this position.

The "myHealthCall" Patient Engagement Platform (PEP) project plans are in place to increase the specialities offering patients access to manage their outpatient appointments via the NHS app.

Reducing Reviews

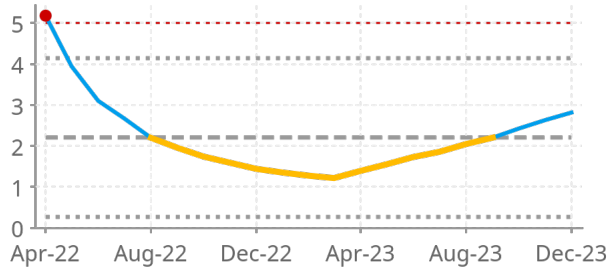


Month	Dec-23
Actual	88.99%
Standard	85.00%

Summary of Current Issues/ Recovery Plans

Performance against the standard has not been met in December 2023 and review activity has increased from the November 2023 position.

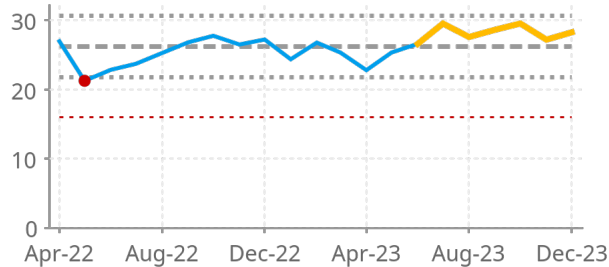
Patient Initiated Follow-Up (PIFU)



Month	Dec-23
Actual	2.81%
Standard	5.00%

PIFU activity levels continue to increase and a month on month improvement is noted. Work is ongoing through the Outpatient Steering Group to ensure PIFU activity increases, with Care Group focused discussions. Implementation guides, including clinical protocols, are established to support the process for specialities utilising PIFU.

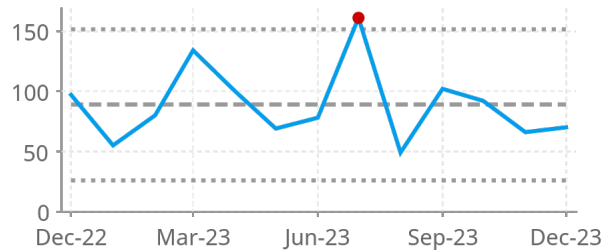
Advice and Guidance



Month	Dec-23
Actual	28.27%
Standard	16.00%

Advice and guidance continues to exceed the standard, with an increase seen in month of 1.07%.

Theatre - Reportable Cancellations

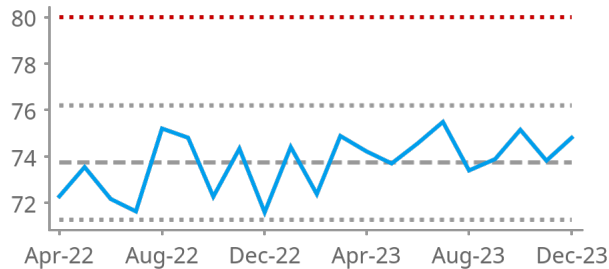


Month	Dec-23
Actual	70
Standard	N/A

Summary of Current Issues/ Recovery Plans

70 cancellations are reported in December 2023, a slight increase from the previous month. The main reason for these cancellations is clinical prioritisation, for both urgent cases and cancer patients. Industrial action has had an impact on reportable cancellations along with staff sickness across theatres, surgery and anaesthetics. It is anticipated winter pressures and industrial action may continue to impact upon the number of cancellations, however, robust planning to mitigate continues.

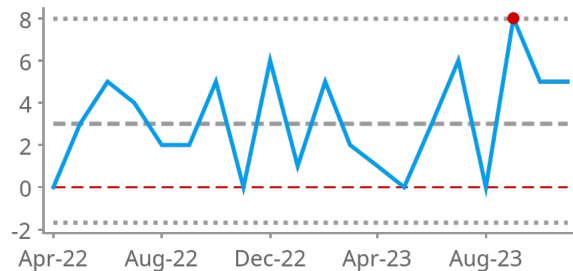
Theatre Utilisation (%)



Month	Dec-23
Actual	74.80%
Standard	80.00%

Theatre utilisation has increased in December 2023, with work within the elective hub to increase. Many variables affect this standard across all Care Groups as users of theatres; efficiencies are identified via the Perioperative Steering Group.

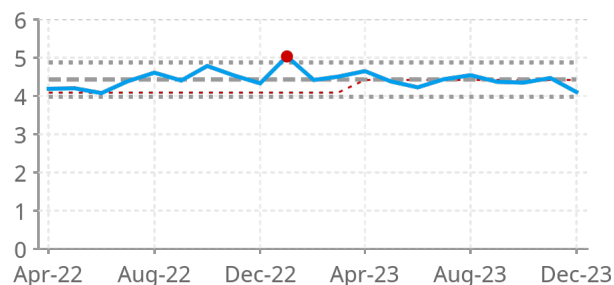
Not Re-appointed within 28 days



Month	Nov-23
Actual	5
Standard	0

Five patients were cancelled and not re-appointed within 28 days. Industrial Action and Bank Holidays resulted in reduced capacity, which impacted re-appointing patients within 28 days. Two patients have now been re-appointed and there is escalation of the three patients outstanding appointment.

Length of Stay (Combined)



Month	Dec-23
Actual	4.10
Standard	4.41

Summary of Current Issues/ Recovery Plans

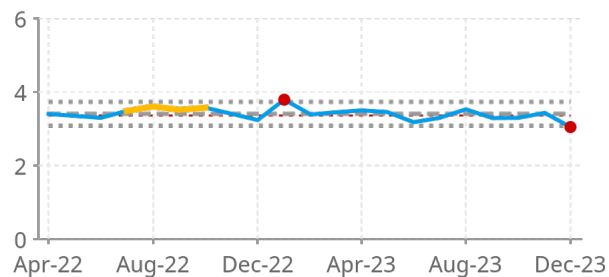
Length of Stay standards have been achieved for both elective and emergency pathways, this work is supported by in-hospital and Community teams working collaboratively with system partners. Challenges are noted with the introduction of Local Authority Panels, to review patients who do not meet the criteria to reside, with potential to delay discharges.

Length of Stay (Elective)



Month	Dec-23
Actual	2.55
Standard	3.14

Length of Stay (Emergency)

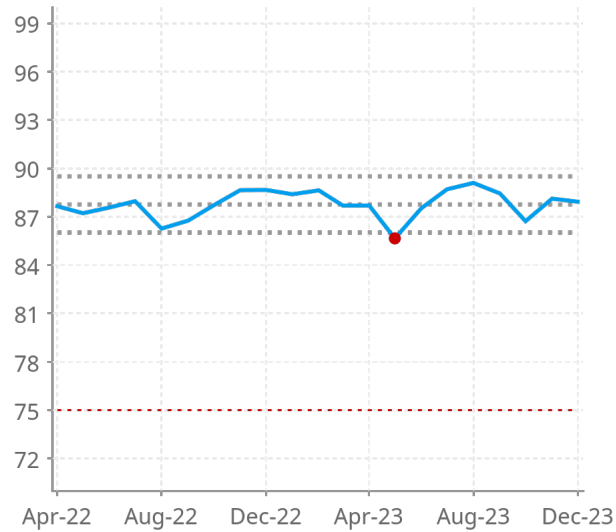


Month	Dec-23
Actual	3.04
Standard	3.35

Day Case Rates



Summary of Current Issues/ Recovery Plans

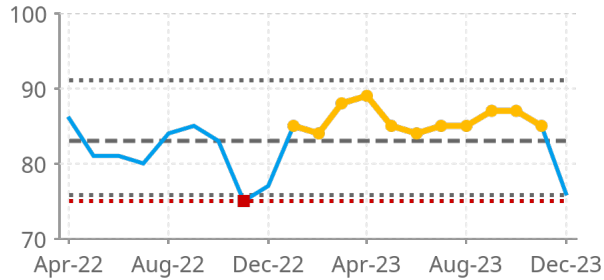


Month	Dec-23
Actual	87.93%
Standard	

Day case rates remain in a positive position. With further reviews ongoing to increase in line with "Getting it Right First Time" (GIRFT) initiatives.

There is a month-on-month increase within the Elective Hub, and there is focussed work on-going for day case Arthroplasties.

Friends & Family Test - A & E



Month	Dec-23
Actual	76.00%
Standard	75.00%

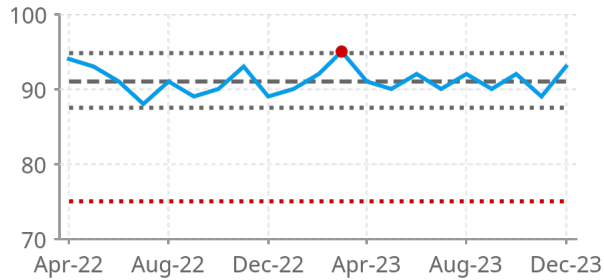
Summary of Current Issues/ Recovery Plans

The Trust received 1,612 Friends & Family (FFT) test returns this month; this is a decrease on the figure reported in the previous month. The Very Good or Good responses returned for December 2023 is 90.69%.

Friends & Family Test metrics fall within their relevant control limits and above the minimum standard of 75% with the exception of Maternity. Work to improve FFT returns across Maternity services continues.

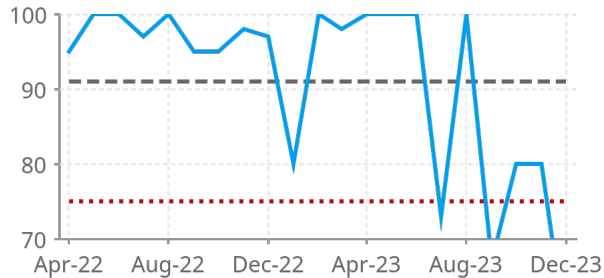
The Volunteer Service continues to be used to encourage uptake, particularly in the inpatient and A&E areas.

Friends & Family Test - Inpatient



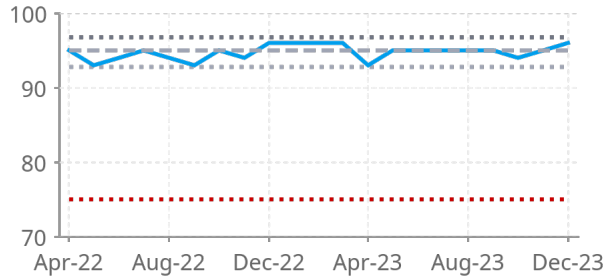
Month	Dec-23
Actual	93.00%
Standard	75.00%

Friends & Family Test - Maternity



Month	Dec-23
Actual	57.00%
Standard	75.00%

Friends & Family Test - Outpatient

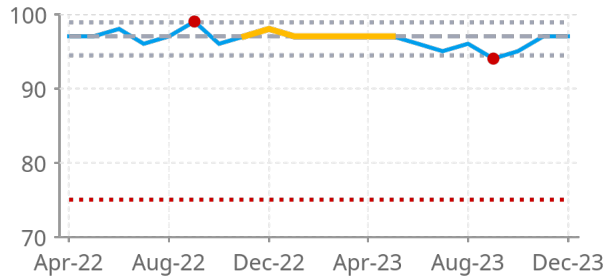


Month	Dec-23
Actual	96.00%
Standard	75.00%

Summary of Current Issues/ Recovery Plans

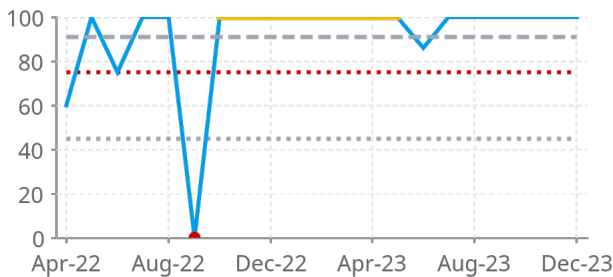
Outpatients, Community and Long Covid FFT continue to demonstrate exceptionally positive feedback and returns are achieving above the standard.

Friends & Family Test - Community



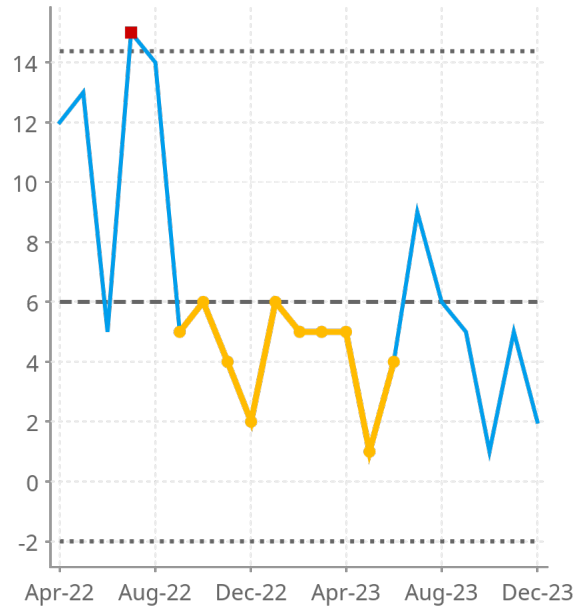
Month	Dec-23
Actual	97.00%
Standard	75.00%

Friends & Family Test - Long Covid



Month	Dec-23
Actual	100.00%
Standard	75.00%

Complaints - Stage 3



Month	Dec-23
Actual	2

Summary of Current Issues/ Recovery Plans

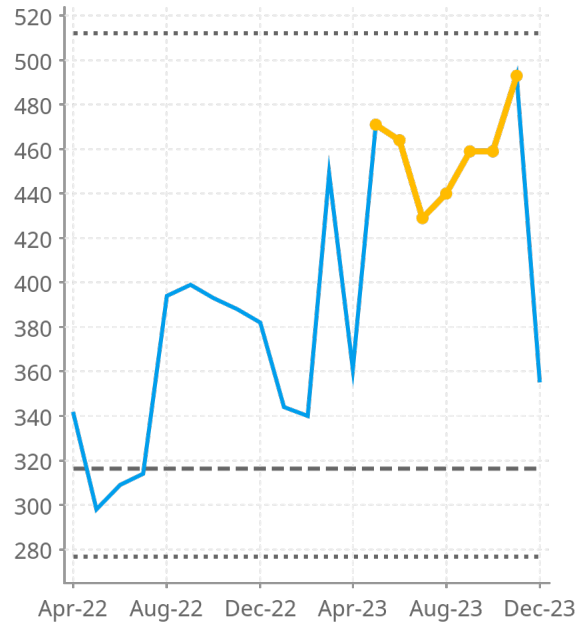
Complaint themes continue to be monitored daily, with a continued aim of achieving local or face-to-face resolution. Of the 100 complaints received in the month, 90% were locally resolved (Stage 1), 8% were resolved via a face-to-face meeting, (Stage 2) (two cases) required a written letter of response. Two stage 3 complaints received are being progressed.

The two Stage 3 complaints are attributed to different wards and departments, and relate to lack of verbal communication, delay in procedures, concerns regarding follow up care, and a lack of information about treatment options.

An evaluation of the Complaint Improvement Project will take place in early 2024. A revised Stage 1 complaint process went live on 1st January 2024.

Compliments

Summary of Current Issues/ Recovery Plans



Month	Dec-23
Actual	356

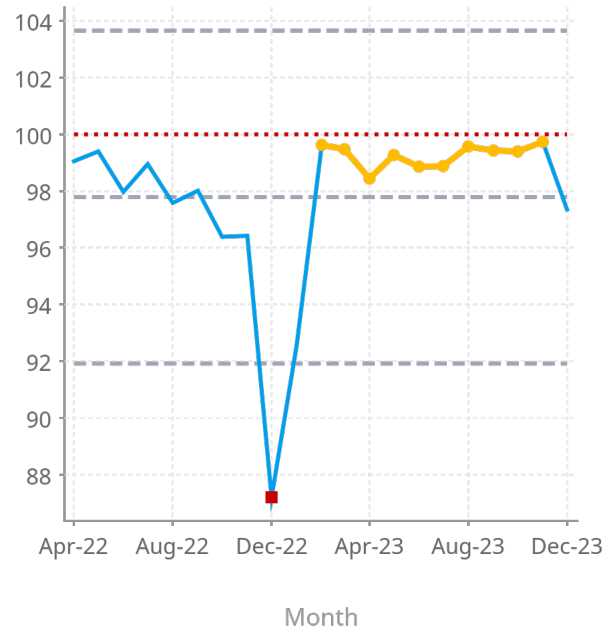
A reduction in compliments has been seen this month. Leading themes of compliments are care provided, compassion, end of life care and staff-to-staff and communication compliments.

Examples are shared in Trust bulletins and on social media platforms.

Ambulance Handovers <59minutes



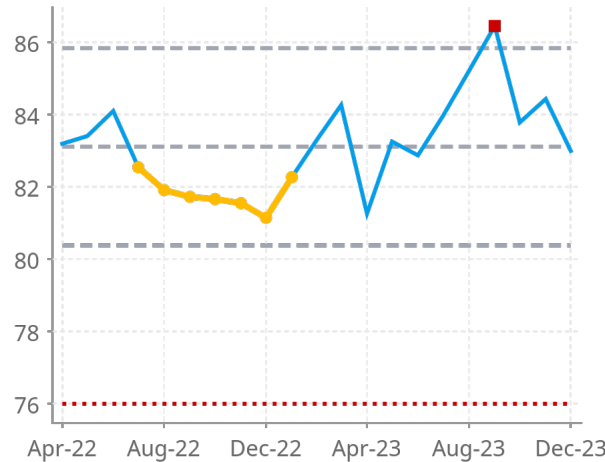
Summary of Current issues /Recovery Plan



Month	Dec-23
Actual	97.35%
Standard	100.00%

An increase in the number of ambulance arrivals to the A&E department were seen during the month of December at 2,017, with a handover completion rate of 97.35%, with 44 Ambulance handovers completed outside of the required 59 minutes. There was an average ambulance handover time of 20 minutes and a turnaround time (arrival to clear) of 30 minutes, placing the Trust joint first in the region for both of these metrics. To maintain our position focused collaborative work with colleagues across the region and NEAS continues, with a dedicated ambulance handover team now working in the department; a Registered Nurse supporting corridor care and admin support to assist with PIN compliance.

4 hr Accident & Emergency Waiting Times

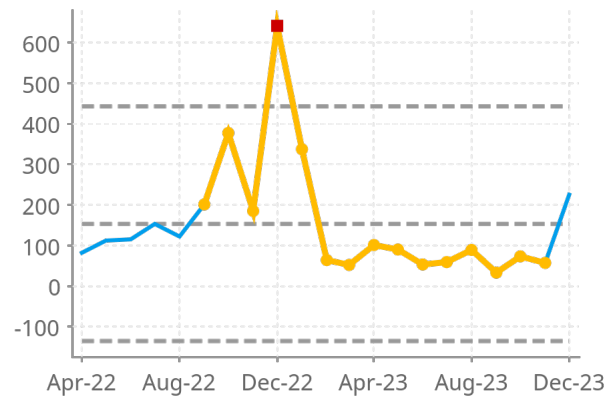


Month	Dec-23
Actual	82.99%
Standard	76.00%

Summary of Current Issues/ Recovery Plans

The Trust continues to meet the National standard of 76% despite a significant increase in Urgent and Emergency attendances (16,969). There is an acknowledgement that pressures remain within Type 1 pathways. The improvement trajectory is on track, and adjusted for December 2023 and January 2024 to account for winter pressures. There is a continued focus on flow, standardised ways of working, collaboration and education. Despite industrial action during the month improved flow was noted, due to increased presence of senior decision makers.

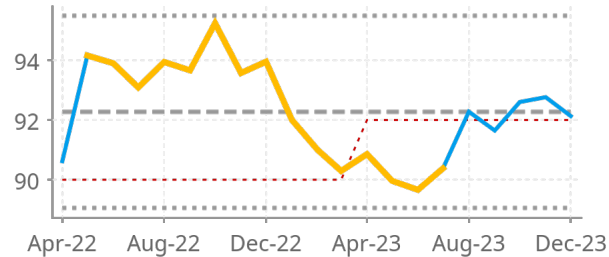
12 Hour Waits in Accident & Emergency



Month	Dec-23
Actual	225
Standard	0

225 patients waited over 12 hours in the department, which equated to 1.3% of total attendances in month. This is a reduction compared to December 2022, with unprecedented levels of demand with 641 12+ hour waits reported (3.5%). Waits are attributed to bed waits and flow.

Trust Occupancy

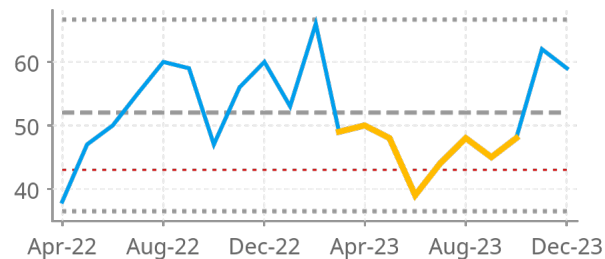


Month	Dec-23
Actual	92.13%
Standard	92.00%

Summary of Current Issues/ Recovery Plans

The Trust reported just over standard at 92.13%, however medical occupancy averaged 97.44%. All additional resilience capacity is now fully open. Capacity prioritisation measures are in place and full capacity protocol considered through Operational Pressures Escalation Levels Framework (OPEL) meetings. Working collaboratively with partners, Mutual Aid, re-partition and a focus on discharge continues. During the reporting period the Trust experienced significant surges in demand, as anticipated during winter, and Junior Doctor industrial action between 20th - 22nd December 2023. The Trust reported OPEL 3, with high levels of bed occupancy up until commencement of industrial action, when the Trust de-escalated to OPEL 2 and bed occupancy improved, a positive impact of the increased presence of senior medical decision makers.

Super Stranded Patients (21+days)



Month	Dec-23
Actual	59
Standard	43

Summary of Current Issues/ Recovery Plans

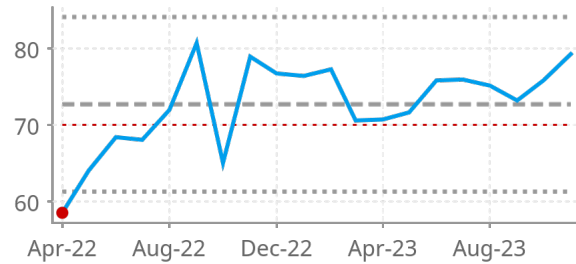
During December a surge in complex discharges was noted; this increase is attributed to both the Decision Making Panel for level two and three pathway discharges, and Local Authority pressures in order to facilitate discharges.

Additional winter beds are open in response to the increase of patients admitted which equates to 11.57%, and remains below the National trajectory of 12%.

2 hour Community Response



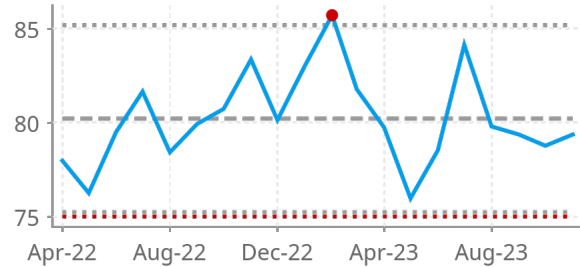
Summary of Current Issues/ Recovery Plans



Month	Nov-23
Actual	79.27%
Standard	70.00%

The service continues to progress and within the month referrals from 111 and Paramedics were received, evidencing a wider uptake of Urgent Community Response (UCR) Pathways. The team continue to work in collaboration with North East Ambulance Service (NEAS) to ensure hospital avoidance, and support patients within the community setting where appropriate.

Cancer 28 Day Faster Diagnosis



Month	Nov-23
Actual	79.36%
Standard	75.00%

New Cancer 31 Days



Month	Nov-23
Actual	96.05%
Standard	96.00%

New Cancer 62 Days



Month	Nov-23
Actual	66.01%
Standard	85.00%

Summary of Current Issues/ Recovery Plans

An improved performance against the 62-day standard is noted, although focus is required across tumour site specific pathways. The continued increase in referrals resulted in additional pressures for outpatient and diagnostic services. To mitigate the impact there is provision of evening and weekend clinics. However, outpatient staffing for these clinics remains a challenge, therefore, a solution will be sought via the Transforming Outpatients Project.

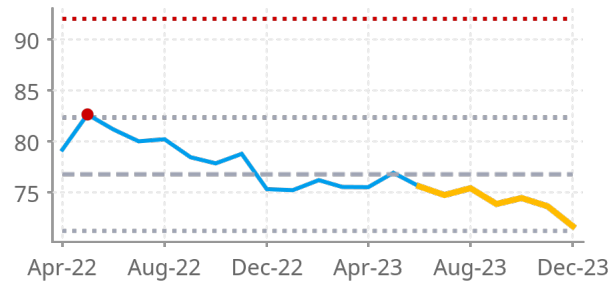
Radiology reporting turnaround times are impacted due to increased demand, and specialist reporting. Mitigation through routine and inpatient reporting out-sourcing will increase capacity for specialist reporting.

Vacancies and long-term sickness have impacted upon pathology reporting turnaround times. As with radiology, routine reporting is being out-sourced to increase capacity for cancer reporting. Locum support from South Tees Hospitals NHS Foundation Trust forms part of the pathology collaboration across the Group.

The number of patients treated for cancer has seen a 22% increase in 2023 compared to 2022, with increased treatment numbers reported across the majority of tumour sites. This increased demand has impacted on elective capacity; additional in-sourced weekend theatre sessions are planned until the end of March 2024.

Increased demand for advanced 'gold standard' treatments i.e. robotic surgery, with limited capacity, is a Trust pressure. This is particular evident within the prostate pathway, and delays for treatment reported at the tertiary centre. This is mitigated with the implementation of a robot on site, which will increase capacity, however this still remains limited due to the required training for Consultants undertaking the procedures.

Referral to Treatment Incomplete Pathways Wait (92%)



Month	Dec-23
Actual	71.70%
Standard	92.00%

Summary of Current Issues/ Recovery Plans

Clinical prioritisation and validation continues across Paediatrics and Gynaecology specialities where pressures are noted in capacity and subsequent performance. Clinical and Operational review of elective care continues in order to maximise capacity across specialities improve the Trust's position and reduce waiting times for patients.

Incomplete Pathways Wait (>52 Week Wait)



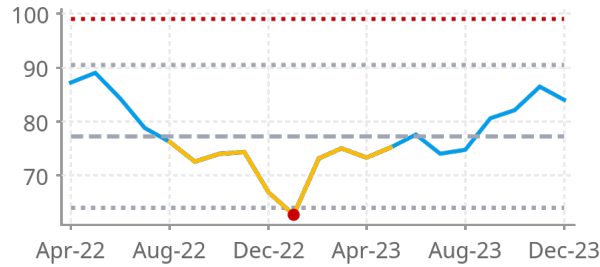
Month	Dec 23
Actual	157
Standard	0

Clinical validation and increased capacity continue in order to reduce the number of patients waiting over 52 weeks, through evaluating if appointments are still required and appropriate, and clinically prioritising patients with long waits. Junior Doctor industrial action during periods in December will impact upon pathway waiting times, following activity cancelled across specialities.

Diagnosis <6 Weeks (DM01 %)



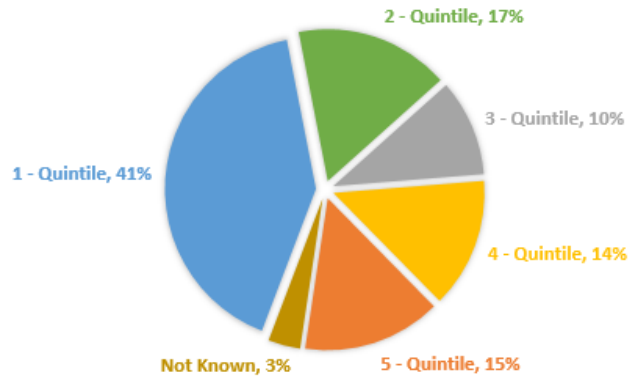
Summary of Current Issues/ Recovery Plans



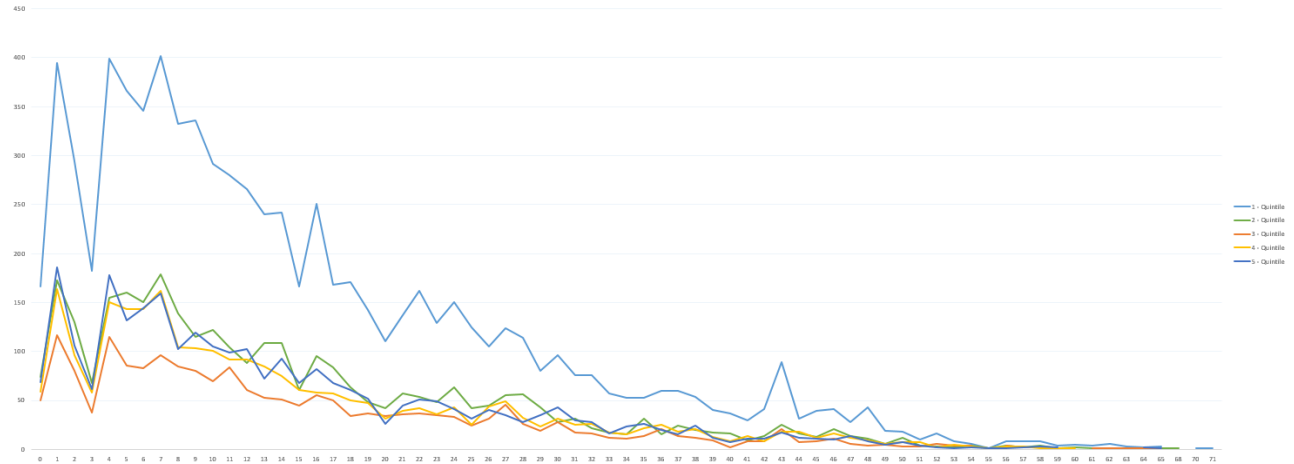
Month	Dec-23
Actual	84.03%
Standard	99.00%

The number of patients waiting for diagnostic tests has reduced slightly from the end of November 2023 position, however the projected number of patients waiting over 6 weeks has increased given the impact of reduced capacity, primarily the impact of capacity over the period and the loss of the mobile MRI scanner, however, this will be reinstated on site as of 8th January 2024.

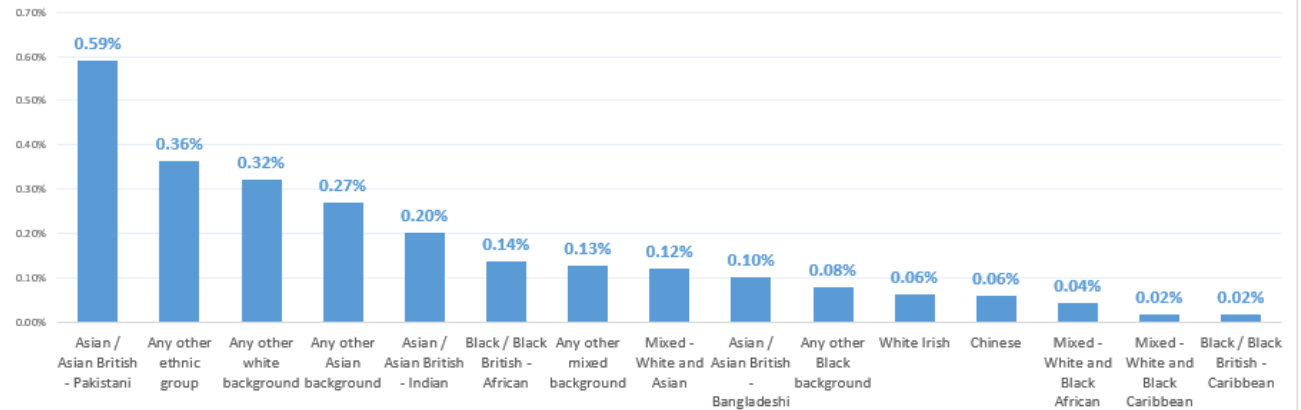
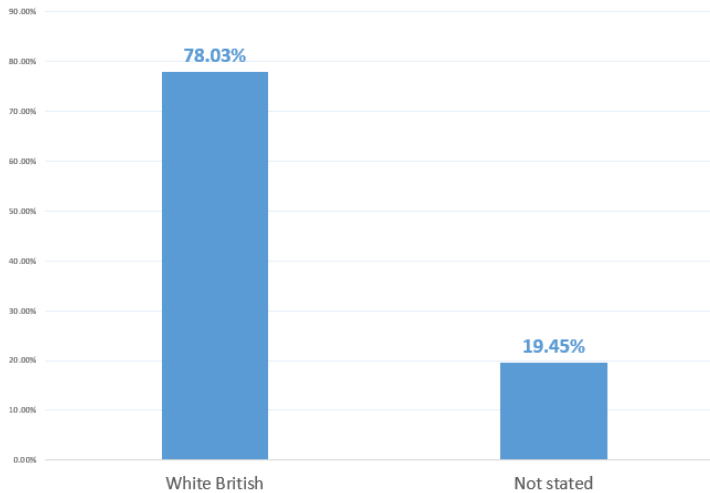
By Deprivation Quintile (1 Most - 5 Least Deprived)



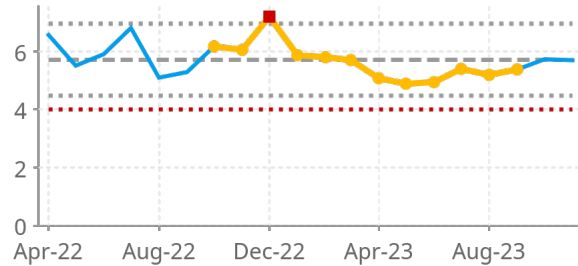
Waiting List by Weeks and Deprivation (Quintile 1-5)



Waiting List by Ethnicity



Sickness % - Trust



Month	Nov-23
Actual	5.69%
Standard	4.00%

Summary of Current Issues/ Recovery Plans

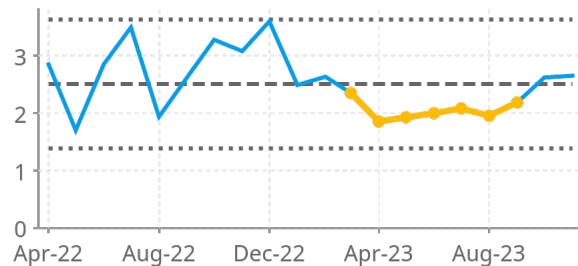
The Trust has a sickness absence threshold of 4%.

The current Trust absence rate as at end of November 2023 is 5.69%. This is a decrease on the previous month's rate of 5.72% and exceeds the current Trust absence threshold of 4%.

Stress/Anxiety/Depression remains the highest reason for absence and accounts for 30.41% of all absence. Covid absences saw a slight decrease to 0.10% in November 2023.

Long-term sickness accounted for 3.04% of overall sickness with short term being 2.65%.

Sickness % - Short Term

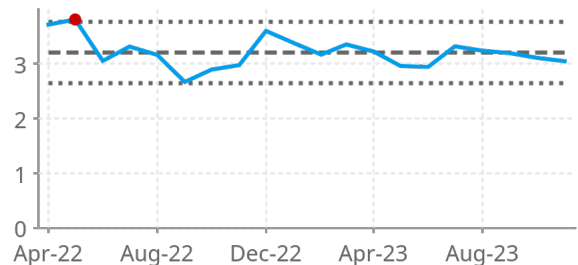


Month	Nov-23
Actual	2.65%

2.65% of the 5.69% of absence reported in November 2023 was due to short-term absences – this is a slight increase from the previous months reported rate of 2.62%. This is due to more cases reported as anxiety and depression and Asthma. There has been a reduction in short term absence reported as other MSK problems although this does remain within the top 3 reasons for absence. Work continues on addressing with managers on coding issues and education for longer-term address.

3.04%, of the 5.69% rate was due to long-term absences; this is a decrease from the previous months reported rate of 3.11%. Long-term absence related to anxiety/stress/depression accounts for 1.24% of absence.

Sickness % - Long Term



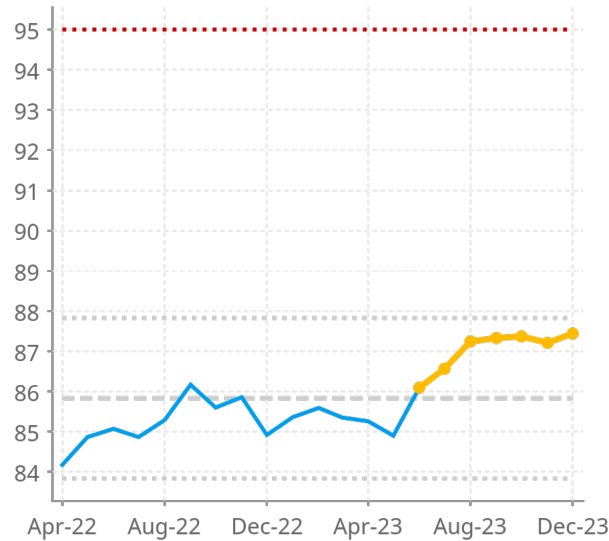
Month	Nov-23
Actual	3.04%

This is correlated to increased activity within the Occupational Health and Well-Being service and other associated support services including the Alliance counselling service and Trust Psychology service.

Appraisal %



Summary of Current Issues/ Recovery Plans



Month	Dec-23
Actual	87.44%
Standard	95.00%

The Trust has a tolerance of 95% compliance for staff annual appraisals. The position for appraisal compliance for December 2023 stands at 87.44%, which is a slight increase of 0.23% from the previous month.

In order to support an improvement in compliance, the Organisation Development 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.

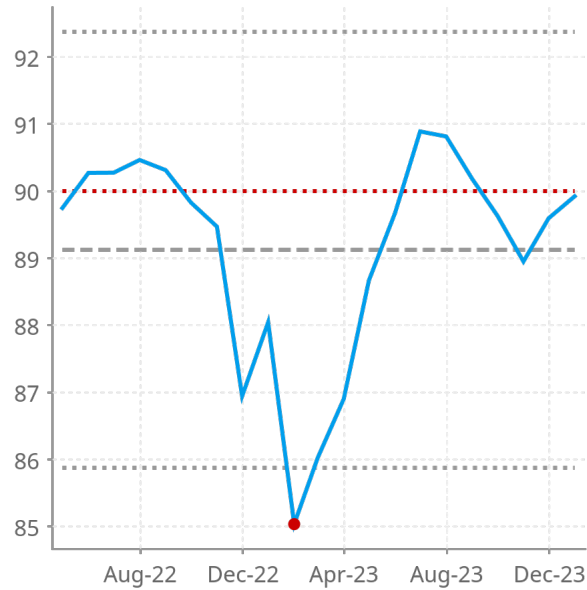
The project has strengthened understanding of how data is reported and allowed the people business managers to work closely with the care groups to target specific areas. In order to support manager awareness and planning for appraisals, the education team provide monthly summary reports by department and directorate levels to aid in application of process and achieve compliance.

Following feedback from appraisers and appraisees, further work is underway to streamline the appraisal paperwork and reporting process.

Mandatory Training %



Summary of Current Issues/ Recovery Plans



Month	Dec-23
Actual	89.92%
Standard	90.00%

Mandatory training compliance for December 2023 is 89.92%, which represents an increase on the previous month of 0.32% (against a tolerance of 90%). 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.

There is a targeted approach to improving Immediate Life Support (ILS) compliance, with additional capacity created during November and December 2023. 30% of available places have been ring-fenced for front of house (ED & EAU). Plans are in place to improve capacity across 2024, with bookings currently open for staff.

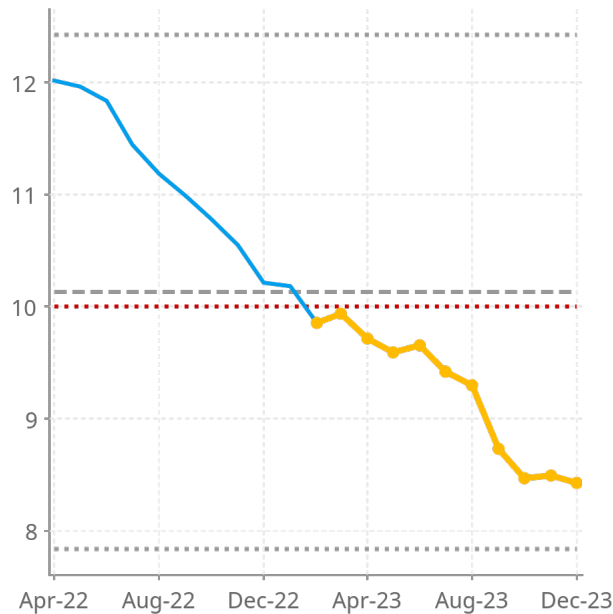
To target improvement a development of a dashboard will feature ranked compliance across care groups.

Mandatory training for medical staff remains an area of low compliance. The appointment of a new Medical Staffing Manager will support both the Care Groups and educators in identifying and addressing improvements required to achieve compliance.

Staff Turnover %



Summary of Current Issues/ Recovery Plans



Month	Dec-23
Actual	8.43%
Threshold	10.00%

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

Turnover for December 2023 is 8.43%, which is comparable to the previous reporting period.

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.

Mandatory training for medical staff remains an area of low compliance. The appointment of a new Medical Staffing Manager will support both the Care Groups and educators in identifying and addressing areas of concern and improvements required to achieve compliance.



Overview - Month 9

Income/Expenditure	Plan (£000)	Actual (£000)
In Month	(305)	296
Year to Date	1,524	2,651

The Trust has a breakeven financial plan for 2023/24 with reported risks relating to inflationary pressures and efficiency requirements.

At month 9, the Trust is reporting an in-month surplus of £0.296m against a planned deficit of £0.305m, which is £0.601m ahead of plan. The year to date position includes recognition of the year to date elective recovery over performance of £4.312m. The Trust is reporting a year to date surplus of £2.651m against a plan of £1.524m, which is £1.127m ahead of plan.

Capital	Plan (£000)	Actual (£000)
In Month	1,497	2,276
Year to Date	6,849	13,700

Total Trust income in month 9 is £34.973m (including donated asset income and finance income), with pay expenditure totalling £24.234m and non-pay expenditure totalling £9.084m.

Balance Sheet	£m
Cash Actual	61.5
Cash Plan	64.8

The month 9 year to date net contribution from Optimus is £0.189m against a plan of £0.128m (£0.061m ahead of plan) and the year to date net contribution from the LLP is £1.581m against a plan of £1.222m (£0.358m ahead of plan).

NHS Oversight Framework

Issued 27 June 2022

Financial
EfficiencyFinancial
StabilityMental
Health
InvestmentAgency
Spending

The key risks at month 9 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

Overview

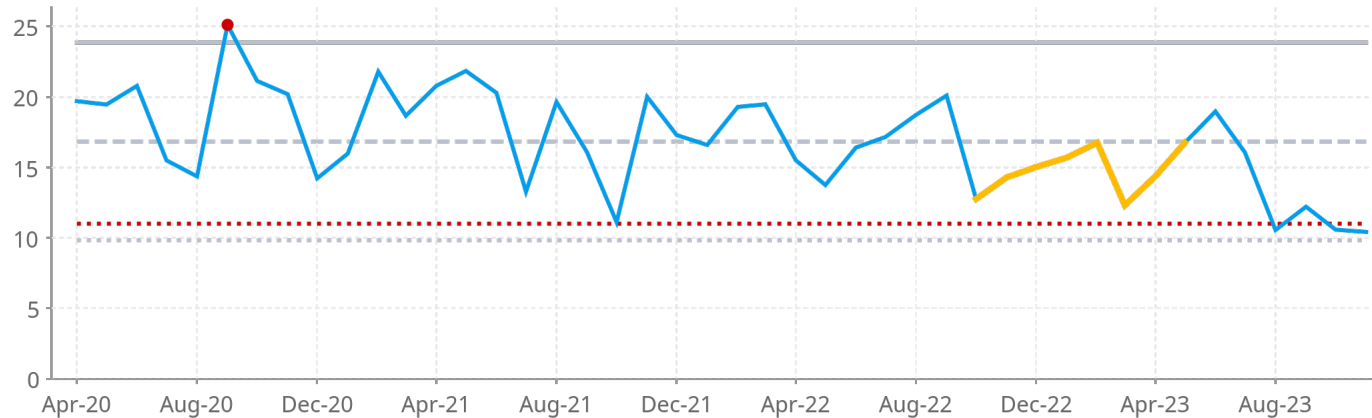
Antenatal				
	Current Month	Actual	National Standard or Average	NENC Average
Smoking at Booking	Nov-23	10.42%	n/a	11.00%
VTE Compliance	Nov-23	83.52%	95.00%	n/a
Right Place of Birth	Nov-23	97.53%	100%	n/a
Birth				
1:1 Care in active Labour	Nov-23	100.00%	100.00%	n/a
Number of babies born	Nov-23	240	n/a	n/a
Induction of Labour	Nov-23	38.84%	46.90%	46.90%
PPH >1500mls (%)	Nov-23	3.30%	3.30%	3.30%
3rd & 4th Degree tears	Nov-23	1.96%	n/a	2.70%
Assisted Birth	Nov-23	8.43%	n/a	12.90%
Still Births	Nov-23	0.00%	0.40%	0.45%
Postnatal				
Smoking at Delivery	Nov-23	13.22%	n/a	11.00%
Breast Feeding Initiated within 48 hours	Nov-23	42.85%	n/a	74.40%
Neonatal				
ATAIN Neonatal Admissions >=37 weeks	Nov-23	5.43%	6.00%	n/a
Feedback				
Complaints	Nov-23	5	n/a	n/a
Compliments	Nov-23	33	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	Nov-23
Actual	10.41%
NENC Average	11.00%

Measure Summary

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

The Trust's 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. This month has seen a decrease in the rate of women smoking at booking, we continue to implement the actions listed

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	Nov-23
-------	---------------

Actual	83.52%
--------	---------------

Trust Standard	95.00%
----------------	---------------

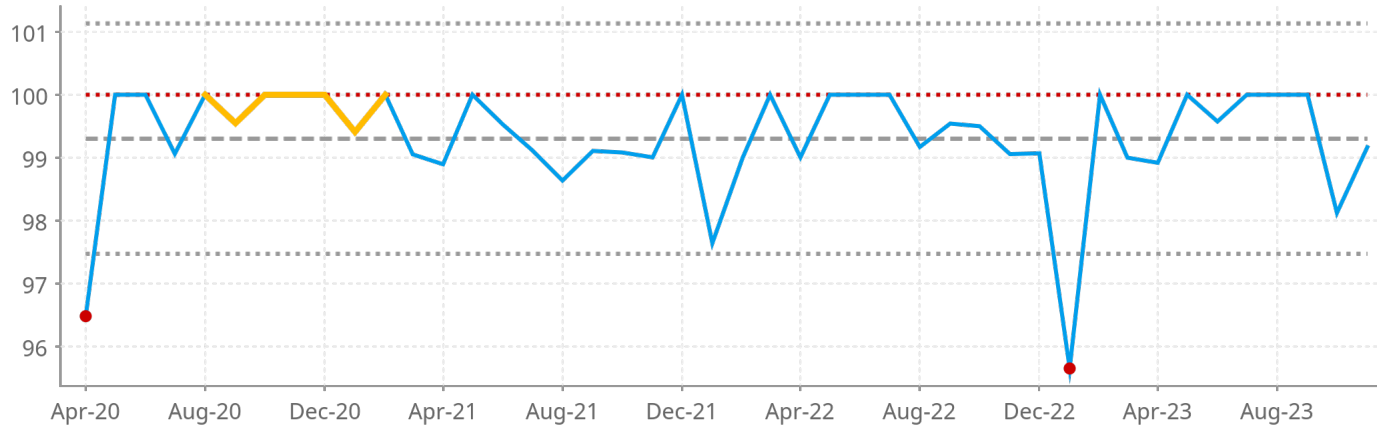
Measure Summary

The graph presents a increase in compliance since the implementation of a new electric patient record system. The service continue to promote VTE assessment to achieve Trust compliance

Actions

1. **Appropriate Coding:** correct coding for out of hours ward attenders to be actioned by October 2023.
2. **Administration support:** recruitment plan to address vacancies.
3. **Digital records:** implementation plan to adopt a new electronic patient record system commenced October 2023.

Right place of birth (%)



Month	Nov-23
Actual	99.17%
National Standard	100.00%

Measure Summary

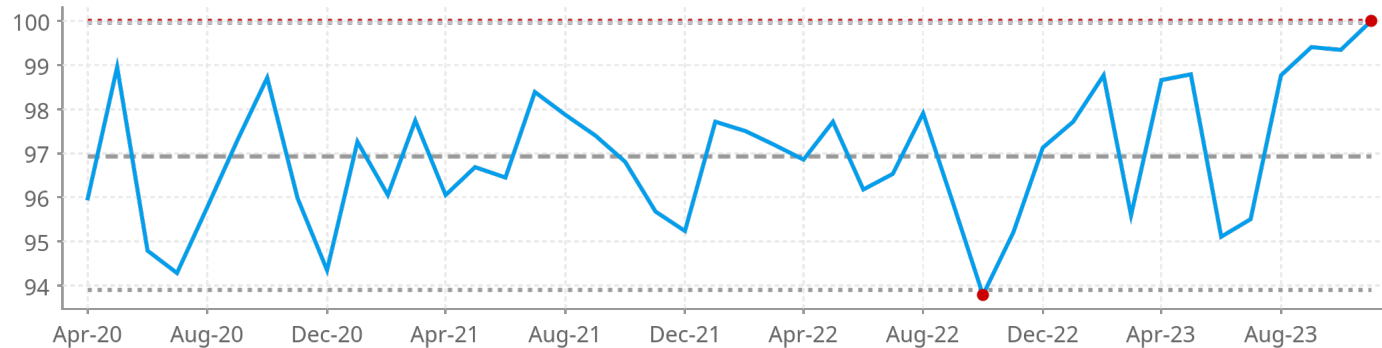
The above chart represents the percentage of babies born in the right maternity service based on clinical indications for gestation.

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. 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	Nov-23
Actual	100.00%
National Standard	100.00%

Measure Summary

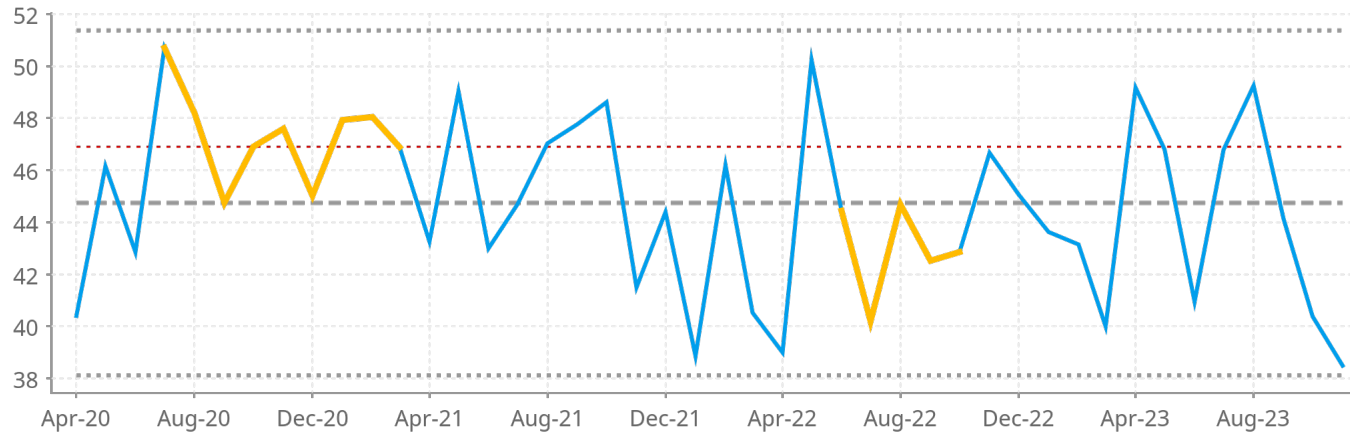
1:1 care in active labour is monitored and reported weekly, with the data acquired from the Birth Rate plus (BR+) acuity app. Daily huddles are held by the Senior Clinical Matrons (SCMs) where a review and planned forecasting of staffing and activity occurs with information at that point in time. A key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

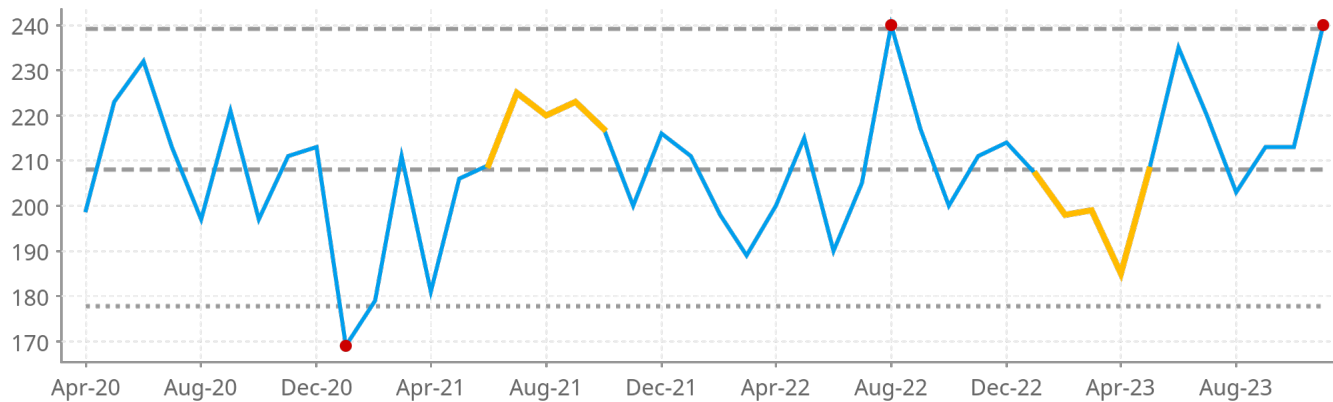
At time of escalation mainly around out of hours, a midwife can oversee care of a postnatal women awaiting transfer whilst supporting a woman in active labour.
3. A full data validation process has commenced after a full data validation process has commenced and initial findings have shown there are 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.

Induction of Labour (%)



Month	Nov-23
Actual	38.49%
NENC Average	46.90%

Total Births

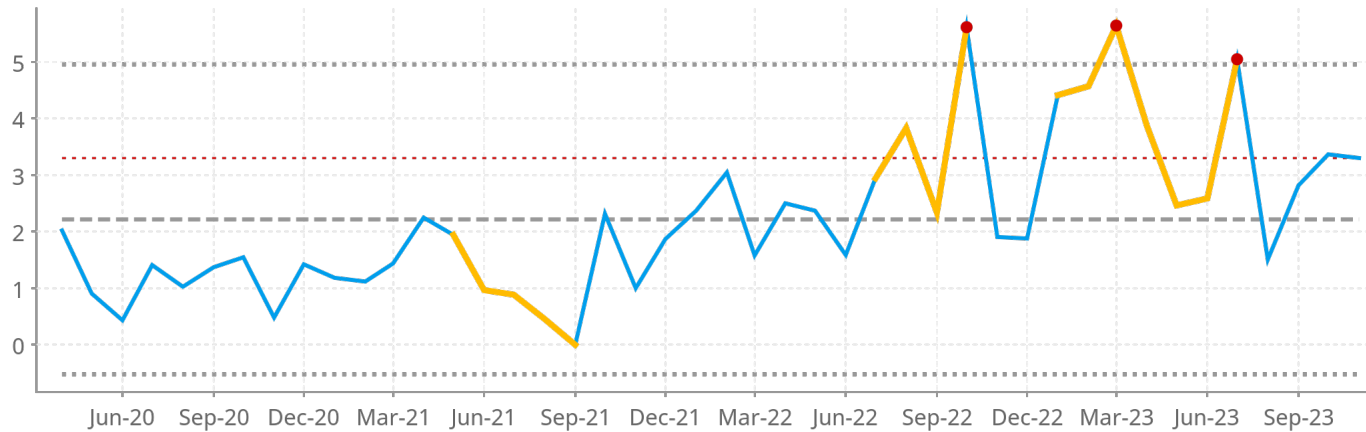


Measure Summary

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 haemorrhage > 1500mls (%)



Month	Nov-23
Actual	3.30%
NENC Average	3.30%

Measure Summary

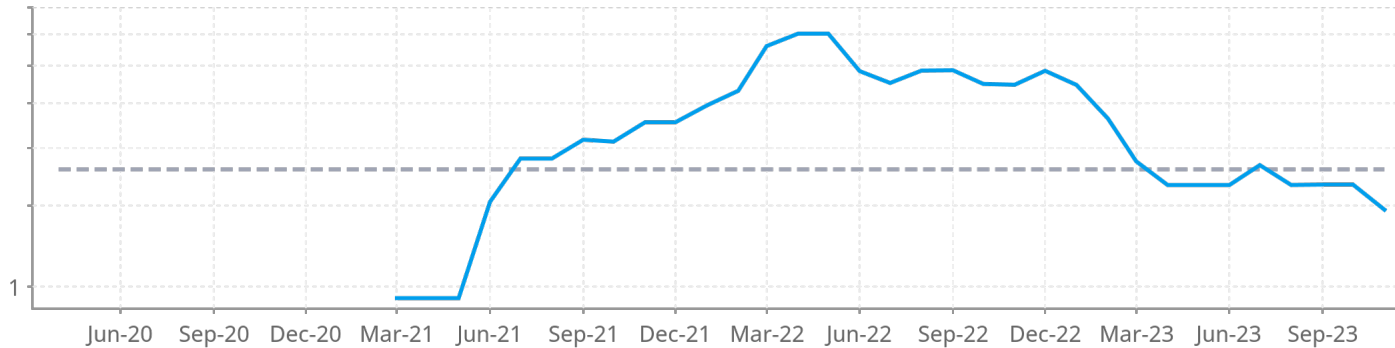
Postpartum Haemorrhage continues to be monitored by the Quality Improvement (QI) project which accurately measures blood loss rather than estimating.

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 (%)



● Moving Average of Stillbirth rate ● NENC Average

Month	Nov-23
Actual	0.00%
NENC Average	2.60

Measure Summary

A thematic review was undertaken earlier in the year 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.

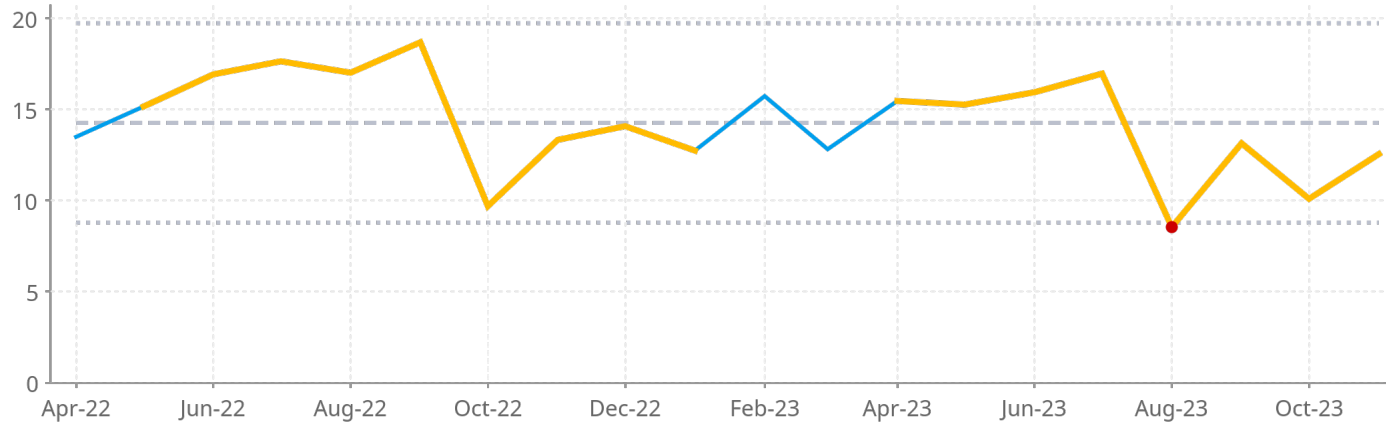
From April 2023, a bereavement midwife commenced with the Trust.

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	Nov-23
Actual	12.55%
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.

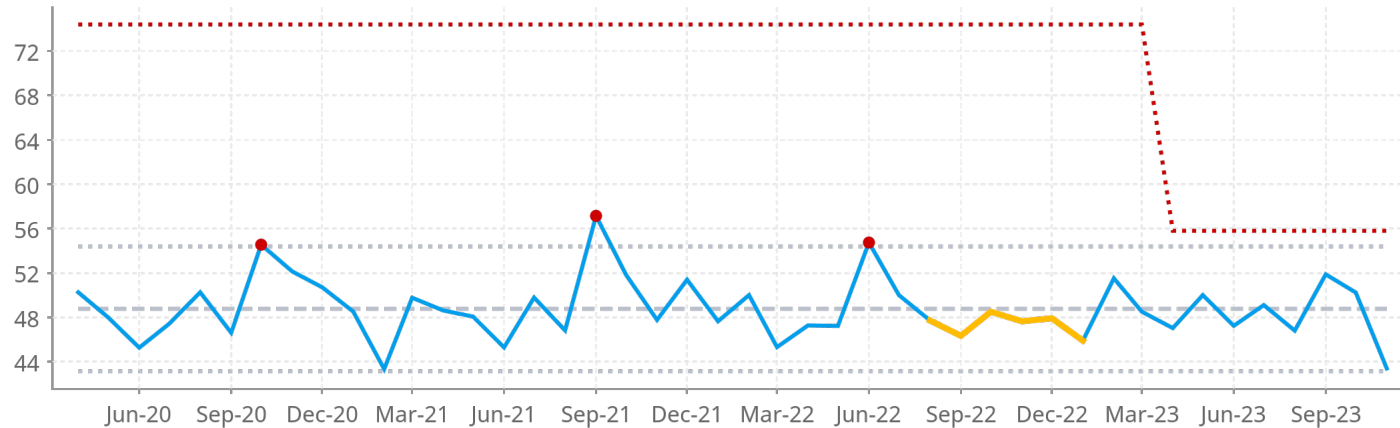
Actions

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



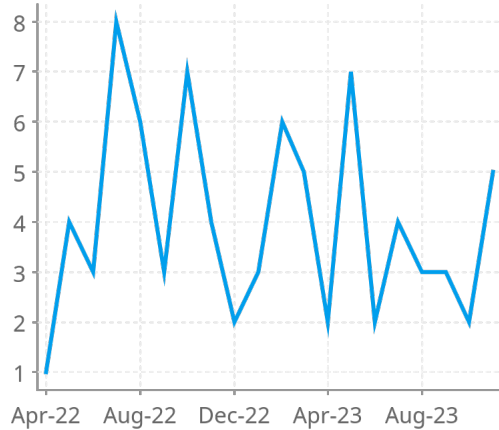
Month	Nov-23
Actual	43.39%
NENC Average	55.80%

Measure Summary

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

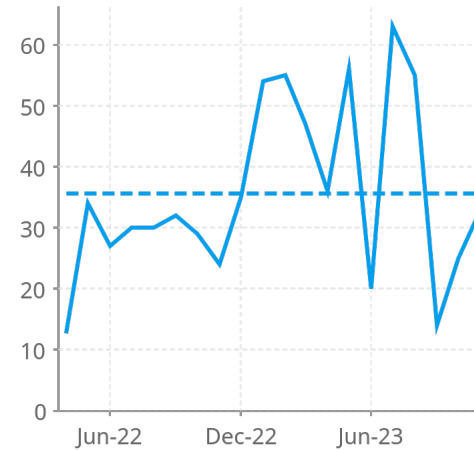
To provide assurance and to increase rates through knowledge and support, the Trust employed an infant feeding specialist midwife who commenced this role at the start of 2023, with the key focus to gain Breast Feeding Initiative (BFI) accreditation. The service has achieved BFI stage 1 accreditation, Stage 2 accreditation plans are in development .

Complaints



Month	Nov 23
Stage 1	3
Stage 2	2
Stage 3	0

Compliments



Month	Nov-23
Actual	33

Measure Summary

There were 5 complaints in November around maternity services with themes of:

1. Communication

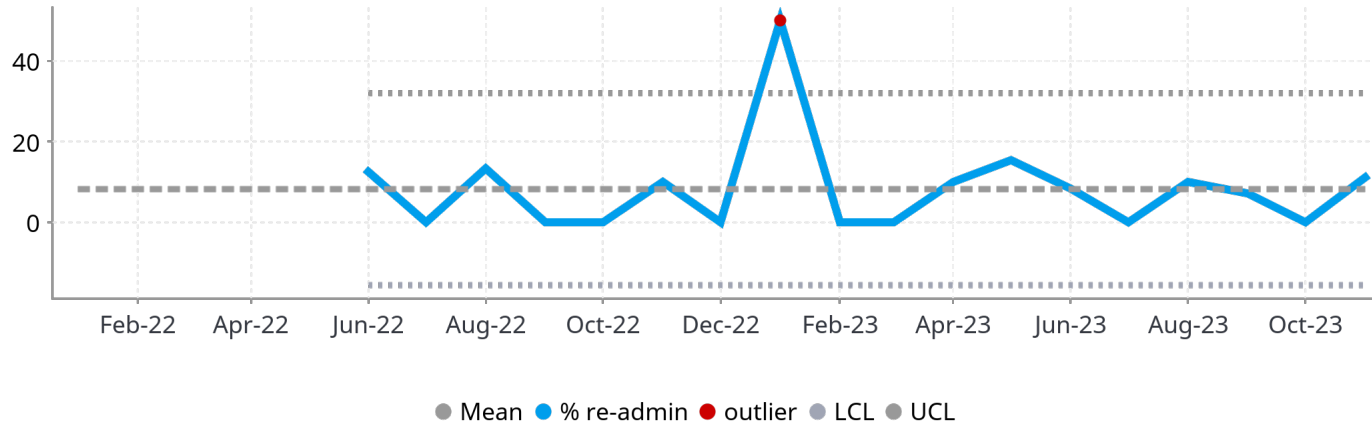
Staff attitude and communication was identified as a theme in 2 complaints. Information not shared through departments. This will be actioned via mandatory training, staff briefings, staff handovers and meetings.

Actions

Maternity services received 33 compliments in November, the themes of compliments were:

1. Friendliness
2. Kind and caring department

Re-admissions of babies



Month	Nov-23
Actual	11.11%
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

Council of Governors

Title of report	Review of Trust Constitution									
Date	15 February 2024									
Prepared by	Sarah Hutt, Assistant Company Secretary									
Executive sponsor	Stuart Irvine, Director of Strategy, Assurance and Compliance/Company Secretary									
Purpose of the report	The purpose of the report is to highlight the key changes made to the Trust's Constitution to reflect updated guidance and group working with South Tees Hospitals NHS Foundation Trust and to seek the views of the Council of Governors.									
Action required	For Decision	X	For Assurance		For Information					
Strategic Objectives supported by this report	Putting our Population First	X	Valuing People	X	Transforming our Services	X	Health and Wellbeing	X		
CQC Domain(s) supported by this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X

Executive Summary and the key issues for consideration/ decision:

In line with good governance practices, the Trust's Constitution is reviewed c.3 years to ensure it remains up to date and reflects current practice, unless there is a significant change prompting earlier review. Following progress with the group model with South Tees Hospitals NHS Foundation Trust (South Tees), it was agreed to review both Constitutions with a view of alignment where possible and to ensure that both documents incorporated any changes to legislation and guidance, including a focus on system working.

Both Constitutions have now been reviewed and are predominantly aligned with a small number of exceptions that are highlighted below for Council of Governor consideration and decision;

A summary of the key changes/considerations are listed below:

- The addition of the statutory appointment of the Company Secretary.
- Proposed replacement of CCG appointed governors with 1 x ICB governor and 1 x voluntary organisation governor (to be agreed). This will require consideration of the Governors.
- Addition of Nolan Principles for Governors to adhere to.
- Addition of a dispute resolution process in Annex 6 for Governors.
- Consider the period in which a governor may take up post after an election should a vacancy arise – currently 3 months for North Tees and 12 months for South Tees (Annex 5 – Temporary Vacancies).
- Additional narrative in the significant transactions section.

The proposed changes/considerations will be discussed at the Council of Governors meeting on 15 February 2024 and seek formal approval of the updated Constitution.

This has been presented to the Trust's Directors Team and will require future presentation to the Board of Directors.

Strategic Risk linked to the Board Assurance Framework this report relates to:			
This report relates to all domains in the Board Assurance Framework.			
Does the report impact on any of the following areas <i>(please check the box and provide detail in the body of the report)</i>			
Equality, diversity and inclusivity		Reputational	X
Workforce		Environmental	
Financial/value for money		Estates and Facilities	
Commercial		Compliance/Regulatory	X
Quality, safety, experience and effectiveness		Service user, care and stakeholder involvement	
Committees/ Groups where this item has been presented before			
N/A			
Recommendation	The Council of Governors are asked to approve the updated Constitution ahead of presentation to the Board of Directors.		

In Confidence

North Tees and Hartlepool NHS Foundation Trust

DRAFT Minutes of the Nominations Committee

held virtually at 11.25am on Thursday, 20 July 2023

Present: Derek Bell, Joint Chair
Angela Warnes, Elected Governor for Out of Trust Area (Lead Governor)
Tony Horrocks, Elected Governor for Stockton
Mark White, Elected Governor for Stockton

In attendance: Chris Macklin, Non-Executive Director
Elaine Jeffers, Deputy Director of Governance & Corporate Affairs
Sarah Hutt, Company Secretary
Heidi Holliday, Secretary to Trust Board (note taker)

1. Apologies for Absence

Apologies for absence were reported from Ruth McNee, Elected Governor for Sedgefield, Carol Alexander, Elected Staff Governor, Andy Simpson, Elected Staff Governor and Prof Tim Thompson, Appointed Governor, Teesside University.

2. Declaration of Interests

There were no new declarations of interest.

3. Minutes of the meeting, held on 18 January 2023

Resolved: that, the minutes of the meeting held on 18 January 2023 were accepted as a true record.

4. Matters Arising

There were no matters arising.

5. Non-Executive Director Remuneration

The Deputy Director of Governance and Corporate Affairs presented a report on the Non-Executive Director Remuneration and highlighted the key issues.

In September 2019, NHS England and NHS Improvement issued an implementation document to align the remuneration for Chairs and Non-Executive Directors of NHS Trusts and NHS Foundation Trusts. The report outlined the potential remuneration for Non-Executive Director roles and the opportunity for local discretion to award limited supplementary payments once a year in recognition of designated extra responsibilities, that could be applied in a number of ways. The amount of the discretionary award was dependent upon the size of the organisation and the allocation for North Tees and Hartlepool NHS Trust was £4,000. The report also highlighted the current remuneration arrangements and three options for the Committee to consider.

It was reported that some Trusts, that had recently advertised Non-Executive Directors posts, had added the supplementary payment to the overall salaries. It was agreed that the Trust would not add the supplementary payments onto Non-Executive Director salaries and that the payments would be made in recognition of the performance and responsibilities of the Non-Executive Directors. It was noted that there wasn't a consistent approach across Trusts on how these payments were made however, two roles that were usually seen to receive the payments were the Senior Independent Director (SID) and the Audit Committee Chair. It was also noted that South Tees NHS Foundation Trust's Non-Executive Director base rate and supplementary payments were the same as the Trusts.

The Joint Chair reported that the Non-Executive Directors jobs were advertised for 3-4 days per week, which in reality was not the case and that due to the period of change the Trust had been through the Non-Executive Directors had contributed a significant amount of additional work, which would be documented in their appraisals.

Following discussion it was agreed that the discretionary payments would be for a set period of time whilst undertaking any additional role or meeting an agreed set of objectives, that it would be reviewed on a 12 month cycle and would be agreed as part of the Non-Executive Director objectives review. It was noted that the Committee structures across both organisations were being reviewed and aligned and that there may be some restructuring of the roles however, this would not include the SID or Audit Committee Chair roles.

Chris Macklin left the meeting.

Further discussion took place regarding the Non-Executive Directors and the amount of work that they had undertaken during the year. Following a query, it was noted that from a regulatory point of view the role of the Audit Committee Chair was key and usually received the discretionary payment as all other Committees fed into that Committee and it was responsible for signing off the Annual Reports and Accounts. However, it was noted that this was not the case within the Trust and that it sat alongside all other Committees. It was felt that consideration should be given to time in post as well as the roles being undertaken.

It was agreed that a payment would not be awarded until the Joint Chair had concluded all of the annual appraisals and provided feedback to members with a precis of their performance. A further meeting of the Committee would be scheduled once all appraisals had been carried out. It was also agreed that the 12 month cycle review would be aligned with the appraisal cycle going forward.

The Joint Chair and Lead Governor were in the process of discussing how the Governors could gain more exposure with regards to what the Non-Executive Directors were doing and gain an understanding and assurance of what was happening. The Joint Chair was also reviewing attendance at Council of Governor meetings.

The Joint Chair reported that James Bromiley had resigned from his position of Non-Executive Director and had been successfully appointed to the role of Associate Director of Group Development. A formal communication was to be shared with the Governors.

- Resolved:**
- (i) that, a payment would not be awarded until after the Joint Chair concluded the appraisals and provided an precis of performance; and
 - (ii) that, a further Committee meeting be scheduled once all appraisals had been undertaken; and
 - (iii) that, a 12 month cycle review be undertaken and aligned to the Non-Executive Directors appraisal cycle; and

- (iv) that, formal communication be circulated to Governors regarding James Bromiley.

6. Any Other Business

Mark White raised a query regarding the number of Governors that were due to retire at the end of the current year and whether the implications of that were being looked in to. Sarah Hutt reported that, as there were a number of vacant posts remaining following the last round of elections, a proposal had been made for a mid-year round of elections to commence in June to fill the vacant seats. Discussions had also taken place with the electoral provider to try and attract a different and wider cohort of applicants. It was agreed that the awareness of the role needed to be increased and the Communications Team were working on this.

Meeting concluded at 12.00noon.

**North Tees and Hartlepool NHS Foundation Trust
and South Tees Hospitals NHS Foundation Trust**

DRAFT Minutes of a Meeting in Common Nominations Committee

Held virtually on Tuesday, 26 September 2023

Present: Chris Macklin, Senior Independent Director (Chair)

Tony Horrocks, Elected Governor for Stockton
Janet Crampton, Elected Governor for Hambleton and Richmondshire
(Lead Governor STHFT)
Rebecca Hodgson, Elected Governor for Middlesbrough
Ruth McNee, Elected Governor for Sedgefield
Zahida Mian, Elected Governor for Redcar & Cleveland
Sarah Essex, Elected Staff Governor STHFT
Andy Simpson, Elected Staff Governor NTHFT
Angela Seward, Elected Governor for Rest of England

In attendance: Ada Burns, Senior Independent Director, STHFT
Stuart Irvine, Director of Strategy, Assurance and Compliance, NTHFT
Jackie White, Head of Governance/Company Secretary, STHFT
Sarah Hutt, Company Secretary, NTHFT (note taker)

1. Welcome and Introductions

The Joint Chair welcomed members to the meeting.

2. Apologies for Absence

Apologies for absence were noted from Derek Bell, Joint Chair, Angela Warnes, Elected Governor for Out of Trust Area (Lead Governor NTHFT), Rebecca Hodgson, Elected Governor for Middlesbrough, Mark White, Elected Governor for Stockton, Carol Alexander, Elected Staff Governor NTHFT, Paul Crawshaw, Appointed Governor for STHFT, Teesside University and Prof Tim Thompson, Appointed Governor for NTHFT, Teesside University.

3. Quorum and Declarations of Interest

It was noted that the meeting was quorate and there were no new declarations of interests to note.

4. Minutes of the meeting held on 20 July 2023

The minutes of the meeting held on 20 July 2023 were accepted as an accurate record of the meeting.

Resolved: that, the minutes of the meeting held on 20 July 2023 be accepted as an accurate record of the meeting.

6. Matters Arising

An update was provided regarding the recruitment process for the Group Single Chief Executive. A 'Town Hall' event was arranged for 12 October which a range of stakeholders had been invited to take part in and formal interviews would be held on 13 October. Site visits were being arranged for the shortlisted candidates across the sites of both trusts.

7. Joint Chair Appraisal

Ada Burns, Senior Independent Director (SID) presented the outcome of the 2022/23 Joint Chair Appraisal for Professor Derek Bell and highlighted the key points.

The appraisal had been conducted in line with the process set out by NHS England for NHS Trust Chairs using the template documents and overseen by the two Senior Independent Directors (SIDs), Ada Burns and Chris Macklin.

Following the appraisal process for 2021/22, it was agreed a wider range of stakeholders would be invited to provide feedback as part of the 360 degree assessment for the appraisal this time, which had been undertaken jointly across both trusts. The stakeholders invited to provide feedback were both internal and external and included representatives from the North East and North Cumbria Integrated Care Board (NENC ICB), peers from neighbouring organisations, HealthWatch colleagues, selected Executive Directors and Non-Executive Directors from both trusts and both Council of Governors.

Responses were collated and grouped into each of the three categories, summary of significant emergent themes, areas of strength and opportunities to increase impact and effectiveness along with a summary of themes. The two SIDs met with the appraisee to review the responses to identify any development needs and performance objectives for the forthcoming year. The summary of themes and key performance objectives were appended to the report. In order to complete the process, the appraisee would add a section of self-reflection prior to submission to NHS England.

Chris Macklin reiterated the process undertaken and the discussion with the Joint Chair regarding the outcome of the appraisal.

Members were asked to consider the themes and objectives from the Joint Chair Appraisal 2022/23 and note that the final appraisal document would be formally submitted to NHS England by 30 September 2023.

- Resolved:**
- (i) that, the outcome of the 2022/23 Joint Chair appraisal process be noted; and
 - (ii) that, the final appraisal document for the 2022/23 Joint Chair appraisal would be submitted to NHS England by 30 September 2023.

8. Any Other Business

There was no other business reported.

The meeting closed at 1.30pm

In Confidence

North Tees and Hartlepool NHS Foundation Trust

DRAFT Minutes of the Nominations Committee

**held via MS Teams/the Joint Chair's Office at 11.00am
on Thursday, 18 January 2024**

Present: Derek Bell, Joint Chair
Angela Warnes, Elected Governor for Out of Trust Area (Lead Governor)
Mark White, Elected Governor for Stockton (via MS Teams)
Andy Simpson, Elected Staff Governor

In attendance: Stuart Irvine, Director of Strategy, Assurance & Compliance/Company Secretary
Heidi Holliday, Secretary to Trust Board (note taker)

1. Apologies for Absence

Apologies for absence were reported from Prof Tim Thompson, Appointed Governor, Teesside University.

2. Declaration of Interests

There were no new declarations of interest to note. The Director of Strategy, Assurance & Compliance/Company Secretary advised that a new exercise was being undertaken to update the Board and Council of Governor declarations and that the updated register was scheduled to be taken to the next Board of Directors and Council of Governor meetings.

Resolved: that, the updated declarations of interest register be taken to the next Board of Directors and Council of Governor meetings.

3. Minutes of the meeting, held on 20 July 2023

Resolved: that, the minutes of the meeting held on 20 July 2023 were accepted as a true record.

4. Matters Arising

There were no matters arising.

It was reported that a formal communication regarding James Bromiley had been shared with Governors.

5. Non-Executive Director Appraisal Outcome

The Director of Strategy, Assurance & Compliance/Company Secretary presented a report on the Non-Executive Director appraisal outcomes and highlighted the key issues.

The Joint Chair carried out annual appraisals between July and September 2023 with Ann Baxter, Chris Macklin and Fay Scullion for the full period of 2022/23 and part year appraisals with Liz Barnes and Alison Fellows, as they commenced post on 1 February 2023. The Joint

Chair noted the outcomes from the annual appraisals of the Non-Executive Directors was satisfactory.

The outcome from the process identified that each of the Non-Executive Directors brought a different skill set to the Board covering a wide range of knowledge and expertise, which enabled valuable contribution to the work of the Trust and Board, as well as holding the Executive Directors to account for the performance of the Trust and delivery of the strategic aims and objectives.

The individual objectives of the Non-Executive Directors were aligned to their principle areas of responsibility and portfolios to support the Trust's strategic plan and in addition, there were a number of shared objectives which were also linked to the strategic aims and the greater need for system and partnership working across group arrangements and the wider Tees Valley.

The Trust had benefited from the stability that the substantive appointed team of Non-Executive Directors had brought whilst operating in a busy and complex environment during a period of significant change as group arrangements progressed.

Following a member's query an update was provided with regards to the visibility of the Non-Executive Directors. The Lead Governor reported that, from a Governor point of view, there had been more visibility at meetings and activities. Work continued to monitor this and it was agreed that significant contributions were being made and that the constructive challenge and knowledge provided was invaluable.

It was agreed that a yearly schedule of meetings of the Committee would be valuable and it was noted that there were already two future dates scheduled, which were 23 May and 26 September 2024. It was noted that once the new appraisal documentation had been issued, the guidance would be reviewed and further dates would be added to the schedule should there be a need to do so.

Following discussion it was agreed that the draft minutes of the meeting would be taken to the next Council of Governors meeting, scheduled to take place on Thursday, 15 February 2024. Members would be advised that the minutes were in draft and subject to ratification.

A query was raised regarding the process going forward with regards to the Non-Executive Director roles and how they might be realigned in terms of group arrangements. It was reported that the Non-Executive Directors would continue as they were until further guidance had been published, which would provide a structured approach going forward. Work was ongoing to review the Non-Executive Directors roles, skills and competencies to ascertain the current requirements, the requirements for the next few months and then for the future. It was noted that South Tees Hospitals NHS Foundation Trust Non-Executive Directors were on a similar cycle as those at North Tees and that South Tees had two Associate Non-Executive Directors. The Joint Chair reported that there were no immediate changes expected and that the next term of office that was due to end was 2026. Further information would be provided at a future Council of Governors meeting.

- Resolved:**
- (i) that, the draft minutes of the meeting be taken to the next Council of Governors meeting, scheduled to take place on Thursday, 15 February 2024; and
 - (ii) that, further information be provided at a future Council of Governors meeting regarding the roles of the Non-Executive Directors, when appropriate.

6. Non-Executive Director Remuneration Proposal

The Director of Strategy, Assurance & Compliance/Company Secretary presented a report on the Non-Executive Director remuneration and highlighted the key issues.

In September 2019, NHS England issued a document 'A remuneration structure for NHS provider chairs and Non-Executive Directors which sought to align the remuneration for chairs and Non-Executive Directors of NHS Trusts and NHS Foundation Trusts and address the longstanding disparities. An options paper was presented to the Nominations Committee on 20 July 2023 and a decision was made by the Nominations Committee that any supplementary payment awarded to Non-Executive Directors would be made in recognition of the performance and responsibility of the individual.

There was not a consistent approach being taken by NHS Foundation Trusts in applying the supplementary payments to Non-Executive Directors salaries and local discretion was to be applied, which would inevitably lead to inconsistency.

The paper proposed to make two separate supplementary payments of £2,000 in 2023/24 relating to additional roles and responsibilities relating to 2022/23 and following positive annual appraisal outcomes, to Chris Macklin and Fay Scullion with the following reasons:

Chris Macklin – chair of the Resources Committee, which now merges three previous committees and was the largest of all assurance committees of the Board. Chris was also the Chair of the Charitable Funds Committee and Chair of the Investment Committee and was a member of the Audit Committee.

Fay Scullion – Fay was the Chair of the Quality Committee, a member of the Resources Committee and was also a Freedom to Speak Up Champion.

It was important, when considering supplementary payments, that consideration be made as to whether it was consistent with NHS England guidance and that annual appraisals had been undertaken and submitted. Assurance was provided that consideration had been given and that the annual appraisals were up to date and to the satisfaction of the Joint Chair from a performance perspective, with the Trust's Non-Executive Directors appraisal proforma being submitted to NHS England in September 2023.

Future discretionary supplementary payments were to be reviewed on an annual cycle and would be presented to the Nominations Committee, aligned with the annual cycle of undertaking appraisals of Non-Executive Directors. The Joint Chair highlighted that the Non-Executive Directors had previously had a reduction in their honorary payments to bring them in line with national guidance and that the rates could be reviewed nationally in the next financial year.

The remuneration of the Joint Chair, Vice Chair and other Non-Executive Directors remained unchanged as a result of the paper.

The Nominations Committee felt that the two Non-Executive Directors had been very visible, had made significant contributions to the Trust and Board and acknowledged the additional workload that they had undertaken. Therefore, members approved the annual discretionary payment of £2,000 to Chris Macklin and Fay Scullion retrospectively in 2023/24, relating to additional roles and responsibilities undertaken in 2022/23.

7. Any Other Business

There was no other business to discuss.

8. Date and Time of the Next Meeting

The next meeting was scheduled to take place on Thursday, 23 May 2024, 2.30 – 3.30pm in the Boardroom, UHNT.

Meeting concluded at 11.20am.

Board of Directors

Title of report:	Assurance Report of the Audit Committee									
Date:	1 February 2024									
Prepared by:	Kate Hudson-Halliday, Director of Finance									
Executive sponsor:	Alison Fellows, Non-Executive Director (Chair)									
Purpose of the report	To provide assurance to the Board of Directors regarding the efficiency and effectiveness of the Audit Committee meeting on 30 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	x
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>Matters for Escalation</p> <p>There were no matters for escalation.</p> <p>Key Issues Discussed</p> <p>Minutes of the previous meeting held on 17 July 2023 were approved as an accurate record.</p> <p>The agenda items discussed in the meeting were;</p> <ul style="list-style-type: none"> • Urgent key messages linked to national and/or regional policy or initiatives • Annual Auditors Report – 2022/23 (including VFM) • Board Assurance Framework – Q2 2023/24 • Integrated Performance Report – Reporting to 30 September 2023 • Internal Audit Progress Report to 30 September 2023 • Counter Fraud Progress Report to 30 September 2023 • Overdue Policies Report • Statement of Debtors over 3 months old and £5,000 / Summary of debts over £20,000 / Aged Debtors Trend Report • Bad Debt Write Off • Executive Summary for Losses and Compensation Payments Report • Summary Single Tender Action Report 										

Key Points to Note

Annual Report 2022/23

- The Trust's Annual Report (including accounts) for 2022/23 was submitted to NHSE by the national deadline of 30 June 2023.
- The Annual Report (including accounts) for 2022/23, Annual Auditor's Report and signed independent auditor's certificate was laid before Parliament on 6 September 2023.
- The Annual Report was presented to the Council of Governors on 19 September 2023 and to the Trust's Annual General Meeting on 11 October 2023.
- The reporting and governance arrangements followed by the Trust in relation to the Annual Report 2022/23 is compliant with national guidance.

Board Assurance Framework

- The development of a separate BAF domain to specifically focus on the Trust's Estate due to this being a long standing and strategic red risk.

Decisions Made

- Terms of Reference for the Audit Committee were approved, noting a further discussion was required regarding the number of Non-Executive Directors within the membership.

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

This report links to all Board Assurance Framework 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	
Commercial		Compliance/Regulatory	x
Quality, safety, experience and effectiveness	x	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	The Board of Directors is requested to note this assurance from the report of the Audit Committee meeting held on 30 October 2023.
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Board of Directors

Title of report:	Quality Committee									
Date:	25 January 2024									
Prepared by:	Fay Scullion Non-Executive Director – Chair of QC									
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 Board 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 Board to note - Provide reassurance to the Board 									
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 connection 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 Committee, which generates scrutiny and discussion. In addition, there are standing reports aligned to the annual work plan, that are provided as an annual, bi-annual update, or quarterly update as well as Executive Summary Reports. The new summary sheets are providing a good focus for discussion highlighting the key issues.

Work has been undertaken to align the BAF Objectives.

Key Components / issues

- There have been no serious incidents to report for December and SHMI is regionally low and within the expected range.
- Although Catheter-Associated Infections are within the threshold there has been a significant increase since the last report. This is attributed to activity and acuity.
- The Outpatient Transformation work continues with and holds a positive position, but there are some areas that are below standard. This area is Patient Initiated Follow up, but the department has active plans in place which should show a positive trajectory.
- The Trust is not achieving the 62-day cancer standard and is consistently below the 85% target. There are active plans in place to improve the position and the recent industrial action has had an effect on performance. However, 28 28-day faster diagnosis and the 231 days wait are both being met within the standard.
- The trust has exceeded the threshold for sickness / absence (of 4% to 5.69%), and stress, anxiety, and depression remain a theme. Referrals to in house psychology has dropped and this is actively

being promoted by the team. Mandatory training and appraisal have fallen below standard, with a gradual decrease since July. This may be also due to industrial action and is being actively pursued by managers.

- Focused work continues with smoking during pregnancy, and at booking is within the Regional average.
- Friends and family test demonstrates a positive position and exceeds the standards, apart from maternity which is achieving 57%. It is thought that feedback is given in other ways such as MVP. The way in which we communicate F&F test is being reviewed so it is very clear on the ask.
- Internal audits are behind schedule, in particular Rheumatology. This is linked to a depletion of medical staff however an action plan is being put in place.
- PSIRF Training has commenced which has had some excellent feedback, and ways in which to roll this out to other groups are being reviewed.
- Mental health provision remains in the spotlight, however since the ending of the pilot with staff having a central base, there has been some improvement in patients being seen, which is positive.

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

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

Quality
 Core Standards
 Integration and Collaboration

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	

Recommendation	The Board are asked to approved the report and be assured that the work continues in line with the Trust portfolio.
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Board of Directors

Title of report:	People Committee							
Date:	25 January 2024							
Prepared by:	Ann Baxter, Chair of People Committee and Non-Executive Director							
Executive sponsor:	Susy Cook, Chief People Officer / Director of Corporate Affairs							
Purpose of the report	The purpose of this report is to provide the Board of Directors an overview of the work of the people Committee and specifically the committee meeting held on 25 January 2024							
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 24 January 2024:

BAF

Following the review of the Trust's governance and assurance processes, the Health and Wellbeing BAF (4A) is being discontinued and the current risks within BAF 4A are being distributed to other relevant BAFs to ensure appropriate committee oversight and assurance for continued delivery. Three risks are aligned to the People BAF. Two of the risks that have been aligned to People BAF were already shared by both BAFs and remain unchanged. The third risk however, is a new risk to the People BAF and an action plan has therefore been put in place to provide assurance and ensure that effective mitigation arrangements are implemented to minimise any adverse impact on delivery of our health and wellbeing strategic priority. This has been included in the revised People BAF.

Discussions have taken place in relation to people related element of EPPR BAF (1D) being incorporated into the People BAF and an addition has been included in the attached BAF. This has transferred from the strategic risk identified on the EPPR BAF of 'Ability to plan for and recover from incidents and disruptions'. The additional reference onto the People BAF is in relation to supporting staff through incidents of extremist and is included in the People strategic risk of not addressing the health and wellbeing needs of our people.

As part of the reduction of BAFs across the Trust, a review has been undertaken of the Transformation BAF with the objective of ensuring all strategic risks from that BAF are incorporated into other relevant BAFs. Note there are no notified aspects of the Transformational BAF (internal and external) to be incorporated into the People BAF.

In response to Strategic Risk 'Risk of not having a culture of compassion, civility and respect', the final outcome report was received 2 November 2023, further to the re-audit into the Trust Disciplinary processes. The report confirmed a 'Good' level of assurance. A number of recommendations were put forward and agreed (4 low level and 1 medium level) and are to be progressed in line with agreed timeframes. It was proposed that this aspect of the strategic risk (Not having processes, policies and consistent application of people practice approaches across the Trust (previously included in BAF

2B)) is shifted from 3x3=9 to 2x3=6 in reflection of this outcome. This was acknowledged at People Committee on 27 November 2023 and is reflected in the revised People BAF.

Note addition of reference to aging estate in the People BAF. This addition is specifically linked to the potential impact on the Trust ability to attract new staff and retain current staff.

Band 2/3

It is positive to report that the Trust is at an advanced stage of the re-banding exercise, with all job descriptions reviewed and updated where appropriate, with formal evaluation having taken place.

A formal offer has been made to trade unions which is:

- Backdating of the Band 3 grade for eligible posts to 1 July 2021.
- Increases to salary applied on a 'top to top', bottom to bottom' approach, rather than the traditional minimum salary point for all staff.
- Incremental dates will be retained, so that staff who are on the bottom of the Band 2 scale will have their service recognised and they will move to the top of the Band 3 on the relevant incremental date.

It is disappointing that the offer has been rejected by trade unions, however the Trust believes that the proposal we have put forward represents a fair offer and recognises the valuable work and commitment of our clinical support workers.

We are now in a position to commence implementation of the offer and this is planned to commence January 2024, using a phased approach over a series of months.

Sexual Safety

In signing the charter the Trust has committed to taking a zero-tolerance approach towards unwanted, inappropriate and harmful sexual behaviours within the workplace. At the same time ensuring a safe space for staff to report incidents and access supporting services.

The charter is made up of ten commitments often referred to as "pledges" which aim to support organisations in strengthening their approach. It is anticipated that signatories of the charter will work to implement all ten commitments by July 2024.

A project group has been developed with key individuals from across the Trust whose areas of responsibility are directly linked to the remit of the charter. This includes representation from the people directorate, Freedom to Speak Up and communications and marketing teams.

The group leads the implementation of the charter and undertakes identified actions. Group membership will be developed as discussions progress to ensure engagement with the right stakeholders at the right time for example adult/child safeguarding leads and health/wellbeing leads.

Staff Networks

Staff networks are intended to provide a supportive, welcoming, safe confidential space for our staff, where members come together with a shared purpose of improving staff experience within the Trust, supported and lead by network leads who possess a good level of knowledge and expertise on matters related to equality, diversity and inclusion.

The Committee discussed the advantages and disadvantages of the executive sponsor model. In addition it was acknowledged that EDI needs to be business as usual and a 'golden thread' through everything we do as an organisation.

People Metric

The purpose of this report is to provide the operational delivery group with an update on the four People Metric contained within the Integrated Performance Report (IPR):

1. Appraisal - The Trust wide threshold for appraisal compliance is 95%. The Trust position for appraisal compliance for December 2023 stands at 87.44% which is a slight increase of 0.23% from the previous month.
2. Mandatory training - The Trust wide threshold for mandatory training compliance is 90%. The Trust compliance position for December 2023 is 89.92% which represents an increase on the previous month of 0.32% (against a tolerance of 90%).
3. Sickness Absence - The Trust absence threshold is 4%. The current Trust absence rate as at end November 2023 is 5.69%. This is a decrease level of absence on the previous month's rate of 5.72%.
4. Turnover – The Trust threshold for turnover is 10%. The current Trust turnover rate for December 2023 is 8.43% which is comparable with November 2023.

Organisation Development Interventions

The OD Team at North Tees and Hartlepool Foundation Trust use an evidence based approach utilising various academic models and methodologies to adapt and apply to both the standard and unique interventions they are requested to undertake within the organisation. This increases the validity and the reliability of the outcomes and benefits realisation from every intervention, mitigating risk and increasing the likelihood of sustainable, measurable success.

OD interventions are the programmes and processes, which are designed to solve a specific problem. The purpose of these interventions is to improve an organisation's efficiency and help leaders manage more effectively. The paper provides an overview of the Organisation Development Team's current activity and interventions.

The Committee received update on interventions and overview of outputs and progress via OD dashboard.

The committee discussed the need to escalate in situations when staff / services fail to engage in process. It was agreed this would be local, however in addition via Operational Delivery Group feeding into Directors Team.

Guardian of Safe Working

A presentation to the People Committee outlined the work of the guardian of safe working. The work to date including progress on reporting mechanisms was acknowledged. Issues raised by junior doctors included:

- Access to food outside normal working hours
- Lengthy induction processes
- Concerns regarding staff to patient ratios

It was agreed that the above would be followed up and reported back to relevant group.

Absence / Health and Wellbeing

The current Trust absence rate as at end November 2023 is 5.69%. This is a decrease on the previous month's rate of 5.72% and exceeds the current Trust absence threshold of 4%. 2.65% of the 5.69% was due to short-term absence and 3.04% of the 5.69% rate was due to long term absence.

Regional Trusts sickness rates for October 2023 places the Trust as the lower end of the benchmarking table.

The occupational health and well-being service continues to remain under significant pressure in response to the support and advice required to both staff and managers experiencing health and well-being challenges. This is due to several cases of absence and increased activities related to

embedding the new OPASG2 patient management and record system and updating service and process developments.

Activity in relation to mental health and well-being support remains high. Staff have access to several sources of support depending upon individual case basis via Alliance counselling services, the Trust's mental health advisor and occupational health nursing and medical team. A planning event is scheduled for 18 January 2024 in which development of mental health pathways will be undertaken to ensure that the support, access and availability of appropriate support, intervention and advice is identified, commissioned and evaluated to ensure this meets the workforce evolving needs and demands. Colleagues from South Tees have been invited to attend this event to work collaboratively on effect service provision for all staff within the group model moving forward.

Progress on the health and well-being action plan appears as appendix 1. The action plan is due to be reviewed and refreshed further at the strategic health and well-being steering group on 31 January 2024.

Health and Social Care Academy

The Trust proposed a joint venture with Hartlepool College for Further Education (HCFE) and seeks to deliver a regionally significant training facility at the heart of our current estate within Ward 10 at the University Hospital of Hartlepool. The Health and Social Care Academy proposal received capital funding of £1.25m with matched funding of £0.5m.

In October 2023, VEST construction were awarded the build programme following a thorough tender evaluation, the capital build cost was awarded at £833,000 which permits remaining funding from the Town's Deal to be utilised in equipping the academy with state of the art simulation facilities and Trust standard equipment.

A number of significant developments have taken place in recent months regarding the development of the Health and Social Care Academy's vision, including the development of education pathways. The education pathways provide a clear view and profile for the flow of learning and development through the academy in either the health care or social care sectors. Full details including a visual flow chart are included within the paper.

Bi-Annual Workforce Review

A report was provided with the annual position of the Registered Nursing and Midwifery workforce. The National Quality Board (2016) articulated the requirement to undertake Nursing and Midwifery workforce reviews annually with an update on actions highlighted to the Board on a six monthly basis. This report provides the bi-annual full review for 2023 including updates from the last bi-annual update review presented to Board in July 2023.

Both the monthly reports and the bi-annual workforce reviews focus on the clinical, quality, safety and financial importance of developing a workforce fit for purpose. It is vital to understand the nature of workforce pressures and actions to address, both in the long and short term

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

BAF 2A

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	
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 25/01/24		N/A	
Recommendation	The Board of Directors are requested to note the work of the People Committee		

Board of Directors

Title of report:	Assurance report of the Resource Committee								
Date:	1 February 2024								
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 Trust Board regarding the efficiency and effectiveness of the Resource Committee meetings held 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 30 September 2023) • Protecting and Expanding Elective Capacity Gap Analysis Operations Report (Presented to Board 5 October 2023) • Elective Hub Update • Governance Structure • Planning & Performance Board Assurance Framework & Risk Update Report – Performance (reporting to 30 September 2023) • Financial Position and Performance – Month 6 (reporting to 30 September 2023) • CIP Update (reporting to 30 September 2023) • Finance Board Assurance Framework & Risk Update Report – Finance (reporting to 30 September 2023) • I&TS Update & Assurance Report September 2023 • Digital Board Assurance Framework & Risk Update Report – Digital (reporting to 30 September 2023) 									

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

Recommendation	The Board of Directors is requested to note this summary report of the minutes of the Audit Committee meeting held on 26 September 2023.
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Board of Directors

Title of report:	Assurance report of the Resource Committee									
Date:	1 February 2024									
Prepared by:	Chris Macklin, Non-Executive Director (Chair)									
	Kate Hudson-Halliday, Director of Finance									
Purpose of the report	To provide assurance to the Trust Board regarding the efficiency and effectiveness of the Resource Committee meetings held on 28 November 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	x
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 24 October 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 • Board Assurance Framework & Risk update – Performance (reporting to 31 October 2023) • Integrated Performance Report (reporting to 31 October 2023) • Elective Hub Update • Board Assurance Framework & Risk Update Report – Finance (reporting to 31 October 2023) • Financial Position and Performance – Month 7 (reporting to 31 October 2023) • H2 Finance & Operational Delivery – Trust Response to Industrial Action Requirements • CIP Update (reporting to 31 October 2023) • Digital Board Assurance Framework & Risk Update Report – Digital (reporting to 31 October 2023) • I&TS Update & Assurance Report October 2023 • Transformation Board Assurance Framework & Risk Update Report – Transformation Internal and External (reporting to 31 October 2023) 										

- Transformation Update Report (reporting to 31 October 2023)

Decisions Made

- Terms of Reference approved and agreed by the committee.
- All reports were noted by the committee.
- With regard to the item on H2 Finance & Operational Delivery – Trust Response to Industrial Action Requirements the committee
 - Noted the proposed change in year-end forecast position for the 62 day backlog from that set out in the 2023/24 plan
 - Noted the proposed change in year-end forecast for the cancer faster diagnosis standard from that set out in the 2023/24 plan
 - Approved the submission of the H2 operational plan
 - Approved the non-recurrent spend of £1.475m to support delivery of the operational plan
 - Approved the forecast delivery of the break-even financial plan
 - Noted the anticipated request to improve financial position and that the Trust had scope to do this

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 – 28 November 2023			
Recommendation	The Board of Directors is requested to note this summary report of the minutes of the Audit Committee meeting held on 26 September 2023.		

Board of Directors

Title of report:	Assurance report of the Resource Committee									
Date:	1 February 2024									
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 Trust Board regarding the efficiency and effectiveness of the Resource Committee meetings held on 5 January 2024									
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	x
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>Matters for Escalation</p> <p>There were no matters for escalation.</p> <p>Key Issues Discussed</p> <p>Minutes of the meeting on 28 November were not discussed as they would be taken to Resources Committee on 23 January in line with the cycle of business.</p> <p>This meeting was convened specifically to discuss 2023/24 financial forecast out-turn scenarios.</p> <p>Decisions Made</p> <ul style="list-style-type: none"> Noted the anticipated request to improve financial position and that the Trust had scope to do this Note the strong financial performance to month 7, the original phasing of winter spend and the subsequent confidence that a breakeven plan would have been delivered. Noted that additional non-recurrent funding that drives the improved forecasted out-turn position. Noted the additional financial support that has been approved to support operational delivery. Noted the uncertainties that remain around the impact of further industrial action. Noted the financial risks and mitigations that are in place. Noted the ongoing work across the Trust ahead of 24/25 to ensure grip and control value for money. Approved the recommended movement of the forecasted out-turn position to £5.4m at month 9 or month 10, subject to ongoing discussions with the Integrated Care Board, with the preference being month 9 										

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 <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	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 – 5 January 2024			
Recommendation	The Board of Directors is requested to note this summary report of the minutes of the Audit Committee meeting held on 26 September 2023.		

Board of Directors

Title of report:	Assurance report of the Resource Committee									
Date:	1 February 2024									
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 Trust Board regarding the efficiency and effectiveness of the Resource Committee meetings held on 23 January 2024									
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	x
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 28 November 2023 and 5 January 2024 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 • Board Assurance Framework & Risk update – Performance (reporting to 31 December 2023) • Integrated Performance Report (reporting to 31 December 2023) • Elective Hub Update • Board Assurance Framework & Risk Update Report – Finance (reporting to 31 December 2023) • Financial Position and Performance – Month 9 (reporting to 31 December 2023) • H2 Finance & Operational Delivery – Trust Response to Industrial Action Requirements • CIP Update (reporting to 31 December 2023) • Digital Board Assurance Framework & Risk Update Report – Digital (reporting to 31 December 2023) • I&TS Update & Assurance Report October 2023 • Transformation Board Assurance Framework & Risk Update Report – Transformation Internal and External (reporting to 31 December 2023) • Transformation Update Report (reporting to 31 December 2023) 										

Decisions Made			
<ul style="list-style-type: none"> All reports were noted by the committee. 			
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 <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	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 – 23 January 2024			
Recommendation	The Board of Directors is requested to note this summary report of the minutes of the Audit Committee meeting held on 26 September 2023.		

Board of Directors

Title of report:	Assurance report of the Charitable Funds Committee								
Date:	1 February 2024								
Prepared by:	Helen Lane, Head of Financial Services								
Executive sponsor:	Kate Hudson-Halliday, Director of Finance								
Purpose of the report	To provide assurance to the Trust Board regarding the efficiency and effectiveness of the Charitable Funds Committee meeting on 30 th 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 meetings held on 14th November 2022 and 20th March 2023 were recorded and approved.</p> <p>A wide range of issues were discussed including:</p> <ul style="list-style-type: none"> • Draft Charitable Fund accounts 2022/23 with external audit in attendance • Details of current schedule of funds and fund managers • Details of current portfolio of investments • Fundraising Policy for approval • Terms of Reference for the Committee • Staff lottery update • Patients Christmas presents • Fundraising update • High profile visitors report <p>Decisions Made</p> <ul style="list-style-type: none"> • Draft Charitable Fund accounts 2022/23 approved for submission. 									

- Fundraising policy amendments approved.
- Terms of reference approved and agreed by the Committee.
- Approved maximum spend of £6,000 to provide all inpatients with a present on Christmas day and to provide a selection box to all children and young people visiting A&E and urgent care on Christmas day.
- NHSCT membership £2.5k approved

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

This report links to the Finance 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	
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)	
Charitable Funds Committee on 30 th October 2023.		N/A	

Recommendation	The Board of Directors is requested to note this summary report of the minutes of the Charitable Funds Committee meeting held on 30 th October 2023.
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Board of Directors

Title of report:	Assurance Report of the Investment Committee								
Date:	1 February 2024								
Prepared by:	Kate Hudson-Halliday, Director of Finance								
Executive sponsor:	Chris Macklin, Non-Executive Director (Chair)								
Purpose of the report	To provide assurance to the Board of Directors regarding the efficiency and effectiveness of the Investment Committee meeting on 28 November 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>Matters for Escalation</p> <p>There were no matters for escalation.</p> <p>Key Issues Discussed</p> <p>Minutes of the previous meeting held on 21st November 2022 were approved as an accurate record.</p> <p>The agenda items discussed in the meeting were;</p> <ul style="list-style-type: none"> • Terms of Reference for the Investment Committee • Investment Proposal Paper (including Treasury Management Policy) <p>A detailed discussion took place relating to the updated Treasury Management Policy and the proposals for investing surplus cash.</p> <p>The significantly improved cash position of the Trust in recent years has enabled the Trust to invest surplus cash to maximise interest receivable. The advantages and disadvantages of the two proposals were discussed as well as the reported Month 7 position (to 31st October 2023).</p> <p>Decisions Made</p> <ul style="list-style-type: none"> • Terms of Reference for the Investment Committee were approved. • The updated Treasury Management Policy was approved. • Option 1 was approved – to continue to receive interest on current account balances and invest in the National Loan Fund where cash is available (based on Treasury management policy). 									

Board Assurance Framework/Corporate Risk Register risks this paper relates to:			
This report links to the Finance BAF domain.			
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	x	Estates and Facilities	
Commercial		Compliance/Regulatory	x
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	The Board of Directors is requested to note this assurance from the report of the Investment Committee meeting held on 28 November 2023.		

Council of Governors

Title of report:	New Fit & Proper Person Framework Report – 2023/24									
Date:	15 February 2024									
Prepared by:	Stuart Irvine, Director of Strategy, Assurance and Compliance/Company Secretary									
Executive sponsor:	Susy Cook, Chief People Officer & Director of Corporate Affairs									
Purpose of the report	The purpose of the report is to provide an update to the Council of Governors regarding the implementation of the revised requirements for the Fit and Proper Person Test process for board members and the outcome of testing against the new guidance that related to 2023/24.									
Action required:	Approve		Assurance	x	Discuss		Information	x		
Strategic Objectives supported by this paper:	Putting our Population First		Valuing People	x	Transforming our Services		Health and Wellbeing			
Which CQC Standards apply to this report	Safe		Caring		Effective		Responsive	x	Well Led	x

Executive Summary and the key issues for consideration/ decision:

Background

On 2nd August 2023, NHS England published revised requirements in respect of the Fit and Proper Person Test (FPPT) for board members following recommendations in the Kark Review (2019) by Tom Kark KC into the FPPT. A FPPT Framework has been introduced, which sets out new and more comprehensive requirements both for new board appointments and annual review. It is applicable to integrated care boards, NHS trusts, foundation trusts and arms-length bodies – the Care Quality Commission and NHS England.

The purpose of strengthening the F&PPT is to prioritise patient safety and good leadership within NHS organisations. A portfolio of evidence is required to be collected for board members to demonstrate meeting the requirements as well as highlighting those deemed unfit and preventing them from moving between NHS organisations.

The portfolio of evidence for each board member will be held locally and entered onto ESR, which has been updated with new fields to reflect the additional requirements and will provide a dashboard to evidence the recorded results. Before commencing the collection of any evidence, organisations must issue a privacy notice to each board member, advising them how the information will be used and stored. This has been carried out for all current board members and Directors employed by the Trust and was issued in October 2023.

The Chair of an organisation has overall accountability for F&PPT, however nominated individuals, such as the Company Secretary and workforce staff can assist to carry out and record the outcome of the assessment for each board member against the F&PPT requirements based upon the evidence collected,

Organisations are required to make an annual submission to NHS England confirming the outcome of F&PPT for their board members. There is also a new F&PPT attestation form for board members to complete. These checks are carried out as part of the appointment process and repeated on an annual basis.

A new reference template has also been introduced for any new board member appointments with effect from 30th September 2023. The template should be completed and retained locally for any board member leaving the organisation.

To help inform the fitness assessment in the F&PPT, a new Leadership Competency Framework (LCF) for board roles will be introduced to support the development of a diverse range of skilled and proficient leaders. A new board appraisal formwork is also being produced which will incorporate the LCF. It is expected that the new appraisal template will be issued to appraise 2023/24 performance with appraisal taking place in Quarter 1: 2024/25. The Messenger Review (NHS Leadership) reinforced the importance of implementing the F&PPT recommendations from the Kark Review and to develop a single set of unified, core leadership and management standards, for which the LCF is a critical part.

Trust Approach

The Board of Directors took the decision to apply the new F&PPT guidance to existing Board Directors and also extended this to Directors without an executive portfolio and to Deputy Directors within the Trust.

To meet the requirements of the Board of Directors, the Trust will undertake testing in two Phases;

- **Phase 1** – The new F&PPT requirements will be applied to the Joint Chair, the newly appointed Joint Chief Executive, Non-Executive Directors, Executive Directors and Directors (without an executive portfolio) as if they were new appointments. Within this testing, there are two individuals who are substantively employed by other organisations and their employing organisations have advised that the guidance would be applied on a prospective basis. At the time of testing, neither individual was a board member of their employing organisation and would not be covered by the new guidance and would not be covered by the new guidance. With the agreement of the individuals, the Trust has applied the F&PPT checks, where possible.
- **Phase 2** – The new F&PPT requirements will be applied to Care Group Directors and Deputy Directors.

The approach noted, goes above and beyond the requirements of the F&PPT guidance, which is only required to be applied from 30th September 2023 for new employees or those leaving the Trust. The approach that was agreed by the Board of Directors demonstrates its commitment to ensuring robust governance and for ensuring that Directors are compliant with F&PPT requirements

Reported Outcomes

The Trust has completed Phase 1 of the testing relating to the new F&PPT guidance. The process followed by the Trust is highlighted below;

- **Privacy Notices** were issued to individuals on 6th October 2023, advising of the new F&PPT guidance requirements and the need to collect additional information, including the right to opt out. All members of staff agreed to the new guidance and additional testing.
- **Self-attestation forms** were issued and have been signed and returned by individuals and also signed by the Joint Chair to confirm receipt. The Vice-Chair signed to confirm receipt of the Joint Chair's attestation form.

- **F&PPT Checklist** (Appendix 7 of the guidance) was completed to evidence the checks performed for each individual.
- This included **additional checks** on being disqualified from being a charity trustee, investigations into disciplinary matters/complaints/grievances/and speak ups, against board members. This included information relating to open/ongoing investigations, upheld findings and discontinued investigations that are relevant to F&PPT and social media checks.
- A **summary of the key checks** and draft declarations have been collated and the **ESR system** has been updated for the mandatory fields and provides a **dashboard** to display the F&PPT outcomes.
- Results for **Executive Directors and Directors** of the Trust – a summary of the outcomes, including the ESR dashboard and supporting evidence was provided to the **Managing Director**.
- Results for the **Joint Chief Executive and Managing Director** of the Trust – a summary of the outcomes, including the ESR dashboard and supporting evidence was provided to the **Senior Independent Director** (Chris Macklin).
- Results for the **Non-Executive Directors** of the Trust – a summary of the outcomes, including the ESR dashboard and supporting evidence was provided to the **Joint Chair**.
- Results for the **Joint Chair** of the Trust – a summary of the outcomes, including the ESR dashboard and supporting evidence was provided to the **Senior Independent Director** (Chris Macklin).

Conclusion

The Trust has prepared the documentation that is required to be signed by the Joint Chair and returned to NHSE to confirm the outcomes of the F&PPT guidance for 2023/24.

The Trust is operating under Group arrangements with South Tees Hospitals NHS Foundation Trust and the Joint Chair and Joint Chief Executive are hosted by North Tees & Hartlepool NHS Foundation Trust for payrolls and administrative purposes. A letter of confirmation will be sent to South Tees FT confirming the Joint Chair and Joint Chief Executive are fit and proper persons and this will be addressed to the Vice Chair at South Tees FT.

Once the required documentation has been signed off by the Joint Chair and submitted to NHSE, the Trust will be able to evidence that the Trust is compliant with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: **Regulation 5** - people who have director level responsibility for the quality and safety of care, and for meeting the fundamental standards are fit and proper to carry out this important role.

Upon conclusion of Phase 1 testing, Phase 2 will commence, with the aim to complete this work by 31st March 2024.

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

This paper relates to the People BAF domain.

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

Equality, diversity, inclusion		Reputational	x
Workforce	x	Environmental	
Financial/value for money		Estates and Facilities	
Commercial		Compliance/Regulatory	x

Quality, safety, experience and effectiveness	x	Service user, care and stakeholder involvement	x
Board Subcommittee meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
Audit Committee – 29 th January 2024 Board of Directors – 1 st February 2024		Trust Directors Team – 16 th January 2024	
Recommendation	<p>The Council of Governors is asked to;</p> <ul style="list-style-type: none"> • Discuss and note the content of the report. • Note that this report provides assurance that the Board of Directors (and wider staff tested) are fit and proper and comply with the F&PPT guidance. • Note that this evidences that the Trust is compliant with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 5 – fit & proper person: directors. • Note that confirmation outcome letters will be issued to South Tees FT for the Joint Chair and Joint Chief Executive; and • Phase 2 of testing is planned to be completed by 31st March 2024. 		

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Council of Governors

15 February 2024

New Fit and Proper Person Framework Report 2023/24

Report of the Director of Strategy, Assurance & Compliance/ Company Secretary

1. Introduction/Background

- 1.1 On 2 August 2023, NHS England published revised requirements in respect of the Fit and Proper Person Test (FPPT) for board members following recommendations in the Kark Review (2019) by Tom Kark KC into the FPPT. A FPPT Framework has been introduced, which sets out new and more comprehensive requirements both for new board appointments and annual review. It is applicable to integrated care boards, NHS trusts, foundation trusts and arms-length bodies - the Care Quality Commission and NHS England.
- 1.2 The purpose of strengthening the FPPT is to prioritise patient safety and good leadership within NHS organisations. A portfolio of evidence is required to be collected for board members to demonstrate meeting the requirements as well as highlighting those deemed unfit and preventing them from moving between NHS organisations.
- 1.3 The portfolio of evidence for each board member will be held locally and entered onto ESR, which has been updated with new fields to reflect the additional requirements and will provide a dashboard to evidence the recorded results. Before commencing the collection of any evidence, organisations must issue a privacy notice to each board member advising them how the information will be used and stored. This has been carried out for all current board members and Directors employed by the Trust and was issued on 6th October 2023.
- 1.4 The Chair of an organisation has overall accountability for the FPPT, however, nominated individuals such as the Company Secretary and workforce staff can assist to carry out and record the outcome of the assessment for each board member against the FPPT requirements based upon the evidence collected.
- 1.5 Organisations are required to make an annual submission to NHS England confirming the outcome of FPPT for their board members. There is also a new FPPT attestation form for board members to complete. These checks are carried out as part of the appointment process and repeated on an annual basis.
- 1.6 A new reference template has also been introduced for any new board member appointments with effect from 30th September 2023. The template should also be completed and retained locally for any board members leaving the organisation.
- 1.7 To help inform the fitness assessment in the FPPT a new Leadership Competency Framework (LCF) for board roles will be introduced to support the development of a diverse range of skilled and proficient leaders. A new board appraisal framework is also being produced which will incorporate the LCF. It is expected that the new appraisal template will be used to appraise 2023/24 performance with appraisals taking place in Quarter 1: 2024/25. The Messenger Review (NHS Leadership) reinforced the importance of implementing the FPPT

recommendations from the Kark Review and to develop a single set of unified, core leadership and management standards, for which the LCF is a critical part.

See link to NHSE guidance: [NHS England » NHS England fit and proper person test framework for board members](#)

2. Main content of report

- 2.1 The Board of Directors took the decision to apply the new F&PPT guidance to existing Board Directors and also extended this to Directors without an executive portfolio and to Deputy Directors within the Trust.
- 2.2 To meet the requirement of the Board of Directors, the Trust will undertake testing in two Phases;
 - **Phase 1:** The new F&PPT requirements will be applied to the Joint Chair, the newly appointed Joint Chief Executive, Non-Executive Directors, Executive Directors and Directors (without an executive portfolio) as if they were new appointments.
 - **Phase 2:** The new F&PPT requirements will be applied to Care Group Directors and Deputy Directors.
- 2.3 The approach above goes above and beyond the requirements of the F&PPT guidance, which is only required to be applied from 30th September 2023, for new employees or those leaving the Trust. This approach that was agreed by the Board of Directors demonstrates its commitment to ensuring robust governance and the important of ensuring Directors are compliant with the F&PPT requirements.

Reported Outcomes

- 2.4 The Trust has completed Phase 1 of the testing relating to the new F&PPT guidance. The individuals that were tested as part of Phase 1 are listed below;
 - Prof Derek Bell – Joint Chair
 - Stacey Hunter – Joint Chief Executive
 - Ann Baxter – Vice Chair/Non-Executive Director
 - Chris Macklin – Senior Independent Director/Non-Executive Director
 - Liz Barnes – Non-Executive Director
 - Fay Scullion – Non-Executive Director
 - Alison Fellows – Non-Executive Director
 - Neil Atkinson – Managing Director
 - Elaine Gouk – Interim Chief Medical Officer
 - Dr Susy Cook – Chief People Officer/Director of Corporate Affairs
 - Rowena Dean – Acting Chief Operating Officer
 - Lindsey Robertson – Chief Nurse/Director of Patient Safety & Quality
 - Kate Hudson-Halliday – Interim Director of Finance (*)
 - Linda Hunter – Director of Planning & Performance
 - Michael Houghton – Director of Transformation
 - Ken Anderson – Chief Information & Technology Officer
 - Mike Worden – Managing Director (NTH Solutions)
 - Ian Simpson – Chair of Trust Subsidiaries (NTH Solutions and Optimus Limited)
 - Deepak Dwarakanath – Chief Medical Officer
 - Stuart Irvine – Director of Strategy, Assurance & Compliance/Company Secretary
 - Hamish McLure – Independent Advisor to interim CMO (*)

(*) The individuals are not substantively employed by the Trust and at the time of undertaking testing, neither were Board members of their employer. Only the Interim Director of Finance is a Board member and voting member of the Board.

Employing organisations advised that that guidance would be applied on a prospective basis and due to their substantive roles, they would not be covered by the new guidance. With the agreement of the individuals, the Trust undertook F&PPT checks, where possible (including attestation form completion, disciplinary checks, Director checks and social media checks). Furthermore, an annual report for 2023 was provided by Leeds FT for the Independent Advisor to interim CMO (at which time he was a Board Director).

Privacy notices

- 2.5 Privacy notices were issued to 21 members of staff on 6th October 2023 advising of the new F&PPT guidance requirements and the need to collect additional information, including the right to opt out. All members of staff agreed to the new guidance and additional testing.

Self-Attestation Forms

- 2.6 Self-attestation forms were issued and have been signed and returned by individuals and also signed by the Joint Chair to confirm receipt. The Vice Chair signed to confirm receipt of the Joint Chair's attention form.

F&PPT Checklists

- 2.7 A F&PPT checklist (Appendix 7 of the guidance) was completed to evidence the checks performed for each individual included as part of Phase 1 testing.

This included the additional checks on being disqualified from being a charity trustee, investigations into disciplinary matters/complaints/grievances and speak-ups against the board member. This includes information in relation to open/ ongoing investigations, upheld findings and discontinued investigations that are relevant to FPPT and social media checks.

ESR Recording

- 2.8 As part of the new guidance, the Electronic Staff Record (ESR) has been updated to enable the recording of key information relating to the F&PPT and a dashboard of the findings can be produced.

A summary of the checks and declarations have been collated and the ESR system has been updated for the mandatory fields to record F&PPT outcomes and this was checked as part of validation processes.

Outcome Validation

- 2.9 In order to ensure appropriate and independent checks were performed in relation to individual outcomes, the following approach was undertaken;
- Results for **Executive Directors and Directors** of the Trust – a summary of the outcomes, including the ESR dashboard and supporting evidence was provided to the **Managing Director**.
 - Results for the **Joint Chief Executive and Managing Director** of the Trust – a summary of the outcomes, including the ESR dashboard and supporting evidence was provided to the **Senior Independent Director** (Chris Macklin).
 - Results for the **Non-Executive Directors** of the Trust – a summary of the outcomes, including the ESR dashboard and supporting evidence was provided to the **Joint Chair**.

- Results for the **Joint Chair** of the Trust – a summary of the outcomes, including the ESR dashboard and supporting evidence was provided to the **Senior Independent Director** (Chris Macklin).

3. Key issues, significant risks and mitigations

- 3.1 The risk relating to this paper is the potential breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 5 - people who have director level responsibility for the quality and safety of care, and for meeting the fundamental standards are fit and proper to carry out this important role.
- 3.2 The Trust has undertaken a thorough and comprehensive process to apply the new F&PPT guidance and independent checks have been performed in relating to the outcomes and this can be evidenced by a robust audit trail.

4. Conclusion/Summary/Next steps

- 4.1 The Trust has strictly followed the new F&PPT guidance and applied this to 21 members of staff as part of Phase 1 of testing.
- 4.2 In accordance with the new Fit and Proper Person Test Framework requirements, the Board of Directors of North Tees & Hartlepool NHS Foundation Trust and additional staff who were included in Phase 1 testing are compliant with the new guidance.
- 4.3 This evidences that the Trust is compliant with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 5 - people who have director level responsibility for the quality and safety of care, and for meeting the fundamental standards are fit and proper to carry out this important role.

Next Steps

- 4.4 The Trust has prepared the documentation that is required to be signed by the Joint Chair and returned to NHSE to confirm the outcomes of the F&PPT guidance for 2023/24 and is subject to formal sign off by the Joint Chair.
- 4.5 The Trust is operating under Group arrangements with South Tees Hospitals NHS Foundation Trust and the Joint Chair and Joint Chief Executive are hosted by North Tees & Hartlepool NHS Foundation Trust for payroll and administrative purposes. A letter of confirmation will be sent to South Tees FT confirming the Joint Chair and Joint Chief Executive are fit and proper persons and this will be addressed to the Vice Chair at South Tees FT and issued by the Senior Independent Director of the Trust.
- 4.6 Upon conclusion of Phase 1 testing, Phase 2 will commence, with the aim to complete this work by 31st March 2024.

5. Recommendation

- 5.1 The Council of Governors are asked to;
- Discuss and note the content of the report.
 - Note that this report provides assurance that the Board of Directors (and wider staff tested) are fit and proper and comply with the new F&PPT guidance.
 - Note that this evidences that the Trust is compliant with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 5 – fit & proper person: directors.

- Note that confirmation outcome letters will be issued to South Tees FT for the Joint Chair and Joint Chief Executive.
- Note that this will be formally signed off by the Joint Chair and submitted to NHSE; and
- Phase 2 of testing is planned to be completed by 31st March 2024.

Stuart Irvine

Director of Strategy, Assurance & Compliance/Company Secretary

Council of Governors

Title of report:	Council of Governors – Annual Register of Interest 2024									
Date:	15 February 2024									
Prepared by:	Sarah Hutt, Assistance Company Secretary									
Executive sponsor:	Stuart Irvine, Director of Strategy, Assurance & Compliance/Company Secretary									
Purpose of the report	To provide the Council of Governors with an update and the outcome of the annual Council of Governors declarations of interest exercise for 2024.									
Action required:	Approve		Assurance	x	Discuss					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		x	Responsive	x	Well Led	x
Executive Summary and the key issues for consideration/ decision:										
<p>In accordance with Annex 7, of the Trust’s Constitution, the Council of Governors are required to declare interests that may conflict with their position as a Governor of the Trust. In addition, Governors must certify on appointment, and each year, that they remain a fit and proper person in accordance with the Trust’s Licence and Council of Governors Code of Conduct. Interests are to be recorded in a register which is referred to in the Trust’s Annual Report and is available for inspection on request.</p> <p>The requirement for Directors and Governors to meet a fit and proper persons’ test is included in the provider licence for NHS Foundation Trusts and the Trust’s Constitution, Section 12, and identifies the criteria as to why Governors may not become or continue as a member of the Council of Governors. The ‘fit and proper persons’ standard is part of the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the 2014 Regulations) which was introduced in November 2014 and broadened the requirements in terms of scope and nature of the test.</p> <p>The Trust has also applied the new fit and proper person test guidance to all Non-Executive Directors, Executive Directors, Directors and Deputy Directors and this is reported under a separate agenda item.</p> <p>A copy of the register is appended to this report for information. At the time of writing this report, a number of responses remained outstanding.</p>										
Board Assurance Framework/Corporate Risk Register risks this paper relates to:										
This paper relates to the Quality Domain (Well-Led).										
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	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	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> • Note the contents of the report; • Submit outstanding responses to ensure the register of interests is up to date for all governors; and • Note that the register will be available to the public via the Council of Governors papers, minutes will be published on the Trust's website and will be referred to in the Trust's Annual Report 2023/24. 		

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

Name	Directorship including non-executive directorships held in private companies or PLCs (with the exception of dormant companies)	Ownership, or part ownership, of private companies businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS	A position of authority in a charity or voluntary body in a field of health and social care	Any connection with a voluntary or other body contracting for NHS services
George Edward Lee Public Governor (Hartlepool constituency) <u>Awaiting response</u>	None	None	None	None	Member of Executive Committee (Voluntary) Durham Association of Boys and Girls Clubs Chairman of Board (Voluntary) Central Estate Management Organisation, Hartlepool
Mike Scanlon Public Governor (Hartlepool constituency)	None	None	None	None	None
Alan Smith Public Governor (Hartlepool constituency)	None	None	None	None	None

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

Name	Directorship including non-executive directorships held in private companies or PLCs (with the exception of dormant companies)	Ownership, or part ownership, of private companies businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS	A position of authority in a charity or voluntary body in a field of health and social care	Any connection with a voluntary or other body contracting for NHS services
Janet Atkins Public Governor (Stockton constituency)	None	None	None	None	Member of North Tees & Hartlepool Healthcare User Group
Paul Garvin Public Governor (Stockton constituency)	None	None	None	None	None
Anne Virginia Johnston Public Governor (Stockton constituency)	None	None	None	None	None
Lynda White Public Governor (Stockton constituency)	None	None	None	None	None
Mark White Public Governor (Stockton constituency)	None	None	None	None	Member of UNISON, Trade Union Panel Member of NIHR Research Support Service, North East and North Cumbria
Mr Elliot Kennedy Public Governor (Stockton constituency)	None	None	None	None	Trustee, Radio Stitch Hospital Radio
Mr Robbie Harris Public Governor (Stockton constituency)					
Mr Mark Davis Public Governor (Stockton constituency) <u>Awaiting response</u>					

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

Name	Directorship including non-executive directorships held in private companies or PLCs (with the exception of dormant companies)	Ownership, or part ownership, of private companies businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS	A position of authority in a charity or voluntary body in a field of health and social care	Any connection with a voluntary or other body contracting for NHS services
Mrs Florence Black Public Governor (Easington constituency)					Councillor, Peterlee Town Council
Mrs Sarah Moule Public Governor (Easington constituency)	None	None	None	None	None

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

Name	Directorship including non-executive directorships held in private companies or PLCs (with the exception of dormant companies)	Ownership, or part ownership, of private companies businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS	A position of authority in a charity or voluntary body in a field of health and social care	Any connection with a voluntary or other body contracting for NHS services
Allison Usher (Sedgefield constituency)	Director Sedgefield Out of School Fun Club Ltd	None	None	None	None

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

Name	Directorship including non-executive directorships held in private companies or PLCs (with the exception of dormant companies)	Ownership, or part ownership, of private companies businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS	A position of authority in a charity or voluntary body in a field of health and social care	Any connection with a voluntary or other body contracting for NHS services
Angela Warnes Public Governor (Non-core constituency)	None	None	None	None	None

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

Name	Directorship including non-executive directorships held in private companies or PLCs (with the exception of dormant companies)	Ownership, or part ownership, of private companies businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS	A position of authority in a charity or voluntary body in a field of health and social care	Any connection with a voluntary or other body contracting for NHS services
Mr Steven Yull (Staff Governor)	None	None	None	None	None
Mr David Russon (Staff Governor) <u>Awaiting response</u>	None	None	None	None	None
Mr Andrew Simpson (Staff Governor)	None	None	None	None	None

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

Name	Directorship including non-executive directorships held in private companies or PLCs (with the exception of dormant companies)	Ownership, or part ownership, of private companies businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS	A position of authority in a charity or voluntary body in a field of health and social care	Any connection with a voluntary or other body contracting for NHS services
Mr Christopher Akers-Belcher (Appointed Governor, Healthwatch Hartlepool)	None	None	None	Chief Executive of Healthwatch Hartlepool Member of NENC Integrated Care Board	None
Cllr Steve Nelson (Appointed Governor, Stockton-on-Tees Borough Council)	None	None	None	Director, Tees Active Ltd Cabinet Member, Health, Leisure & Culture Stockton Borough Council	None
Ms Natasha Douglas (Appointed Governor, Stockton Healthwatch)	None	None	None	None	None
Cllr Andrew Martin-Wells (Appointed Governor, Hartlepool Borough Council) <u>Awaiting response</u>	None	Managing Partner, MW Xperts LLP Managing Partner, MWX Special Projects Ltd	None	None	Elected Member, Hartlepool Borough Council
Prof Tim Thompson, (Appointed Governor, Teesside University) <u>Awaiting response</u>	President and Trustee, Chartered Society of Forensic Sciences	None	None	None	None

Council of Governors

Title of report:	Non-Executive Director – Roles & Responsibilities Matrix											
Date:	15 February 2024											
Prepared by:	Sarah Hutt, Assistance Company Secretary											
Executive sponsor:	Stuart Irvine, Director of Strategy, Assurance & Compliance/Company Secretary											
Purpose of the report	To provide an overview to the Council of Governors of the Non-Executive Directors roles and responsibilities.											
Action required:	Approve			Assurance		x	Discuss			Information		x
Strategic Objectives supported by this paper:	Putting our Population First		x	Valuing People		x	Transforming our Services		x	Health and Wellbeing		x
Which CQC Standards apply to this report	Safe	x	Caring	x	Effective	x	Responsive	x	Well Led		x	
Executive Summary and the key issues for consideration/ decision:												
<p>The Trust produces an annual matrix that sets out the roles and responsibilities of Non-Executive Directors to inform staff, governors and wider stakeholders.</p> <p>The matrix has been updated for 2024 and this will provide a useful reference point for Governors in a number of ways;</p> <ul style="list-style-type: none"> - This will provide information on the detailed portfolio of work of Non-Executive Directors of Board committees and membership. - It provides details relating to the PLACE arrangements of Non-Executive Directors and allows Governors to identify NEDs linked to constituencies to inform discussions. - It provides details of lead and champion roles of Non-Executive Directors for Governors to identify similar interest and again, this will inform future discussions between Governors and Non-Executive Directors. <p>The matrix will be added to the Trust’s website during February 2024.</p>												
Board Assurance Framework/Corporate Risk Register risks this paper relates to:												
This paper related to all Board Assurance Framework domains.												
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			X	Environmental			X					
Financial/value for money			X	Estates and Facilities			X					
Commercial			X	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 Non-Executive Director – Roles & Responsibilities Matrix and to use this to inform future contacts and discussions.		

Non-Executive Director Matrix of Responsibilities

Non-Executive Current Committees and Board Roles		
<p>Professor Derek Bell (Joint Chair)</p> <p>Chair of Council of Governors Chair of Board of Directors Chair of Nominations Committee Chair of Remuneration Committee Chair of Membership Strategy Committee Member of People Committee Member of Charitable Funds Committee Member of Investment Committee</p> <p>Board Roles: Armed Forces & Veteran Aware</p>	<p>Ann Baxter (Vice Chair)</p> <p>Chair of People Committee Member of Quality Committee Member of Remuneration Committee Member of Maternity Voices Partnership Chair of Safeguarding Committee Member of Maternity Neonatal Safety Champions Group Weekly Patient Safety Meeting</p> <p>Board Roles: Maternity Board Safety Champion Health & Wellbeing Guardian Stockton at Place (Director Lead: Susy Cook)</p>	<p>Chris Macklin (Non-Executive Director)</p> <p>Chair of Resources Committee Chair of Charitable Funds Committee Chair of Investment Committee Chair of External Audit Working Group Member of Audit Committee Member of Remuneration Committee</p> <p>Board Roles: Senior Independent Director Darlington at Place (Director Lead: Lindsey Robertson)</p>
<p>Fay Scullion (Non-Executive Director)</p> <p>Chair of Quality Committee Member of Resources Committee Member of Remuneration Committee</p> <p>Board Roles: Freedom to Speak Up Champion Easington and Peterlee at Place (Director Lead: Lindsey Robertson)</p>	<p>Alison Fellows (Non-Executive Director)</p> <p>Chair of Audit Committee (*) Member of Remuneration Committee</p> <p>Board Roles: Hartlepool at Place (Director Lead: Linda Hunter)</p>	<p>Liz Barnes (Non-Executive Director)</p> <p>Member of Resources Committee Member of People Committee Member of Remuneration Committee</p> <p>Board Roles: Equality, Diversity & Inclusion Champion Health Inequalities Champion Digital Technology Champion Sedgefield at Place (Director Lead: Lindsey Robertson)</p>

(*) Not a member of another Board committee to ensure independence.