



# Committee in Common Meeting of the Council of Governors

Tuesday 25<sup>th</sup> February 2025, 10:00

Health & Social Care Academy, UHH



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**Meeting in Common between the Council of Governors of  
 North Tees & Hartlepool and South Tees Hospitals NHS Foundation Trusts**

**Tuesday 25 February 2025 at 13:00 at Health & Social Care Academy  
 University Hospital of Hartlepool, Holdforth Road, Hartlepool, TS24 9AH**

**AGENDA**

|     | ITEM  | LEAD            | FORMAT | TIME  |
|-----|---|-----------------|--------|-------|
| 1.  | Welcome and Apologies   | Chair           | Verbal | 13:00 |
| 2.  | Quorum and Declarations of Interests  | Chair           | ENC    | 13:00 |
| 3.  | Minutes of the meeting held: <ul style="list-style-type: none"> <li>16 July 2024 STHFT</li> <li>16 July 2025 NTHFT</li> <li>30 July 2024 Extra Ordinary in Common</li> <li>21 November 2024 Committee in Common</li> <li>8 January 2025 Extra Ordinary in Common</li> </ul>                   | Chair           | ENC    | 13:00 |
| 4.  | Matters Arising/Action Log  | Chair           | ENC    | 13:10 |
| 5.  | Group Chair's Report<br>(including Group Board Directors Agenda 4 March 2025)   | Chair           | ENC    | 13:15 |
| 6.  | Group Chief Executive's Report  | Chief Executive | ENC    | 13:25 |
| 7.  | Lead Governors Report   | Lead Governors  | ENC    | 13:45 |
| 8.  | Report from the sub-groups and Board Committees: <ul style="list-style-type: none"> <li>Quality Committee</li> <li>People Committee</li> <li>Resources Committee</li> <li>Audit &amp; Risk Committee STHFT</li> <li>Audit Committee NTHFT</li> <li>Nominations Committee in Common</li> </ul> | NEDs            | ENC    | 14:00 |
| 9.  | Governors Attendance Register   | Co Secretary    | ENC    | 14:20 |
| 10. | Agree the process for the performance evaluation of the Chair of the Trust and other NEDS   | Co Secretary    | ENC    | 14:30 |
| 11. | Annual Register of Interests  | Co Secretary    | ENC    | 14:40 |

| South Tees Council of Governor Meeting  |   |               |        |       |
|---|---|---------------|--------|-------|
| 13.   | Interim Governor Elections  | Co Secretary  | Verbal | 14:50 |
| 14.   | Minutes of Extra Ordinary in Committee South Tees Councillor of Governors Meeting | Chair         |        | 15:00 |
| For information documents   |   |               |        |       |
| 15.   | Integrated Performance Report   | Taken as read | ENC    | 15:10 |
| 16.   | Finance Report  | Taken as read | ENC    | 15:25 |
| 17.   | Council of Governors Photo board  | Taken as read | ENC    | 15:35 |
| 18.   | Corporate Schedule of Meetings  | Taken as read | ENC    | 15:40 |
| 19.   | Council of Governors Cycle of Business  | Taken as read | ENC    | 15:50 |
| <b>Close</b><br>Next meeting will be held on Thursday 26 June 2025 10:00 – 16:00 at STRIVE Rooms 3 & 4, The Friarage Northallerton, DL6 1JG |   |               |        |       |

**Final minutes of the Council of Governors Meeting held in  
PUBLIC on 16 July 2024 at 3.25pm  
in Rooms 3 and 4, STRIVE, Friarage Hospital**

**Present:**

|                                 |  |
|---------------------------------|--|
| Prof Derek Bell                 | Group Chair  |
| Ms Ali Wilson                   | Vice Chair / Non-Executive Director                    |
| Ms Yvonne Bytheway              | Elected Governor, Middlesbrough                        |
| Ms Rachel Booth-Gardiner        | Elected Governor, Middlesbrough                        |
| Cllr David Coupe                | Appointed Governor, Middlesbrough                      |
| Dr Sarah Essex                  | Elected Governor, Staff                                |
| Dr John Fordham                 | Elected Governor, Patient and/or Carer                 |
| Mr Brian White                  | Elected Governor, Redcar & Cleveland                   |
| Mr Jon Winn                     | Elected Governor, Redcar & Cleveland                   |
| Ms Zahida Mian                  | Elected Governor, Redcar & Cleveland                   |
| Mrs Sue Young                   | Elected Governor, Hambleton & Richmondshire            |
| Mr Bernard Count von Ullersdorf | Elected Governor, Hambleton & Richmondshire            |
| Mr Julian Wenman                | Appointed Governor, Staff                              |
| Dr Isaac Oluwatowoju            | Elected Governor, Staff                                |
| Prof David Kennedy              | Appointed Governor, Newcastle University               |
| Cllr Ursula Earl                | Appointed Governor, Redcar & Cleveland Borough Council |

**In attendance:**

|                                |   |
|--------------------------------|---|
| Mrs Ann Baxter                 | Vice Chair / Group Non-Executive Director                   |
| Ms Ali Wilson                  | Vice Chair / Group Non-Executive Director                   |
| Prof Liz Barnes                | Group Non-Executive Director                                |
| Mr Chris Macklin               | Group Non-Executive Director                                |
| Mrs Fay Scullion               | Group Non-Executive Director                                |
| Ms Ada Burns                   | Group Non-Executive Director                                |
| Mr Mark Dias                   | Group Non-Executive Director                                |
| Prof Rudy Bilous               | Associate Non-Executive Director                            |
| Mrs Jackie White               | Head of Governance / Company Secretary                      |
| Mrs Angela Warnes              | Lead Governor, North Tees & Hartlepool NHS Foundation Trust |
| Mrs Heidi Holliday             | Secretary to Trust Board / note taker                       |
| Mrs Sarah Count von Ullersdorf | Member of the Public  |
| Mrs Ruth Mhlanga               | Member of the Public  |

**CHAIR'S BUSINESS**

**CoG/23/122 Welcome and Introductions**

Professor Bell, Group Chair welcomed all members and members of the public to the meeting.

**CoG/23/123 Apologies for Absence**

Apologies for absence were received from the following Governors:

|                    |   |
|--------------------|---|
| Mrs Janet Crampton | Elected Governor, Hambleton & Richmondshire |
| Mr Graham Lane     | Elected Governor, Hambleton & Richmondshire |
| Mr Noel Beal       | Elected Governor, Hambleton & Richmondshire |
| Ms Rebecca Hodgson | Elected Governor, Middlesbrough             |
| Prof Steve Jones   | Appointed Governor, Newcastle University    |



|                          |   |
|--------------------------|---|
| Ms Jean Milburn          | Elected Governor, Middlesbrough             |
| Mr Paul Fogarty          | Elected Governor, Middlesbrough             |
| Ms Carlie Johnston-Blyth | Appointed Governor, Teesside University     |
| Mr Lee O'Brien           | Appointed Governor, Carer Organisation      |
| Prof Shaun Pattinson     | Appointed Governor, Durham University       |
| Cllr Steve Watson        | Appointed Governor, North Yorkshire Council |
| Ms Lisa Bosomworth       | Appointed Governor, Healthwatch             |

Apologies for absence were received from the following:

|                    |  |
|--------------------|--|
| Ms Stacey Hunter   | Group Chief Executive                  |
| Ms Miriam Davidson | Group Non-Executive Director           |
| Mrs Alison Fellows | Group Non-Executive Director           |
| Mr Ken Readshaw    | Group Non-Executive Director           |
| Mr David Redpath   | Group Non-Executive Director           |
| Mrs Allyson Gerner | Associate Group Non-Executive Director |

**CoG/23/124 Quorum and Declarations of Interest**

Mrs White confirmed that the meeting was quorate.

New declarations of interest were raised by Cllr Earl and Dr Fordham, which would be added to the declarations of interest register.

**Action:** i) declaration of interest register to be updated.

**CoG/23/125 Minutes of Previous Meeting**

The minutes of the meeting on the 21 May 2024 were accepted as an accurate record.

**Resolved:** i) the minutes of the previous meeting were accepted as an accurate record.

**CoG/23/126 Matters Arising and Action Sheet**

The matters arising were reviewed and updated in the meeting.

**FOR INFORMATION**

**CoG/23/127 Lead Governor Report**

The Lead Governor Report and discussions held in the Committee in Common earlier that day were noted.

**Resolved:** i) that the content of the report was noted.

**SAFE**

**Co23/128 Patient Experience Sub Group Update**

Mrs Young provided an update to Governors following the last Patient Experience Sub Group meeting and highlighted the following three areas:

**In Patient Survey**

- Patient experience feedback over the last year showed that the following domains scored highly: consistency and co-ordination, respect and dignity, doctors, nurses, cleanliness, handwashing, pain control and kindness and compassion. Feedback also showed that the following domains had consistently scored low over the year: involvement in treatment, medicines and noise at night. Work was ongoing to address those areas.

### Complaints

- Car parking and appointments were noted as two very significant non-clinical issues experienced by patients and relatives. Examples included delays in telephones being answered, patients visiting the hospital to resolve their queries and appointment letters arriving after the appointment dates. It was noted that the Group Chief Executive had addressed the issue of car parking at a recent Questions and Answer session.

### Patient Story

- A positive story was shared regarding a patient suffering with Covid. The ICU staff had done their utmost in the extremely difficult circumstances to ensure the patient could hear his wife's voice and that of his 5 year old daughter and that the family were kept informed of his health as frequently as possible. The family described the kindness of staff and the phenomenal care they provided.

**Resolved:** i) Professor Bell thanked Mrs Young for her update.

### WELL LED

#### **CoG/23/129 Audit and Risk Committee Chairs Log**

In Mr Readshaw's absence, Mrs White highlighted key points of discussion from the Audit and Risk Committee meeting that took place on the 25 June 2024 including:

- The main purpose of the meeting was to receive the various year-end financial documents and auditors reports and for the approval of the submission to NHS England by the 28 June 2024 deadline.
- Counter Fraud - The year end rating was green in all counter fraud requirements, which was an improvement from the previous year and giving significant assurance. The plan for 2024/25 was approved.
- The Head of Internal Audit Opinion was noted as 'reasonable assurance / moderate assurance'. Governance, risk management and control in relation to business critical areas was generally satisfactory however, there were some areas of weakness and non-compliance in the framework of governance, risk management and control which could potentially put the achievement of objectives at risk.
- External Audit - The audit was substantially completed and an 'unqualified' opinion and a VFM opinion with a significant weakness were anticipated. This was unchanged from the previous year. The financial statements, annual report and governance statement were approved in principle.
- Approval was given for the Accounts and Annual Report to be submitted by the 28 June 2024 deadline, on behalf of the Trust Board. The Annual Report and Accounts were to be discussed at the AGM meeting, scheduled for Tuesday, 17 September, following the documents being laid before Parliament.

The Committee acknowledged the hard work of the Group Chief Finance Officer and the Finance Team in improving the handling of finances and the impact of the CIP.

### GOVERNANCE

#### **CoG/23/130 Annual Members Meeting Arrangements**

Mrs White reported on the annual members meeting arrangements and highlighted the key issues.

The Annual Members Meeting was scheduled to take place on Tuesday, 17 September 2024, 1.00 – 2.30 and was currently arranged to take place in the David Kenward Lecture

Theatre at James Cook University Hospital. However, a venue was being sought within the community with good bus links.

Following feedback received the previous year, it was planned that the meeting would include an interactive presentation, an overview of community provision provided by two clinicians and an opportunity for the public/members to raise questions or to provide feedback.

**Resolved:** i) Professor Bell thanked Mrs White for her verbal update.

**CoG/23/131 Matters to bring to the attention of the Board**

There were no matters to bring to the attention of the Board.

**CoG/23/132 Reflections on Meeting**

Work continued to identify how meetings evolved in relation to single Council of Governor meetings and Committee in Common meetings to ensure there was no repetition.

**CoG/23/133 Any Other Business**

Mr Count von Ullersdorf, Elected Governor, Hambleton & Richmondshire raised a concern regarding the lack of an Accident & Emergency department at the Friarage Hospital due the disproportionate amount of elderly residents in the area. A request was made to open an Accident & Emergency department at the Friarage Hospital once the operating theatres were fully operational.

Professor Bell advised Governors that discussions were being held with the Group Board and Integrated Care Board (ICB) to review current services, which was being led by the Clinical Boards. It was noted that there were 81 different sites that provided services across both South Tees Hospitals NHS Foundation Trust and North Tees & Hartlepool NHS Foundation Trust and that the University Hospital of Hartlepool and the Friarage Hospital were fundamental to the services provided. An update on the Clinical Strategy was to be brought to a future meeting.

Professor Bell thanked members for their attendance.

**Action:** i) Update on the Clinical Strategy to be provided at a later date.

**CoG/23/134 Date and Time of Next Meeting**

The next meeting of South Tees Council of Governors is to take place on Tuesday, 17 September 2024, 2.45pm in Room 10, STRIVE, James Cook Hospital, following the Annual Members Meeting at 1.00pm.

The meeting closed at 4.15pm.

Signed



Date 25 February 2025

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

## **Final Minutes of a Meeting of the Council of Governors held on Tuesday, 16 July 2024 at 10.30am in Rooms 3 and 4, STRIVE, Friarage Hospital**

### **Present:**

Professor Derek Bell, Group Chair

### **Stockton Elected Governors:**

Lynda White

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

Angela Warnes (Lead Governor)

### **Sedgefield Elected Governors:**

Allison Usher

### **Easington Elected Governors:**

June Black

Sarah Moule

### **Staff Elected Governors:**

Steven Yull

David Russon

### **Appointed Governors:**

Andy Simpson

Christopher Akers-Belcher

Natasha Douglas

Steve Nelson

### **In Attendance:**

Ann Baxter, Vice Chair/Group Non-Executive Director

Prof Liz Barnes, Group Non-Executive Director

Fay Scullion, Group Non-Executive Director

Chris Macklin, Group Non-Executive Director

Ali Wilson, Vice Chair/Group Non-Executive Director

Ada Burns, Group Non-Executive Director

Rudy Bilous, Group Associate Non-Executive Director

Jackie White, Head of Governance/Company Secretary – STHFT

Heidi Holliday, Secretary to Trust Board (note taker)

### **CoG/1223      Welcome**

The Group Chair welcomed members to the meeting.

### **CoG/1224      Apologies for absence**

Apologies for absence were received from Stacey Hunter, Group Chief Executive, Alison Fellows, Group Non-Executive Director, Miriam Davidson, Group Non-Executive Director, Ken Readshaw, Group Non-Executive Director, Mark Dias, Group Non-Executive Director, Alyson Gerner, Group Associate Non-Executive Director, Janet Atkins, Elected Governor for Stockton, Anne Johnston, Elected Governor for Stockton, Mark White, Elected Governor for Stockton, Mike Scanlon, Elected Governor for Hartlepool, George Lee, Elected Governor for Hartlepool, Dr Ann French, Appointed Governor for Teesside University and Christopher Hood, Appointed Governor for Durham County Council.

### **CoG/1225      Quorum and Declaration of Interests**

The meeting was confirmed as quorate.

### **No perceived conflicts of interest**

The Chair of the meeting referred to the Trust's declaration of interest register and asked attendees if any new declarations needed to be noted. There was no perceived conflicts of interest

from the agreed agenda. Should a conflict arise during the course of the meeting, affected individuals should raise the conflict and a decision will be made to ensure appropriate action is taken.

#### **CoG/1226      Minutes of the last meeting held on, 21 May 2024**

The minutes of the last meeting were confirmed as an accurate record following the amendment below:

Councillor Steve Nelson, Appointed Governor for Stockton Borough Council submitted his apologies for the meeting held on Thursday, 21 May 2024.

**Resolved:**      that, the minutes of the meeting held on Thursday, 21 May 2024 be confirmed as an accurate record following the above amendment.

#### **CoG/1227      Matters Arising and Action Log**

There were no matters arising from the minutes of the previous meeting and an update was providing against the action log.

A number of queries had been raised at the Pre-Council of Governors meeting that was held on Tuesday, 9 July 2024 and an update was provided on each issues, as follows:

- **Board/Governor Walkabout**  
It was useful to hear from the Governors that attended the Board/Governor Walkabout held on Thursday, 11 July 2024 and what they had observed on the day. Moving forward updates were to be factored in to the Council of Governor meeting agendas.
- **Cyber Security**  
The Group Chief Executive will provide an update on cyber security at the Committee in Common meeting that day. Updates were also available in recent Group Board reports, copies of which were available on the Trust's website. Assurance was provided that the Group Chief Information Officer was working through all cyber security arrangements for the Trusts. At present there were no issues to bring to the attention of the Governors.
- **NHS Changes**  
Following the recent General Election, an update on potential NHS changes and what that could mean to NHS organisations will be provided at the Committee in Common meeting that day.
- **Patient Governor Representative**  
A review was being undertaken to ensure the input from patients, carers, and governors was included in the most appropriate Committee or Group within the two Trusts. An update was to be provided at the next meeting.
- **NHS Providers Governor Focus Event**  
Sarah Moule, Elected Governor for Easington attended an NHS Providers Governor Focus Event held on Tuesday, 9 July 2024 with Mike Scanlon, Elected Governor for Hartlepool and Elliot Kennedy, Elected Governor for Stockton and provided feedback from the event.

The event was chaired by Julian Hartley, Chief Executive of NHS Providers who provided an update on the national policy. Presentations were also provided by Lead Governors from a number of organisations regarding engaging with the public to encourage membership. Fundamental feedback highlighted that not all of the public were aware of the role of a Governor or Member therefore, increased media coverage was required including the benefits included in the roles. A session was held to share information on what it felt like to be a Governor and to share best practice and learning.

Natasha Douglas and David joined the meeting at 10.40am.

- Resolved:**
- (i) that, the content of the updates be noted; and
  - (ii) that, updates from Board/Governor Walkabouts be scheduled for future agendas; and
  - (iii) that, an update following the Committee and Sub Groups review be provided at the next meeting.

## **CoG/1228     Lead Governor Report**

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

Two key areas of note were:

- **Communications to Governors:**  
Following feedback from a Governor regarding the level of information provided to the Governors and discussions held at the Pre-Council of Governor meeting held on Tuesday, 9 July 2024 it was highlighted that not all Governors had nhs.net email addresses and therefore, there was a potential that they did not receive the regular communications sent to Staff and Governors. Work was in hand to ensure all Governors had nhs.net email addresses and discussions were being held with the Communications Team to identify what information was shared and when. Angela Warnes agreed to forward any relevant updates to the Governors in the meantime.
- **Attendance at Pre-Council of Governor meetings:**  
Due to the low attendance at the last Pre-Council of Governors meeting, it was agreed that a review of attendance would be undertaken at the next meeting, scheduled for Wednesday, 11 September 2024, to ascertain whether the meetings should continue. It was noted that the meeting held on Tuesday, 9 July 2024 clashed with the NHS Providers Governor Focus Event, which three Governors attended. An update on the informal discussions was provided to the Group Chair and Company Secretary.

- Resolved:**
- (i) that, the content of the report be noted: and
  - (ii) that, Angela Warnes would forward on any relevant updates to the Governors whilst work was ongoing to ensure all Governors had nhs.net email addresses and the review of information shared be undertaken; and
  - (iii) that, a review of attendance be undertaken at the next Pre-Council of Governors meeting scheduled for Wednesday, 11 September 2024 to ascertain whether the meetings should continue.

Sarah Moule joined the meeting at 10.45am.

## **CoG/1229     Annual General Meeting Arrangements**

The Company Secretary provided a verbal update on the arrangements for the Annual General Meeting (AGM), scheduled to take place on Thursday, 19 September 2024, 2.00 – 4.00pm.

After meeting note that the venue has been booked for the River Tees Watersports Centre.

Discussions ensued regarding increasing the number of members and public that attended AGM meetings and ensuring that the content of the meetings were relevant to the population served. Suggestions were made to allocate time on the agenda for members and the public to raise questions or to provide feedback, for interactive/engagement activities and to provide dial in/live

stream options for those that were unable to attend in person. Venue and timing was also an important factor to consider.

Consideration was to be given as to whether there was a need to hold a statutory Council of Governors meeting the same day as it was felt it might be a retrograde step having two separate Council of Governor meetings that month.

Any further suggestions or ideas were welcomed.

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

### **CoG/1230 Assurance Report / Chairs Log Audit Committee**

Chris Macklin, Group Non-Executive Director presented the Audit Committee Chair Log from the meeting held on Monday, 24 June 2024 and highlighted the key issues.

- Approval was given for the Accounts and Annual Report to be submitted by the 28 June 2024 deadline, on behalf of the Trust Board. It was noted that there was a section around health inequalities, which highlighted the levels of inequalities faced across the organisations and the plans in place to address them and Governors were encouraged to read the report.
- Work continued up to 28 June 2024 on the external audit scrutiny of the accounts and associated information however, the expectation was that an 'unmodified' statement would be made. Work was to continue throughout July to allow the Value for Money (VFM) report to be completed following which, the final external audit report would be provided.
- The Internal Audit Annual Report was discussed with particular attention to the "Good" Head of Internal Audit Opinion, which was an improvement from the last couple of years.
- The Annual Report and Accounts were to be discussed at the AGM meeting, scheduled for Thursday, 19 September, following the documents being laid before Parliament.

It was agreed that communications be shared on good news stories highlighted within the Annual Report.

Governors were reminded that the Audit Committees would remain single, statutory Committees.

**Resolved:** (i) that, the content of the report be noted; and  
(ii) that, communications be shared on good news stories highlighted within the Annual Report.

### **CoG/1231 Any Other Business**

Andy Simpson, Appointed Governor for Newcastle University reported on a number of instances of security issues faced within the Emergency Department and the concerns raised from staff working within the department. Part of the issue for North Tees Hospital was following the revamp of the department during Covid. The Chief Operating Officer was looking into the issues raised, along with the issues raised regarding knife crime and an update would be provided at the next meeting.

**Resolved:** (i) that, the content of the update be noted; and  
(ii) that, an update be provided following a review of the security and knife crime issues raised.

The meeting closed at 11.10am.

Signed:



Date: 25 February 2025

**FINAL minutes from an Extra Ordinary Committee in Common meeting of the  
Council of Governors of North Tees and Hartlepool NHS Foundation Trust and  
South Tees Hospitals NHS Foundation Trust  
held on Tuesday, 30 July 2024 at 1.00pm  
via MS Teams**

**Present:**

Prof Derek Bell, Group Chair  
Ali Wilson, Vice Chair/Group Non-Executive Director  
Jackie White, Head of Governance/Company Secretary (ST)  
Heidi Holliday, Secretary to Trust Board [note taker]

**North Tees & Hartlepool NHS Foundation Trust Governors:**

Angela Warnes, Elected Governor, Out of Trust Area / Lead Governor  
Mark White, Elected Governor, Stockton  
Lynda White, Elected Governor, Stockton  
Mike Scanlon, Elected Governor, Hartlepool  
Allison Usher, Elected Governor, Sedgefield  
Steven Yull, Elected Staff Governor  
Dave Russon, Elected Staff Governor

**South Tees Hospitals NHS Foundation Trust Governors:**

Janet Crampton, Elected Governor, Hambleton and Richmondshire / Lead Governor  
David Coupe, Appointed Governor, Middlesbrough Borough Council  
Sarah Essex, Elected Governor, Staff  
John Fordham, Elected Governor, Patient & Carers  
Shaun Pattinson, Appointed Governor, Durham University  
Ursula Earl, Appointed Governor, Redcar & Cleveland Borough Council

**1. Welcome and Apologies**

The Group Chair welcomed members to the meeting. Apologies were noted from the following Governors:

**North Tees & Hartlepool NHS Foundation Trust Governors**

Janet Atkins, Anne Johnston, June Black, Elliot Kennedy, Steve Nelson and Christopher Akers-Belcher.

**South Tees Hospitals NHS Foundation Trust Governors**

Jean Milburn, Sue Young, Zahida Mian, Carlie Johnston-Blyth, Rebecca Hodgson, David Kennedy and Jon Winn.

**2. Quorum and Declarations of Interest**

The meeting was confirmed as quorate.

No perceived conflicts of interest

The Chair of the meeting referred to the Trust's declaration of interest register and asked attendees if any new declarations needed to be noted. There was no perceived conflicts of interest from the agreed agenda. Should a conflict arise during the course of the meeting, affected individuals should raise the conflict and a decision will be made to ensure appropriate action is taken.



### **3. Group Non-Executive Director Re-appointment**

The Head of Governance/Company Secretary presented the Group Non-Executive Director Re-appointment Report and highlighted the key issues.

The Group Chair advised that Ali Wilson, Group Non-Executive Director/Vice Chair was in attendance as she had chaired the Nominations Committee Meeting in Common held on Thursday, 18 July 2024 in his absence where discussions had taken place regarding the proposal for the re-appointment of the Group Non-Executive Director, David Redpath.

The report set out the re-appointment proposal for David Redpath, Group Non-Executive Director, whose current term of office was due to end on Wednesday, 31 July 2024. The proposal was considered by the Nominations Committee Meeting in Common held on Thursday, 18 July 2024 and following discussion, a consensus was reached by the Committee to recommend to the Council of Governors that David Redpath, Group Non-Executive Director be reappointed for a further term of office with effect from 1 August 2024.

One area of discussion at the Nominations Committee Meeting in Common was regarding appraisal processes. The Group Chair provided assurance that there was only one appraisal left to take place, which was scheduled for Wednesday, 7 August 2024 and that all appraisals would have been completed ahead of schedule as set out by NHS England.

A brief overview of David Redpath was provided.

Members in attendance at the meeting confirmed their support for the recommendation of the re-appointment of David Redpath for a second term of office. Support had also been received via email from the following Governors:

Anne Johnston, Elected Governor, Stockton  
Elliot Kennedy, Elected Governor, Stockton  
June Black, Elected Governor, Easington  
Steve Nelson, Appointed Governor, Stockton Borough Council  
Zahida Mian, Elected Governor, Redcar & Cleveland/Deputy Lead Governor  
Jon Winn, Elected Governor, Redcar & Cleveland  
Jean Milburn, Elected Governor, Middlesbrough  
Sue Young, Elected Governor, Hambleton and Richmondshire  
David Kennedy, Appointed Governor, Newcastle University

It was noted there had been no feedback received to date confirming that any members were not in support of the proposals or had raised concerns.

Following a members query regarding South Tees' subsidiary and the relevance of Trust members, confirmation was provided that the subsidiary was an Outpatient Pharmacy and that the Board of Directors took the decision to appoint two Non-Executive Directors (David Redpath and Ali Wilson), an Executive Director (Chris Hand) and the Chief Pharmacist (Julie Swaddle) to make up the Board of the subsidiary.

An additional Extra Ordinary Meeting in Common of the Council of Governors was to be scheduled for the end of August 2024 to discuss the re-appointment of the Group Chair and a number of agenda items that were to be brought forward from the September agenda. It was confirmed that the draft minutes from the Meeting in Common of the Council of Governors held on Tuesday, 16 July 2004 would be shared with members prior to the meeting in August and would be ratified at the meeting in August.

#### **4. Any Other Business**

Members were thanked for attending the meeting at short notice and for their contributions.

The meeting closed at 1.15pm.

Signed



Date 25 February 2025

**Minutes from a meeting of the Council of Governors  
between North Tees and Hartlepool NHS Foundation Trust and  
South Tees Hospitals NHS Foundation Trust held in common  
on Thursday, 21 November 2024 13:00  
At the River Tees Watersports Centre, The Slipway, Stockton**

**Present:**

Prof Derek Bell, Group Chair  
Ann Baxter, Vice Chair/Group Non-Executive Director  
Chris Macklin, Group Non-Executive Director/Senior Independent Director  
Fay Scullion, Group Non-Executive Director  
Prof Liz Barnes, Group Non-Executive Director  
Ken Readshaw, Group Non-Executive Director  
David Redpath, Group Non-Executive Director  
Miriam Davidson, Group Non-Executive Director  
Neil Atkinson, Group Managing Director  
Jackie White, Head of Governance/Company Secretary  
Sarah Hutt, Assistant Company Secretary [note taker]

**North Tees & Hartlepool NHS Foundation Trust Governors:**

Angela Warnes, Elected Governor, Out of Trust Area / Lead Governor  
Lynda White, Elected Governor, Stockton  
Melanie Fordham, Elected Governor, Stockton  
Patrick Kimmitt, Elected Governor, Stockton  
Anne Johnston, Elected Governor, Stockton  
Mike Scanlon, Elected Governor, Hartlepool  
Allan Kellehear, Elected Governor, Hartlepool  
Misra Bano-Mahroo, Elected Governor, Hartlepool  
Anne Holt, Elected Governor, Hartlepool  
Allison Usher, Elected Governor, Sedgfield  
Sarah Moule, Elected Governor, Easington  
Dave Russon, Elected Staff Governor (12.10pm)  
Steven Yull, Elected Staff Governor  
Natalie Wintersgill, Elected Staff Governor  
Jennifer Jones, Elected Staff Governor  
Christopher Akers-Belcher, Healthwatch Hartlepool  
Cllr Steve Nelson, Appointed Governor, Stockton Borough Council  
Dr Ann French, Appointed Governor, Teesside University  
Andy Simpson, Appointed Governor, Newcastle University

**South Tees Hospitals NHS Foundation Trust Governors:**

Janet Crampton, Elected Governor, Hambleton and Richmondshire / Lead Governor  
Sue Young, Elected Governor, Hambleton and Richmondshire  
Graham Lane, Elected Governor, Hambleton and Richmondshire (11.55am)  
Yvonne Bytheway, Elected Governor, Middlesbrough  
Jean Milburn, Elected Governor, Middlesbrough  
Zahida Mian, Elected Governor, Redcar & Cleveland  
Brendan Smith, Elected Governor, Redcar & Cleveland  
Jon Winn, Elected Governor, Redcar & Cleveland  
Olufemi Shoyemi, Elected Governor, Rest of England  
Sarah Essex, Elected Staff Governor  
Ruth Mhlanga, Elected Staff Governor  
Jane Passman, Elected Staff Governor  
John Fordham, Elected Governor, Patient & Carers

Shaun Pattinson, Appointed Governor, Durham University  
Cllr David Coupe, Appointed Governor, Middlesbrough Borough Council  
Cllr Steve Watson, Appointed Governor, North Yorkshire County Council  
Lisa Bosomworth, Appointed Governor, Healthwatch South Tees  
Linda Sergeant, new Appointed Governor, Healthwatch, South Tees  
Prof Shaun Pattinson, Appointed Governor, Durham University  
Prof David Kennedy, Appointed Governor, Newcastle University  
Carlie Johnston-Blyth, Appointed Governor, Teesside University

## **Development Session**

A Group development session preceded the main meeting, with members receiving presentations regarding the development of the University Hospital Tees Strategy, the new Group Integrated Performance Report (IPR) and the new Group Board Assurance Framework (BAF). The presentations were well received with a number of Governor questions responded to. It was agreed a session regarding the new BAF would be arranged for Governors.

**Resolved:** that, a virtual session regarding the new BAF be scheduled for Governors.

## **1. Welcome and Apologies**

The Group Chair welcomed members to the meeting. Apologies were noted from the following members:

### **North Tees & Hartlepool NHS Foundation Trust Governors**

Janet Atkins, Mark White, Elliot Kennedy, Allan Fletcher, George Lee, Pam Shurmer, June Black, Natasha Douglas, Aaron Roy, and Chris Hood.

### **South Tees Hospitals NHS Foundation Trust Governors**

Noel Beal, David Charlesworth, Cllr Ursula Earl, Julian Wenman, Lee O'Brien, Isaac Oluwatowaju, Rachel Booth-Gardiner, Rebecca Hodgson and Brian White.

Stacey Hunter, Group Chief Executive, Mark Dias, Group Non-Executive Director, Alison Fellows, Group Non-Executive Director, Ali Wilson, Group Non-Executive Director/Vice Chair and Ada Burns, Group Non-Executive Director/Senior Independent Director.

Jackie White, Head of Governance and Company Secretary confirmed that NHS.net email addresses would be set-up for all public Governors, negating the use of personal email addresses going forward and apologised for a recent collective email. Support would be provided to Governors in activating the NHS mail accounts.

The Chair formally placed on record thanks to Janet Atkins, Elected Governor, Stockton, Mark White, Elected Governor, Stockton and George Lee, Elected Governor, Hartlepool who had stood down from the North Tees and Hartlepool NHS Foundation Trust (NTHFT) Council of Governors having served their maximum term of office.

## **2. Quorum and Declarations of Interest**

The meeting was confirmed as quorate.

### No perceived conflicts of interest

The Chair of the meeting referred to the Trust's declaration of interest register and asked attendees if any new declarations needed to be noted. There was no perceived conflicts of

interest from the agreed agenda. Should a conflict arise during the course of the meeting, affected individuals should raise the conflict and a decision would be made to ensure appropriate action was taken.

### **3. Learning from Lived Experience**

Kelly Glaister, newly appointed Liaison Nurse, Help for Heroes who was working across the Group and Emily Heney, Veteran's Community Nurse, Help for Heroes attended the meeting. Emily shared her experience as a veteran accessing health and welfare services supported by Help for Heroes, following medical discharge from the army in 2020 with mental and physical injuries, having served in the Queen Alexandra's Royal Army Nursing Corps for 15 years.

The care provided to Emily was excellent across the various specialties and it had been a positive experience as a patient having felt listened to at all times. In January 2021, Emily gained employment with Help for Heroes, which enabled her to support other veterans who had not had such a positive experience linking in with other agencies to ensure all individual's needs were met.

Kelly explained her role involved making contact with as many veterans as possible who were accessing the Group's services to provide appropriate support to them and their families. It was important across the organisation that staff made sure the status of veteran was flagged on the system so they could be identified and support offered to them.

### **4. Minutes of the meeting held on 16 July 2024 and minutes of the extra ordinary meeting held on 21 August 2024**

The minutes of the meeting held in common on 16 July 2024 and minutes of the extra ordinary meeting held in common on 21 August 2024 were confirmed as an accurate record, subject to a minor amendment to the extra ordinary minutes confirming Angela Warnes, Lead Governor had chaired the Chair Re-appointment item only.

It was noted that the minutes of the two unitary Council of Governor meetings held on 16 July 2024, the extra ordinary meeting held in common on 30 July 2024 and the updated action log had been omitted from the papers in error and would be circulated separately.

**Resolved:** (i) that, the minutes of the meeting held in common on, 16 July 2024 and minutes of the extra ordinary meeting held in common on, 21 August 2024 be confirmed as an accurate record, subject to a minor amendment to the extra ordinary minutes as documented; and  
(ii) that, the omitted set of minutes from the two unitary Council of Governor meetings held on 16 July 2024, the extra ordinary meeting held in common on 30 July 2024 and the updated action log would be circulated separately.

### **5. Lead Governor's Report**

Angela Warnes, Lead Governor, NTHFT presented the Lead Governor's Report and highlighted the key points.

- First joint Governor Induction Session took place on 5 August 2024.
- Connecting with our Communities Action plan to support Governors with membership was now complete.
- A new Governor Handbook was being developed for early 2025.
- Two Governor development sessions were planned:

1. NHS Providers facilitated session around the role of a Governor
  2. Internal session by NTHFT OD team around the Governor Code of Conduct
- Council of Governor Pre-meets would be rescheduled to facilitate papers being circulated 6 days prior to the meeting, as stipulated in the Trust Constitution.
  - Formal thanks was placed on record to outgoing Governors following the end of their term.

Expressions of interest invited to appoint a Deputy Lead Governor for NTHFT. It would be an informal appointment process as the role of Deputy Lead Governor fell outside of statutory guidance.

Janet Crampton, Lead Governor, STHFT highlighted the similarities between the two reports and focused on:

- Positive opportunities going forward for both trusts as part of the Group structure.
- Governors encouraged to attend Group Board meetings to see the breadth of business discussed and challenge by non-executive colleagues.
- The under resource in the Corporate Secretariat function was acknowledged with a number of key work streams on-going.
- Governors encouraged to actively participate in any training that was provided.
- A session regarding the new IPR in addition to the session on the BAF would be useful.

Zahida Mian, Deputy Lead Governor, STHFT provided feedback regarding the recent Equality, Diversity and Inclusion (EDI) Conference, held at STHFT which had been excellent.

John Fordham, Elected Patient/Carer Governor for STHFT provided feedback following attendance at the Patient Experience Steering Group (PESG) at STHFT and highlighted the ongoing issue regarding delayed response times for trust complaints. Fay Scullion, Group Non-Executive Director and Chair of the Quality Assurance Committee reported that there was an action plan in place, which the Committee was actively monitoring through monthly updates and a reduction was being seen in the number of overdue responses. A copy of the written feedback would be shared with Governors.

**Resolved:** (i) that, the content of the report be noted; and  
(ii) that, a session regarding the new IPR be arranged for Governors;  
and  
(iii) that the written feedback from the PESG be circulated to Governors.

## **6. Group Chair's Update**

The Chair presented the Group Chair's Update and highlighted the key points.

- Care Quality Commission State of Care Report 2023/24 was published on 25 October 2024.
- Hilary Lloyd, Group Chief Nurse would be leaving the organisation in January 2025 to take up a post at the Integrated Care Board (NENC ICB).
- Chris Macklin, Group Non-Executive Director/Senior Independent Director was retiring in April 2025 and would step down.
- Lisa Bosomworth, Appointed STHFT Governor, Healthwatch South Tees was stepping down and would be replaced by Linda Sergeant. The Chair thanked Lisa for her contribution.
- Autumn Round of Governor Elections were due to conclude on 22 November 2024.

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



## 7. Group Chief Executive's Report

Neil Atkinson, Group Managing Director on behalf of Stacey Hunter, Group Chief Executive presented an update with regards to the national, regional and local position.

- Engagement was underway nationally regarding the new 10-year health plan for the NHS, members were encouraged to take part.
- Chancellor's Autumn Budget was announced on 30 October 2024, continued rigour was required around productivity and efficiency.
- Three key areas of focus for the Group were Hospital to Community; Analogue to Digital and Treatment to Prevention.
- An updated position regarding the work of the Provider Collaborative and System Recovery Board in relation to procurement and efficiency was provided.
- An update was provided on the financial outlook for 2025/26 which will be particularly challenging and represent a 1 to 2% real terms cut. This is the first time that the NHS will face a significant cut in funding and will need to be addressed through increased productivity and WTE reductions.

### Group Month 6: 2024/25 Financial Position

- Year to date delivery was £33.4m (102% of target).
- Overall deficit position of £13.6m, with an adverse variance of £0.2m against plan.
- Agency expenditure below plan by £1.5m (£0.8m underspend at STHFT and £0.7m at NTHFT).
- Capital expenditure was £32.3m.
- Cash position was £80.5m (£59.3m for NTHFT and £21.2m for STHFT).

An update was provided regarding key metrics and performance targets in the IPR, noting areas of focus including maternity services and infection, prevention and control, which had been discussed in detail earlier in the meeting.

It was reported that Matt Neligan had recently joined the Trust as Group Chief Strategy Officer and Hilary Lloyd, Group Chief Nurse was due to leave in January to undertake a new role at the NENC ICB.

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

## 8. Chairs Logs / Assurance Reports

### Resources Committee

Chris Macklin, Group Non-Executive Director/Senior Independent Director presented the Chair's Log for the Resource Committee meetings held on 26 September 2024 and 31 October 2024. Key points to note:

- Month 6 Group financial position £0.2m adverse variance against plan.
- Following an allocation of funds by the NENC ICB to deficit trusts, STHFT received £17.3m, producing a revised Group control total for 2024/25 of £23.1m deficit (NTHFT break even and STHFT £23.1m deficit).
- Positive STHFT Procurement Report received, NTHFT Procurement Report would be presented at November Committee meeting.
- Elective Recovery Fund continued focus to improve waiting lists above 2019/20 rates, with STHFT reporting 113% and NTHFT reporting 121%.

- A revised target date of December 2024 to eliminate over 65 week waits, both trusts working together to support STHFT achieve target.
- CIP currently behind plan with a focused effort managed by site teams and more recurrent schemes required at NTHFT.

Following a Governor question regarding deficit trusts receiving funding, a lengthy and detailed discussion ensued supported by David Redpath, Group Non-Executive Director/Chair of Resources Committee, the Chair and Neil Atkinson, Group Managing Director in addition to Chris Macklin. Funding had been provided to all ICBs and allocated to deficit trusts in order to support a system wide break even position, going forward no further funding would be provided and the deficit trusts were required to report their progress against plan to the ICB. It was noted there were a number of external factors that had impacted on the STHFT deficit position out of its control and internally positive progress was being made. The overall efficiencies performance for the Group was being monitored, with NTHFT at risk of not achieving its CIP plan.

A query was raised in respect of eligibility criteria for the 65-week waiting list, it was agreed to bring an update regarding waiting lists to a future meeting.

#### Audit and Risk Committee

Ken Readshaw, Group Non-Executive Director/Chair of STHFT Audit and Risk Committee presented the Chairs Log for the Audit and Risk Committee meeting held on 18 September 2024 highlighting that it was a requirement for each trust to retain separate Audit Committees. Key points to note:

- The Committee focused on four key areas: Counterfraud, external audit, internal audit and risk management.
- Data Security and Protection internal audit complete with low risk and substantial assurance provided, improvement on previous year. Compliance level for future years anticipated to increase with increased risk globally to cyber security.
- Patient letter system advisory audit deferred to Resources Committee to monitor digital system requirements.
- Fire Audit deferred to Quality Assurance Committee and update provided at November Group Board.
- Significant number of outstanding audit actions, position being monitored with action owners to deliver.

Following a member's query, it was noted that whilst two separate Audit Committees remained, the approach to risk management and the BAF were now aligned. It was proposed that the two Committees would convene in common at least annually.

The Chairs Log for the NTHFT Audit Committee held on 24 October 2024 was provided for information, in the absence of the Committee Chair, Alison Fellows, Group Non-Executive Director.

#### Quality Assurance Committee

Fay Scullion, Group Non-Executive Director/Chair of the Quality Assurance Committee presented the Chairs Log for the meeting held on 23 September 2024 and 28 October 2024. Key points to note:

- Healthcare Acquired Infection rates were fluctuating particularly at NTHFT and were being monitored closely.
- Cancer targets, particularly 62-day target remained challenging with ongoing pathway reviews being undertaken.



- Complaint response delays remained a focus.
- Maternity Services mandatory training rates continued to be monitored.
- CQC 'must do' actions across both trusts remained on track with appropriate check and challenge in place.

### People Committee

Liz Barnes, Group Non-Executive Director presented the People Committee Chairs Logs for the meetings held on 25 September 2024 and 30 October 2024. Key points to note:

- National position regarding a reduction in student nurse place uptake was being addressed working with university partners and linking in with the NENC ICB for a system wide approach.
- A review into the impact of Leadership and Management Training was being undertaken.
- Sickness absence rates as a whole were being reviewed.
- A review into Occupational Health and improving pathways was being undertaken.
- Issues regarding the management of rotas for Resident in Training Doctors had been escalated to Group Board at its meeting on 5 November 2024.
- A review was being undertaken into the increased number of anonymous reported concerns at STHFT via Freedom to Speak Up (FTSU).

Following a member's query around anonymous reporting of concerns through FTSU, Fay Scullion, Group Non-Executive Director/Chair of Quality Assurance Committee/Freedom to Speak Up Board Champion provided clarity and explained that themes of concerns raised were reported and reviewed by the Committees.

### Board Champion Updates

Ann Baxter, Vice Chair/Group Non-Executive Director provided a verbal update regarding the work of the Board Champions, covering Maternity, Freedom to Speak Up (FTSU) and Health and Wellbeing. The role of the Champions was important, ensuring cross-referencing between the Board Committees and sharing soft intelligence gathered through walkabouts on all the sites. It was noted that there would continue to be two Maternity Champions to cover each trust, reflecting the size of the task.

- A diagnostic review of the Maternity Services at STHFT had taken place and the final report was awaited.
- Walkabouts had most recently been undertaken at the Friarage Hospital and the Central Delivery Suite at James Cook University Hospital. Although national statistics were showing a reduction in the number of births, this was not the case across the trusts.

Following a member's query regarding the increased number of stillbirths at STHFT and whether there was a correlation to mandatory training compliance for maternity services staff, Miriam Davidson, Group Non-Executive Director and Vice Chair of the Quality Assurance Committee provided a response. Although the numbers reported in the Integrated Performance Report (IPR) of four in one month and five in another appeared high, this was not outwith of the national tolerance, which was 1/250 and confirmed that each individual case had been fully reviewed. The Quality Assurance Committee would continue to monitor the position and, in tandem with the People Committee had oversight of the mandatory training position for the STHFT maternity services staff. The personal impact to all those involved when a stillbirth occurs was fully acknowledged.

**Resolved:** (i) that, the content of the reports be noted; and  
 (ii) that, an update regarding waiting list performance be presented at a future meeting.

## 9. Winter Plan Update

This item was deferred.

## 10. Elections Update

Jackie White, Head of Governance/Company Secretary provided an update in respect of the Autumn 2024 round of Governor Elections.

There were a total of 11 seats to be filled comprising:

| Constituency                                      | Seats |
|---|-------|
| <b><i>North Tees &amp; Hartlepool NHS FT:</i></b> |       |
| Stockton  | 6     |
| Hartlepool  | 1     |
| Sedgefield  | 1     |
| Staff (NTHFT)                                     | 2     |
|   |       |
| <b><i>South Tees Hospitals NHS FT:</i></b>        |       |
| Redcar & Cleveland                                | 1     |
| Staff (STHFT)                                     | 1     |
| Patient and/or Carer                              | 1     |

All seats had been elected unopposed, with the exception of the NTHFT Staff Constituency which was going to ballot and would close at 5pm on Friday, 22 November 2024. The results would be formally announced on Monday, 25 November 2024.

It was noted that two vacant seats remained in the Stockton Constituency, which would be carried forward to the next round of elections.

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

## 11. External Audit Update

Jackie White, Head of Governance/Company Secretary provided an update regarding the procurement process to appoint external auditors for both trusts for the 2025/26 audit period onwards, confirming that both Trusts had agreed to undertake a joint procurement process. It was highlighted that the market was volatile, which could be a risk for the Trusts in terms of procuring a partner. If this was the case, there was a plan to manage that circumstance.

As the appointment of external auditors was a statutory duty of the Council of Governors, a small working group of Governors had been established for both Trusts who would meet in common to select the partner and make a recommendation to the Councils for approval.

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

## 12. Any Other Business

There was no other business reported.

North Tees and Hartlepool NHS Foundation Trust Unitary Items

**13. Integrated Performance Report**

An update was provided as part of the Group Chief Executive's Report.

**14. Finance Report**

An update was provided as part of the Group Chief Executive's Report.

**15. Date and time of next meeting**

The next meeting of the Council of Governors is scheduled to take place on Tuesday, 25 February 2025 at Hartlepool Health and Social Care Academy.

Signed:



Date: 25 February 2025

**Minutes from an Extra Ordinary meeting of the Council of Governors  
between North Tees and Hartlepool NHS Foundation Trust and  
South Tees Hospitals NHS Foundation Trust held in common  
on Wednesday 8<sup>th</sup> January 2025 10:00  
Virtual Meeting on Teams**

**Present:**

Prof Derek Bell, Group Chair  
Ken Readshaw, Group Non-Executive Director  
Alison Fellows, Group Non-Executive Director  
Stuart Irvine, Director of Strategy, Assurance and Compliance/Company Secretary  
Claire Robinson, Corporate Affairs Officer [note taker]

**North Tees & Hartlepool NHS Foundation Trust Governors:**

Angela Warnes, Elected Governor, Out of Trust Area / Lead Governor  
Lynda White, Elected Governor, Stockton  
Anne Johnston, Elected Governor, Stockton  
Mike Scanlon, Elected Governor, Hartlepool (10:05)  
Allison Usher, Elected Governor, Sedgefield  
Sarah Moule, Elected Governor, Easington  
Dave Russon, Elected Staff Governor  
Natalie Wintersgill, Elected Staff Governor  
Christopher Akers-Belcher, Healthwatch Hartlepool  
Dr Ann French, Appointed Governor, Teesside University  
Andy Simpson, Appointed Governor, Newcastle University

**South Tees Hospitals NHS Foundation Trust Governors:**

Janet Crampton, Elected Governor, Hambleton and Richmondshire / Lead Governor  
Sue Young, Elected Governor, Hambleton and Richmondshire  
Yvonne Bytheway, Elected Governor, Middlesbrough (10:10)  
Zahida Mian, Elected Governor, Redcar & Cleveland  
Jon Winn, Elected Governor, Redcar & Cleveland  
Olufemi Shoyemi, Elected Governor, Rest of England  
Ruth Mhlanga, Elected Staff Governor  
Jane Passman, Elected Staff Governor  
Shaun Pattinson, Appointed Governor, Durham University  
Prof David Kennedy, Appointed Governor, Newcastle University  
Carlie Johnston-Blyth, Appointed Governor, Teesside University  
David Charlesworth, Elected Governor, Middlesbrough  
Cllr Ursula Earl, Appointed Governor, Redcar & Cleveland Borough Council  
Julian Wenman, Elected Governor, Staff (approved on Teams Chat)  
Isaac Oluwatowoju, Elected Governor, Staff  
Rachel Booth-Gardiner, Elected Governor, Middlesbrough

## **1. Welcome and Apologies**

The Group Chair welcomed members to the meeting. Apologies were noted from the following members:

### **North Tees & Hartlepool NHS Foundation Trust Governors**

Chris Hood, Cllr Steve Watson, Steven Yull, Allan Kellehear, Jennifer Jones, Patrick Kimmit, Pam Shurmer, Melanie Fordham, Misra Bano-Mahroo, Anne Holt, Cllr Steve Nelson, Elliott Kennedy, Allan Fletcher, June Black, Natasha Douglas, Aaron Roy,

### **South Tees Hospitals NHS Foundation Trust Governors**

John Fordham, Rebecca Hodgson, Lee O'Brien, Graham Lane, Jean Milburn, Brendan Smith, Sarah Essex, Cllr David Coupe, Linda Sergeant, Noel Beal, Brian White and Lisa Bosomworth.

## **2. Quorum and Declarations of Interest**

The meeting was confirmed as quorate.

### No perceived conflicts of interest

The Chair of the meeting referred to the Trust's declaration of interest register and asked attendees if any new declarations needed to be noted. There was no perceived conflicts of interest from the agreed agenda. Should a conflict arise during the course of the meeting, affected individuals should raise the conflict and a decision would be made to ensure appropriate action was taken.

## **3. External Audit Services Award Recommendation**

The Chair stated the importance of the Council of Governors statutory duty to appoint external audit services and thanked those who had been involved in the process.

The tender process was outlined, which took the form of a mini competition on the Crown Commercial Service (CCS) framework for Audit and Assurance Services and included three lots to provide external audit services for North Tees and Hartlepool NHS Foundation Trust (NTHFT), South Tees Hospitals NHS Foundation Trust (STHFT) and NTH Solutions LLP, a subsidiary company of NTHFT. The scoring criteria for the bids comprised, cost, quality and social value. To avoid any bias, the price was initially excluded from the Governor evaluation packs to focus on the quality and social value elements of the bids. It was noted it was a mandatory requirement for all bids to include social value (the societal, environmental, and economic impact of an organisation). Bids were received from Deloitte for all three lots and Mazars for the two trusts only. The bids were both strong and were scored highly. Once the pricing element was introduced, the bid with the best value for money was highly recommended. It was therefore recommended that Mazars be appointed for 4 years to provide external audit services to NTHFT and STHFT.

Deloitte was the only bid for NTH Solutions LLP, and it was recommended that Deloitte be awarded the contract. The contracts would commence with the audit of the 2025/26 annual report and accounts. It was noted that should Deloitte withdraw their bid, a separate solution and stand-alone tender process would be considered and combined with a planned process to secure external audit services for the charitable funds for both trusts and the subsidiary company of STHFT.

It was stated that the NHS Act 2006 set out the legal requirement for trusts to have external auditors to review the annual report and accounts for independent scrutiny and assurance.

The Governors were assured that Mazars were government/public audit specialists and were currently auditors for STHFT. All bidders were subject to thorough due diligence for quality assurance as part the framework requirements.

**Resolved:** (i) that, the content of the report be noted; and  
(ii) that, it was agreed to appoint Mazars to provide external audit services for NTHFT with effect from 1 January 2026 to audit the annual report and accounts for the periods 2025/2026, 2026/2027, 2027/2028 and 2028/2029; and  
(iii) that, it was agreed to appoint Mazars to provide external audit services for STHFT with effect from 1 January 2026 to audit the annual report and accounts for the periods 2025/2026, 2026/2027, 2027/2028 and 2028/2029; and  
(iv) that, it was agreed to appoint Deloitte to provide external audit services to NTH Solutions LLP; and  
(v) that, should Deloitte withdraw their bid for NTH Solutions LLP, a separate solution and potential stand-alone tender process may be required.

#### **4. Any Other Business**

There was no other business reported.

#### **5. Close**

The virtual meeting closed at 10:15am.

Signed:



Date: 25 February 2025

# Action Log

**Meeting date:** 25 February 2025

**Reporting to:** Council of Governors

**Agenda item No:** 4

**Report author:** Jackie White, Head of Governance & Company Secretary

**Action required:** Assurance

**Delegation status:** Jointly delegated item to Group Board

**Previously presented to:** Nil

## NTHFT strategic objectives supported:

Putting patients first ☒

Transforming our services ☒

Valuing our people ☒

Health and wellbeing ☒

## STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☒

A great place to work ☒

Make best use of our resources ☒

A centre of excellence ☒

Deliver care without boundaries ☒

## CQC domain link:

Well-led

## Board assurance / risk register this paper relates to:

Key discussion points and matters to be escalated from the meeting

**ALERT:** Alert to the matters that require the board's attention or action, e.g. non-compliance, safety or a threat to the Trust's strategy.

Attached is the Councillor of Governors current Action Log.

**ADVISE:** Advise of areas of ongoing monitoring or development or where there is negative assurance. What risks were discussed and were any new risks identified.

None.

**ASSURE:** Assure Inform the board where positive assurance has been achieved, share any practice, innovation or action that the committee considers to be outstanding.

None.

### Recommendations:

The Councillor of Governors are asked to note the content.





| Council of Governors Committee In Common |         |   |             |                  |           |       |
|--|---------|---|-------------|------------------|-----------|-------|
| Date                                     | Ref.    | Item Description  | Owner       | Deadline         | Completed | Notes |
| 16.07.2024                               | Item 11 | <b>Any other business</b><br>A number of instances of security issues faced within the Emergency Department including knife crimes and the concerns raised from staff working within the department were reported and it was agreed an update would be provided at a future meeting | Rowena Dean | 21 November 2024 | Open      |       |

# Chairman's Report

**Meeting date:** 25 February 2025

**Reporting to:** Council of Governors in Common

**Agenda item No** 5.1

**Report author:** Jackie White, Company Secretary

**Action required:** (select from the drop down list for why the report is being received)

**Information**

**Delegation status** Jointly delegated item to Group Board

**Previously presented to:** n/a

## NTHFT strategic objectives supported:

Putting patients first ☒

Transforming our services ☒

Valuing our people ☒

Health and wellbeing ☒

## STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☒

A great place to work ☒

Make best use of our resources ☒

A centre of excellence ☒

Deliver care without boundaries ☒

## CQC domain link:

Well-led

## Board assurance / risk register this paper relates to:

## Key discussion points and matters to be escalated from the meeting

**ALERT:** Alert to the matters that require the board's attention or action, e.g. non-compliance, safety or a threat to the Trust's strategy.

The report provides an overview of the health and wider related issues.

**ADVISE:** Advise of areas of ongoing monitoring or development or where there is negative assurance. What risks were discussed and were any new risks identified.

n/a

**ASSURE:** Assure Inform the board where positive assurance has been achieved, share any practice, innovation or action that the committee considers to be outstanding.

n/a

## Recommendations:

The Council of Governors in Common are asked to note the report.



## **Group Chairman's Update**

### **1. Introduction**

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

#### **1.1 NHS England CEO and Secretary of State briefings**

There have been a number of briefings during December and January for CEOs and Chairs regarding the planning guidance which was issued in February. The briefings have been focussed on discussing the key aspects of the planning guidance including the changes to performance indicators and financial requirements. Stacey Hunter will discuss the planning guidance and implications for the Group further with COG within the meeting.

#### **1.2 ICB and FT Chairs meeting**

The NHS Provider Chairs continue to meet routinely and at our last meeting we heard about the work Newcastle, Northumbria, Gateshead and Cumbria Trusts are doing to form the Northern Care Alliance. I gave an update on the work of the Group as it progresses with development of the Strategy.

#### **1.3 Stockton Health and Care Event**

I was pleased to attend an event with Stockton Healthwatch on developing the future delivery plans for a health and care engagement strategy with a focus on improving access for communities and helping to address barriers in accessing services.

#### **1.4 Medical School Teesside**

I'm really pleased to share with you that Sunil Bhandari has been appointed by Teesside University to lead the development of a medical school for Teesside. Recently there has been a number of meetings to work up the business case including discussions on the curriculum, future delivery of student education, support from partners and regulatory organisations and the operating model.

#### **1.5 Operating model regional workshop**

Ann Baxter, Vice Chair attended a regional workshop with a focus on the new operating model which is being developed to ensure the way the NHS works supports delivery of today's priorities and sets us up to deliver the neighbourhood health model that will underpin a health and care system that is fit for the future.

There was an opportunity for discussing the approach to implementing the NHS operating model, and understand key outstanding issues to be resolved. The new operating model will be released later this year.

#### **1.6 Group Board walkrounds and development sessions**

The Group Board has held a number of board seminars in December, January and February. In December the focus was on the new Group digital strategy. Members were reminded regarding the 10 year plan and 3 shifts including the move from analogue to digital. In January the Board focussed on the work on developing the University Hospitals

Tees Strategy including some specific updates in relation to the clinical strategy. In February the board seminar focussed on the planning guidance which had just been released and key asks in terms of productivity and finance.

In addition as part of the Board visibility plan, the Board undertook a number of walkrounds, firstly with community staff in Stockton and Hartlepool. Members of the Board spent 2 hours out with staff in patients homes, clinic areas and community sites understanding the work of our fabulous community colleagues and meeting staff and teams and in February the Board walked round some of the acute wards in James Cook.

### **1.7 Local Artist visit to University Hospital North Tees**

I was pleased to welcome local artist Lucas Roy who attended the University Hospital North Tees in January to donate some art. The painting was created in 2024 as part the 'Nursing in the Tees Valley' exhibition held at Kirkleatham Museum, has found a prominent new place outside of the hospital's respiratory wards 24 and 25. It is now one of the first of a new trust arts initiative to display and champion local artwork on its estate to improve health and wellbeing and hospital environments for patients, visitors and staff. Dr Jean McLeod will be attending the Council of Governors to speak more about the initiative.

### **1.8 NHS 10 Year Workshop Event**

I attended a NHS 10 year workshop event on 10 February which was at the Statement of Light. This is part of the national engagement programme for 'Change. NHS: Help build a health service fit for the future'.

The 10-Year Health Plan which will be published in Spring 2025 focuses on the three big shifts in healthcare which we have discussed before and include:.

1. **Moving more care from hospitals to communities** – Moving care from hospitals into homes, closer to the places people live and their community.
2. **Making better use of technology** – Using digital technology promises faster, higher-quality, more connected care.
3. **Preventing sickness, not just treating it** – Preventing rather than simply treating sickness will keep people healthier for longer.

### **1.9 VIP visit**

Finally, Stacey Hunter and I were privileged to attend a Royal VIP visit to Middlesbrough last week where we met the Queen. The focus of our meeting was in relation to her work with Maggie's, a National Charity who support cancer services, and are going to be setting up a new Maggie's at James Cook.

## **2. Recommendation**

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

**Professor Derek Bell**  
**Group Chair**

**MEETING OF THE GROUP BOARD TO BE HELD IN PUBLIC  
ON TUESDAY 4 MARCH 2025 AT 1PM  
AT THE HEALTH AND SOCIAL CARE ACADEMY, HARTLEPOOL GENERAL  
HOSPITAL**

## AGENDA

|                           | ITEM  | PURPOSE     | LEAD                        | FORMAT       | TIME |
|---------------------------|---|-------------|-----------------------------|--------------|------|
| <b>CHAIR'S BUSINESS</b>   |   |             |                             |              |      |
| 1.                        | Story                                       | Information | Chairman                    | Presentation | 1:00 |
| 2.                        | Welcome and Introductions                   | Information | Group Chair                 | Verbal       | 1:20 |
| 3.                        | Apologies for Absence                       | Information | Group Chair                 | Verbal       |      |
| 4.                        | Quorum and Declarations of Interest         | Information | Group Chair                 | ENC          |      |
| 5.                        | Minutes of the last meeting of the held on, | Approval    | Group Chair                 | ENC          |      |
| 6.                        | Matters Arising and Action Log              | Information | Group Chair                 | ENC          |      |
| 7.                        | Group Chairman's Report                     | Information | Group Chair                 | ENC          | 1:25 |
| 8.                        | Group Chief Executive's Report              | Information | Group Chief Executive       | ENC          | 1:35 |
| 9.                        | Board Assurance Framework                   | Assurance   | Director of Assurance       | ENC          | 1:45 |
| <b>QUALITY AND SAFETY</b> |   |             |                             |              |      |
| 10.                       | Quality Committee Chairs Log                | Assurance   | Chair of Committee          | ENC          | 1:55 |
| 11.                       | Research and Development Report             | Assurance   | Group Chief Medical Officer | ENC          | 2:05 |
| 12.                       | Maternity Reports                           | Assurance   | Group Director of Midwifery | ENC          | 2:10 |

|                                  | ITEM                                   | PURPOSE     | LEAD                        | FORMAT    | TIME |
|----------------------------------|--|-------------|-----------------------------|-----------|------|
| <b>PEOPLE</b>                    |  |             |                             |           |      |
| 13.                              | People Committee Chairs Log            | Assurance   | Chair of Committee          | To follow | 2:30 |
| 14.                              | Safer Staffing Report                  | Assurance   | Group Chief Nurse           | ENC       | 2:40 |
| 15.                              | Freedom to Speak Up Guardians report   | Assurance   | Guardians                   | ENC       | 2:50 |
| 16.                              | Guardian of Safe Working Group         | Assurance   | Group Chief Medical Officer | ENC       | 3:00 |
| 17.                              | Staff Survey Update                    | Assurance   | Group Chief People Officer  | ENC       | 3:10 |
| <b>FINANCE &amp; PERFORMANCE</b> |  |             |                             |           |      |
| 18.                              | Resources Committee Chairs Log         | Assurance   | Chair of Committee          | ENC       | 3:20 |
| 19.                              | Finance Reports Month                  | Assurance   | Group Chief Finance Officer | ENC       | 3:30 |
| 20.                              | Integrated Performance Report          | Assurance   | Group Managing Director     | ENC       | 3:40 |
| 21.                              | Planning Update                        | Information | Group Chief Finance Officer | ENC       | 3:50 |
| <b>WELL LED</b>                  |  |             |                             |           |      |
| 22.                              | Fit and Proper Person Report           | Assurance   | Company Secretary           | ENC       | 4:00 |
| 23.                              | Core Standards Statement of Compliance | Assurance   | Chief Operating Officers    | ENC       | 4:10 |

| SOUTH TEES HOSPITALS NHS TRUST UNITARY BOARD    |  |           |                    |     |      |
|---|--|-----------|--------------------|-----|------|
| 20.   | Audit & Risk Committee Chairs Log  | Assurance | Chair of Committee | ENC | 4:20 |
| 21.   | Annual Filings Update  | Approval  | Company Secretary  | ENC | 4:30 |
| NORTH TEES & HARTLEPOOL NHS TRUST UNITARY BOARD |  |           |                    |     |      |
| 22.   | Annual Filings Update  | Approval  | Company Secretary  | ENC | 4:40 |
| CLOSE   |  |           |                    |     |      |
|   | <b>DATE OF NEXT MEETING</b><br>The next meeting of the Group Board of Directors will take place on Thursday 8 May 2025 in the Board Room at Murray Building, 2 <sup>nd</sup> Floor, James Cook University Hospital |           |                    |     |      |





University Hospitals Tees

# Group Chief Executive Report to Council of Governors Meeting in Common

Stacey Hunter



Caring  
Better  
Together

**National, Regional and  
local update**

# Headlines

- Focus on winter planning and delivery
- Commitment to creating a National Care Service
- Plan to reform elective care for patients
- Violence prevention and reduction strategy
- National operational priorities and planning guidance issued
- UHT Strategy

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Together

# Finance highlights



- The financial position for Month 8 2024/25 is a deficit of £18.0m for the Group, which is an adverse variance of £1.0m against the year-to-date plan.
- In September 2024, NHSE confirmed that non-recurrent deficit support will be made available to systems with an agreed deficit plan, to deliver break-even for the 2024/25 financial year.
- NENC ICB received an additional allocation of £49.9m, which has been allocated to deficit trusts including an allocation of £17.3m for STH. Consequently, the Trust's financial control total for the year was centrally adjusted by NHSE in Month 6 to reflect this.
- The Group plan for the 2024/25 financial year is now to deliver an overall deficit control total of £23.1m, with a break-even plan for NTH and a £23.1m deficit plan for STH.
- The plans for the Group include a number of risks and assumptions, that are reported to Resources Committee and will need to be closely monitored over the course of the financial year.

# Month 8



| STATEMENT OF COMPREHENSIVE INCOME  | NTH          |                |                  | STH             |                 |                  | GROUP           |                 |                  |
|--|--------------|----------------|------------------|-----------------|-----------------|------------------|-----------------|-----------------|------------------|
|  | Plan<br>£000 | Actual<br>£000 | Variance<br>£000 | Plan<br>£000    | Actual<br>£000  | Variance<br>£000 | Plan<br>£000    | Actual<br>£000  | Variance<br>£000 |
| Operating income from patient care activities                                | 274,710      | 278,414        | 3,704            | 583,640         | 595,693         | 12,053           | 858,350         | 874,107         | 15,757           |
| Other operating income   | 25,976       | 25,506         | (470)            | 42,624          | 39,946          | (2,678)          | 68,600          | 65,452          | (3,148)          |
| Employee expenses  | (202,507)    | (207,145)      | (4,638)          | (378,836)       | (386,057)       | (7,221)          | (581,343)       | (593,202)       | (11,859)         |
| Operating expenses excluding employee expenses                               | (91,874)     | (94,377)       | (2,503)          | (240,076)       | (246,974)       | (6,898)          | (331,950)       | (341,351)       | (9,401)          |
| <b>OPERATING SURPLUS/(DEFICIT)</b>   | <b>6,305</b> | <b>2,398</b>   | <b>(3,907)</b>   | <b>7,352</b>    | <b>2,608</b>    | <b>(4,744)</b>   | <b>13,657</b>   | <b>5,006</b>    | <b>(8,651)</b>   |
| <b>FINANCE COSTS</b>   |              |                |                  |                 |                 |                  |                 |                 |                  |
| Finance income   | 1,664        | 2,107          | 443              | 1,261           | 2,177           | 916              | 2,925           | 4,284           | 1,359            |
| Finance expense  | (425)        | (463)          | (38)             | (15,728)        | (15,531)        | 197              | (16,153)        | (15,994)        | 159              |
| PDC dividends payable/refundable   | (1,520)      | (1,517)        | 3                | 0               | 0               | 0                | (1,520)         | (1,517)         | 3                |
| <b>NET FINANCE COSTS</b>   | <b>(281)</b> | <b>127</b>     | <b>408</b>       | <b>(14,467)</b> | <b>(13,354)</b> | <b>1,113</b>     | <b>(14,748)</b> | <b>(13,227)</b> | <b>1,521</b>     |
| Other gains/(losses) including disposal of assets                            | 0            | 0              | 0                | 0               | 76              | 76               | 0               | 76              | 76               |
| Corporation tax expense  | (41)         | (62)           | (21)             | 0               | 0               | 0                | (41)            | (62)            | (21)             |
| <b>SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR</b>                                 | <b>5,983</b> | <b>2,463</b>   | <b>(3,520)</b>   | <b>(7,115)</b>  | <b>(10,670)</b> | <b>(3,555)</b>   | <b>(1,132)</b>  | <b>(8,207)</b>  | <b>(7,075)</b>   |
| Add back all I&E impairments/(reversals)                                     | 0            | 0              | 0                | 0               | 0               | 0                | 0               | 0               | 0                |
| Remove capital donations/grants I&E impact                                   | (6,944)      | (3,752)        | 3,192            | (4,557)         | (1,758)         | 2,799            | (11,501)        | (5,510)         | 5,991            |
| Adjust PFI revenue costs to UK GAAP basis                                    | 0            | 0              | 0                | (4,384)         | (4,256)         | 128              | (4,384)         | (4,256)         | 128              |
| <b>Adjusted financial performance for the purposes of system achievement</b> | <b>(961)</b> | <b>(1,289)</b> | <b>(328)</b>     | <b>(16,056)</b> | <b>(16,684)</b> | <b>(628)</b>     | <b>(17,017)</b> | <b>(17,973)</b> | <b>(956)</b>     |

- At the end of Month 8 2024/25 the Group is reporting an adverse variance of £1.0m (with an adverse variance of £328k relating to NTH and £628k relating to STH).
- At the end of Month 8, agency Expenditure is £1.9m below plan overall for the Group, with an underspend of £0.9m at STH and underspend of £1.0m at NTH.
- Month 8 shows a net overall increase of 397 WTE worked across the Group, compared to the average in 2023/24 (200wte at NTH and 197wte at STH).
- The Group's gross capital expenditure plan for the 2024/25 financial year totals £100.5m
- The cash balance at the end of Month 8 stood at £86.8m for the Group (with £52.0m relating to NTH and £34.8m relating to STH).

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## Narrative

Executive lead: Dr Hilary Lloyd, Chief Nursing Officer

Accountable to: Quality Assurance Committee

The Patient Safety Incident Response Framework is becoming embedded. PSIRF encompasses a range of system-based and proportionate approaches to learning from patient safety incidents. Compassionate engagement with all who are affected (patients, families, carers and staff members) is a cornerstone of PSIRF. Thematic review is used to identify trends and learning.

Healthcare acquired infections are closely monitored with an increase in *C. difficile* at NTHFT and *E.coli* at STHFT compared to the last two years. Significant operational pressures have impacted. Cross-site collaborative working with NTH Solutions continues at South Tees, in relation to a decant cleaning programme of equipment and pilot introduction of ward hygienists, however this is not progressing at present due to operational issues.

| Metric                                   | Month Target | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024 | Sep 2024 | Oct 2024 | Nov 2024 |
|--|--------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Incidents Per 1000 Bed Days              |              | 94.36    | 83.15    | 75.78    | 79.05    | 91.1     | 94.34    | 96.91    | 109.35   | 94.32    | 96.33    | 98.92    | 94.86    |
| Patient Safety Incident Investigations   |              | 0        | 0        | 0        | 0        | 0        | 0        | 3        | 2        | 3        | 1        | 3        | 2        |
| Never Events                             | 0            | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 1        | 0        |
| Never Event Rate (Per 1000 Bed Days)     | 0            | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0.07     | 0        |
| Falls With Harm Rate (Per 1000 Bed Days) |              | 0.12     | 0.25     | 0.6      | 0.27     | 0.14     | 0.14     | 0.15     | 0        | 0.22     | 0.28     | 0.07     | 0.27     |
| C-Difficile                              | 6            | 10       | 6        | 8        | 5        | 7        | 10       | 7        | 10       | 6        | 3        | 9        | 2        |
| MRSA                                     | 0            | 0        | 2        | 0        | 0        | 0        | 0        | 0        | 0        | 1        | 1        | 1        | 1        |
| E-Coli                                   | 8            | 7        | 7        | 6        | 8        | 5        | 4        | 6        | 10       | 7        | 13       | 13       | 5        |
| Klebsiella                               | 3            | 3        | 7        | 1        | 3        | 2        | 2        | 2        | 2        | 5        | 3        | 4        | 2        |
| Pseudomonas                              | 1            | 1        | 0        | 4        | 4        | 1        | 3        | 1        | 0        | 2        | 0        | 2        | 2        |

## STHFT

| Metric                                   | Month Target | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024 | Sep 2024 | Oct 2024 | Nov 2024 |
|--|--------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Incidents Per 1000 Bed Days              |              | 62.72    | 59.57    | 61.58    | 63.81    | 64.73    | 67.71    | 70.5     | 70.38    | 66.52    | 72.44    | 74.79    | 64.02    |
| Patient Safety Incident Investigations   |              |          |          | 1        | 0        | 0        | 1        | 2        | 1        | 1        | 0        | 1        | 0        |
| Never Events                             | 0            | 1        | 0        | 0        | 0        | 0        | 0        | 1        | 0        | 1        | 0        | 2        | 1        |
| Never Event Rate (Per 1000 Bed Days)     | 0            | 0.03     | 0        | 0        | 0        | 0        | 0        | 0.03     | 0        | 0.03     | 0        | 0.05     | 0.03     |
| Falls With Harm Rate (Per 1000 Bed Days) |              | 0.16     | 0.1      | 0.13     | 0.05     | 0.16     | 0.13     | 0.14     | 0.08     | 0.06     | 0.03     | 0.11     | 0.14     |
| C-Difficile                              | 11           | 8        | 5        | 13       | 9        | 9        | 8        | 12       | 15       | 13       | 9        | 11       | 17       |
| MRSA                                     | 0            | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 1        | 0        | 0        | 1        |
| E-Coli                                   | 12           | 18       | 11       | 9        | 10       | 15       | 20       | 12       | 12       | 13       | 11       | 17       | 12       |
| Klebsiella                               | 5            | 10       | 7        | 3        | 5        | 6        | 1        | 5        | 9        | 4        | 6        | 8        | 1        |
| Pseudomonas                              | 2            | 2        | 0        | 3        | 0        | 2        | 3        | 0        | 3        | 2        | 1        | 3        | 1        |



## Narrative

**Executive lead: Dr Hilary Lloyd, Chief Nursing Officer    Accountable to: Quality Assurance Committee**

Maternity services metrics for the IPR are being reviewed to ensure that the most relevant metrics to inform the Board of safe and effective care are included, as an overview of the regular in-depth reporting by maternity services through Quality Assurance Committee and the Local Maternity and Neonatal System Board.

Trends in maternity services metrics reflect the different case mix at the two Trusts, with a greater proportion and the more complex of the high-risk pregnancies, being cared for at the James Cook University Hospital, which impacts on metrics such as the number of still births, which have been higher at STHFT this year to date. This is being reviewed in relation to longer-term time series validated data. Breastfeeding rates are a focus, with actions in place at NTHFT to support and promote breastfeeding. Both Trusts participate in simulation exercises, care bundles and research studies to identify where clinical care can be further improved.

## NTHFT

| Metric                            | Month Target | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024 | Sep 2024 | Oct 2024 | Nov 2024 |
|-----------------------------------|--------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| No. of babies born                |              | 263      | 228      | 216      | 190      | 221      | 233      | 204      | 196      | 208      | 222      | 235      | 206      |
| Still Births                      | 0            | 1        | 0        | 0        | 0        | 0        | 1        | 1        | 0        | 1        | 0        | 2        | 1        |
| Induction of Labour (%)           |              | 41.4%    | 41.7%    | 46.8%    | 45.3%    | 43.4%    | 46.4%    | 44.6%    | 43.4%    | 44.7%    | 44.7%    | 44.7%    | 43.3%    |
| Breast Feeding at First Feed      | 75%          | 43%      | 43.9%    | 44.9%    | 46.3%    | 50.2%    | 45.1%    | 54.4%    | 56.1%    | 50%      | 50%      | 48.1%    | 52.4%    |
| PPH > 1500ml (%)                  | 3.3%         | 2.66%    | 4.39%    | 1.85%    | 1.05%    | 2.71%    | 1.29%    | 3.43%    | 3.06%    | 2.4%     | 2.76%    | 2.55%    | 3.45%    |
| Number of 3rd/4th degree tear (%) |              | 0.4%     | 2.6%     | 0.5%     | 1.6%     | 1.8%     | 0.4%     | 0.5%     | 0.5%     | 0%       | 2.3%     | 1.3%     | 1%       |

## STHFT

| Metric                            | Month Target | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024 | Sep 2024 | Oct 2024 | Nov 2024 |
|-----------------------------------|--------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| No. of babies born                |              | 397      | 401      | 363      | 369      | 355      | 436      | 365      | 413      | 406      | 411      | 376      | 392      |
| Still Births                      |              | 0        | 3        | 1        | 5        | 1        | 3        | 3        | 0        | 4        | 1        | 2        | 2        |
| Induction of Labour (%)           |              | 37.4%    | 39.9%    | 40.2%    | 37.6%    | 40.1%    | 38%      | 37.6%    | 36.6%    | 35.8%    | 37.7%    | 37.7%    | 39.2%    |
| Breast Feeding at First Feed      | 74.5%        | 61%      | 60.8%    | 61.2%    | 60.4%    | 65.6%    | 63.8%    | 63.8%    | 67.1%    | 65.8%    | 64.7%    | 63.3%    | 62%      |
| PPH > 1500ml (%)                  | 2%           | 1.96%    | 3.41%    | 3.75%    | 3.16%    | 3.02%    | 2.68%    | 3.17%    | 3.35%    | 2.39%    | 2.61%    | 4.16%    | 3.49%    |
| Number of 3rd/4th degree tear (%) | 3.5%         | 1.2%     | 1.2%     | 1.1%     | 1.6%     | 1.6%     | 0.9%     | 1.6%     | 1.2%     | 1.7%     | 0.9%     | 1.3%     | 2%       |

## Narrative

Executive lead: Neil Atkinson, Managing Director

Accountable to: Resources Committee

## Urgent and emergency care

For STHFT, improvement in emergency care metrics has been driven by the co-located Urgent Treatment Centre (UTC) at James Cook Hospital A&E, closer working across the group and service improvement in collaboration with NEAS. Further work on optimising streaming of patients between ED and UTC adds resilience to performance as the winter pressures began. NTHFT continues to support neighbouring Trusts with diverts and mutual aid in periods of surge, which can be extremely challenging to facilitate due to significant increase in UEC attendances. Corridor care has continued within the month to support timely release of ambulance crews.

Above-standard performance in the community urgent 2-hour response reflects effective support to EDs by caring for patients in the most appropriate setting. Virtual ward occupancy has also significantly increased reflecting patients avoiding admission or stepped home sooner. Elective operations cancelled on the day not rebooked within 28 days requires improvement at STHFT with performance and actions now being monitored at the Surgical Improvement Group.

## NTHFT

| Metric                                      | Month Target | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024 | Sep 2024 | Oct 2024 | Nov 2024 |
|---|--------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Handovers - Within 60 Mins (%)              | 100%         | 90.1%    | 92.1%    | 96.5%    | 98.6%    | 100%     | 98.1%    | 100%     | 100%     | 100%     | 99.8%    | 99.7%    | 99.3%    |
| 4-Hour A&E Standard                         | 87.5%        | 83%      | 84.2%    | 85.5%    | 87.1%    | 88.7%    | 87.2%    | 89.9%    | 87.3%    | 89.4%    | 85.6%    | 83.8%    | 81.9%    |
| 12-Hour A&E Breaches Rate                   | 2%           | 1.3%     | 1.3%     | 0.8%     | 0.1%     | 0.2%     | 0.2%     | 0%       | 0.2%     | 0.1%     | 0.4%     | 0.6%     | 1.1%     |
| Community UCR 2hr Response Rate (%)         | 70%          | 76%      | 77%      | 79%      | 79%      | 84%      | 84%      | 82%      | 71%      | 75%      | 76%      | 79%      |          |
| Cancelled Ops - Not Rebooked Within 28 days | 0            | 6        | 9        | 9        | 4        | 2        | 1        | 3        | 2        | 2        | 2        | 3        | 3        |

## STHFT

| Metric                                      | Month Target | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024 | Sep 2024 | Oct 2024 | Nov 2024 |
|---|--------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Handovers - Within 60 Mins (%)              | 100%         | 86.9%    | 94.1%    | 90.7%    | 96.6%    | 93.7%    | 93.5%    | 96.3%    | 94.1%    | 97.1%    | 94.2%    | 84.1%    | 93.1%    |
| 4-Hour A&E Standard                         | 74.8%        | 66.9%    | 68.1%    | 67.8%    | 69.7%    | 75.6%    | 73.5%    | 74.3%    | 76.9%    | 78.7%    | 77.3%    | 73.5%    | 75%      |
| 12-Hour A&E Breaches Rate                   | 2%           | 2.7%     | 1.9%     | 3%       | 1.7%     | 2%       | 1.9%     | 1.7%     | 1%       | 0.7%     | 1%       | 3.6%     | 1.8%     |
| Community UCR 2hr Response Rate (%)         | 70%          | 86%      | 88%      | 86%      | 88%      | 89%      | 87%      | 86%      | 87%      | 89%      | 83%      | 82%      | 83%      |
| Cancelled Ops - Not Rebooked Within 28 days | 0            | 27       | 29       | 22       | 22       | 26       | 27       | 16       | 13       | 15       | 13       | 21       | 21       |

## Narrative

Executive lead: Neil Atkinson, Managing Director

Accountable to: Resources Committee

## Elective, diagnostic and cancer care

Both Trusts have elevated numbers of patients waiting beyond 52 weeks above their respective plans, more markedly at STHFT. There are potential green shoots of improvement for STHFT with lower numbers in the last 3 months. The national priority is to eliminate 65 week waits, NTHFT has achieved this since September 2024. Both Trusts are engaged in a range of actions including sharing capacity / mutual aid to improve equity of access and targeted additional clinical activity.

The faster diagnosis standard is met in most months for both Trusts and is critical to improving cancer pathways. Diagnostic improvement workshops with clinical teams developed shared tumour group action plans. Cancer treatment standards at STHFT require improvement, new investment in cancer navigators focuses on reducing delays and changes to the diagnostic phase of the Urology prostate pathway have been implemented in December 2024.

## NTHFT

| Metric                               | Month Target | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024 | Sep 2024 | Oct 2024 | Nov 2024 |
|--------------------------------------|--------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| ▲                                    |              |          |          |          |          |          |          |          |          |          |          |          |          |
| Cancer Faster Diagnosis Standard (%) | 79.6%        | 80%      | 71.4%    | 81.6%    | 80.1%    | 79.7%    | 74.9%    | 73.4%    | 79.3%    | 79%      | 78.4%    | 81%      | 81.9%    |
| Cancer 31 Day Standard (%)           | 96%          | 97.1%    | 94.1%    | 97.6%    | 94%      | 97.6%    | 97.8%    | 95.8%    | 96.3%    | 97.9%    | 91.8%    | 94.7%    | 96.2%    |
| Cancer 62 Day Standard (%)           | 71.7%        | 69.2%    | 68.7%    | 64.7%    | 72%      | 62.7%    | 65.1%    | 59.7%    | 62.2%    | 72.7%    | 60.1%    | 70.8%    | 71.6%    |
| Diagnostic 6 Weeks Standard (%)      | 95%          | 84%      | 86.7%    | 89.9%    | 84.7%    | 78.7%    | 74.5%    | 69%      | 72.9%    | 72.3%    | 77.7%    | 82.7%    | 86.5%    |
| RTT Incomplete Pathways (%)          | 92%          | 71.7%    | 71.1%    | 71.6%    | 71.2%    | 71.8%    | 72.5%    | 72.2%    | 71.7%    | 71.6%    | 72.1%    | 72.4%    | 71.5%    |
| RTT 52 week waiters                  | 133          | 159      | 166      | 216      | 218      | 175      | 163      | 159      | 183      | 180      | 173      | 179      | 221      |

## STHFT

| Metric                               | Month Target | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024 | Sep 2024 | Oct 2024 | Nov 2024 |
|--------------------------------------|--------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| ▲                                    |              |          |          |          |          |          |          |          |          |          |          |          |          |
| Cancer Faster Diagnosis Standard (%) | 79%          | 83.3%    | 81.4%    | 86.6%    | 79.9%    | 77.9%    | 80.5%    | 79.2%    | 78%      | 78.9%    | 78.9%    | 73.6%    | 75.7%    |
| Cancer 31 Day Standard (%)           | 96%          | 92%      | 87.6%    | 91%      | 91.6%    | 86.4%    | 91.5%    | 92.4%    | 93.1%    | 92.3%    | 91.1%    | 90.5%    | 89.1%    |
| Cancer 62 Day Standard (%)           | 67.4%        | 63.6%    | 56.8%    | 55.2%    | 59.1%    | 61%      | 58.7%    | 59.3%    | 63.7%    | 59.2%    | 61.9%    | 56.7%    | 58.5%    |
| Diagnostic 6 Weeks Standard (%)      | 95%          | 77.1%    | 83.1%    | 84.1%    | 80.4%    | 81.7%    | 81.6%    | 80.9%    | 83.2%    | 82.3%    | 84.9%    | 85.9%    | 85.5%    |
| RTT Incomplete Pathways (%)          | 92%          | 63%      | 63.3%    | 63%      | 61.5%    | 62.7%    | 61.6%    | 60.7%    | 60.3%    | 58.9%    | 59.1%    | 60.2%    | 60%      |
| RTT 52 week waiters                  | 948          | 1201     | 1270     | 1432     | 1483     | 1498     | 1863     | 2099     | 2106     | 2216     | 1848     | 1524     | 1591     |

## Narrative

**Executive lead: Dr Michael Stewart, Chief Medical Officer     Accountable to: Quality Assurance Committee**

Summary Hospital-level Mortality Indicator (SHMI) is 'as expected' for both Trusts. Assurance continues to require non-statistical approaches. At STHFT, since the Medical Examiner Service became statutory on 9 September 2024, its information is no longer available to the Trust, but they continue to review >98% of deaths and refer relevant cases to the Trust Mortality Surveillance team for further review/investigation/action where required. SHMI is influenced by the depth of co-morbidity coding: coding of co-morbidities is a theme in the STHFT coding action plan, as benchmarking identifies this as an area for further improvement. Learning across the Group contributes to this as NTHFT benchmark well.

Approach to readmission has been reviewed and a standardised approach with HED data benchmarking introduced. More detailed work to analyse this data has now commenced.

## NTHFT

| Metric                                     | Month Target         | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024 | Sep 2024 |
|--|----------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Summary Hospital-Level Mortality Indicator | 100                  | 97.8     | 96.8     | 97.3     | 97.5     | 97.2     | 96.5     | 96.2     | 96.2     | 95.2     |          |
|  | Readmission Rate (%) | 8.4%     | 11%      | 11%      | 10.9%    | 11.1%    | 10.9%    | 10.9%    | 11.4%    | 10.8%    | 10.2%    |

## STHFT

[illegible]

## Narrative

**Executive lead: Dr Hilary Lloyd, Chief Nursing Officer    Accountable to: Quality Assurance Committee**

Targets for patient experience ratings (percentage respondents rating their experience overall good or very good) have now been aligned across the group, at the published national average. We aim to consistently achieve above average satisfaction. In November NTHFT is above plan in five surveys. STHFT is above plan in four out of five surveys (not Maternity), with assurance of consistently positive responses in Community services. The focus is on increasing response rates to FFT to provide more assurance of positive experience of care. To note – the external provider for text returns for NTHFT FFT has experienced significant data issues resulting in missed opportunities to send text messages from mid-October – issue resolved early December 2024. This is likely to have impacted response rates across all areas during October and November.

Further work is being undertaken in Q4 24/25 to ensure consistency in timely responses to complaints, concerns and enquiries. Patient experience teams continue to support and escalate to the clinical and operational teams, requiring their focus resolving these in a timely manner, prioritising those that have been longest in progress.

**NTHFT**

| Metric   | Month Target | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024 | Sep 2024 | Oct 2024 | Nov 2024 |
|--|--------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| ▲  |              |          |          |          |          |          |          |          |          |          |          |          |          |
| A&E Experience (%)                                     | 79%          | 75.8%    | 80.9%    | 76.5%    | 84.2%    | 86.9%    | 82.4%    | 83.3%    | 83.1%    | 86.9%    | 85.8%    | 85.7%    | 85%      |
| Inpatient Experience (%)                               | 94%          | 92.8%    | 91%      | 88.8%    | 90.6%    | 87%      | 89.8%    | 91.6%    | 90.7%    | 93.5%    | 95.8%    | 94.7%    | 94.8%    |
| Maternity Experience (%)                               | 92%          | 57.1%    | 90.9%    | 100%     | 80%      | 91.7%    | 93.3%    | 87.5%    | 90.5%    | 100%     | 83.3%    | 87.5%    | 100%     |
| Outpatient Experience (%)                              | 94%          | 95.8%    | 95.1%    | 94.2%    | 93.6%    | 95.3%    | 94.7%    | 95.8%    | 94.8%    | 95.3%    | 93.6%    | 93.8%    | 94.9%    |
| Community Experience (%)                               | 95%          | 97.3%    | 96.1%    | 95%      | 95.5%    | 95.5%    | 94.9%    | 97.5%    | 96.8%    | 96%      | 96.4%    | 98.3%    | 96.9%    |
| Collaborative Enquiries (Stage 0) Closed in Target (%) |              |          | 25.2%    | 22.1%    | 28.9%    | 23.6%    | 16.7%    | 16.5%    | 18.3%    | 25%      | 25.3%    | 18.5%    | 33.7%    |
| Feedback Acknowledged in 3 Days (%)                    | 100%         |          | 98.1%    | 100%     | 100%     | 100%     | 100%     | 100%     | 100%     | 100%     | 100%     | 100%     | 100%     |
| Complaints Closed Within Target (%)                    | 80%          |          | 78.3%    | 63.1%    | 65.5%    | 58.5%    | 61.2%    | 63%      | 60.4%    | 70.9%    | 54.4%    | 52.6%    | 72.1%    |

**STHFT**

| Metric   | Month Target | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024 | Sep 2024 | Oct 2024 | Nov 2024 |
|--|--------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| ▲  |              |          |          |          |          |          |          |          |          |          |          |          |          |
| A&E Experience (%)                                     | 79%          | 79.8%    | 80.5%    | 80.2%    | 78.3%    | 75.1%    | 77.1%    | 77.2%    | 80.4%    | 83%      | 80.5%    | 75.5%    | 79.8%    |
| Inpatient Experience (%)                               | 94%          | 96.8%    | 95.3%    | 97.3%    | 96.5%    | 95.6%    | 97.3%    | 97.4%    | 97.3%    | 97.8%    | 97.6%    | 99.1%    | 96.8%    |
| Maternity Experience (%)                               | 92%          | 83.2%    | 88.1%    | 88.5%    | 91.8%    | 89%      | 85.2%    | 88.3%    | 92.7%    | 91%      | 94.6%    | 92.3%    | 91.7%    |
| Outpatient Experience (%)                              | 94%          | 97%      | 96.4%    | 96.2%    | 96.3%    | 96.8%    | 96.7%    | 96.1%    | 97.2%    | 97.2%    | 97.1%    | 96.5%    | 95.5%    |
| Community Experience (%)                               | 95%          | 98.4%    | 99.2%    | 99.3%    | 99.3%    | 98.4%    | 100%     | 98.9%    | 98.9%    | 99.4%    | 97.5%    | 97.5%    | 100%     |
| Collaborative Enquiries (Stage 0) Closed in Target (%) |              | 36.8%    | 88.6%    | 89.2%    | 93.4%    | 96.2%    | 74.6%    | 79.1%    | 91.5%    | 86.8%    | 91.5%    | 70.5%    | 81.1%    |
| Feedback Acknowledged in 3 Days (%)                    | 100%         | 95.8%    | 96.5%    | 96.8%    | 61.7%    | 47.4%    | 75.4%    | 53.9%    | 88.2%    | 97%      | 96.2%    | 100%     | 100%     |
| Complaints Closed Within Target (%)                    | 80%          | 45.8%    | 37.1%    | 55.6%    | 42.9%    | 27.3%    | 12.3%    | 27.3%    | 37%      | 29.8%    | 53.6%    | 28.8%    | 29.1%    |



## Narrative

**Executive leads: Rachael Metcalf, Chief People Officer**  
**Chris Hand, Chief Finance Officer**

**Accountable to: People Committee**  
**Resources Committee**

Best practice in relation to absence management will be shared with the aim of a 1% year on year reduction. During the period of winter pressure, we are looking to provide additional support to those clinical areas with high levels of absence. We continue to promote the opportunity for staff to get protected from flu and covid: the flu campaign will run until end March 2025 and covid vaccination will be available until end January 2025. Staff turnover is reducing at STHFT and remains low at NTHFT. Innovative ideas for the continuous improvement of this KPI are being explored including tools and resources to retain our talented workforce. Staff annual appraisal and mandatory training remain an areas of focus with over 78% of staff in date for their appraisal and over 89% of staff compliant in mandatory training. A series of workforce planning events have been held, to prepare for the annual planning cycle.

The financial position shows a small adverse variance year to date against month 8 plan for both Trusts. Financial controls are in place, with a focus on recurrent efficiency delivery, and Resources Committee oversight of financial risks.

## NTHFT

| Metric   | Month Target | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024 | Sep 2024 | Oct 2024 | Nov 2024 |
|--|--------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| ▲  |              |          |          |          |          |          |          |          |          |          |          |          |          |
| Sickness Absence (%)                           | 4%           | 6%       | 5.8%     | 5.4%     | 5.6%     | 5.8%     | 5.8%     | 5.7%     | 6%       | 5.8%     | 5.8%     | 6.1%     | 6.1%     |
| Staff Turnover (%)                             | 10%          | 8.4%     | 8%       | 8.1%     | 7.6%     | 7.1%     | 7.4%     | 7.2%     | 7.2%     | 7.3%     | 7.3%     | 7.3%     | 7.2%     |
| Annual Appraisal (%)                           | 85%          | 87.4%    | 87.2%    | 87.6%    | 87.2%    | 86.8%    | 86.4%    | 86.6%    | 86.9%    | 86.7%    | 87.2%    | 86.9%    | 86.9%    |
| Mandatory Training (%)                         | 90%          | 89.9%    | 90%      | 90%      | 90.1%    | 89.2%    | 88.6%    | 89.3%    | 89.4%    | 89.7%    | 89.5%    | 89.8%    | 89.4%    |
| Cumulative YTD Financial Position (£'millions) | -£1m         |          |          |          |          | -£0.4m   | -£0.4m   | -£1.2m   | -£1.3m   | -£1.2m   | -£0.9m   | -£1.1m   | -£1.3m   |

## STHFT

| Metric   | Month Target | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024 | Sep 2024 | Oct 2024 | Nov 2024 |
|--|--------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| ▲  |              |          |          |          |          |          |          |          |          |          |          |          |          |
| Sickness Absence (%)                           | 4%           | 6.3%     | 6.5%     | 5.9%     | 5.3%     | 5.3%     | 5.2%     | 5.3%     | 5.5%     | 5.4%     | 5.3%     | 6%       | 6%       |
| Staff Turnover (%)                             | 10%          | 11.2%    | 10.7%    | 10.7%    | 10.3%    | 10.1%    | 10.2%    | 10%      | 10%      | 10.2%    | 9.8%     | 9.3%     | 6.6%     |
| Annual Appraisal (%)                           | 85%          | 78.5%    | 78.6%    | 79.7%    | 79.1%    | 80%      | 79.6%    | 79%      | 80.3%    | 80.3%    | 80%      | 78.8%    | 78.7%    |
| Mandatory Training (%)                         | 90%          | 89.6%    | 89.8%    | 90.3%    | 90.3%    | 90.7%    | 90.7%    | 90.2%    | 90.3%    | 90%      | 89.7%    | 89.2%    | 87.8%    |
| Cumulative YTD Financial Position (£'millions) | -£16.1m      | -£23.5m  | -£26.1m  | -£18m    | -£20.1m  | -£5.6m   | -£10m    | -£13.6m  | -£15.9m  | -£19.3m  | -£12.7m  | -£14.3m  | -£16.7m  |



University Hospitals Tees

Quality



Caring  
Better  
Together

# Quality

Maternity

Health care acquired  
infections – C.difficile

CQC update





University Hospitals Tees

Well led



Caring  
Better  
Together

# Leadership and capacity



Executive Director update



National operational and planning guidance – local asks

# National Guidance



- Delayed full Planning Guidance published 31<sup>st</sup> Jan
- Honed down national priorities; **systems asked to focus on:**
  - reducing the time people wait for elective care
  - improving A&E waiting times and ambulance response times
  - improving patients' experience and access to general practice and urgent dental care
  - improving patient flow through mental health crisis and acute pathways and improving access to children and young people's mental health services.
- And continued strong focus on financial rigour and productivity
- *"The government has made difficult choices to provide additional funding for the NHS and the NHS must now live within its means"*
- Recognised that **difficult decisions and choices** will need to be made
  - For every organisation it will mean delivering more value within existing resources
  - For many organisations it will mean reducing spend
- The NHS will need to reduce or stop spending on some services and functions and achieve unprecedented productivity growth in others
- Systems partners must engage more actively with each other, and with local stakeholders, to develop plans which are deliverable, and everyone is signed up to
- NHSE will agree a 'compact' with systems, setting out what each organisation will do and the support to be received from NHSE

# National Priorities 2025/26



- **Reduced EL waiting times**

- 65% of RTT <18 weeks by March 2026 (nationally)
- 72% of OPFA <18 weeks by March 2026 (nationally)
- Reduce 52ww to <1% of total waiting list by March 2026
- Cancer 62-day standard at 75% by March 2026
- Faster Diagnosis Standard at 80% by March 2026

*All providers minimum 5% improvement from Nov 2024 baseline, and RTT at 60% / OPFA at 67%*

- **Shorter A&E waits and ambulance response times**

- 78% of patients to be seen <4hrs in March 2026
- 12hr waits <24/25 levels
- Cat 2 ambulance <30mins across 25/26

- **Improved access to GP and urgent dental care**

- **Improved patient flow through MH pathways and access to C&YP MH services**

# National Priorities 2025/26



- ICBs and providers must work together, with NHSE support to:
  - **Drive reform:**
    - Neighbourhood Health Service models, to reduce demand, prevent admission, improve timely access to urgent care
    - Full use of digital tools to shift from analogue to digital
    - Address inequalities and shift towards secondary prevention
  - **Live within the budget allocated:**
    - Reduce waste
    - Improve productivity
    - Prioritise resources and stop lower-value activity
  - **Maintain focus on the overall quality and safety of services**

# Difficult Decisions



- NHSE clear that “*the money is the money*”
- Expectation of conversations about what stop doing
- Start of the conversation:
  - What opportunities to work differently do we have including how we progress our group work on single services (transformation)
  - What do we consider stopping?
  - ICB system wide programmes on workforce (reducing our WTE spend, effective deployment of resources), procurement and commissioning
  - How do we become more even more productive? (Use GIRFT and other benchmark data to review pathways, use of theatres, beds, community services and our outpatient sessions)
  - Our care groups and collaboratives are working hard on all of their cost improvement plans (CIP) which historically have helped us be more efficient.
  - Capturing any new ideas to reduce waste and save money from our teams

# Summary



- Will be a difficult and challenging planning round and year!
- Challenging planning timetable to meet
- Different approach needed
- Difficult decisions need to be put forward
- Enhanced Board sign-off requirements
- Assurance of actions to deliver improved productivity required
- 'Red lines' need to be agreed
  - Patient Safety first
- Consequences of unbalanced plan (organisation or system)



# Thank you



Caring  
Better  
Together



# Lead Governor Report (NT&H)

**Meeting date:** 25 February 2025

**Reporting to:** Council of Governors

**Agenda item No:** 7.1

**Report author:** Angela Warnes

**Action required:** Information

**Delegation status:** Matter reserved to Unitary Board

**Previously presented to:** (include here the meetings which the report has already been considered)

## NTHFT strategic objectives supported:

Putting patients first ☒

Transforming our services ☒

Valuing our people ☒

Health and wellbeing ☒

## STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☐

A great place to work ☐

Make best use of our resources ☐

A centre of excellence ☐

Deliver care without boundaries ☐

## CQC domain link:

Choose an item.

## Board assurance / risk register this paper relates to:

## Key discussion points and matters to be escalated from the meeting

**ALERT:** Alert to the matters that require the board's attention or action, e.g. non-compliance, safety or a threat to the Trust's strategy.

Update governors on significant activities undertaken by the Lead Governor since the last meeting.

**ADVISE:** Advise of areas of ongoing monitoring or development or where there is negative assurance. What risks were discussed and were any new risks identified.

None.

**ASSURE:** Assure Inform the board where positive assurance has been achieved, share any practice, innovation or action that the committee considers to be outstanding.

None.

## Recommendations:

Governors are asked to:

1. Note the content of the report and the activities undertaken by the Lead Governor.

## **Meeting of the Council of Governors on 25 February 2024**

### **Report of the Lead Governor for North Tees and Hartlepool NHS Foundation Trust**

This report provides an overview of both regular and one-off meetings attended by the Lead Governor and other related activities undertaken since the last meeting.

#### **2. Key Meetings and Activities**

Since the last meeting of the Council of Governors on 21 November 2024 I have undertaken the following meetings / activities:

##### **2.1 Regular Informal Meetings with the Group Chairman, Vice Chairs and Lead Governors**

Monthly catch-ups provide an opportunity for the Lead Governors to be updated and briefed on any current issues such as:

- Briefing on any areas of media interest – positive or adverse;
- Briefings on any potential risks to the Trusts;
- Council of Governor's meeting agendas and format of meetings;
- Changes to the Group Executive Team including the appointment of the new Group Chief Nurse and Interim Chief Nurse.

Other topics for discussion have included:

- Feedback from development sessions for the Group Executive Team;
- Development of the Clinical Strategy for the Group;
- Roles and responsibilities of the non-executive directors;
- Provision of NHS email addresses for all governors;
- Induction and development for new governors;
- Appointment and development for the Deputy Lead Governor;
- Financial position of the Trusts;
- Winter pressures;
- Updates on the work of the clinical boards;
- Appointment and development of new governors;
- Appointment of external auditors;
- Teaching hospital status.

These catch-up meetings from February 2025 now include the Deputy Lead Governors as part of their development. These meetings will also include the Senior Independent NED and any NEDS or officers as the agenda requires in an attempt to rationalise all various one-to-one meetings governors have.

I also have regular written and verbal communication with Janet Crampton, Lead Governor for South Tees, and we have collaborated closely on a number of developments including the Connecting with our Communities Action plan and the revision of the Governor Handbook.

## **2.2 Observation of Board of Directors Meetings**

I observed the Group Board meeting on 7 January 2025 and provided a detailed summary of the meetings to the governors.

I would recommend that governors attend at least one Group Board meeting if possible. Please let Sara Hutt ([sarah.hutt@nhs.net](mailto:sarah.hutt@nhs.net)) know if you would like to attend in person.

Minutes of Group Board meetings can be accessed at [https://www.nth.nhs.uk/about/events/?search&cat=board-meeting&location=all&range=all&custom\\_range&page\\_no=2](https://www.nth.nhs.uk/about/events/?search&cat=board-meeting&location=all&range=all&custom_range&page_no=2)

Papers for Board meetings can be accessed one week before the meeting at [https://www.nth.nhs.uk/resources/?search=&department=all&type=board-papers&range=all&custom\\_range=](https://www.nth.nhs.uk/resources/?search=&department=all&type=board-papers&range=all&custom_range=)

The next Group Board meeting is scheduled for 4 March 1pm at the Health and Social Care Academy at the University Hospital of Hartlepool.

## **2.3 One-to-One Meetings with Jackie White, Head of Governance and Company Secretary**

The Lead Governors have bi-monthly one-to-one meetings with Jackie White where we discuss a number of administrative and governance issues including meeting agendas, the Connecting with our Community's Action Plan and the meeting schedule for this year. I was pleased to learn of the appointment of Claire Robinson to assist Jackie who we will meet at meetings in due course.

## **2.4 External Audit Working Group and Extra-ordinary Council of Governor's Meeting**

The External Audit working group (in common) undertook an activity on 17 December 2024 to assess applications for the provision of external audit services to the Trusts and Allison Usher was our representative at that meeting. Alison provided feedback that this was a robust process and that the views of the governors were valued and listened to. The recommendations from this activity were made to an External Audit Working Group (in common) on 3 January 2025 and the decision regarding the appointment of the external auditors was ratified at an extra-ordinary Council of Governor's meeting on 8 January 2025. My thanks go to Allison for stepping in at short notice when the original representative had to withdraw due to a conflict of interest.

## **2.5 Connecting with our Communities Action Plan**

Significant work has been undertaken in relation to the actions and progress and is detailed in the action plan. Notably, the Governor Handbook has been revised and a new section has been provided by the Lead Governors providing information and support for connecting with our communities. The revised handbook has also been circulated to all governors electronically.

## **2.6 Joint Induction Event for New Governors and Development**

A joint induction event took place on 12 February 2025 with lead governor input and was attended by all the newly appointed governors for North Tees and Hartlepool NHS Trust. The event provided an opportunity for exchange of essential information and the new governors bring a wealth of professional and life experiences which will be of great benefit to the Councils and Janet and I look forward to working with them. The information given at

the event was very detailed and hard to digest in a short session. Jackie will be sharing the slides amongst all governors for development purposes and arranging for details of mentors to provide additional support to be forwarded to new governors.

To support governors appointed in the last 2 years, a workshop from NHS Providers is planned for April 2025 on the role of the governor. A bespoke workshop around the Governor Code of Conduct is also being planned which will be delivered as a development session for all governors in 2025.

## **2.7 North East Lead Governor Network**

This has not progressed due to difficulties in obtaining contact details and lack of resources.

## **2.8 NHSE Planning Guidance**

At one of our regular meetings Janet and I were informed that the the next financial year is going to be the most challenging one yet for NHS funding and you will be briefed on this at the Council of Governors meeting as well as the planned actions to meeting the challenges.

## **2.9 Development of Group Values**

You may have seen an email to all trust staff asking for input into the development of the group values and as I briefed you in an update email, it was confirmed that, as governors, we could complete the survey. Thank you to those of you who took the time to complete this and the survey provided us with a good opportunity as governors to have an input.

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

### **3.1 Regular Email Briefings**

I have provided some additional updates and briefings to governors on 28 November 2024, 6 and 15 January 2025 and 5 February 2025.

### **3.2 Deputy Lead Governor**

I am delighted to report that Mike Scanlon has agreed to become Deputy Lead Governor to support me in my role and deputise for me in meetings if I am unable to attend. It has been agreed that the Deputy Lead Governor will be invited to attend the regular catch-up meetings and further support will be provided as requested. My thanks go to Mike for agreeing to undertake this role.

### **3.3 Change in Governors**

I would like to formally welcome the following newly elected governors to their role.

### **Hartlepool Constituency**

Terence Hegarty

## **Stockton Constituency**

Clive Collier  
Anthony Taylor  
Andrew Tingle

## **Sedgefield Constituency**

Paul Frame

## **NT&H Staff Governors**

Ashwini Gaur

### **4. Feedback on Governor Activities**

#### **4.1 Governor involvement in the Covid Memorial**

Allison Usher represented the Council of Governors on a panel for choosing the Covid Memorial artwork for North Tees and Hartlepool NHS Trust. She reported that it was a privilege to be included in this. As a result of being on the panel she was asked and agreed to be part of the Visual Arts Council for North Tees and Hartlepool NHS Foundation Trust.

#### **4.2 Future of Clinical Services for the Hospital Group Event 7 February 2025**

Appointed governor Christopher Achters-Belcher attended this event held on Friday and said that was really informative. The activity involved a variety of staff and stakeholders to inform the development of the clinical strategy.

### **5.Recommendations**

Governors are asked to:

1. Note the content of the report and the activities undertaken by the Lead Governor.



## Connecting with the Community and Membership - Action Plan Update

| Action  | Responsibility  | Timescale                                     | Commentary  |
|---|---|---|---|
| Produce a revised Governor Handbook including a section on practical ways of connecting with the community and feeding back based on the ideas presented in the workshop.<br><br>Regularly review and update the handbook based on feedback from governors.   | Lead Governors (LGs), Stephen Yuill and Sarah Hutt          | Completed by January 2025<br><br>Twice a year | Completed   |
| Development of a process to log and track feedback from governors on community issues (to include in governor toolkit)  | Company Secretary (CS)                                      | November 2024                                 | Completed   |
| Provide bespoke development sessions on the role of the governor.   | Lead Governors<br><br>Company Secretary<br><br>Steven Yuill | January 2025                                  | NHS Providers workshop arranged for April 2025<br><br>A bespoke development session 'It all starts with Me' focusing on the governor code of conduct. This is still under discussion.           |
| Enhance engagement with the membership: <ul style="list-style-type: none"> <li>• Development of a communications strategy</li> <li>• Relaunch CoG CiC Membership sub committee to oversee and monitor membership strategy</li> <li>• Review the accuracy of data held on members and enable governors to contact their constituency members to provide information and effective liaison</li> </ul> | CS, LGs, Group Director of Communications                   | January 2025                                  | Discussions are still ongoing to review the membership of this sub-committee and organise a date. Lack of progress is due to resource constraints.<br><br>Membership database review completed. |
| Each governor to: <ul style="list-style-type: none"> <li>• Access NHS Providers materials via circulated link</li> </ul>  | Each Governor   | Ongoing                                       | Links circulated following the last CoG meeting<br><br>Healthwatch information is being regularly circulated.   |

|   |  |                 |                             |
|---|--|-----------------|-----------------------------|
| <ul style="list-style-type: none"> <li>• Sign up to receive their local Healthwatch information and emails</li> <li>• Access and use governor handbook when available</li> <li>• Consider what opportunities are available locally to engage with their communities e.g. local groups, voluntary organisations</li> <li>• Consider what opportunities are available within the UHT group of hospitals and treatment services that would offer governors a wider understanding of health issues and enable their knowledge to expand</li> <li>• Develop an individual action plan / pledge to enhance community and membership engagement</li> </ul> | <p>LGs to discuss with Chairman and CS</p> | <p>Jan 2025</p> | <p>Discussions ongoing.</p> |
|---|--|-----------------|-----------------------------|



# Lead Governor Report (STHFT)

**Meeting date:** 25 February 2025

**Reporting to:** Council of Governors

**Agenda item No:** 7.2

**Report author:** Janet Crampton

**Action required:** Information

**Delegation status:** Matter reserved to Unitary Board

**Previously presented to:** (include here the meetings which the report has already been considered)

## NTHFT strategic objectives supported:

Putting patients first ☐

Transforming our services ☐

Valuing our people ☐

Health and wellbeing ☐

## STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☒

A great place to work ☒

Make best use of our resources ☒

A centre of excellence ☒

Deliver care without boundaries ☒

## CQC domain link:

Well-led

## Board assurance / risk register this paper relates to:

## Key discussion points and matters to be escalated from the meeting

**ALERT:** Alert to the matters that require the board's attention or action, e.g. non-compliance, safety or a threat to the Trust's strategy.

Update Governors on activities undertaken and meetings attended by the Lead Governor since the last meeting.

**ADVISE:** Advise of areas of ongoing monitoring or development or where there is negative assurance. What risks were discussed and were any new risks identified.

None

**ASSURE:** Assure Inform the board where positive assurance has been achieved, share any practice, innovation or action that the committee considers to be outstanding.

None

## Recommendations:

Governors are asked to:

1. Note the activities undertaken by the Lead Governor.
2. Note the implications of NTH introducing the concept of a Deputy Lead Governor role and the implications for the joint constitution.
3. Note the opportunities for Governors to participate more fully in meetings/conferences/development sessions as appropriate and according to personal interests.

**Meeting of the Council of Governors on 25 February 2025**  
**Report of the Lead Governor for South Tees Hospitals NHS Foundation Trust**

This report provides an overview of both regular and one-off meetings attended by the Lead Governor and other related activities undertaken since the last meeting.

## **2. Key Meetings and Activities**

Since the last meeting of the Council of Governors on 24 November 2024, I have undertaken the following meetings / activities:

### **2.1 Regular Informal Meetings with the Group Chairman, Vice Chairs and Lead Governors**

Monthly catch-ups provide an opportunity for the Lead Governors to be updated and briefed on any current issues such as:

- Briefing on any areas of media interest.
- Briefings on any potential risks to the Trusts.
- Council of Governors meeting agendas and format of meetings.
- Changes to the Group Executive Team including the appointment of the new Group Chief Nurse and interim Chief Nurse.

Other topics for discussion have included:

- Feedback from development sessions for the Group Executive Team.
- Development of the Clinical Strategy for the Group.
- Roles and responsibilities of the Non-Executive Directors and timescales affecting their tenures of office.
- Induction and development for new Governors on 12 February, though – note - this was attended only by North Tees Governors on this occasion.
- Financial position of the Trusts.
- Winter pressures.
- Updates on the work of the clinical boards.
- Appointment and development of new Governors.
- Appointment of external auditors.
- Teaching hospitals status.

These catch-up meetings from February 2025 now include the Deputy Lead Governors as part of their development. These meetings will also include The Senior Independent NED, and any NEDs or officers, as the agenda requires in an attempt to rationalise all of the various one-to-one meetings Lead Governors have.

I also have regular written and verbal communication with Angela Warnes, Lead Governor for North Tees, and we have collaborated closely on a number of developments including the Connecting with our Communities Action plan and the revision of the Governor Handbook.

## **2.2 Observation of Board of Directors Meetings**

In the end I was not able to attend the Group Board meeting on 7 January 2025 as no remote link could be provided on that day, so I am grateful to Angela Warnes (who was able to attend in person) for her update of discussions.

Papers for board meetings can be accessed one week before the meeting at [https://www.nth.nhs.uk/resources/?search=&department=all&type=board-papers&range=all&custom\\_range=](https://www.nth.nhs.uk/resources/?search=&department=all&type=board-papers&range=all&custom_range=)

As Angela and I say to our Governors in every report, we recommend that Governors attend at least one Group Board meeting to get a flavour of the range, depth and complexity of issues reported and discussed. It is our chance as Governors to see the Non-Executive Directors in action, working with but also challenging operational decisions.

The next Group Board meeting is scheduled for 4 March 1pm at the Health and Social Care academy at the University Hospital of Hartlepool. Please let Sarah Hutt ([sarah.hutt@nhs.net](mailto:sarah.hutt@nhs.net)) know if you would like to attend in person.

Minutes of Group Board Meetings can be accessed at [https://www.nth.nhs.uk/about/events/?search&cat=board-meeting&location=all&range=all&custom\\_range&page\\_no=2](https://www.nth.nhs.uk/about/events/?search&cat=board-meeting&location=all&range=all&custom_range&page_no=2)

Furthermore, and as Angela also references in her report, I will point out other events and learning opportunities that Governors may attend and urge you to do so.

## **2.3 One-to-One Meetings with Jackie White, Head of Governance and Company Secretary**

The Lead Governors have regular one-to-one meetings with Jackie White and an additional meeting including both Lead Governors, where we discussed a number of administrative and governance issues including meeting agendas. I was pleased to learn of the appointment of Claire Robinson to assist Jackie, and have met her briefly. Hopefully we will all get that chance at the next CoG or as soon as can be arranged.

## **2.4 Nominations Committee and Extra-ordinary Council of Governor's Meetings**

We have some important NomCom meetings in the diary as most of the Group's NEDs terms of office come under review. This gives UHT a chance to audit the skills mix of NEDs and perhaps to make any necessary adjustments.

## **2.5 External Audit Working Group and Extra-ordinary Council of Governor's Meeting**

An approved and robust process was followed in December through which the External Audit Working Group (in common) assessed applications for the provision of external audit services to the Trusts and Ruth Mhlanga, Staff Governor was our representative at that meeting. The recommendations from this activity were made to an External Audit Working Group (in common) on 3 January 2025 and the decision regarding the appointment of the external auditors was ratified at an extra-ordinary Council of Governor's meeting on 8 January 2025. My thanks go to fellow Governors for taking part in this essential function of the governing bodies.

## **2.6 Connecting with our Communities Action Plan**

At the last Council of Governor's meeting, we facilitated a development activity looking at how we connect with our communities and increase the membership. Following on from this the Lead Governors have developed an action plan, which is attached to this report. Significant work has been undertaken in relation to the actions and progress is detailed in the action plan. Most notably, the Governor Handbook has been revised and you have been sent an electronic copy.

## **2.7 Joint Induction Event for New Governors and Development**

A joint induction event took place on 12 February with Lead Governor input. This was the second induction for both Trust's newly appointed Governors and was attended by all the newly appointed Governors in North Tees but unfortunately none from South Tees. The event provided an opportunity for exchange of essential information and the new Governors bring a wealth of professional and life experiences, which will be of great benefit to the Councils, and Angela and I look forward to working with them.

The information given at the event was very detailed and hard to digest in a short session, a copy of the slides has been shared amongst all Governors and Jackie will be arranging for development sessions to be held on a regular basis.

I felt most notably that Chris Hands' presentation on how NHS funding is structured to be of immense value, but also very detailed. The Kings Fund regularly updates its web pages on funding flows, which I recommend, and I attach at the end of my report, one of their schematics. More information can be obtained at [https://assets.kingsfund.org.uk/f/256914/x/262c2c7053/nhs\\_funding\\_flow\\_april\\_2020.pdf](https://assets.kingsfund.org.uk/f/256914/x/262c2c7053/nhs_funding_flow_april_2020.pdf)

As reported last time, in order to support the new Governors in their role, the Lead Governors have requested that a bespoke workshop from NHS Providers be offered on the role of the Governor. It is proposed that this will be offered early this year to both new and existing Governors.

## **2.8 North East Lead Governor Network**

This has not progressed due to difficulties in obtaining contact details and will be progressed early in 2025. Again, many thanks to Angela Warnes for keeping on top of this one as best she could.

## **2.9 NHSE Planning Guidance**

At one of our regular meetings Angela and I were informed that the financial plan for the next financial year and confirmation – if you hadn't read already in local and national press – that this is going to be the most challenging year yet for NHS funding, and you will be briefed on this at today's CoG, as well as the planned actions to meet the financial challenges.

## 2.10 Development of Group Values

I include this item, as it is another nice example of how Governors are able to get involved – this time in staff surveys. You may have seen an email to Trust staff asking for input into the development of the group values and it was confirmed that Governors could complete the survey if they would like to contribute. Some of us took up that opportunity, and the survey is now closed, but for others who hadn't the chance the link may be interesting (if it still works).

<https://forms.office.com/pages/responsepage.aspx?id=fmcSmunC602liu4cWawBYY8MtrXapZxOt1hc-D1Ha2VUNUdHTU0xRTILVIFLWIVXV0tDWVVYNkFLTC4u>

## 3. South Tees Governor Activities

From time to time, our Governors let me know about conferences, activities and courses they have attended.

Since our last meeting, Sue Young has met with Matt Neligan on February 13<sup>th</sup> to talk about the Trust's Community strategy as she feels that the Community aspect of our Trust appears to take second place to secondary and tertiary care. Sue will give us a brief verbal update.

### 3.1 Change in Governors

I would like to formally welcome Lesley Addison who has been elected as the Redcar & Cleveland Governor. Unfortunately Lesley was unable to attend the induction session, however, I look forward to meeting Lesley and to make further contact with Governors elected last summer.

### 3.2 Governor Communication

You saw my note for the last CoG that, although we wanted to start a WhatsApp communications group, this has rather run out of road, as some Governors are not able to download the App on their work phones and there were some others who have a personal aversion to WhatsApp groups. Also, we want to be in lockstep with North Tees on this aspect of Governor communications, and this is an unresolved matter for them as yet. However, watch this space ... our means of communicating with each other become ever more readily facilitated.

In the past Governors have confirmed that they are in regular receipt of emails with press releases, staff newsletters etc. These are full of information about the Trust and I commend their content for your attention.

## 4. Recommendations

Governors are asked to:

1. Note the activities undertaken by the Lead Governor.
2. Consider the implications for succession planning to align with North Tees.
3. Consider opportunities for Governors to get more involved in Trust activities and to take advantage of learning opportunities.

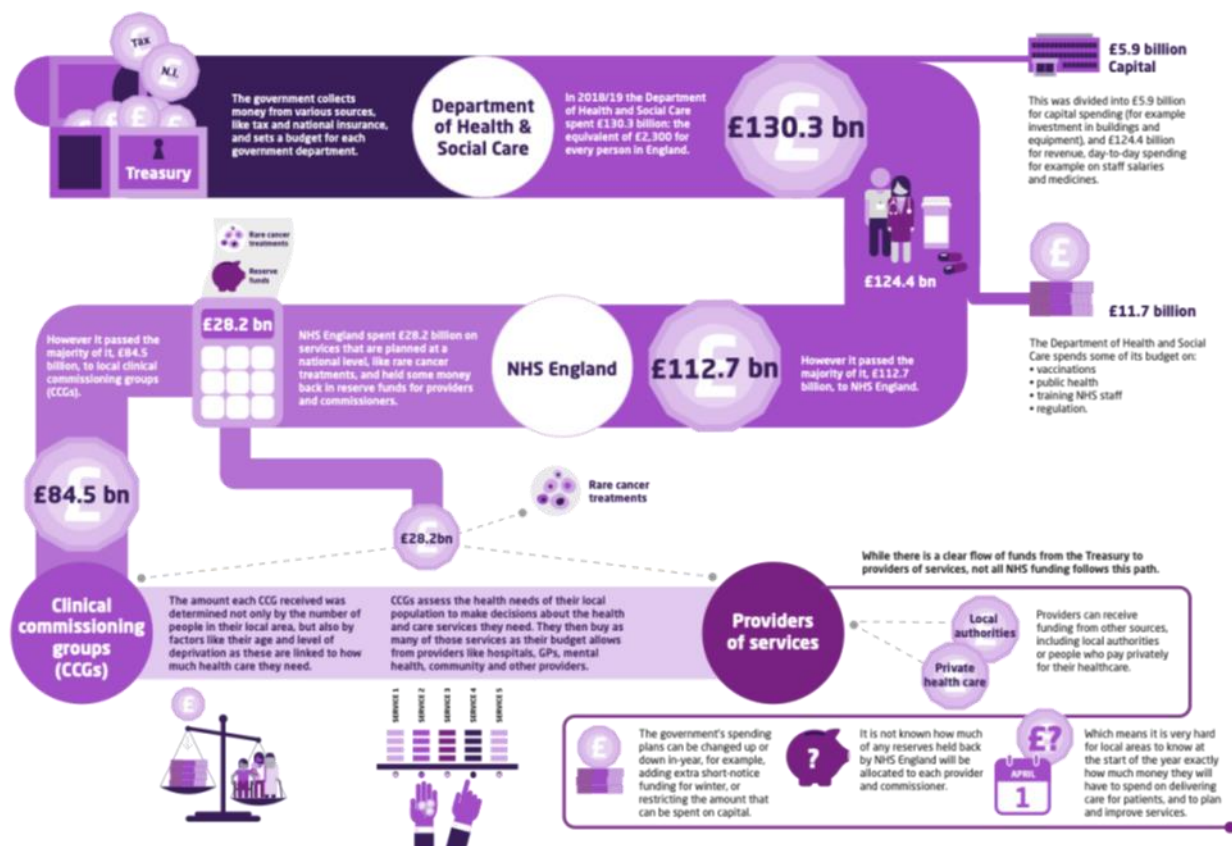
## Connecting with the Community and Membership - Action Plan Update

| Action   | Responsibility  | Timescale                                     | Commentary  |
|--|---|---|---|
| Produce a revised Governor Handbook including a section on practical ways of connecting with the community and feeding back based on the ideas presented in the workshop.<br><br>Regularly review and update the handbook based on feedback from Governors.  | Lead Governors (LGs), Stephen Yuill and Sarah Hutt          | Completed by January 2025<br><br>Twice a year | Completed   |
| Development of a process to log and track feedback from Governors on community issues (to include in governor toolkit)   | Company Secretary (CS)                                      | November 2024                                 | Completed   |
| Provide bespoke development sessions on the role of the governor.  | Lead Governors<br><br>Company Secretary<br><br>Steven Yuill | January 2025                                  | NHS Providers workshop arranged for April 2025<br><br>A bespoke development session 'It all starts with Me' focusing on the governor code of conduct still under discussion.                    |
| Enhance engagement with the membership:<br><ul style="list-style-type: none"> <li>Development of a communications strategy</li> <li>Relaunch CoG CiC Membership sub committee to oversee and monitor membership strategy</li> <li>Review the accuracy of data held on members and enable Governors to contact their constituency members to provide information and effective liaison</li> </ul> | CS, LGs, Group Director of Communications                   | January 2025                                  | Discussions are still ongoing to review the membership of this sub-committee and organise a date. Lack of progress is due to resource constraints.<br><br>Membership database review completed. |
| Each governor to:<br><ul style="list-style-type: none"> <li>Access NHS Providers materials via circulated link</li> <li>Sign up to receive their local Healthwatch information and emails</li> <li>Access and use governor handbook when available</li> </ul>  | Each governor   | Ongoing                                       | Links circulated following the last CoG meeting<br><br>Healthwatch information is being regularly circulated.<br><br>Discussions ongoing.   |

|   |                                     |          |  |
|---|-------------------------------------|----------|--|
| <ul style="list-style-type: none"> <li>• Consider what opportunities are available locally to engage with their communities e.g. local groups, voluntary organisations</li> <li>• Consider what opportunities are available within the UHT group of hospitals and treatment services that would offer Governors a wider understanding of health issues and enable their knowledge to expand</li> <li>• Develop an individual action plan / pledge to enhance community and membership engagement</li> </ul> | LGs to discuss with Chairman and CS | Jan 2025 |  |
|---|-------------------------------------|----------|--|







# Quality Assurance Committee

**Connecting to: Group Trust Board; Chair Fay Scullion,  
Meeting 25 November 2024**

## Key topics discussed in the meeting:

The following reports and updates were considered at the November meeting. All reports were from across the Group, presenting updates from both Trusts, and the considerable amount of work undertaken across all areas was noted.

- Safer Medication Report
- Patient Experience Report
- Patient Safety Report
- Maternity & Perinatal Quality Surveillance Model Reports
- Human Tissue Authority Report
- ICB Safety Alert
- Never Events and Risk Summits
- Learning From Deaths Report
- Mental Health Strategy
- Quality Priorities and Quality Account
- Integrated Performance Report
- Board Assurance Framework

It was noted that the ICB had previously issued a safety alert on 29 August regarding the needs of patients with Learning Disabilities receiving care in intensive care. The Group have undertaken training analysis, and an update paper will be brought to next QAC in January.

## Actions:

There are important standing items from the IPR, and these were agreed to be continually monitored:

1. Infection prevention and control – infection rates, in particular C Diff had doubled, and the challenges of maintaining good infection prevention control continue. Strict cleaning programmes have been introduced across both sites, and there is a continued focus on developing a microbial stewardship plan and actions to keep infections down. Site Directors of Nursing are actively monitoring against the hand washing compliance monitoring programme.
2. Cancer targets remain a concern across both sites with regards to 62 day waits, and consistent action is being taken to continually address clinical needs, with extra clinical sessions where appropriate.
3. Complaints being closed within the timeframe remain an issue at both Trusts. Although considerable work has been undertaken to address this with systems and processes, this needs to have focused attention. A review of the policy is being undertaken which will enable a change in the way complaints are being handled. There is close monitoring by Directors of Nursing from both sites
4. The ICB Safety alert has required an audit, and although there are no safety issues a training programme is being implemented for staff caring for patients with Learning Disabilities receiving intensive care.

#### **Escalated items:**

- The committee received the HTA report. An audit of the implementation of the actions has been undertaken, which shows a positive position in terms of security, and some actions have been closed on both sites. An issue remains on the South Tees site in terms of facilities, and this will be a budget priority for 2025/26.
- A risk summit was held in Ophthalmology, which showed areas of improvement required in parts of the process. There is an action plan in place with an investment to look at technical support and better coordination. A cultural survey is being undertaken.
- Maternity services in South Tees continue to be below trajectory for training, for both midwives and doctors, alternative dates have been arranged. Compliance towards the Trust core 10 mandatory training fluctuates in North Tees and alternative ways to achieve consistency in compliance.

#### **Risks (Include ID if currently on risk register):**

- Both Maternity services face a challenge in being compliant with training. South Tees has arranged additional dates for midwives and doctors, North Tees is focused on compliance with core mandatory training and have plans in place to address the issue. South Tees is awaiting the final diagnostic report from the peer visit, and action plans are being developed.

# People Committee

**27 November 2024**

**Connecting to: Group Trust Board**

**Chair of Committee: Liz Barnes**

## Key topics discussed in the meeting:

The following reports and updates were considered at the November meeting. All reports were considered across the Group, presenting updates from both Trusts.

- NHS England work seeking to optimise, rationalise and redesign statutory and mandatory training to improve staff experience, deliver better outcomes and reduce the time burden
- Integrated Performance Report – specifically sickness absence rates, staff appraisal and staff turnover and retention
- NHS England internal review of workforce planning and controls
- Succession planning and talent management
- NHS Impact self assessment – focused on the evaluation of improvement culture and capability within organisations and across the system
- Implementation of an 'app' to support staff well-being within the Emergency Department at South Tees Hospitals.

## Actions:

- The production of the Group Workforce Plan is central to the work of the Group, building on the emerging clinical strategy, ensuring a workforce that is fit for the future, meeting both the challenges of capacity and the appropriate skill mix, recognising new and emerging roles. This will be central to annual planning moving forward.
- There is currently no cohesive talent management framework or strategy across the Group or link to a strategic planning framework for the succession of staff to support workforce planning. There are multiple effective initiatives in place to support staff development and talent management, but we recognise the need for a more effective Talent Management and Succession Planning strategy, drawing on the strengths across the Group.

- Staff turnover rates currently sit at a healthy level and below the 10% threshold, but we noted that most voluntary resignations occur in the first two years of service and are higher for the 21-30 age group. We will be undertaking further work to improve our ability to deepen our understanding through exit interviews and through conversations with staff considering leaving. In particular we wish to better understand if leavers leave the profession or move into other sectors and roles.

#### **Escalated items:**

- Statistics shared with respect to vaccination rates for flu, South Tees 30.9% and North Tees & Hartlepool 34% and COVID, South Tees 7.9% and North Tees and Hartlepool 8.9%. Action has been requested, noting that COVID is not nationally mandated
- At the previous meeting held on the 30<sup>th</sup> October the new rostering system for trainee doctors was discussed and it had been noted that there were ongoing challenges with the maintenance of rotas and training requirements. It was requested that this is monitored by the Group Board of Directors

#### **Risks (Include ID if currently on risk register):**

No new risks identified



# Resources Committee

**November 2024**

**Connecting to: Group Board; November meeting;  
Chair David Redpath**

**Key topics discussed in the meeting:**

- **Finance Position**

- At the end of Month 7 2024/25 the Group is reporting an adverse variance of £0.4m (with an adverse variance of £352k relating to NTH and no variance relating to STH)

- **WTE**

- We continue to monitor WTE across the group which is being closely scrutinised by Site teams using appropriate workforce controls. We discussed the workforce controls self assessment which the People Committee had received and we agreed to have a further discussion in a Board seminar in December.

- **CIP / Efficiency**

- Across the Group, overall year-to-date delivery is £40.0m (102% of target), with forecast delivery by the end of the year currently at £72.5m (97%).
- Forecast delivery of group CIP is below target, with main concern being delivery of programmes at North Tees.

- **Digital Strategy**

- This will be presented to the board as part of a development session in December 2024

- **Procurement update (North Tees)**

- We received an update on North Tees procurement. The committee agreed that further work was required on providing assurance to the Committee and escalated this to the Board.

- We also received reports on

- Estates
- Capital
- Sustainability

## **Actions:**

- North Tees procurement Governance review

## **Escalated items:**

- WTE controls and assurance to be discussed in a Board Seminar.
- Risk of delivery of financial plan (NT) and North Tees CIP is currently behind Target
- Change in financial control total for 2024/25

## **Risks (Include ID if currently on risk register):**

- No new Risks identified



# Audit & Risk Committee – South Tees

**Connecting to: South Tees Trust Board; Meeting held  
20 November 2024; Chair Ken Readshaw**

## Key topics discussed in the meeting:

**External Audit** - Accounts and audit reports for South Tees Hospitals Charity and the Subsidiary companies were received and reviewed. All are suitable for approval in the normal way. Consideration should be given to winding up the dormant companies. More finance support is needed for South Tees Healthcare management.

External audit tender process update received.

**Internal Audit**- Financial planning controls – an advisory audit as part of an ICB programme. No significant items to note although it is worth highlighting that the capacity of the organisation to respond to multiple in-depth audit processes is not sufficient and this stretches resource in a sub optimal way.

Fire Audit follow up – a review of the current position took place. Board to continue to monitor progress.

Outstanding Audit actions – A revised system for tracking and clearing audit actions is being implemented to give consistency across the group.

**Risk management** - Risk management progress against improvement plan reviewed. Risk management systems are being revised to give consistency across the group.

Revised group board delegation matrix assessment report received. This shows group and statutory decision making in a form that gives us assurance on appropriate decision making (ie not ultra vires) and conflicts of interest management.

**Other matters** - A meeting in common with North Tees audit committee is planned for March to gain assurance on the work of board sub committees.

## Escalated items:

- South Tees Charity and subsidiary accounts for relevant approval

## Risks (Include ID if currently on risk register):

- No new risks.



# Audit Committee – North Tees & Hartlepool

## Connecting to: North Tees & Hartlepool Trust Board

### Key topics discussed in the meeting:

- Received a verbal update from the Trust's external auditors Deloitte LLP on progress with the audit of the Trust's accounts – report has been issued, subsidiary audits ongoing, no issues noted currently.
- Received and reviewed the Internal Audit Progress Report, including the reasonable assurance report issued regarding domestic services. IA confirmed they are on track with progress on planned audits in the current year. Agreed to allocate five days from the 2024/25 contingency allocation to the ICB Financial Controls Review (returning five days to contingency), and to cancel the previously scheduled CIP audit in the light of that ICB review being carried out. Reviewed and noted the number of overdue IA recommendations, including nine which had exceeded their original dates by over a year, and three medium priority recommendations which had been extended three times or more. It was agreed that any IA recommendation which (a) was over one year overdue or (b) had been extended three times or more, must come to the Committee for discussion and for prior agreement of any further extension.
- Also received two IA Benchmarking Reports: (a) IA Recommendations Management and (b) Review of Medical Staff Job Planning Policies.
- Reviewed and noted the Losses and Compensation Payments Report, noting the need for the Trust to work on reducing store losses.
- Reviewed and noted the Statement of Debtors report, noting that the balance of debtor invoices over three months old has decreased, as has the NHS debtors balance.
- Received, discussed and agreed the proposed revised Terms of Reference for the Committee, reflecting the latest guidance in the HFMA NHS Audit Handbook. It was noted that a third NED would be added to the Committee for purposes of quoracy. A draft annual cycle of business for the Committee will be worked up and will come to the next Committee meeting for review and agreement.
- The Group Board Delegation Matrix Assessment was received for information and was noted.
- Received the IPR for August 2024, to gain assurance that processes are effective. It was noted that the IPR no longer needed to come to this Committee, on the basis that relevant sections are reviewed by Board Committees and the whole IPR goes to each Group Board meeting for review.

- Received and noted the Interim BAF as at 31st August 2024, to gain assurance that key risks have been captured and are being managed under the Trust's agreed processes. Noted that the BAF has been fully reviewed for 2024/25, and reporting under the new arrangements will commence with effect from 1st September 2024, aligning with the reporting periods of the revised IPR.

## **Actions:**

- Final Audit Committee ToR to go to the Group Board for approval - JW.
- Third NED to be added to the Committee – Chair and JW to discuss and agree nomination with Trust Chair prior to 31/12/2024.
- Overdue IA recommendations – SI to raise at Executive Team to stress importance of dealing with IA actions, and to reflect new requirements above.
- ICB Audit report will come to this Committee in due course, following its issue.
- IA Reports on (a) Domestic Services Standards of Cleanliness (b) Cancer 62 day Standards (c) Duty of Candour and (d) Single Point of Contact/Multi Agency Protection Arrangements to go to next Quality Committee for information - JW.
- IA Report on ICT Service Desk Incident and Problem Management to go to next Finance & Resources Committee for information - JW.
- IA Benchmarking Report on Medical Staff Job Planning Policies to go to next People Committee for information - JW.
- Draft annual cycle of business to come to the next Committee meeting.

## **Escalated items:**

Following substantial work, the revised BAF will come to the next Committee meeting.

## **Risks (Include ID if currently on risk register):**

- No new risks.

# Nomination Committee in Common

**27 June 2024, 18 July 2024 and 19 September 2024**

**Connecting to: Council of Governors**

## Key topics discussed in the meeting:

- Group Chair Annual Appraisal 2023-24
- Group Non-Executive Director Re-appointment
- Group Chair Re-appointment
- Governor Termination Proposal

## Actions:

- Submission of the final Appraisal Reporting Template to NHS England by 30 June 2024 – completed
- The two vacant seats following the termination for the Stockton Constituency be included in the Autumn 2024 round of Governor elections.

## Escalated items:

- David Redpath, Group Non-Executive Director be re-appointed for a further term of office with effect from 1 August 2024
- Alyson Gerner, Group Associate Non-Executive Director and Rudy Bilous, Group Associate Non Executive Director not be re-appointed for a further term of office
- Professor Derek Bell be re-appointed for a further three year term of office with effect from 1 September 2024.
- Elected Governors for Stockton, Robbie Harris and Mark Davis be terminated with immediate effect due to non-attendance at Council of Governors Meetings.

## Risks (Include ID if currently on risk register):

- No risks highlighted

# Council of Governors Attendance Register

**Meeting date:** 25 February 2025

**Reporting to:** Council of Governors

**Agenda item No:** 10.1

**Report author:** Jackie White, Head of Governance & Company Secretary

**Action required:** Assurance

**Delegation status:** Jointly delegated item to Group Board

**Previously presented to:** Nil

## NTHFT strategic objectives supported:

Putting patients first ☒

Transforming our services ☒

Valuing our people ☒

Health and wellbeing ☒

## STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☒

A great place to work ☒

Make best use of our resources ☒

A centre of excellence ☒

Deliver care without boundaries ☒

## CQC domain link:

Well-led

**Board assurance / risk register  
this paper relates to:**

Key discussion points and matters to be escalated from the meeting

**ALERT:** Alert to the matters that require the board's attention or action, e.g. non-compliance, safety or a threat to the Trust's strategy.

This matrix provides meeting attendance of Councillor of Governors period May 2024 – February 2025.

**ADVISE:** Advise of areas of ongoing monitoring or development or where there is negative assurance. What risks were discussed and were any new risks identified.

None.

**ASSURE:** Assure Inform the board where positive assurance has been achieved, share any practice, innovation or action that the committee considers to be outstanding.

None.

### Recommendations:

The Councillor of Governors are asked to note the content.

| CoG Committee  |                        |                         |                                     |                              |                                     |                             |
|--|------------------------|-------------------------|-------------------------------------|------------------------------|-------------------------------------|-----------------------------|
|  | Tuesday 21<br>May 2024 | Tuesday 16<br>July 2024 | Wednesday 21<br>August 2024<br>(EO) | Thursday 21<br>November 2024 | Wednesday 8<br>January 2025<br>(EO) | Tuesday 25<br>February 2025 |
| North Tees and Hartlepool NHS Foundation Trust Governors |                        |                         |                                     |                              |                                     |                             |
| Angela Warnes  |                        |                         |                                     |                              |                                     |                             |
| Anne Johnston  |                        |                         |                                     |                              |                                     |                             |
| Lynda White  |                        |                         |                                     |                              |                                     |                             |
| Mike Scanlon   |                        |                         |                                     |                              |                                     |                             |
| Allison Usher  |                        |                         |                                     |                              |                                     |                             |
| Sarah Moule  |                        |                         |                                     |                              |                                     |                             |
| David Russon   |                        |                         |                                     |                              |                                     |                             |
| Natalie Wintersgill                                      |                        |                         |                                     |                              |                                     |                             |
| Christopher Akers-Belcher                                |                        |                         |                                     |                              |                                     |                             |
| Ann French   |                        |                         |                                     |                              |                                     |                             |
| Andy Simpson   |                        |                         |                                     |                              |                                     |                             |
| Aaron Roy  |                        |                         |                                     |                              |                                     |                             |
| Elliot Kennedy   |                        |                         |                                     |                              |                                     |                             |
| Patrick Kimmitt  |                        |                         |                                     |                              |                                     |                             |
| Allan Fletcher   |                        |                         |                                     |                              |                                     |                             |
| Melanie Fordham  |                        |                         |                                     |                              |                                     |                             |
| Misra Bano-Mahroo  |                        |                         |                                     |                              |                                     |                             |
| Allan Kellehear  |                        |                         |                                     |                              |                                     |                             |
| Anne Holt  |                        |                         |                                     |                              |                                     |                             |
| Pamela Shurmer   |                        |                         |                                     |                              |                                     |                             |
| Florence June Black                                      |                        |                         |                                     |                              |                                     |                             |
| Steven Yull  |                        |                         |                                     |                              |                                     |                             |
| Jennifer Jones   |                        |                         |                                     |                              |                                     |                             |
| Steve Nelson   |                        |                         |                                     |                              |                                     |                             |
| Natasha Douglas  |                        |                         |                                     |                              |                                     |                             |
| Christopher Hood   |                        |                         |                                     |                              |                                     |                             |
| Janet Atkins   |                        |                         |                                     |                              |                                     |                             |
| Mark White   |                        |                         |                                     |                              |                                     |                             |
| Robbie Harris  |                        |                         |                                     |                              |                                     |                             |
| George Lee   |                        |                         |                                     |                              |                                     |                             |
| Andrew Martin-Wells                                      |                        |                         |                                     |                              |                                     |                             |
| Mark Davies  |                        |                         |                                     |                              |                                     |                             |
| Clive Collier  |                        |                         |                                     |                              |                                     |                             |
| Terence Hegarty  |                        |                         |                                     |                              |                                     |                             |
| Anthony Taylor   |                        |                         |                                     |                              |                                     |                             |
| Andrew Tingle  |                        |                         |                                     |                              |                                     |                             |
| Paul Frame   |                        |                         |                                     |                              |                                     |                             |
| Ashwini Gaur   |                        |                         |                                     |                              |                                     |                             |

Total %

Attended

Sessions

| Code |  |
|------|--|
|      | Attended                               |
|      | Apologies                              |
|      | Deputy / Not a member of the Committee |
|      | Not required                           |
|      | Not a Governor at the time             |
|      | Did not reply                          |

|       |   |   |
|-------|---|---|
| 100%  | 5 | 5 |
| 60%   | 3 | 5 |
| 100%  | 5 | 5 |
| 60%   | 3 | 5 |
| 100%  | 5 | 5 |
| 80%   | 4 | 5 |
| 100%  | 5 | 5 |
| 100%  | 4 | 4 |
| 60%   | 3 | 5 |
| 60%   | 3 | 5 |
| 60%   | 3 | 5 |
| 50%   | 2 | 4 |
| 20%   | 1 | 5 |
| 50%   | 2 | 4 |
| 0%    | 0 | 3 |
| 67%   | 2 | 3 |
| 75%   | 3 | 4 |
| 33%   | 1 | 3 |
| 67%   | 2 | 3 |
| 0%    | 0 | 3 |
| 20%   | 1 | 5 |
| 60%   | 3 | 5 |
| 67%   | 2 | 3 |
| 40%   | 2 | 5 |
| 20%   | 1 | 5 |
| 20%   | 1 | 5 |
| 0%    | 0 | 5 |
| 20%   | 1 | 5 |
| 0%    | 0 | 5 |
| 0%    | 0 | 1 |
| 0%    | 0 | 3 |
| ##### |   |   |
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|   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| South Tees Hospitals NHS Foundation Trust Governors |  |  |  |  |  |  |
| David Coupe   |  |  |  |  |  |  |
| Steve Watson  |  |  |  |  |  |  |
| Ursula Earl   |  |  |  |  |  |  |
| Shaun Pattinson                                     |  |  |  |  |  |  |
| David Kennedy                                       |  |  |  |  |  |  |
| Carlie Johnston-Blythe                              |  |  |  |  |  |  |
| Sarah Essex   |  |  |  |  |  |  |
| Ruth Mhlanga  |  |  |  |  |  |  |
| Isaac Oluwatowoju                                   |  |  |  |  |  |  |
| Lee O'Brien   |  |  |  |  |  |  |
| Lisa Bosomworth                                     |  |  |  |  |  |  |
| Jane Passman  |  |  |  |  |  |  |
| Julian Wenman                                       |  |  |  |  |  |  |
| Yvonne Bytheway                                     |  |  |  |  |  |  |
| Rachel Booth-Gardiner                               |  |  |  |  |  |  |
| David Charlesworth                                  |  |  |  |  |  |  |
| Rebecca Hodgson                                     |  |  |  |  |  |  |
| Jean Milburn  |  |  |  |  |  |  |
| Zahida Mian   |  |  |  |  |  |  |
| Brendan Smith                                       |  |  |  |  |  |  |
| Brian White   |  |  |  |  |  |  |
| Jonathan Winn                                       |  |  |  |  |  |  |
| Noel Beal   |  |  |  |  |  |  |
| Bernard Count von Ullersdorf                        |  |  |  |  |  |  |
| Janet Crampton                                      |  |  |  |  |  |  |
| Graham Lane   |  |  |  |  |  |  |
| Sue Young   |  |  |  |  |  |  |
| Olufemi Shoyemi                                     |  |  |  |  |  |  |
| John Fordham  |  |  |  |  |  |  |
| Paul Fogarty  |  |  |  |  |  |  |
| Linda Sergeant                                      |  |  |  |  |  |  |

|      |   |   |
|------|---|---|
| 80%  | 4 | 5 |
| 20%  | 1 | 5 |
| 40%  | 2 | 5 |
| 60%  | 3 | 5 |
| 60%  | 3 | 5 |
| 60%  | 3 | 5 |
| 80%  | 4 | 5 |
| 100% | 3 | 3 |
| 40%  | 2 | 5 |
| 0%   | 0 | 5 |
| 20%  | 1 | 5 |
| 67%  | 2 | 3 |
| 60%  | 3 | 5 |
| 80%  | 4 | 5 |
| 60%  | 3 | 5 |
| 67%  | 2 | 3 |
| 20%  | 1 | 5 |
| 20%  | 1 | 5 |
| 100% | 5 | 5 |
| 75%  | 3 | 4 |
| 60%  | 3 | 5 |
| 80%  | 4 | 5 |
| 0%   | 0 | 5 |
| 50%  | 1 | 2 |
| 60%  | 3 | 5 |
| 40%  | 2 | 5 |
| 100% | 5 | 5 |
| 100% | 3 | 3 |
| 80%  | 4 | 5 |
| 100% | 1 | 1 |
| 50%  | 1 | 2 |

|                         |  |  |  |  |  |  |
|-------------------------|--|--|--|--|--|--|
| Non-Executive Directors |  |  |  |  |  |  |
| Elizabeth Barnes        |  |  |  |  |  |  |
| Ann Baxter              |  |  |  |  |  |  |
| Ada Burns               |  |  |  |  |  |  |
| Miriam Davidson         |  |  |  |  |  |  |
| Mark Dias               |  |  |  |  |  |  |
| Alison Fellows          |  |  |  |  |  |  |
| Chris Macklin           |  |  |  |  |  |  |
| Kenneth Readshaw        |  |  |  |  |  |  |
| David Redpath           |  |  |  |  |  |  |
| Fay Scullion            |  |  |  |  |  |  |
| Rudy Bilous             |  |  |  |  |  |  |
| Ali Wilson              |  |  |  |  |  |  |
| Alyson Gerner           |  |  |  |  |  |  |

|      |   |   |
|------|---|---|
| 60%  | 3 | 5 |
| 60%  | 3 | 5 |
| 40%  | 2 | 5 |
| 40%  | 2 | 5 |
| 40%  | 2 | 5 |
| 40%  | 2 | 5 |
| 60%  | 3 | 5 |
| 60%  | 3 | 5 |
| 20%  | 1 | 5 |
| 60%  | 3 | 5 |
| 100% | 2 | 2 |
| 40%  | 2 | 5 |
| 0%   | 0 | 2 |

|               |  |  |  |  |  |  |
|---------------|--|--|--|--|--|--|
| In Attendance |  |  |  |  |  |  |
| Jackie White  |  |  |  |  |  |  |

|     |   |   |
|-----|---|---|
| 80% | 4 | 5 |
|-----|---|---|

# Process for the Non Executive Director and Chairman's Performance Appraisal

**Meeting date:** 25 February 2025

**Reporting to:** Council of Governors in Common

**Agenda item No** 11

**Report author:** Jackie White, Company Secretary

**Action required:** (select from the drop down list for why the report is being received)

**Information**

**Delegation status:** Jointly delegated item to Group Board

**Previously presented to:** n/a

## NTHFT strategic objectives supported:

Putting patients first ☒

Transforming our services ☒

Valuing our people ☒

Health and wellbeing ☒

## STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☒

A great place to work ☒

Make best use of our resources ☒

A centre of excellence ☒

Deliver care without boundaries ☒

## CQC domain link:

Well-led

## Board assurance / risk register this paper relates to:

## Key discussion points and matters to be escalated from the meeting

**ALERT:** Alert to the matters that require the board's attention or action, e.g. non-compliance, safety or a threat to the Trust's strategy.

The report provides an overview of appraisal process for the non executive directors and Chairman. All current non executive directors and the Chairman comply with Fit and Proper Persons processes and have an up to date appraisal.

**ADVISE:** Advise of areas of ongoing monitoring or development or where there is negative assurance. What risks were discussed and were any new risks identified.

The process set out in the report highlights that the Senior Independent Director (SID) will undertake the Chair appraisal and the Chair and Vice Chairs will undertake the Non Executive appraisals. The framework and process for undertaking appraisals is in line with good practice and NHS England guidance.

**ASSURE:** Assure Inform the board where positive assurance has been achieved, share any practice, innovation or action that the committee considers to be outstanding.

The timescales set out in the report should allow for appraisals to be undertaken timely, for Nomination Committee to consider the summaries and for submission of the Chairs appraisal to NHS England.

## Recommendations:

The Council of Governors in Common are asked to note the report.



## **Non Executive directors and Chairmans appraisal process**

### **1. Introduction**

This report provides information to the Council of Governors in Common on the process that will be undertaken for the performance appraisal of the non executive directors and chairman.

### **2. Background**

The appraisal process is important to ensure that non executive directors and the chairman feel motivated, well supported and confident to deal with the many issues and challenges they will face in their role. An effective appraisal will enable Non-executive Directors and Chairman to evaluate their performance, receive constructive feedback, build upon strengths and address any areas for development.

### **3. Process**

#### **3.1 Non Executive Directors appraisal**

The Chairman is responsible for carrying out the Non-executive Directors appraisals of their performance, on an annual basis. For the Group Non Executive Directors the process will be carried out with one of the Vice Chairs supporting the Chairman.

In line with last year the Non Executive Directors will use the [NHS Leadership Competency Framework](#) which describes six leadership competency domains linked to the values of the NHS. The non-executive directors will need to self-assess themselves against the domains as part of their role in the Group Board.

The same principles agreed last year for undertaking appraisals will apply this year including:

- a review of performance since last appraisal
- setting new objectives
- identification of any learning and development needs
- identification that the appraisee has been assessed in the last 12 months under the NHS England FPPT Framework and it is confirmed that they continue to be a 'fit and proper person' as outlined in regulation 5 and there are no pending proceedings or other matters which may affect their suitability for appointment

A written summary of the appraisal will be agreed between the Chairman, Vice Chair in attendance and the Non Executive Director. This summary will be shared with the Nomination Committee on behalf of the Council of Governors.

#### **3.2 Chairmans appraisal**

In line with last years process the Senior Independent Director(s) will carry out the annual appraisal of the Chairman. The Chairman will also self assess himself against the NHS Leadership Competency Framework. In addition to the self assessment there will be an

assessment of impact and personal effectiveness undertaken by a range of internal and external stakeholders. This will include the Lead Governor on behalf of the Council of Governor members.

The Appraisal will be undertaken face to face formed by the self assessment and stakeholder assessment.

The Senior Independent Director (s) will collate all the information into one report to feed into the appraisal process with the Chairman.

The output of the appraisal will be summarised onto a NHS England standard template, agreed with the Chairman and shared with the Nomination Committee on behalf of the Council of Governors.

The final appraisal will be sent to NHS England Regional Director for review.

#### **4. Timescales**

The timescale for undertaking appraisals for Non Executive directors and Chairman will commence in April 2025.

#### **5. Recommendation**

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

**Jackie White**  
**Company Secretary**

# Annual Register of Interests

**Meeting date:** 25 February 2025

**Reporting to:** Council of Governors

**Agenda item No:** 12.1

**Report author:** Jackie White, Head of Governance & Company Secretary

**Action required:**  
Information

**Delegation status (Board only):**  
*Choose an item.*

**Previously presented to:**  
Not applicable

## NTHFT strategic objectives supported:

Putting patients first ☒

Valuing our people ☒

Transforming our services ☒

Health and wellbeing ☒

## STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☒

A great place to work ☒

A centre of excellence, for core and specialist services, research, digitally supported healthcare, education and innovation in the Northeast of England, North Yorkshire and beyond ☒

Deliver care without boundaries in collaboration with our health and social care partners ☒

Make best use of our resources ☒

## CQC domain link:

Well-led

## Board assurance / risk register this paper relates to:

## Key discussion points and matters to be escalated from the meeting

**ALERT:** Alert to the matters that require the board's attention or action, e.g. non-compliance, safety or a threat to the Trust's strategy.

The report provides an update and the outcome of the annual Council of Governors declarations of interest exercise for 2025.

**ADVISE:** Advise of areas of ongoing monitoring or development or where there is negative assurance. What risks were discussed and were any new risks identified.

The report sets out compliance with the Constitution whereby the Council of Governors are required to declare interests that may conflict with their position as a Governor of the Trust. 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.

There are no risk implications with this report.

**ASSURE:** Assure Inform the board where positive assurance has been achieved, share any practice, innovation or action that the committee considers to be outstanding.

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.

## Recommendations:

The Council of Governors are asked to:

- Note the contents of the report;
- Submit outstanding responses to ensure the register of interests is up to date for all governors by the 28 February 2025; 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 Annual report 2024-25 for each Trust.

## 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   |
|---|--|---|--|---|--|
| Misra Bano-Mahroo<br>Public Governor<br><br>(Hartlepool constituency)                               | None   | None  | None   | None  | None   |
| Terence Hegarty<br>Public Governor<br><br>(Hartlepool constituency)                                 | None   | None  | None   | None  | Chair of Trustees,<br>Hartlepool Town<br>Pastors Street<br>Angels<br><br>Employed by the<br>Department of<br>Education |
| Anne Holt<br>Public Governor<br><br>(Hartlepool constituency)<br><b><u>Awaiting response</u></b>    |  |   |  |   |  |
| Allan Kellehear<br>Public Governor<br><br>(Hartlepool constituency)                                 | None   | None  | None   | None  | None   |
| Mike Scanlon<br>Public Governor<br><br>(Hartlepool constituency)<br><b><u>Awaiting response</u></b> |  |   |  |   |  |
| Pamela Shurmer<br>Public Governor<br><br>(Hartlepool constituency)                                  | None   | None  | None   | None  | Trustee and Chair<br>of DS43<br>Community<br>Defibrillators<br>Charity   |

## 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   |
|---|--|---|--|---|--|
| Clive Anthony Collier<br>Public Governor<br><br>(Stockton constituency)                             | None   | None  | None   | None  | Elected Member of Egglescliffe and Eaglescliffe Parish Council<br><br>Deputy Chairman of Egglescliffe Parish Hall Association<br><br>Member of Egglescliffe Area Residents Association |
| Allan Fletcher<br>Public Governor<br><br>(Stockton constituency)                                    | None   | None  | None   | None  | None   |
| Melanie Fordham<br>Public Governor<br><br>(Stockton constituency)                                   | None   | None  | None   | None  | Trustee, Pioneering Care Partnership<br><br>Area Co-ordinator (Volunteer), Shannon Trust   |
| Anne Johnston<br>Public Governor<br><br>(Stockton constituency)                                     | None   | None  | None   | None  | None   |
| Elliot Kennedy<br>Public Governor<br><br>(Stockton constituency)<br><b><u>Awaiting response</u></b> |  |   |  |   |  |
| Patrick Kimmitt<br>Public Governor<br><br>(Stockton constituency)                                   | None   | None  | None   | None  | Advisor, Daye, Medical Board   |
| Anthony Taylor<br>Public Governor<br><br>(Stockton constituency)                                    | None   | None  | None   | None  | None   |
| Andrew Tingle<br>Public Governor<br><br>(Stockton constituency)                                     | None   | None  | None   | None  | Trustee, Radio Stitch Hospital Radio   |

|   |      |      |      |  |      |
|---|------|------|------|--|------|
| Lynda White<br>Public Governor<br><br>(Stockton constituency) | None | None | None | Board member<br>for<br>HealthWatch<br>Stockton-on-<br>Tees | 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 |
|--|--|---|--|---|--|
| Mrs Florence Black<br>Public Governor<br><br>(Easington constituency)<br><b><u>Awaiting response</u></b> |  |   |  |   |  |
| Mrs Sarah Moule<br>Public Governor<br><br>(Easington constituency)<br><b><u>Awaiting response</u></b>    |  |   |  |   |  |



## 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 |
|---|--|---|--|---|--|
| Paul Frame<br>Public Governor<br><br>(Sedgefield constituency)    | None   | None  | None   | None  | None   |
| Allison Usher<br>Public Governor<br><br>(Sedgefield constituency) | Director and Chair,<br>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<br>Public Governor<br><br>(Non-core constituency) | None   | None  | None   | None  | Voluntary administration work for 'MCOT for kids' a private specialist occupational therapy service |

## 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 |
|--|--|---|--|---|--|
| Ashwini Gaur<br>(Staff Governor)   | None   | None  | None   | None  | None   |
| Jennifer Jones<br>(Staff Governor)   | None   | None  | None   | None  | None   |
| Mr David Russon<br>(Staff Governor)  | None   | None  | None   | None  | None   |
| Natalie Wintersgill<br>(Staff Governor)<br><b><i>Awaiting response</i></b> |  |   |  |   |  |
| Mr Steven Yull<br>(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<br><br>(Appointed Governor, Healthwatch Hartlepool)                                   | None   | None  | None   | Chief Executive Healthwatch Hartlepool<br><br>Regional Coordinator NENC Healthwatch Network | None   |
| Cllr Steve Nelson<br><br>(Appointed Governor, Stockton-on-Tees Borough Council)<br><b><u>Awaiting response</u></b> |  |   |  |   |  |
| Cllr Chris Hood<br><br>(Appointed Governor, Durham County Council)<br><b><u>Awaiting response</u></b>              |  |   |  |   |  |
| Ms Natasha Douglas<br><br>(Appointed Governor, Stockton Healthwatch)<br><b><u>Awaiting response</u></b>            |  |   |  |   |  |
| Cllr Aaron Roy<br><br>(Appointed Governor, Hartlepool Borough Council)<br><b><u>Awaiting response</u></b>          |  |   |  |   |  |
| Dr Ann French<br><br>(Appointed Governor, Teesside University)   |  | None  | None   | None  | Dean, School of Health and Life Sciences, Teesside University              |
| Mr Andrew Simpson<br><br>(Appointed Governor,  | None   | None  | None   | None  | Council Member of North East and Yorkshire NHS Senate                      |

|                          |  |  |  |  |  |
|--------------------------|--|--|--|--|--|
| Newcastle<br>University) |  |  |  |  |  |
|--------------------------|--|--|--|--|--|

## Declaration of Interest by Council of Governors of South Tees Hospitals 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                        |
|---|--|---|--|---|---|
| Rachel Booth-Gardiner<br>Public Governor<br><br>(Middlesbrough constituency)<br><b><u>Awaiting response</u></b> |  |   |  |   |   |
| Yvonne Bytheway<br>Public Governor<br><br>(Middlesbrough constituency)<br><b><u>Awaiting response</u></b>       |  |   |  |   |   |
| David Charlesworth<br>Public Governor<br><br>(Middlesbrough constituency)                                       | None   | None  | None   | None  | Trustee of the Alderman B.O. Davies Charitable Trust<br><br>Trustee of Ann Charlton Lodge, Redcar |
| Rebecca Hodgson<br>Public Governor<br><br>(Middlesbrough constituency)  | None   | None  | None   | None  | None  |
| Jean Milburn<br>Public Governor<br><br>(Middlesbrough constituency)   | None   | None  | None   | None  | Senior Lecturer Teesside University   |

## Declaration of Interest by Council of Governors of South Tees Hospitals 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 |
|---|--|---|--|---|--|
| Noel Beal<br>Public Governor<br><br>(Hambleton and Richmondshire constituency)<br><b><i>Awaiting response</i></b> |  |   |  |   |  |
| Janet Crampton<br>Public Governor<br><br>(Hambleton and Richmondshire constituency)                               | None   | None  | None   | None  | Trustee of Abbeyfield Society<br><br>Trustee of British Red Cross Charity  |
| Graham Lane<br>Public Governor<br><br>(Hambleton and Richmondshire constituency)                                  | None   | None  | None   | None  | None   |
| Sue Young<br>Public Governor<br><br>(Hambleton and Richmondshire constituency)<br><b><i>Awaiting response</i></b> | None   | None  | None   | None  | Member of Quakers Lane Patient Panel<br><br>Ambassador for SARCOMA UK      |

## Declaration of Interest by Council of Governors of South Tees Hospitals NHS Foundation Trust

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|--|--|---|--|---|---|
| Lesley Addison<br>Public Governor<br><br>(Redcar and Cleveland constituency)                                   | None   | None  | None   | None  | Employed by Thirteen Housing Group<br><br>Trustee for Ironstone Academy Trust<br><br>Daughter works for Watson Woodhouse Solicitors |
| Zahida Mian<br>Public Governor<br><br>(Redcar and Cleveland constituency)<br><b><u>Awaiting response</u></b>   |  |   |  |   |   |
| Brendan Smith<br>Public Governor<br><br>(Redcar and Cleveland constituency)<br><b><u>Awaiting response</u></b> |  |   |  |   |   |
| Brian White<br>Public Governor<br><br>(Redcar and Cleveland constituency)<br><b><u>Awaiting response</u></b>   |  |   |  |   |   |
| Jon Winn<br>Public Governor<br><br>(Redcar and Cleveland constituency)   | None   | None  | None   | None  | None  |



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|---|--|---|--|---|--|
| Dr Olufemi Shoyemi<br>Public Governor<br><br>(Rest of England constituency) | None   | None  | None   | None  | None   |

## Declaration of Interest by Council of Governors of South Tees Hospitals NHS Foundation Trust

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|---|--|---|--|---|--|
| Dr John Fordham<br>Public Governor<br><br>(Patient and/or Carer constituency) | None   | None  | None   | None  | Member of the Royal College of Physicians<br><br>Member of British Society of Rheumatology<br><br>Member of Pagets Association |

## Declaration of Interest by Council of Governors of South Tees Hospitals NHS Foundation Trust

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|---|--|---|--|---|--|
| Dr Sarah Essex<br>(Staff Governor)<br><b><u>Awaiting response</u></b> |  |   |  |   |  |
| Ruth Mhlanga<br>(Staff Governor)                                      | None   | None  | None   | None  | None   |
| Dr Isaac Oluwatowoju<br>(Staff Governor)                              | None   | None  | None   | Associate Pastor at the Redeemed Christian Church of God, Middlesbrough                     | None   |
| Jane Passman<br>(Staff Governor)                                      | None   | None  | None   | None  | None   |
| Julian Wenman<br>(Staff Governor)                                     | None   | None  | None   | None  | None   |

## Declaration of Interest by Council of Governors of South Tees Hospitals 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   |
|--|--|---|--|---|--|
| Cllr David Coupe<br><br>(Appointed Governor, Middlesbrough Borough Council)<br><b><u>Awaiting response</u></b> |  |   |  |   |  |
| Cllr Steve Watson<br><br>(Appointed Governor, North Yorkshire County Council)                                  | None   | None  | None   | None  | None   |
| Cllr Ursula Earl<br><br>(Appointed Governor, Redcar and Cleveland Borough Council)                             | None   | None  | None   | None  | Fellow of Royal College of pathologists  |
| Linda Sergeant<br><br>(Appointed Governor, Healthwatch South Tees)<br><b><u>Awaiting response</u></b>          |  |   |  |   |  |
| Lee O'Brien<br><br>(Appointed Governor, Carers Together)<br><b><u>Awaiting response</u></b>                    |  |   |  |   |  |
| Carlie Johnston-Blyth<br><br>(Appointed Governor, Teesside University)   | None   | None  | None   | None  | Associate Director Learning & Teaching, Teesside University  |
| Prof David Kennedy<br><br>(Appointed Governor Newcastle University)  | None   | None  | None   | None  | Professor at Newcastle University Medical School.<br><br>Newcastle University academic lead supporting Teesside University |
| Prof Shaun Pattinson   | None   | None  | None   | None  | Professor at Durham University.  |

|  |  |  |  |  |   |
|--|--|--|--|--|---|
| (Appointed Governor Durham University) |  |  |  |  | Fellowships/memberships of Royal Society of Arts, Royal Society of Biology, and Society of Legal Scholars |
|--|--|--|--|--|---|

# Integrated Performance Report (IPR) – reporting month October 2024

**Meeting date:** 25 February 2025 / 7 January 2025

**Reporting to:** Quality Assurance Committee / Group Board

**Agenda item No:** 15.1

**Report author:**

Lucy Tulloch, Deputy Director Strategy & Planning and Lynsey Atkins,

Associate Director Planning, Performance & Improvement

**Action required**  
Assurance

**Delegation status:** Jointly delegated item to Group Board

**Previously presented to:**

## NTHFT strategic objectives supported:

Putting patients first ☒

Transforming our services ☒

Valuing our people ☒

Health and wellbeing ☒

## STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☒

A great place to work ☒

Make best use of our resources ☒

A centre of excellence ☒

Deliver care without boundaries ☒

## CQC domain link:

Choose an item.

## Board assurance / risk register this paper relates to:

Performance and Compliance

## Key discussion points and matters to be escalated from the meeting

The new group format Integrated Performance Report (IPR) provides, within one document, a consistent presentation of key metrics for each trust, and an aggregate group view. The narrative highlights performance trends and where applicable the actions in hand to address variance from plan. The alert, advise and assure framework is used to provide a clear line of sight on metric performance. Whilst underpinned by a larger number of measures and other evidence used to govern, manage and improve our services, these can be viewed as the sentinel metrics for the performance of the organisations.

Two new metrics have been added this month in the 'Safe' domain; Incidents per 1,000 bed days and Never Events per 1,000 bed days. In addition the Statistical Process Control calculations throughout the report now reflect the last rolling 24 months of data per metric, if available, to improve clarity of trends.

The current IPR for data reporting month of October 2024 is presented for information and discussion on the items stated in the following alert, advise and assure sections.

Following the completion of the exercise to align and standardise the Board Assurance Framework (BAF) arrangements within the Group, revised reporting processes are now in place. Attached to this report is the summary report to 30<sup>th</sup> October 2024. A copy of the full BAF report is included in the Resource Committee Reading Library.

**ALERT:** Alert to the matters that require the board's attention or action, e.g. non-compliance, safety or a threat to the Trust's strategy.

The IPR uses statistical process control, and expert judgment, to identify performance exceptions / consistent under-performance against plan, to alert to the Board and Committees.

For NTHFT the Board and Committees are alerted to:

- *C. difficile* infections continue tracking ahead of plan reporting 52 cases YTD against a plan of 38. Collaborative working with NTH Solutions continues, in relation to a decant cleaning programme of equipment and pilot introduction of ward hygienists.
- Referral to treatment incomplete pathways consistently breach the standard of 92%. Patients waiting 52 weeks plus has increased since October 2023. The Trust focus continues around elective recovery, with targeted activity and regional mutual support. Reduction of the longest waiters beyond 65 weeks is the focus across specialities, in accordance with clinical priority and operational planning guidance; zero 65 week waits reported in October.
- Sickness absence performance is inconsistent, and plan is not met. A review of absence due to bereavement with potential of policy development is underway.
- Breastfeeding rates remain below the regional average and benchmarked plan, staffing models to support infant feeding are being explored.

- Diagnostic 6-week wait standard continues to report below the standard, however, with staffing capacity resolved performance is recovering. Revised diagnostic trajectories have been submitted.

For STHFT the Board and Committees are alerted to:

- 2 incidents meeting Never Event criteria were recorded in October 2024 at STHFT (Ophthalmology and Haematology)
- *E. coli* infections have been higher this year than the previous 2 years.
- Increased numbers of still births this year, reported via the Perinatal Mortality Review Tool and all cases are reviewed.
- Cancelled operations not rebooked within 28 days have been higher this year than previously.
- Overall referral to treatment standard is showing deterioration and is now comparable to the national average. The number of patients waiting more than 52 week had been increasing until the last 2 months. Focus is on prioritising the longest waiters as well those most clinically urgent.
- Sickness absence rates are consistently above the Trust's internal plan, ongoing focus on sickness management process leading to some improvement in rates of absence at department level.
- Annual Appraisal trend has not changed recently but the performance does not consistently meet the new UHT plan of 85%.

**ADVISE:** Advise of areas of ongoing monitoring or development or where there is negative assurance. What risks were discussed and were any new risks identified.

The Board and Committees are advised of areas of performance where there is ongoing focus to improve performance and/or assurance.

For NTHFT the Board and Committees are advised:

- Percentage of births with post-partum haemorrhage (PPH) greater than 1500ml rates is not consistently met within local plan.
- The 4-Hour standard, until recently, is consistently achieved, however, a number of challenges have impacted performance in October, including acuity, attendance volume and IPC outbreaks.
- Ambulance handover within 60 minutes is achieved the majority of days.
- Operations cancelled not rebooked within 28-days does not meet plan, however, numbers remain low. Task and finish groups continue to identify improvement solutions.
- Readmission rates continue to track above plan, audits continue to inform pathway improvements.
- The Cancer Faster Diagnosis, 31- Day and 62- day standards are not consistently met. Group improvement work across tumour groups is underway.
- Patient experience metrics are inconsistently met. Complaints are not consistently closed within the agreed time frame.



- The financial position shows a small adverse variance year to date against month 7 plan. Financial controls are in place and have recently been reviewed, with a focus on recurrent efficiency delivery, and oversight of financial risks through Resources Committee.

For STHFT the Board and Committees are advised:

- C-Difficile, Pseudomonas, Klebsiella infections are tracking slightly higher than plan.
- Within maternity services, breastfeeding rates have improved as a result of supportive interventions but remain below the regional average. Post partum hemorrhage rates are above local plan. Induction of labour rate shows an improving trend and the target for positive patient feedback was achieved for September and October but otherwise the trend remains inconsistent.
- Demonstrated improvement in urgent and emergency care metrics despite spikes in poorer performance in October, with the focus being on appropriate streaming to the JCUH urgent treatment center to see patients within 4 hours, and reducing ambulance handover delays in ED.
- Standardised mortality is 'as expected'.
- Positive patient feedback from users of A&E and inpatients is not always above the standard we have set, although inpatient feedback has met the target consistently since early 2023.
- Complaints are not concluded within target timescales often enough and acknowledging feedback can take longer than 3 days.
- Compliance with cancer treatment waiting time standards is recognised as a strategic risk; the position will be improved through delivery of action plans to improve access and processes within specific tumour groups enabling earlier diagnosis.
- Diagnostic 6-week wait is improving. Further gains are dependent on actions from specialist services that need longer timescales for delivery.
- Financial position in line agreed plan. Financial controls are in place, with a focus on recurrent efficiency delivery, and oversight of financial risks through Resources Committee.

**ASSURE:** Assure Inform the board where positive assurance has been achieved, share any practice, innovation or action that the committee considers to be outstanding.

The IPR uses statistical process control to provide positive assurance on performance, where standards are consistently met.

For NTHFT the Board and Committees are assured:

- Standardised mortality is 'as expected' and consistently tracks positively below the national standard.
- The Trust consistently achieves the 2-hour Community Response, supporting management of flow into the emergency department.
- The Trust continues to perform positively below the 2% threshold for A&E 12-Hour waits in department.

- Staff turnover demonstrates improving performance, positively below plan which is consistently met.
- Annual appraisal is consistently achieved.

For STHFT the Board and Committees are assured:

- Rates of 3rd/4th degree tear in maternity care are consistently below plan.
- Community 2-hour urgent response rate consistently exceeds plan and is an important element of to manage emergency care.
- Consistently positive patient feedback surveys results for outpatient and community services

### Recommendations:

Members of the Board of Directors and Committees are asked to:

- Receive the Integrated Performance Report for reporting period October 2024.
- Note that separate agenda items into the Committees, as set out in the annual cycles of business, will provide further detailed reporting and assurance.
- Note the performance standards on which assurance is provided; those advised for ongoing monitoring and improvement; and those alerted as exceptions or consistent under-performance against plan; and the improvement actions being taken.



University Hospitals Tees



# Integrated Performance Report

Reporting month:  
October 2024



Caring  
Better  
Together

# Overview

- The IPR reports on the key indicators and standards by which Trusts' performance is monitored. They are underpinned by a broader range of metrics and evidence for clinical governance and operational management.
- **SAFE:** Focus remains on embedding the patient safety incident response framework, with a group / site quality and safety senior leadership structure to strengthen and standardise how we learn and improve across the two Trusts.
- **EFFECTIVE:** Standardised mortality is 'as expected' for both Trusts.
- **RESPONSIVE:** NTHFT has strong performance in urgent and emergency care, with STHFT demonstrating improvement. However, managing increases in demand during the winter months will be challenging. Community services are integral to winter plans, maximising use of hospital at home and the frailty service to identify patients whose needs are best served in a community setting including their own home.
- Both Trusts are focusing on further improvement in tackling waiting times for elective care, diagnostics and within cancer pathways. Whilst focus has been on ensuring the very longest waiters receive their treatment, there is not consistent improvement/achievement across the core metrics. Productivity improvements such as driving up theatre utilisation to create more capacity for patients awaiting surgery, waiting list validation and cancer pathway action plans are tools being used to turn around the position.
- **CARING:** The IPR demonstrates that both Trusts are generally performing well against their plans on patient feedback surveys. Variance of response times within, and between the Trusts, is to be addressed in relation to our responsiveness to enquiries and complaints.
- **WELL LED:** Staff wellbeing is a Group and national priority. Despite a challenging financial climate, both Trusts plan to deliver their agreed financial position and are working towards the performance expectations within the envelope of available resources.

# Regulation & Compliance

North Tees & Hartlepool Hospitals NHS Foundation Trust has an overall rating of Requires Improvement. Since the 2022 inspection CQC recommendations have been addressed and action plan completed.



South Tees Hospitals NHS Foundation Trust has an overall rating of Good.

Since the 2023 CQC inspection 11 Must Do and 15 Should Do actions have been completed. The remaining 2 Must Do and 5 Should Do actions are in progress. Each has a robust plan that is reviewed monthly by the CQC Compliance Group. Recent progress includes assurance on the assessment of patient pain.



CQC assessment ratings per hospital site and service can be found on the CQC website.

# NHS Oversight Framework for UHT

| NHS Oversight Framework Summary                  |  | Urgent & Emergency Care |                        |  |                                |                              | Elective care          |                |                |                |                 |                        |                                 |                                   |   | Cancer                            |                         |               |                       |  |                  |        |
|--|--|-------------------------|------------------------|--|--------------------------------|------------------------------|------------------------|----------------|----------------|----------------|-----------------|------------------------|---------------------------------|-----------------------------------|---|-----------------------------------|-------------------------|---------------|-----------------------|--|------------------|--------|
| Provider   |  | A&E 4 hour standard     | 12 hour delay from DTA | % A&E Type 1 Attendances >12hrs from arrival | Ambulance handovers 30-60 mins | Ambulance handovers 60+ mins | RTT - 18 week standard | 52+ week waits | 65+ week waits | 78+ week waits | 104+ week waits | RTT total Waiting List | OPFU - YTD growth 24/25 v 23/24 | 1st OP - YTD growth 24/25 v 23/24 | Total elective - YTD growth 24/25 v 23/24 | Diagnostic activity 24/25 v 23/24 | Diagnostic 6 week waits | Cancer 62 day | Cancer 62 day backlog | Cancer treatments (first and subsequent) | Cancer 28 day FD |        |
| Data period                                      |  | Oct-24                  | Oct-24                 | Oct-24                                       | Oct-24                         | Oct-24                       | Sep-24                 | Sep-24         | Sep-24         | Sep-24         | Sep-24          | Sep-24                 | Sep-24                          | Sep-24                            | Sep-24                                    | Sep-24                            | Sep-24                  | Sep-24        | Sep-24                | Oct-24                                   | Sep-24           | Sep-24 |
| Target   |  | 95%                     | Zero                   |  |                                |                              | 92%                    | 24/25 Plan     | 24/25 Plan     | Zero           | Zero            | 24/25 Plan             |                                 |                                   |   |                                   | <=1%                    | 85%           | Mar 24 Plan           |  | 75%              |        |
| North Tees & Hartlepool NHSFT                    |  | 83.8%                   | 3                      | 0.0%   | 127                            | 5                            | 72.1%                  | 173            | 0              | 0              | 0               | 20,616                 | 106%                            | 103%                              | 103%                                      | 102%                              | 22.3%                   | 60.1%         | 102                   | 194                                      | 78.4%            |        |
| South Tees Hospitals NHSFT                       |  | 73.5%                   | 33                     | 7.9%   | 413                            | 366                          | 59.1%                  | 1,847          | 68             | 4              | 0               | 56,848                 | 111%                            | 105%                              | 110%                                      | 105%                              | 15.1%                   | 61.5%         | 117                   | 561                                      | 79.1%            |        |
| NENC ICS Provider level (including IS providers) |  | 75.8%                   | 821                    | 7.5%   | 2,869                          | 1,405                        | 68.2%                  | 6,627          | 375            | 38             | 0               | 377,865                | 106%                            | 103%                              | 107%                                      | 107%                              | 17.4%                   | 65.9%         | 792                   | 3,263                                    | 77.4%            |        |
| North East & Yorkshire                           |  | 73.0%                   |                        | 8.7%   |                                |                              | 63.8%                  |                |                |                |                 |                        |                                 |                                   |   |                                   | 18.5%                   | 65.8%         |                       |  | 76.7%            |        |
| National   |  | 73.0%                   |                        | 11.1%  |                                |                              | 58.5%                  |                |                |                |                 |                        |                                 |                                   |   |                                   | 22.7%                   | 67.3%         |                       |  | 74.8%            |        |

## Notes:

●RTT Waiting List, Cancer 62 day backlog, Cancer treatments & MH metrics are RAG rated against 24/25 plans ●Diagnostic activity against baseline only includes activity for the 7 tests included in the planning round

**Urgent and emergency care metrics** show a positive position for NTHFT heading into the start of higher winter demand and acuity. STHFT A&E standard is still demonstrating an improved position, close to the agreed recovery trajectory, but remains a strategic risk with actions reviewed monthly. Reducing ambulance delays and the longest department waits are a priority.

**Elective care metrics** show an RTT 18-week standard position at NTHFT that is above the regional and national average, with the focus now on ensuring patients wait no longer than 52 weeks. STHFT services are working to eliminate waits above 65 weeks. Given also the total waiting list size, achievement of this standard is a strategic risk for both Trusts. Both Trusts are delivering above 23/24 levels of outpatient and elective activity, STHFT are currently exceeding plan due to additional day case activity delivered and included in the reported position.

**Cancer 62-day standard** is an area of key concern, logged as a strategic risk. Whilst completed pathway performance is below comparator averages, backlogs also remain above plan. Both Trusts met the 28-day faster diagnosis standard in September 2024, a key enabling metric within the cancer pathway. Actions are focused on reducing delays in specific pathways, whilst investment in cancer navigators helps to ensure individual cases are proactively pursued through the diagnostic and treatment steps.

# North Tees & Hartlepool NHSFT summary



NTHFT is in NHS Oversight Framework segment 2, the default segment for Trusts.

## Alert

- *C. difficile* infections continue tracking ahead of plan reporting 52 cases YTD against a plan of 38. Collaborative working with NTH Solutions continues, in relation to a decant cleaning programme of equipment and pilot introduction of ward hygienists.
- Referral to treatment incomplete pathways consistently breach the standard of 92%. Patients waiting 52 weeks plus has increased since October 2023. The Trust focus continues around elective recovery, with targeted activity and regional mutual support. Reduction of the longest waiters beyond 65 weeks is the focus across specialities, in accordance with clinical priority and operational planning guidance; zero 65 week waits reported in October.
- Sickness absence performance is inconsistent, and plan is not met. A review of absence due to bereavement with potential of policy development is underway.
- Breastfeeding rates remain below the regional average and benchmarked plan, staffing models to support infant feeding are being explored.
- Diagnostic 6-week wait standard continues to report below the standard, however, with staffing capacity resolved performance is recovering. Revised diagnostic trajectories have been submitted.

## Advise

- Percentage of births with post-partum haemorrhage (PPH) greater than 1500ml rates is not consistently met within local plan.
- The 4-Hour standard, until recently, is consistently achieved, however, a number of challenges have impacted performance in October, including acuity, attendance volume and IPC outbreaks.
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- The Cancer Faster Diagnosis, 31- Day and 62- day standards are not consistently met. Group improvement work across tumour groups is underway.
- Patient experience metrics are inconsistently met. Complaints are not consistently closed within the agreed time frame.
- The financial position shows a small adverse variance year to date against month 7 plan. Financial controls are in place and have recently been reviewed, with a focus on recurrent efficiency delivery, and oversight of financial risks through Resources Committee.

## Assure

- Standardised mortality is 'as expected' and consistently tracks positively below the national standard.
- The Trust consistently achieves the 2-hour Community Response, supporting management of flow into the emergency department.
- The Trust continues to perform positively below the 2% threshold for A&E 12-Hour waits in department.
- Staff turnover demonstrates improving performance, positively below plan which is consistently met.
- Annual appraisal is consistently achieved.

# South Tees Hospitals NHSFT summary



STHFT is in NHS Oversight Framework segment 3, driven by the underlying financial deficit position of STHFT.

## Alert .

- 2 incidents meeting Never Event criteria were recorded in October 2024 at STHFT (Ophthalmology and Haematology)
- *E. coli* infections have been higher this year than the previous 2 years.
- Increased numbers of still births this year, reported via the Perinatal Mortality Review Tool and all cases are reviewed.
- Cancelled operations not rebooked within 28 days have been higher this year than previously.
- Overall referral to treatment standard is showing deterioration and is now comparable to the national average. The number of patients waiting more than 52 week had been increasing until the last 2 months. Focus is on prioritising the longest waiters as well those most clinically urgent.
- Sickness absence rates are consistently above the Trust's internal plan, ongoing focus on sickness management process leading to some improvement in rates of absence at department level.
- Annual Appraisal trend has not changed recently but the performance does not consistently meet the new UHT plan of 85%

## Advise

- C-Difficile, Pseudomonas, Klebsiella infections are tracking slightly higher than plan.
- Within maternity services, breastfeeding rates have improved as a result of supportive interventions but remain below the regional average. Post partum haemorrhage rates are above local plan. Induction of labour rate shows an improving trend and the target for positive patient feedback was achieved for September and October but otherwise the trend remains inconsistent.
- Demonstrated improvement in urgent and emergency care metrics despite spikes in poorer performance in October, with the focus being on appropriate streaming to the JCUH urgent treatment centre to see patients within 4 hours, and reducing ambulance handover delays in ED.
- Standardised mortality is 'as expected'.
- Positive patient feedback from users of A&E and inpatients is not always above the standard we have set, although inpatient feedback has met the target consistently since early 2023.
- Complaints are not concluded within target timescales often enough and acknowledging feedback can take longer than 3 days.
- Compliance with cancer treatment waiting time standards is recognised as a strategic risk; the position will be improved through delivery of action plans to improve access and processes within specific tumour groups enabling earlier diagnosis.
- Diagnostic 6-week wait is improving. Further gains are dependent on actions from specialist services that need longer timescales for delivery.
- Financial position in line agreed plan. Financial controls are in place, with a focus on recurrent efficiency delivery, and oversight of financial risks through Resources Committee.

## Assure

- Rates of 3rd/4th degree tear in maternity care are consistently below plan.
- Community 2-hour urgent response rate consistently exceeds plan and is an important element of to manage emergency care.
- Consistently positive patient feedback surveys results for outpatient and community services





# Index of metrics

## SAFE:

- Incidents per 1000 Bed Days
- Patient Safety Incident Investigations
- Never Events
- Never Events Per 1000 Bed Days
- Falls with Harm Rate % (Per 1000 Bed Days)
- C-Difficile infections
- MRSA infections
- E-Coli infections
- Klebsiella infections
- Pseudomonas infections

## SAFE – MATERNITY:

- Babies Born
- Still Births
- Induction of Labour (%)
- Breast Feeding at First Feed (%)
- PPH > 1500ml (%)
- Number of 3rd/4th Degree Tear (%)

## EFFECTIVE:

- Summary Hospital-Level Mortality Indicator
- Readmission Rate (%)

## RESPONSIVE:

- Handovers – Within 60 mins (%)
- 4-Hour A&E Standard (%)
- 12-Hour A&E Breaches (%)
- Community UCR 2 Hour Response Rate (%)
- Cancelled Operations Not Rebooked Within 28 Days
- Cancer Faster Diagnosis Standard (%)
- Cancer 31 Day Standard (%)
- Cancer 62 Day Standard (%)
- Diagnostic 6 Weeks Standard (%)
- RTT Incomplete Pathways (%)
- RTT 52 Week Waiters

## CARING:

- A&E Experience (%)
- Inpatient Experience (%)
- Maternity Experience (%)
- Outpatient Experience (%)
- Community Experience (%)
- Collaborative Enquiries Closed in Target (%)
- Feedback Acknowledged in 3 Days (%)
- Complaints Closed Within Target (%)

## WELL LED:

- Sickness Absence (%)
- Staff Turnover (%)
- Annual Appraisal (%)
- Mandatory Training (%)
- Cumulative YTD Financial Position (£'Millions)



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Together

**Executive lead: Dr Hilary Lloyd, Chief Nursing Officer**

**Accountable to: Quality Assurance Committee**

The Patient Safety Incident Response Framework is becoming embedded. PSIRF encompasses a range of system-based and proportionate approaches to learning from patient safety incidents. Compassionate engagement with all who are affected (patients, families, carers and staff members) is a cornerstone of PSIRF. Thematic review is used to identify trends and learning.

Healthcare acquired infections are closely monitored with an increase in *C. difficile* at NTHFT and *E.coli* at STHFT compared to the last two years. The need to maintain some capacity for decant and deep clean when required throughout the winter has been factored into winter resilience plans.

#### NTHFT

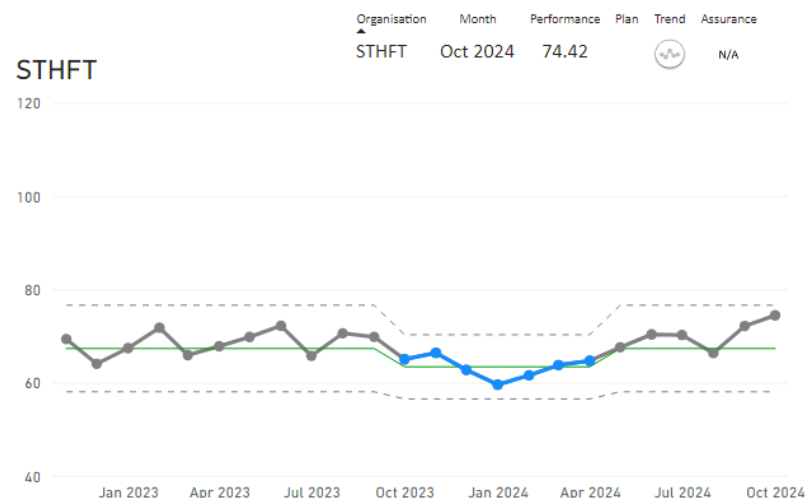
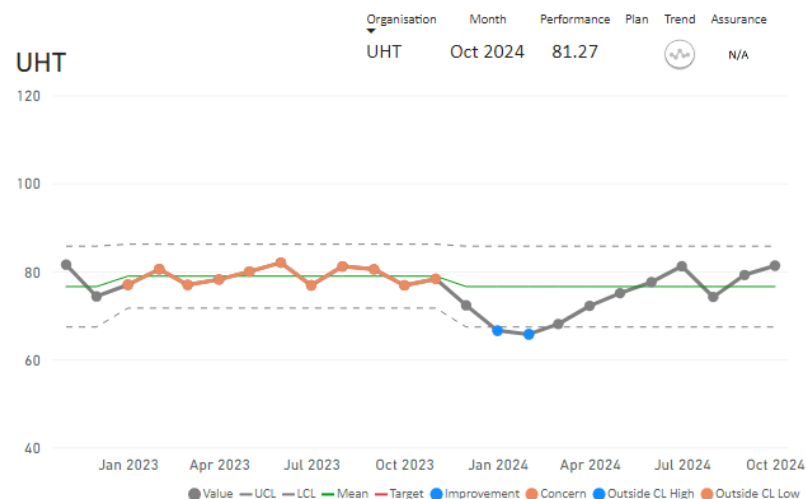
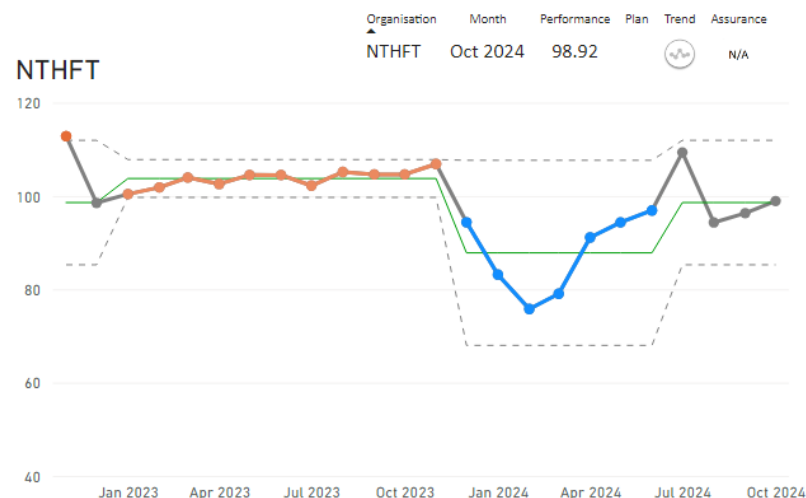
| Metric                                   | Month Target | Nov 2023 | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024 | Sep 2024 | Oct 2024 |
|--|--------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Incidents Per 1000 Bed Days              |              | 106.85   | 94.36    | 83.15    | 75.78    | 79.05    | 91.1     | 94.34    | 96.91    | 109.35   | 94.32    | 96.33    | 98.92    |
| Patient Safety Incident Investigations   |              |          | 0        | 0        | 0        | 0        | 0        | 0        | 3        | 4        | 4        | 1        | 3        |
| Never Events                             | 0            | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 1        |
| Never Event Rate (Per 1000 Bed Days)     | 0            | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0.07     |
| Falls With Harm Rate (Per 1000 Bed Days) |              | 0.13     | 0.12     | 0.25     | 0.6      | 0.27     | 0.14     | 0.14     | 0.15     | 0        | 0.22     | 0.28     | 0.07     |
| C-Difficile                              | 5            | 8        | 10       | 6        | 8        | 5        | 7        | 10       | 7        | 10       | 6        | 3        | 9        |
| MRSA                                     | 0            | 0        | 0        | 2        | 0        | 0        | 0        | 0        | 0        | 0        | 1        | 1        | 1        |
| E-Coli                                   | 8            | 7        | 7        | 7        | 6        | 8        | 5        | 4        | 6        | 10       | 7        | 13       | 13       |
| Klebsiella                               | 3            | 2        | 3        | 7        | 1        | 3        | 2        | 2        | 2        | 2        | 5        | 3        | 4        |
| Pseudomonas                              | 1            | 0        | 1        | 0        | 4        | 4        | 1        | 3        | 1        | 0        | 2        | 0        | 2        |

#### STHFT

| Metric                                   | Month Target | Nov 2023 | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024 | Sep 2024 | Oct 2024 |
|--|--------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Incidents Per 1000 Bed Days              |              | 66.39    | 62.72    | 59.57    | 61.58    | 63.76    | 64.68    | 67.58    | 70.32    | 70.2     | 66.33    | 72.15    | 74.42    |
| Patient Safety Incident Investigations   |              |          |          |          | 1        | 0        | 0        | 1        | 2        | 1        | 1        | 0        | 1        |
| Never Events                             | 0            | 1        | 1        | 0        | 0        | 0        | 0        | 0        | 1        | 0        | 1        | 0        | 2        |
| Never Event Rate (Per 1000 Bed Days)     | 0            | 0.03     | 0.03     | 0        | 0        | 0        | 0        | 0        | 0.03     | 0        | 0.03     | 0        | 0.05     |
| Falls With Harm Rate (Per 1000 Bed Days) |              | 0.16     | 0.16     | 0.1      | 0.13     | 0.05     | 0.16     | 0.13     | 0.14     | 0.08     | 0.06     | 0.03     | 0.11     |
| C-Difficile                              | 10           | 10       | 8        | 5        | 13       | 9        | 9        | 8        | 12       | 15       | 13       | 9        | 11       |
| MRSA                                     | 0            | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 1        | 0        | 0        |
| E-Coli                                   | 11           | 16       | 18       | 11       | 9        | 10       | 15       | 20       | 12       | 12       | 13       | 11       | 17       |
| Klebsiella                               | 5            | 5        | 10       | 7        | 3        | 5        | 6        | 1        | 5        | 9        | 4        | 6        | 8        |
| Pseudomonas                              | 2            | 3        | 2        | 0        | 3        | 0        | 2        | 3        | 0        | 3        | 2        | 1        | 3        |

SAFE

# Incidents Per 1000 Bed Days



**Metric:** Incidents rate per 1000 bed days

**Plan:** n/a

**Rationale:** Enables benchmarking.

**Data quality:** Assured. Each incident is validated.

**Trend:** No significant trend in recent 4-5 months.

**Assurance:** n/a

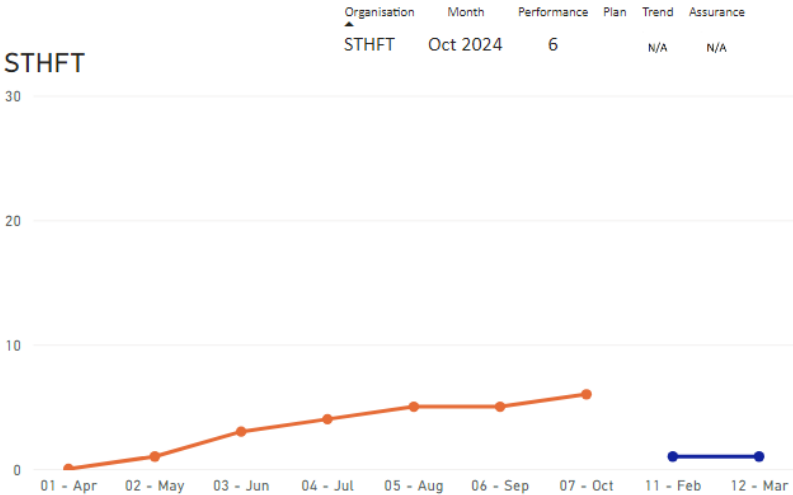
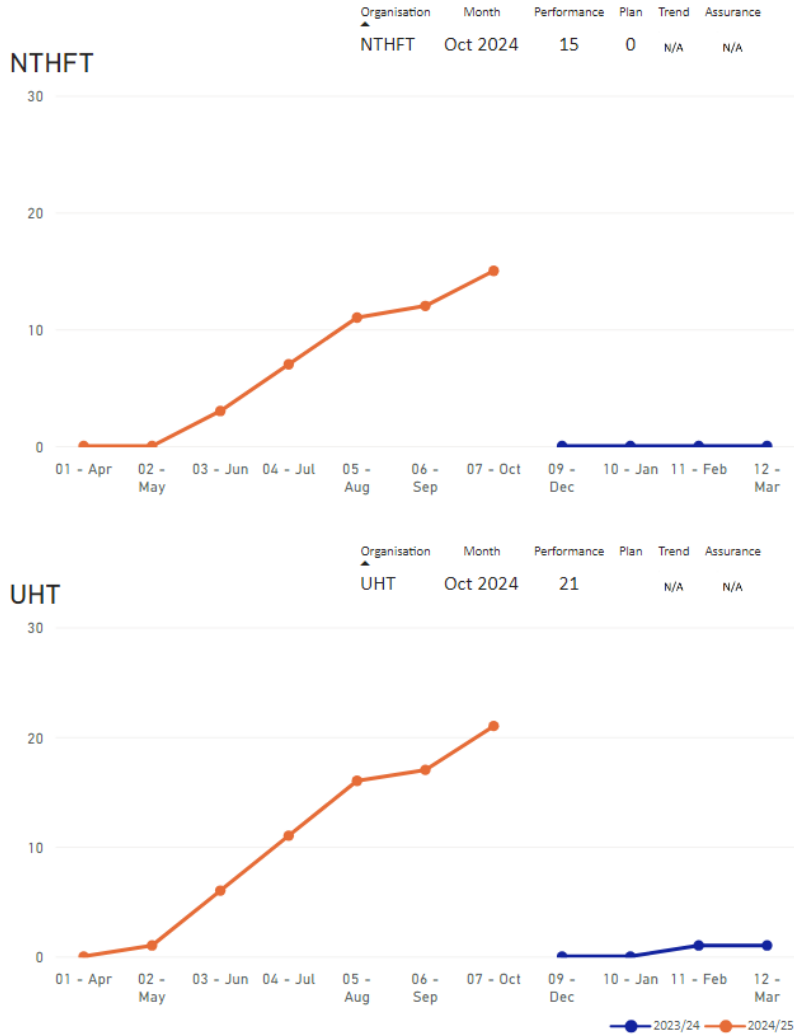
**Action taken:** Further review will be undertaken by patient safety teams to understand the differences in incident reporting numbers. As NRLS data is no longer available for regional comparison, there has been discussion with the ICB to potentially undertake some regional benchmarking for additional context.

**Executive lead:** Chief Nursing Officer

**Accountable to:** Quality Assurance Committee

SAFE

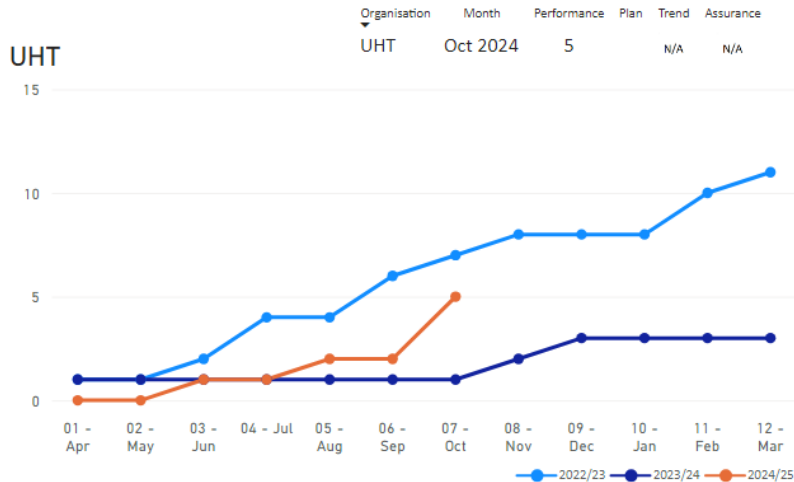
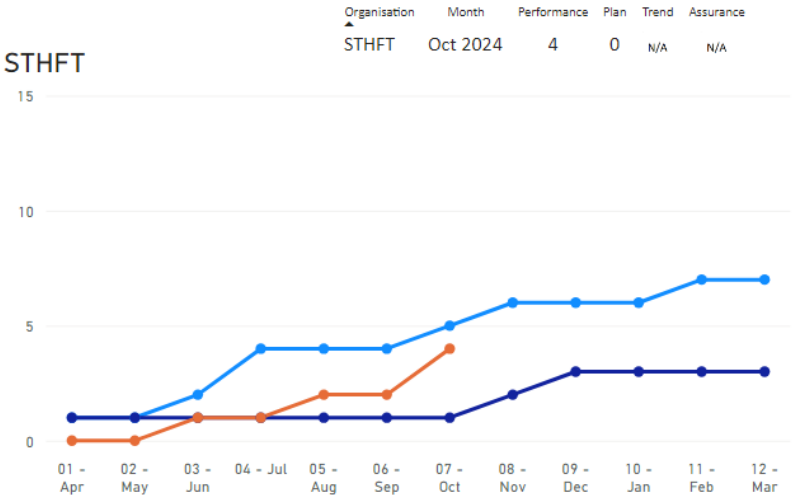
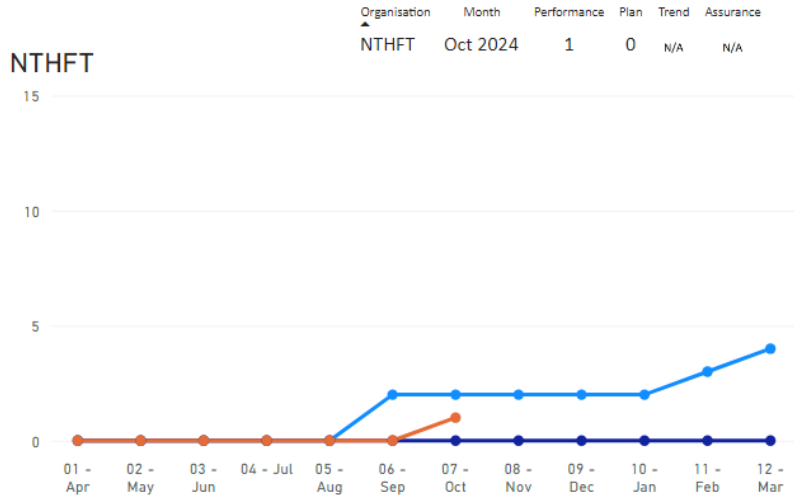
Patient Safety Incident Investigations (YTD)



**Metric:** PSIIs initiated, cumulative annually from April.  
**Plan:** n/a. An open reporting culture is encouraged.  
**Rationale:** NHS Quality Accounts regulatory indicator.  
**Data quality:** Assured. Each incident is validated.  
**Trend:** 15 PSIIs YTD at NTHFT, 6 at STHFT.  
**Assurance:** n/a  
**Action taken:** PSIIs are reviewed at a weekly learning response panel, per Trust, to determine how they are investigated under the patient safety incident response framework. In October, 3 PSII were logged at NTHFT, 1 was logged at STHFT.  
**Executive lead:** Chief Nursing Officer  
**Accountable to:** Quality Assurance Committee

SAFE

Never Events (YTD)



**Metric:** Never Events (a defined list of serious preventable errors), cumulative annually from April.

**Plan:** Zero.

**Rationale:** NHS Quality Accounts regulatory indicator.

**Data quality:** Assured. Each incident is validated.

**Trend:** One Never Event YTD at NTHFT, 4 at STHFT.

**Assurance:** Advise: 2 Never Events registered in October for STHFT and 1 Never Event registered at NTHFT. One of these has been added to a PSII already underway at STHFT.

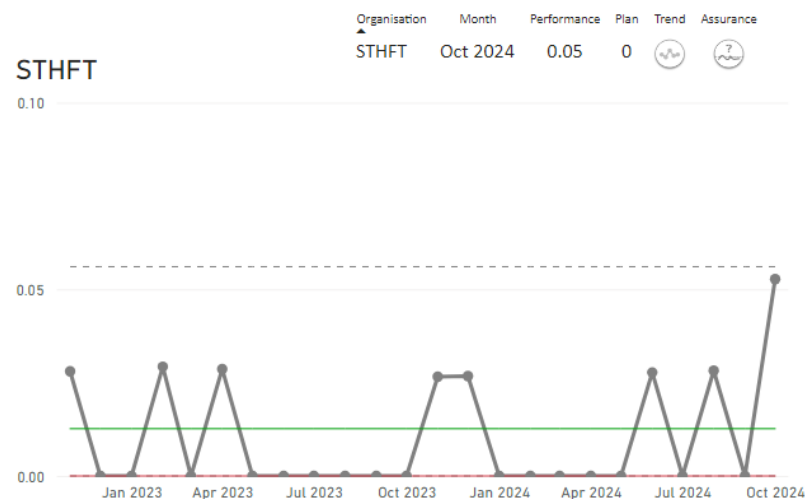
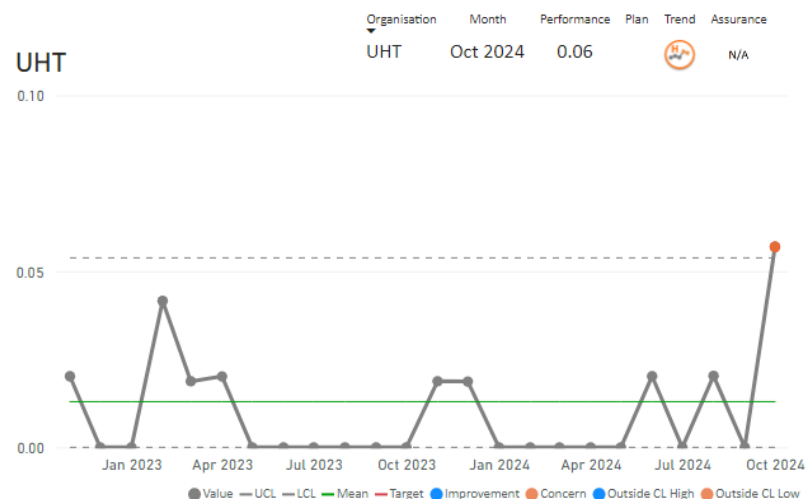
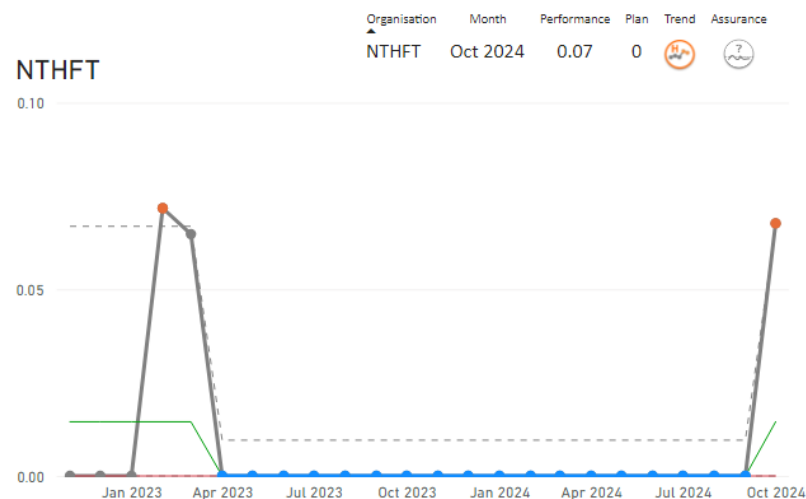
**Action taken:** Never Events are reviewed at a multi-disciplinary panel. PSII methodology is used to review the incident from a systems perspective.

**Executive lead:** Chief Nursing Officer

**Accountable to:** Quality Assurance Committee

SAFE

## Never Event Rate (Per 1000 Bed Days)



**Metric:** Never Events (a defined list of serious preventable errors), per 1000 bed days

**Plan:** Zero.

**Rationale:** Historically, Never Events occurring within a Trust have been viewed purely by crude numbers. However, evidence indicates that larger Trusts have higher number of Never Events, due to their level of activity.

**Data quality:** Assured. Each incident is validated.

**Trend:** NTHFT flags an increasing trend due one case having had zero Never Events for an extended period.

**Assurance:** n/a

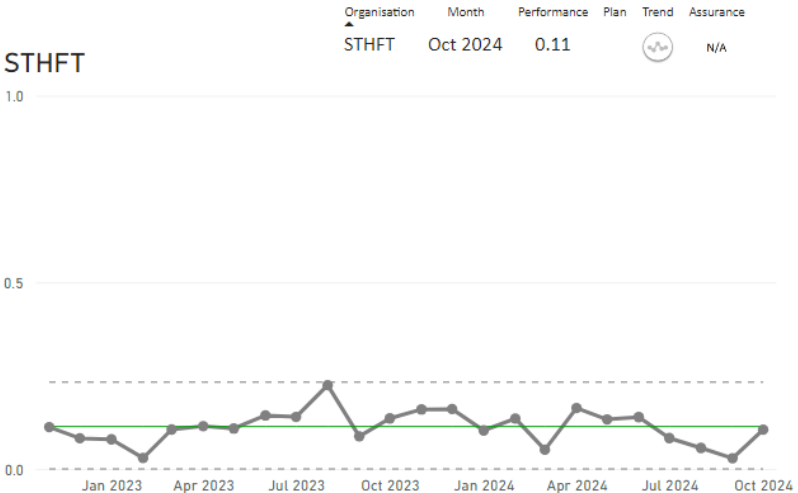
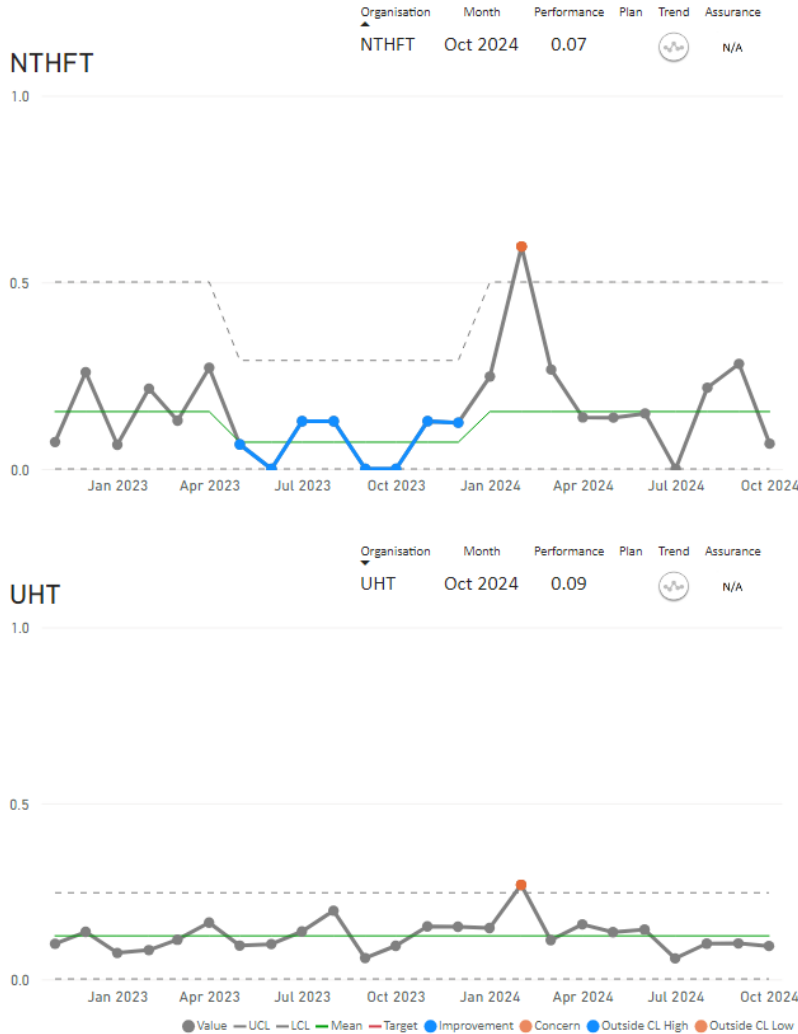
**Action taken:** Discussed with ICB, to consider undertaking regional benchmarking exercise.

**Executive lead:** Chief Nursing Officer

**Accountable to:** Quality Assurance Committee

SAFE

# Falls With Harm Rate (Per 1000 Bed Days)



**Metric:** Falls resulting in harm graded moderate and above, as a rate per 1000 inpatient bed-days.

**Plan:** n/a

**Rationale:** NHS Quality Accounts regulatory indicator. National falls audit categorisation is expected to change January 2025, the metric will be reviewed to align with this.

**Data quality:** Assured. Each incident is validated.

**Trend:** No trend.

**Assurance:** n/a

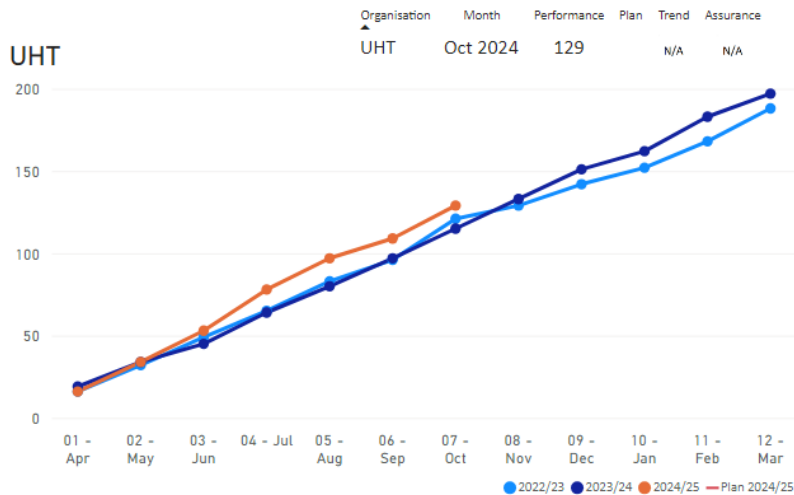
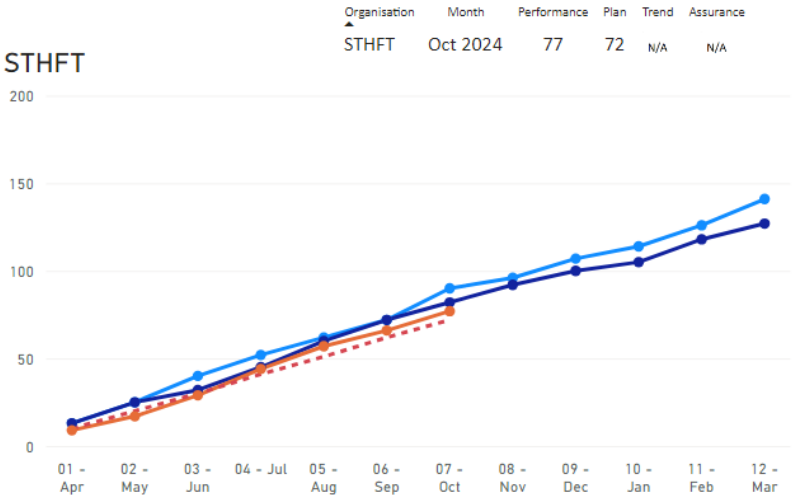
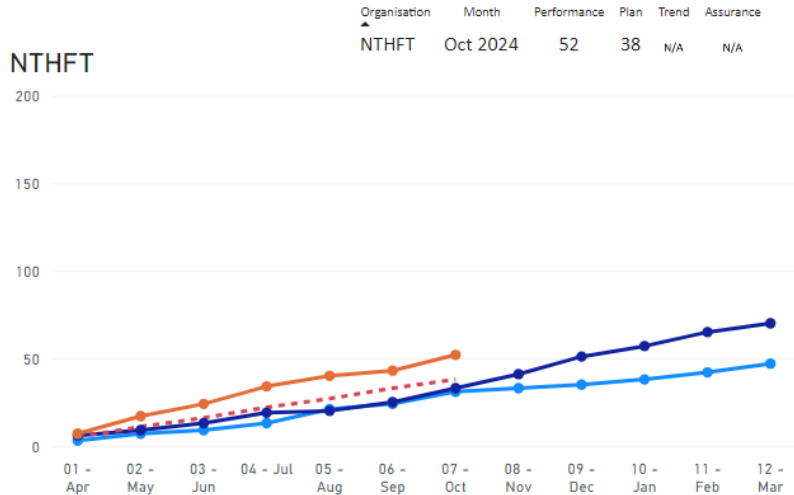
**Action taken:** A Falls Educator Coordinator has been employed at NTHFT and will be supported by the Falls Educator Coordinator at STHFT. Joint working is planned with overall leadership by the Group Chief AHP.

**Executive lead:** Chief Nursing Officer

**Accountable to:** Quality Assurance Committee

SAFE

# C-Difficile (YTD)



**Metric:** Healthcare associated cases of *Clostridioides difficile*, cumulative annually from April.

**Plan:** NHS standard contract trajectory: 5% reduction on 23/24 performance

**Rationale:** NHS Contract and Quality Accounts regulatory indicator.

**Data quality:** Assured. Each incident is validated.

**Trend:** NTHFT: Infections year-to-date tracking ahead of plan; STHFT in line with plan.

**Assurance:** NTHFT: Alert. STHFT: Advise.

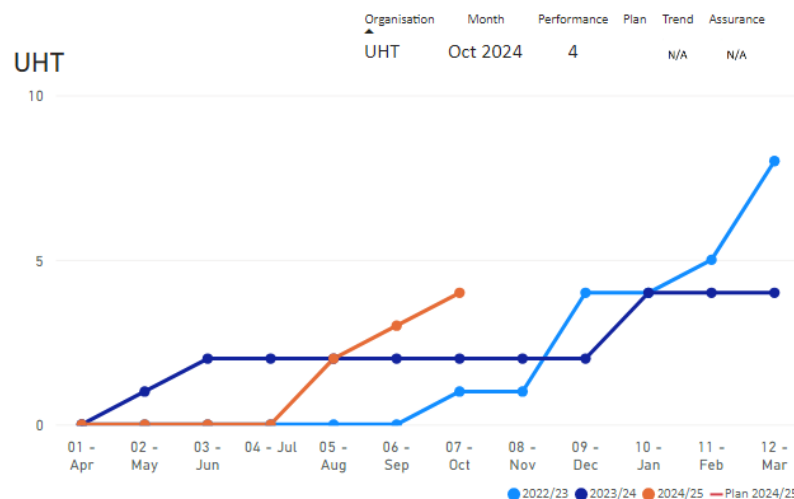
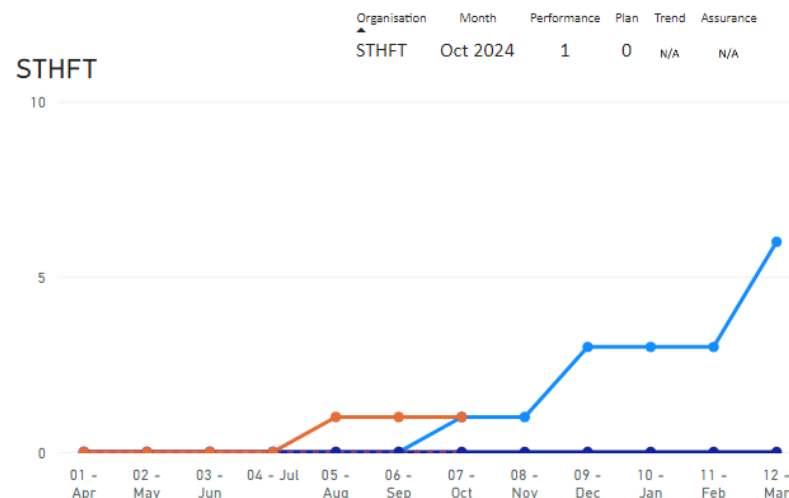
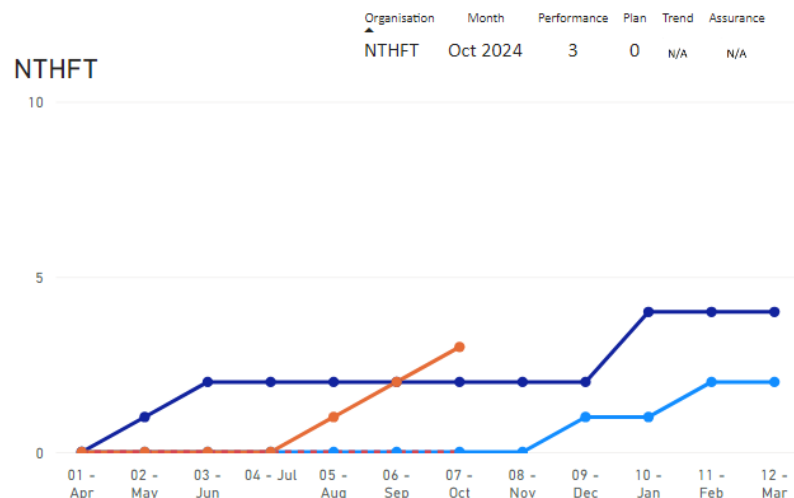
**Action taken:** Priority hydrogen peroxide vapour fogging, in line with national guidance across both trusts. Cross-site collaborative working with NTH Solutions continues, in relation to a decant cleaning programme of equipment and pilot introduction of ward hygienists.

**Executive lead:** Chief Nursing Officer

**Accountable to:** Quality Assurance Committee



# SAFE MRSA (YTD)



**Metric:** Healthcare associated cases of Methicillin resistant *Staphylococcus aureus*, cumulative annually from April.

**Plan:** Zero tolerance.

**Rationale:** NHS Contract indicator.

**Data quality:** Assured. Each incident is validated.

**Trend:** Number of infections at NTHFT and STHFT in line with previous years against a challenging zero tolerance.

**Assurance:** Advise (plan not achievable).

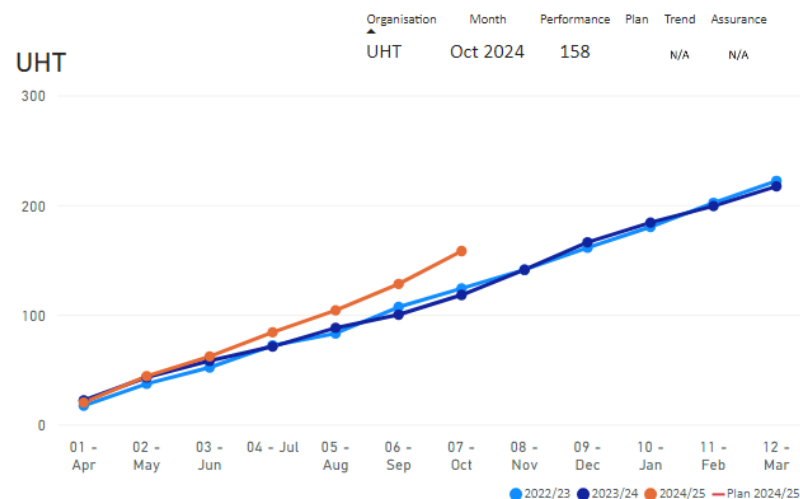
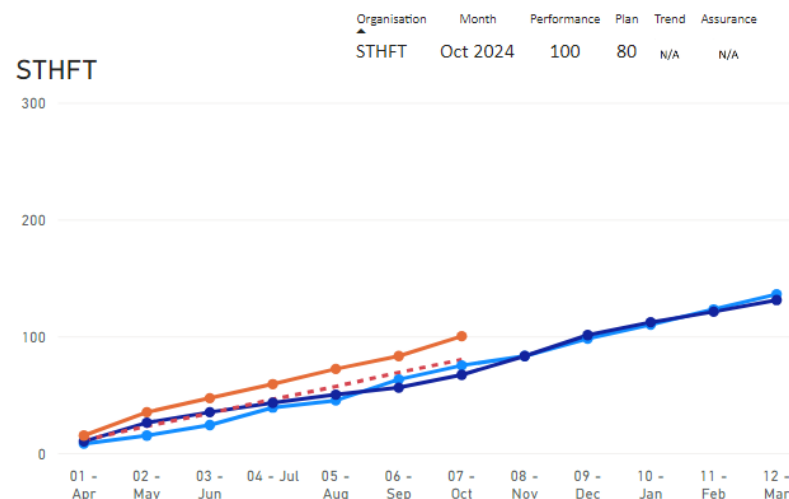
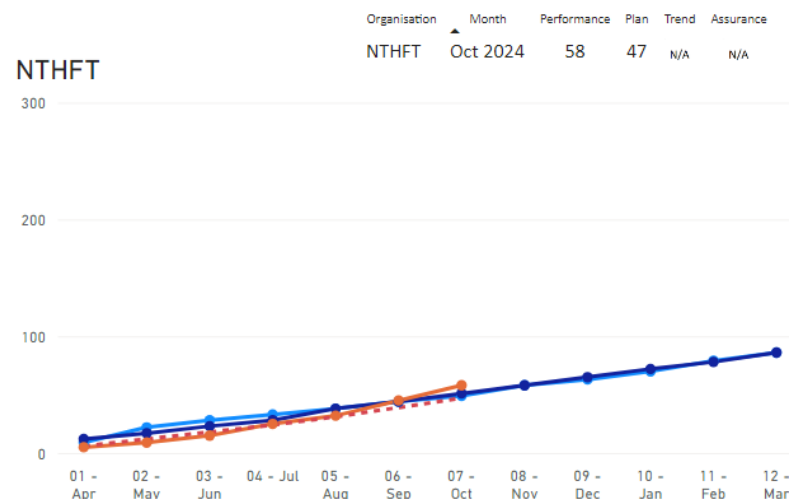
**Action taken:** Antimicrobial Stewardship remains a priority for both Trusts in 2024/25. A focus on MRSA screening on admission remains a priority and audit in October demonstrated an improvement.

**Executive lead:** Chief Nursing Officer

**Accountable to:** Quality Assurance Committee

SAFE

## E-Coli (YTD)



**Metric:** Healthcare associated cases of *Escherichia coli*, cumulative annually from April.

**Plan:** NHS standard contract trajectory: at least 1 case fewer than 23/24 outturn.

**Rationale:** NHS Contract indicator.

**Data quality:** Assured. Each incident is validated.

**Trend:** Number of infections tracking higher than plan.

**Assurance:** Alert: cases >20% above plan YTD.

**Action taken:** A focus on reducing the number of Catheter Associated Urinary Tract Infections (CAUTI) supplier audit taking place at STHFT in line with NTHFT (re-audit in November).

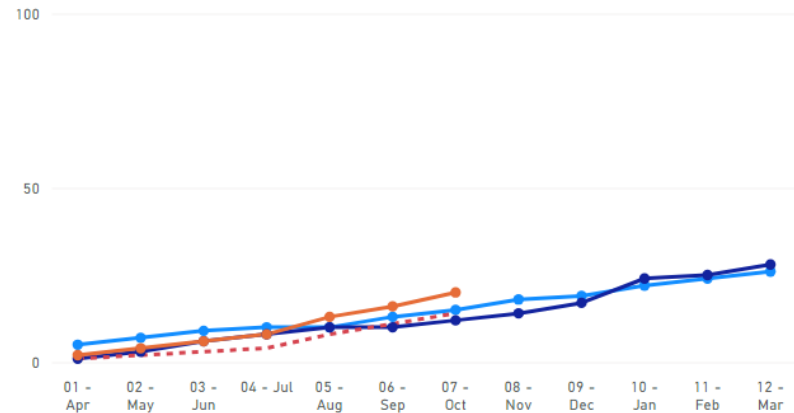
**Executive lead:** Chief Nursing Officer

**Accountable to:** Quality Assurance Committee

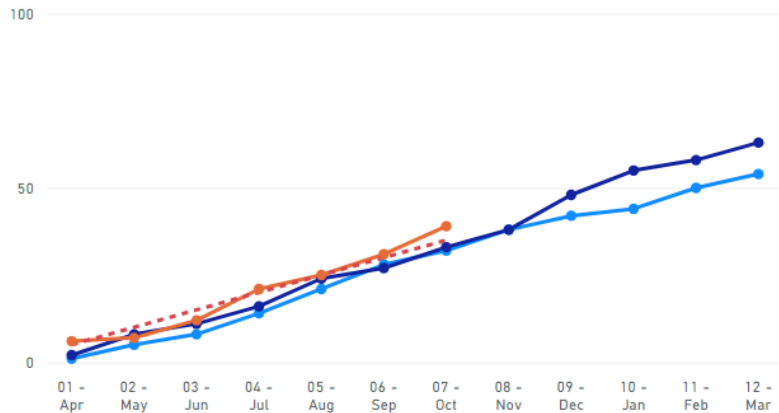
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# Klebsiella (YTD)

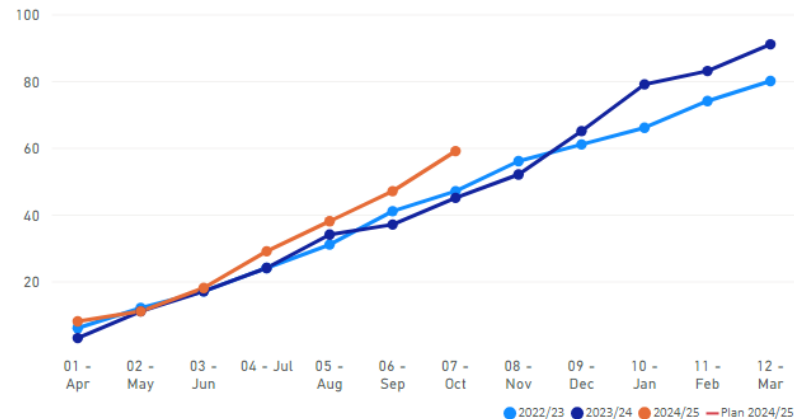
## NTHFT



## STHFT



## UHT



**Metric:** Healthcare associated cases of *Klebsiella* infection, cumulative annually from April.

**Plan:** NHS standard contract trajectory: at least 1 case fewer than 23/24 outturn.

**Rationale:** NHS Contract indicator.

**Data quality:** Assured. Each incident is validated.

**Trend:** Number of infections at NTHFT and STHFT slightly raised on previous years, in context of national increase.

**Assurance:** NTHFT: Alert; STHFT: Advise.

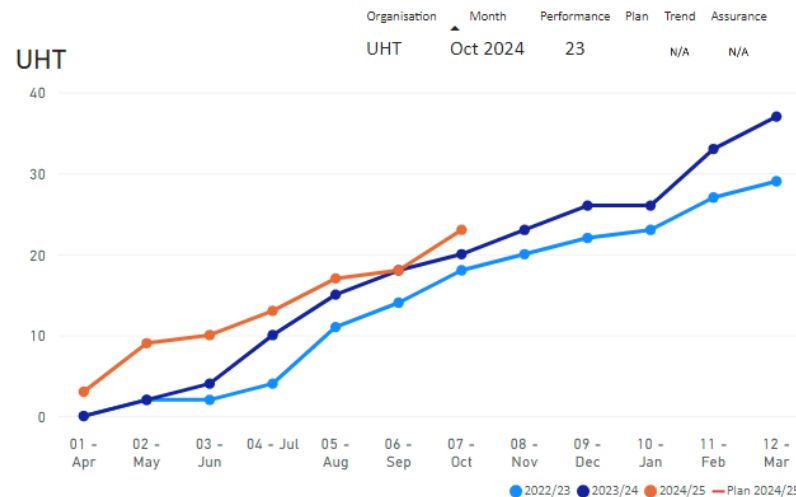
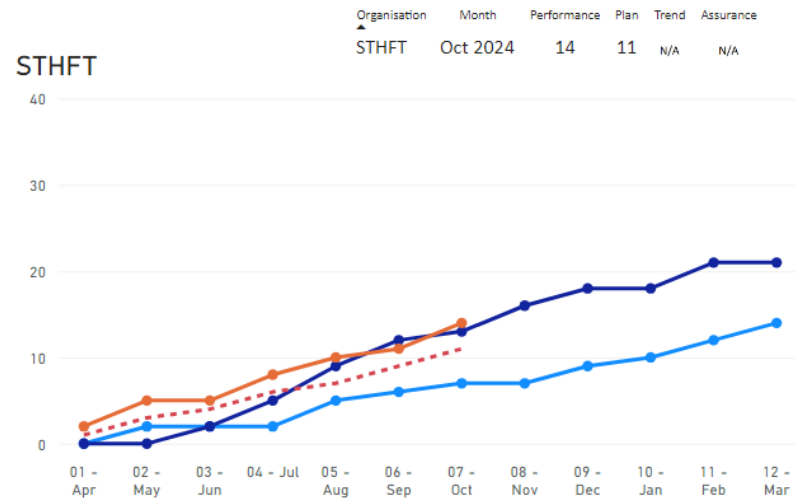
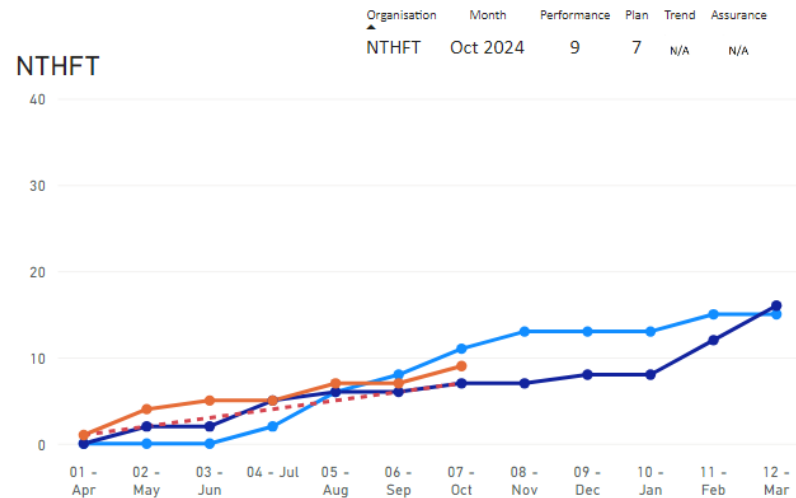
**Action taken:** Regional review underway with input from NTHFT and STHFT.

**Executive lead:** Chief Nursing Officer

**Accountable to:** Quality Assurance Committee

SAFE

# Pseudomonas (YTD)



**Metric:** Healthcare associated cases of *Pseudomonas* infection, cumulative annually from April.

**Plan:** NHS standard contract trajectory: at least 1 case fewer than 23/24 outturn.

**Rationale:** NHS Contract indicator.

**Data quality:** Assured. Each incident is validated.

**Trend:** Number of infections at NTHFT below 23/24, STHFT in line with 24/25.

**Assurance:** Advise: Both Trusts not meeting plan.

**Action taken:** NTHFT removal of water coolers in augmented care in line with HTM. STHFT acquired Aseptic Non-Touch Technique e-learning to support.

**Executive lead:** Chief Nursing Officer

**Accountable to:** Quality Assurance Committee

**Executive lead: Dr Hilary Lloyd, Chief Nursing Officer    Accountable to: Quality Assurance Committee**

Maternity services metrics for the IPR are being reviewed to ensure that the most relevant metrics to inform the Board of safe and effective care are included, as an overview of the regular in-depth reporting by maternity services through Quality Assurance Committee and the Local Maternity and Neonatal System Board.

Trends in maternity services metrics reflect the different case mix at the two Trusts, with a greater proportion and the more complex of the high-risk pregnancies, being cared for at the James Cook University Hospital, which impacts on metrics such as the number of still births, which have been higher at STHFT this year to date. This is being reviewed in relation to longer-term time series validated data. Breastfeeding rates are a focus, with actions in place at NTHFT to support and promote breastfeeding. Both Trusts participate in simulation exercises, care bundles and research studies to identify where clinical care can be further improved.

#### NTHFT

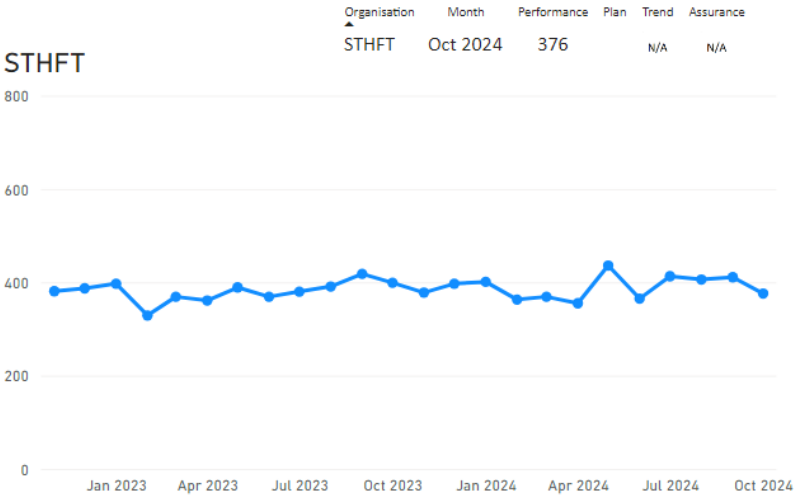
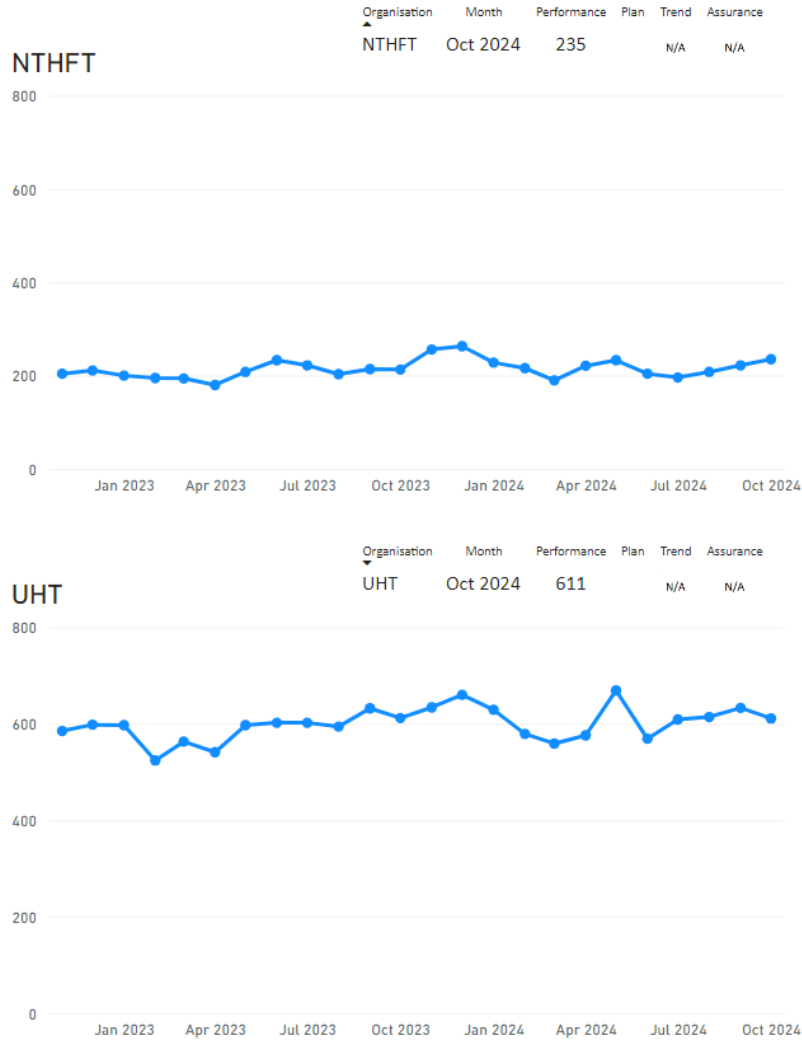
| Metric                            | Month Target | Nov 2023 | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024 | Sep 2024 | Oct 2024 |
|-----------------------------------|--------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| No. of babies born                |              | 256      | 263      | 228      | 216      | 190      | 221      | 233      | 204      | 196      | 208      | 222      | 235      |
| Still Births                      | 0            | 0        | 1        | 0        | 0        | 0        | 0        | 1        | 1        | 0        | 1        | 0        | 2        |
| Induction of Labour (%)           |              | 38.5%    | 41.4%    | 41.7%    | 46.8%    | 45.3%    | 43.4%    | 46.4%    | 44.6%    | 43.4%    | 44.7%    | 44.7%    | 44.7%    |
| Breast Feeding at First Feed      | 75%          | 40.6%    | 43%      | 43.9%    | 44.9%    | 46.3%    | 50.2%    | 45.1%    | 54.4%    | 56.1%    | 50%      | 50%      | 48.1%    |
| PPH > 1500ml (%)                  | 3.3%         | 3.77%    | 2.66%    | 4.39%    | 1.85%    | 1.05%    | 2.71%    | 1.29%    | 3.43%    | 3.06%    | 2.4%     | 2.76%    | 2.55%    |
| Number of 3rd/4th degree tear (%) |              | 2.1%     | 0.4%     | 2.6%     | 0.5%     | 1.6%     | 1.8%     | 0.4%     | 0.5%     | 0.5%     | 0%       | 2.3%     | 1.3%     |

#### STHFT

| Metric                            | Month Target | Nov 2023 | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024 | Sep 2024 | Oct 2024 |
|-----------------------------------|--------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| No. of babies born                |              | 378      | 397      | 401      | 363      | 369      | 355      | 436      | 365      | 413      | 406      | 411      | 376      |
| Still Births                      |              | 0        | 0        | 3        | 1        | 5        | 1        | 3        | 3        | 0        | 4        | 1        | 2        |
| Induction of Labour (%)           |              | 43.5%    | 37.4%    | 39.9%    | 40.2%    | 37.6%    | 40.1%    | 38%      | 37.6%    | 36.6%    | 35.8%    | 37.7%    | 37.7%    |
| Breast Feeding at First Feed      | 74.5%        | 58.2%    | 61%      | 60.8%    | 61.2%    | 60.4%    | 65.6%    | 63.8%    | 63.8%    | 67.1%    | 65.8%    | 64.7%    | 63.3%    |
| PPH > 1500ml (%)                  | 2%           | 3.07%    | 1.96%    | 3.41%    | 3.75%    | 3.16%    | 3.02%    | 2.68%    | 3.17%    | 3.35%    | 2.39%    | 2.61%    | 4.16%    |
| Number of 3rd/4th degree tear (%) | 3.5%         | 1.8%     | 1.2%     | 1.2%     | 1.1%     | 1.6%     | 1.6%     | 0.9%     | 1.6%     | 1.2%     | 1.7%     | 0.9%     | 1.3%     |

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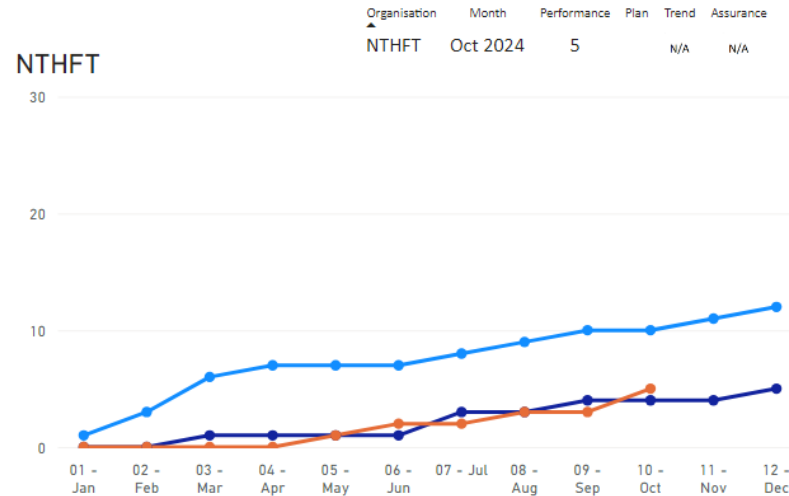
No. of babies born



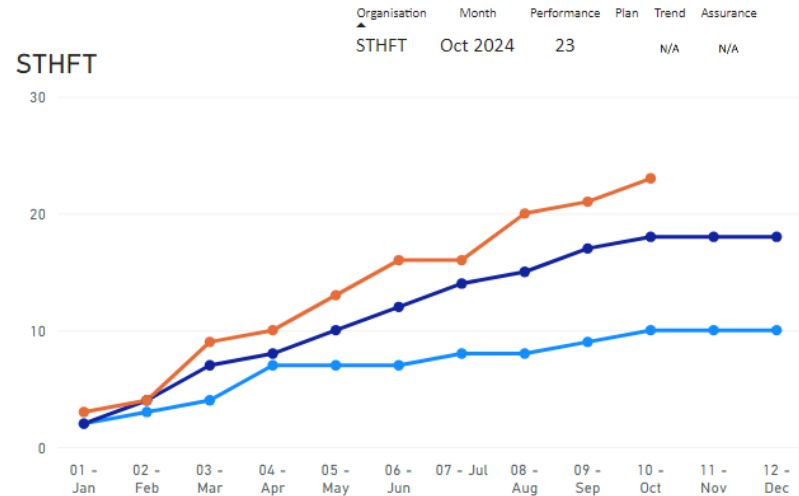
**Metric:** Count of babies born under care of each Trust.  
**Plan:** n/a  
**Rationale:** Context for maternity metrics.  
**Data quality:** Assured, validated data.  
**Trend:** Number of births at NTHFT and STHFT is stable over 2-year timeframe.  
**Assurance:** n/a  
**Action taken:** n/a  
**Executive lead:** Chief Nursing Officer  
**Accountable to:** Quality Assurance Committee

SAFE

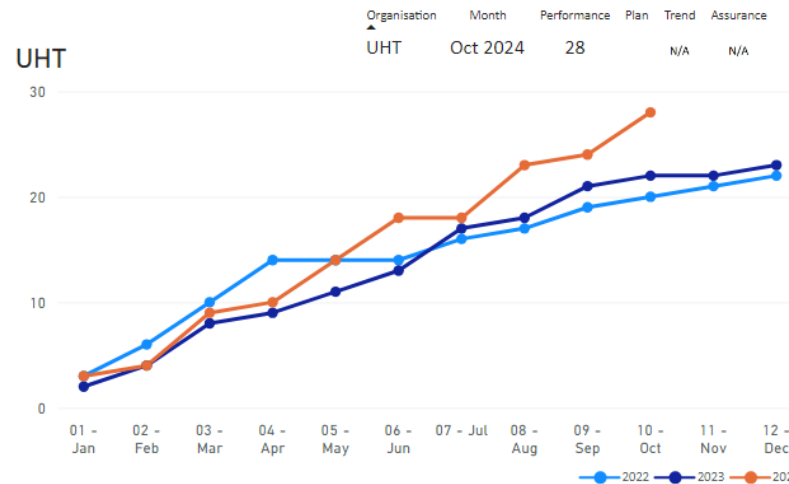
## Still Births (YTD)



## STHFT



## UHT



**Metric:** Count of still births under care of each Trust (deaths from 24 weeks gestation).

**Plan:** National ambition to reduce stillbirths by 50% by 2025

**Rationale:** National Maternity Indicator.

**Data quality:** Assured, validated data.

**Trend:** Number of still births at STHFT is higher than in previous two years.

**Assurance:** Alert: increased still births at STHFT this year.

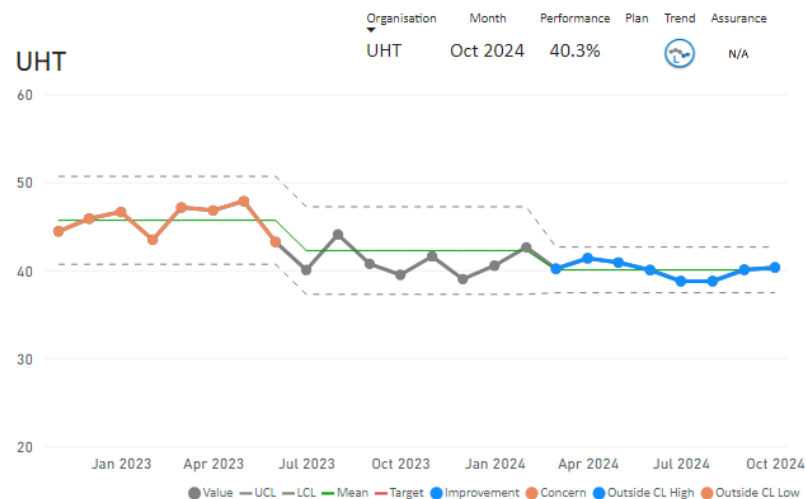
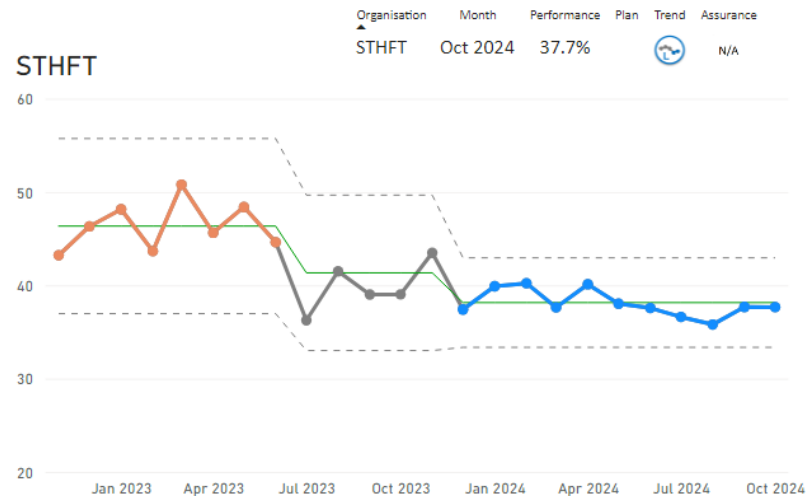
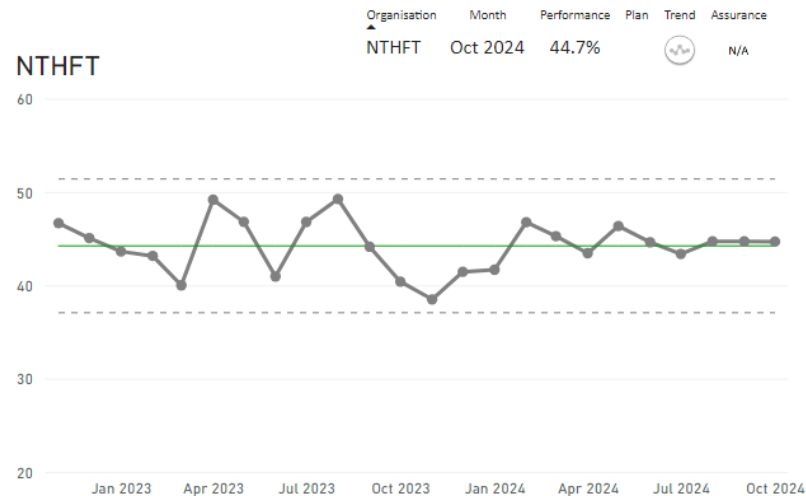
**Action taken:** Recent rise in still births under review and monitored by clinical team. Perinatal losses are reported via the Perinatal Mortality Review Tool and all cases are reviewed in full by an MDT team.

**Executive lead:** Chief Nursing Officer

**Accountable to:** Quality Assurance Committee

SAFE

## Induction of Labour (%)



**Metric:** Percentage of births with induction of labour.

**Plan:** n/a

**Rationale:** Saving Babies Lives care bundle.

**Data quality:** Assured, validated data.

**Trend:** NTHFT remains at a consistent rate. Induction of labour rate at STHFT has significantly reduced since December 2023.

**Assurance:** n/a

**Action taken:** n/a

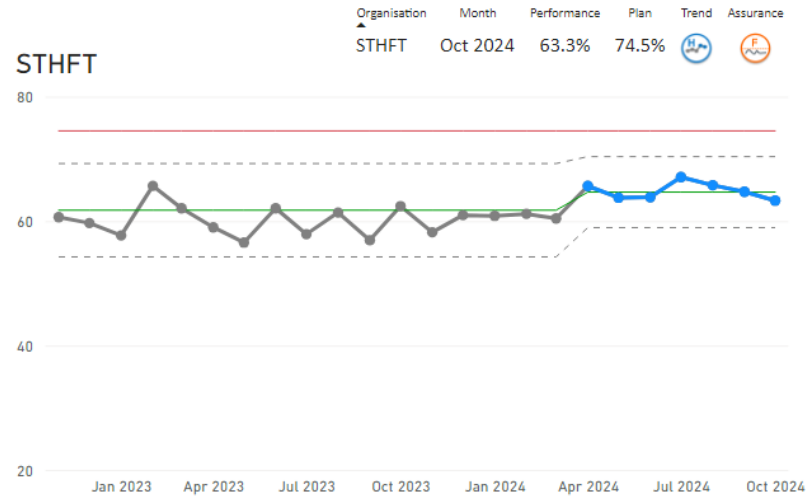
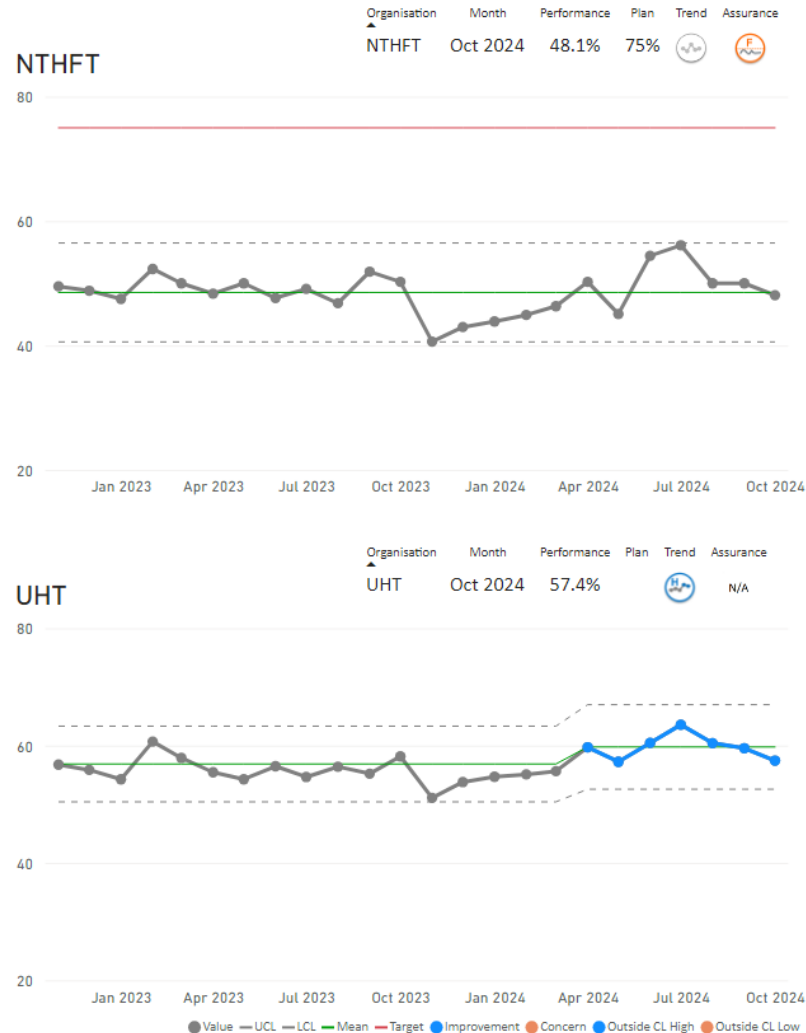
**Executive lead:** Chief Nursing Officer

**Accountable to:** Quality Assurance Committee



SAFE

## Breast Feeding at First Feed



**Metric:** Percentage of births where breastfeeding is initiated, reported at first feed.

**Plan:** Local plan 75% (benchmarked to regional average)

**Rationale:** UNICEF Baby Friendly breast-feeding initiative; national maternity dashboard Clinical Quality Improvement Metric (CQIM)

**Data quality:** Assured, validated data.

**Trend:** No recent change at NTHFT. Significant improvement in rates at STHFT since November 2023.

**Assurance:** NTHFT Alert: no improvement. STHFT Advise: recent improvement but consistently below plan.

**Action taken:** At NTHFT a different staffing model is being explored to support infant feeding and, as a result of a focused project, 80% of preterm newborns have received expressed breast milk within 6 hours.

**Executive lead:** Chief Nursing Officer

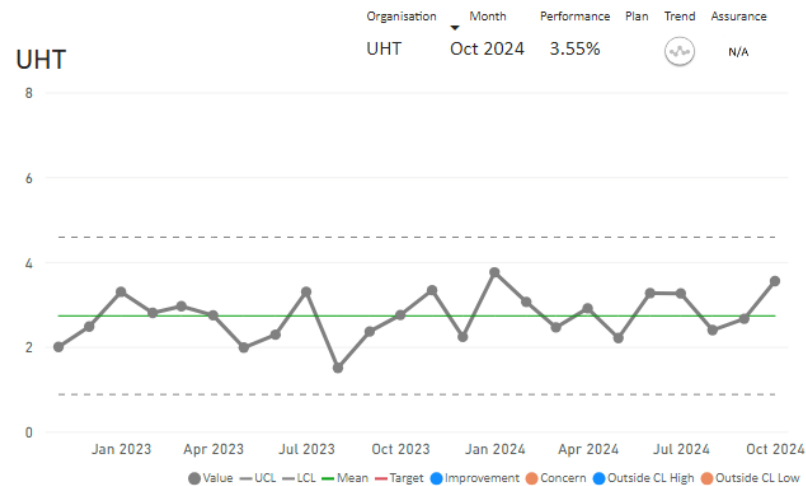
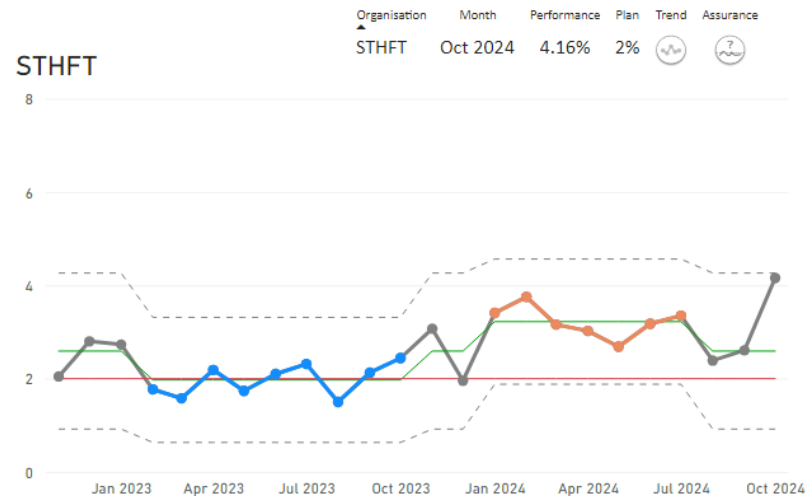
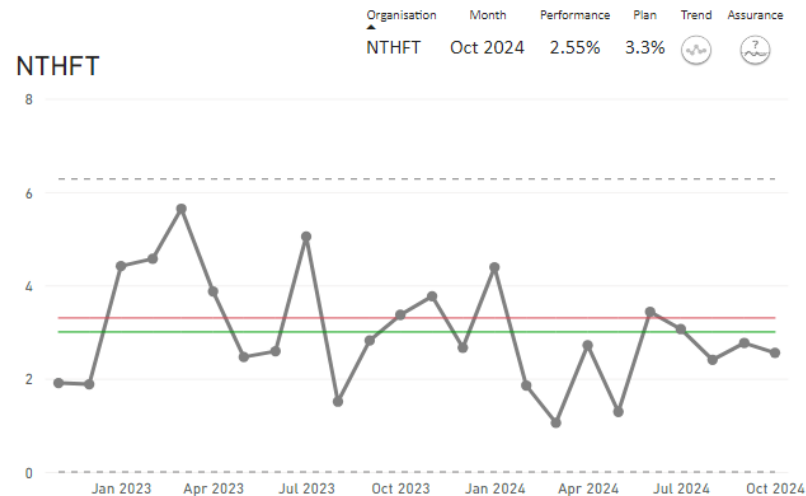
**Accountable to:** Quality Assurance Committee



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SAFE

PPH &gt; 1500ml (%)



**Metric:** Percentage of births with post-partum haemorrhage (PPH) greater than 1500ml.  
**Plan:** Local plans, previous national standard 3.3%.  
**Rationale:** National Maternity Indicator and Clinical Quality Improvement Metric.

**Data quality:** Assured, validated data.

**Trend:** Decrease in rates at NTHFT with a positive performance over the last 4 months. PPH rates at STHFT have increased since September 2023. Obs UK care bundle implementation and study underway.

**Assurance:** Advise: Rates do not consistently achieve local plans.

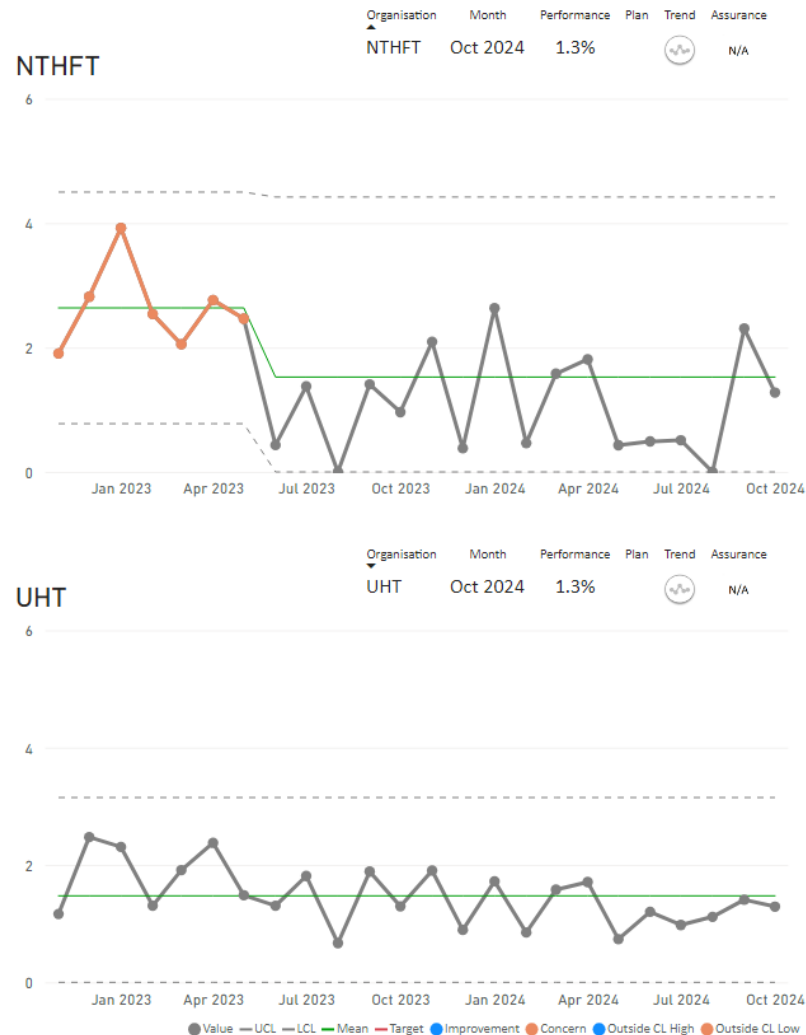
**Action taken:** Both NTHFT and STHFT are now part of a research study to look at interventions to reduce PPH.

**Executive lead:** Chief Nursing Officer

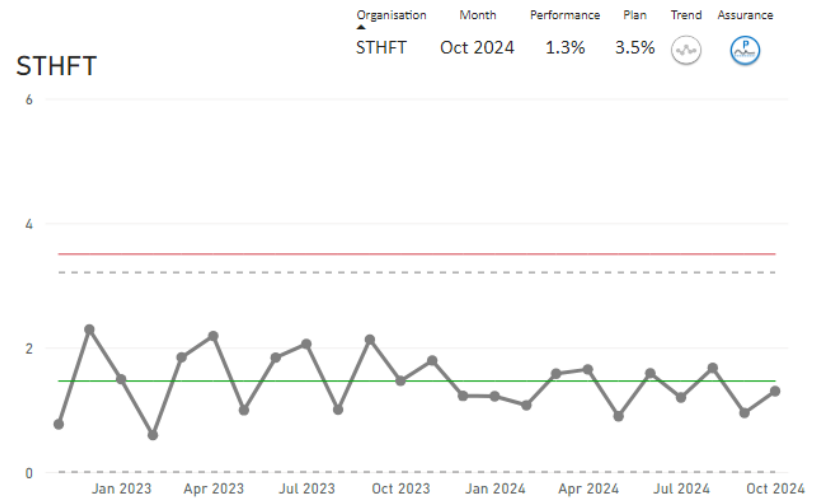
**Accountable to:** Quality Assurance Committee

SAFE

## Number of 3rd/4th degree tear (%)



## STHFT



**Metric:** Percentage of births with 3<sup>rd</sup>/4<sup>th</sup> degree maternal tear.

**Plan:** Local plans.

**Rationale:** National Maternity Indicator.

**Data quality:** Assured, validated data.

**Trend:** No change.

**Assurance:** Assure: rates at STHFT are consistently below plan, and similar rates at NTH.

**Action taken:** Royal College of Obstetricians & Gynaecologists care bundle (OASI) continues at both NTHFT and STHFT.

**Executive lead:** Chief Nursing Officer

**Accountable to:** Quality Assurance Committee

## EFFECTIVE

## DOMAIN SUMMARY

**Executive lead: Dr Michael Stewart, Chief Medical Officer    Accountable to: Quality Assurance Committee**

Summary Hospital-level Mortality Indicator (SHMI) is 'as expected' for both Trusts. Assurance continues to require non-statistical approaches. At STHFT, since the Medical Examiner Service became statutory on 9 September 2024, its information is no longer available to the Trust, but they continue to review >98% of deaths and refer relevant cases to the Trust Mortality Surveillance team for further review/investigation/action where required. SHMI is influenced by the depth of co-morbidity coding: coding of co-morbidities is a theme in the STHFT coding action plan, as benchmarking identifies this as an area for further improvement. Learning across the Group contributes to this as NTHFT benchmark well.

Readmission audits are regularly undertaken at NTHFT to identify any changes needed in clinical pathways to reduce avoidable readmissions.

## NTHFT

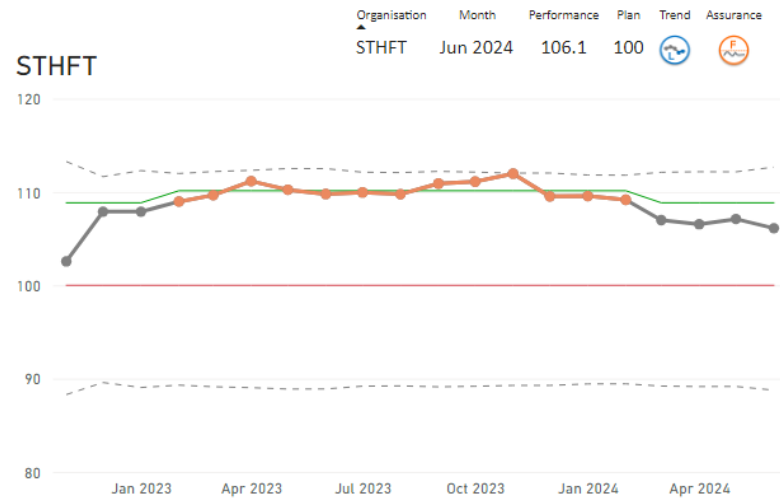
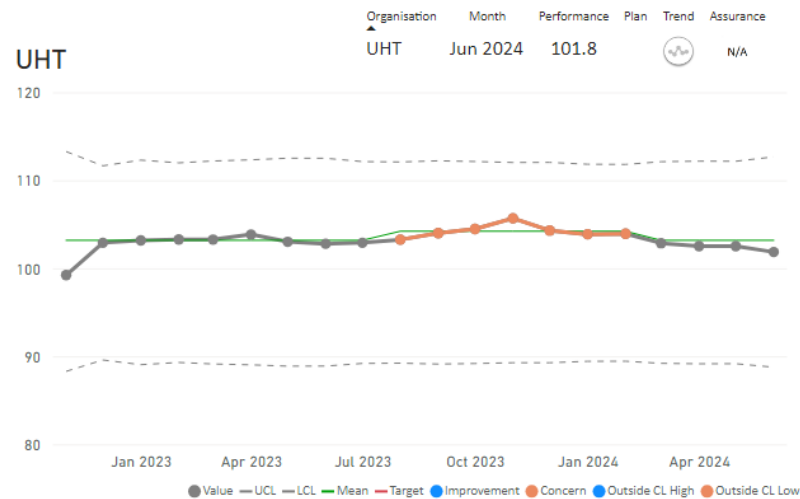
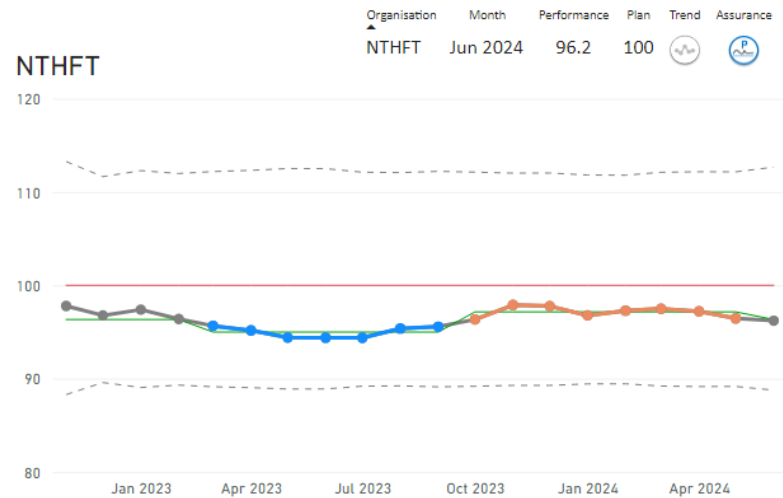
| Metric                                     | Month Target | Nov 2023 | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024 | Sep 2024 |
|--|--------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Summary Hospital-Level Mortality Indicator | 100          | 97.9     | 97.8     | 96.8     | 97.3     | 97.5     | 97.2     | 96.5     | 96.2     |          |          |          |
| Readmission Rate (%)                       | 7.7%         | 8.9%     | 9.4%     | 9.7%     | 9.4%     | 10.1%    | 9.4%     | 9.6%     | 10.1%    | 9%       | 9.1%     | 8.9%     |

## STHFT

| Metric                                     | Month Target | Nov 2023 | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024 | Sep 2024 |
|--|--------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Summary Hospital-Level Mortality Indicator | 100          | 112      | 109.5    | 109.6    | 109.2    | 107      | 106.6    | 107.1    | 106.1    |          |          |          |
| Readmission Rate (%)                       |              | 6.4%     | 6.6%     | 6%       | 6.3%     | 6.7%     | 6.1%     | 6%       | 6.7%     | 6.7%     | 6.3%     | 6.4%     |

## EFFECTIVE

## Summary Hospital-Level Mortality Indicator



**Metric:** Summary hospital-level mortality indicator (SHMI). SHMI is calculated for rolling 12-months, published 4-months in arrears.

**Plan:** Standardised to 100.

**Rationale:** Quality Accounts regulatory indicator.

**Data quality:** Assured, validated data.

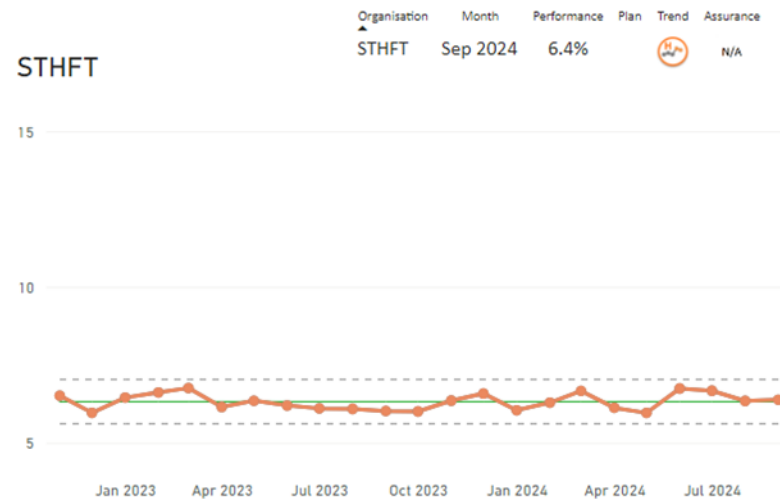
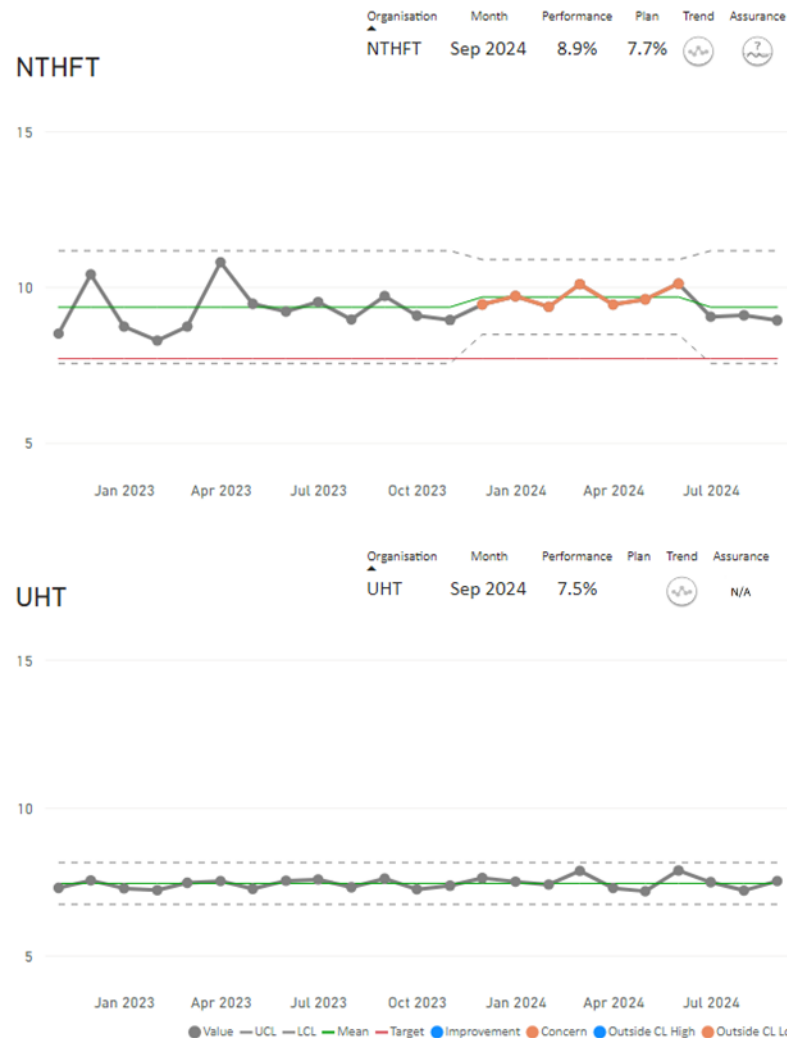
**Trend:** No change at NTHFT, continued improvement at STHFT, expected to continue to improve.

**Assurance:** NTHFT: Assure. Consistently below (better than) the national benchmark. STHFT: Advise. Above the national benchmark but within the expected variation, with exception of one period impacted by data quality.

**Action taken:** n/a

**Executive lead:** Chief Medical Officer

**Accountable to:** Quality Assurance Committee

**EFFECTIVE****Readmission Rate (%)**

**Metric:** Percentage of patients readmitted within 30 days.

**Plan:** NTHFT internal plan.

**Rationale:** NHS Contract metric.

**Data quality:** Advise: further work to be done to align metric criteria to NHSE metrics. A month in arrears to enable the data to be fully coded.

**Trend:** Readmission rates at both Trusts are higher than previous levels.

**Assurance:** Advise. Rates at NTHFT are above plan.

**Action taken:** Monthly audits continue at NTHFT to determine avoidable/unavoidable readmissions with lessons learnt informing pathway improvements.

**Executive lead:** Chief Medical Officer

**Accountable to:** Quality Assurance Committee

**Executive lead: Neil Atkinson, Managing Director**

**Accountable to: Resources Committee**

### Urgent and emergency care

For STHFT, improvement in emergency care metrics has been driven by the co-located Urgent Treatment Centre at James Cook Hospital A&E, closer working across the group and service improvement in collaboration with NEAS. However October was a very challenging month for performance. NTHFT supported neighbouring Trusts with divers and mutual aid in periods of surge, which can be extremely challenging to facilitate due to significant increase in UEC attendances. During the month corridor care has been in place to support timely release of ambulance crews.

Above-standard performance in the community urgent 2-hour response reflects effective support to EDs by caring for patients in the most appropriate setting. Elective operations cancelled on the day not rebooked within 28 days requires improvement at STHFT with performance and actions now being monitored at the Surgical Improvement Group.

#### NTHFT

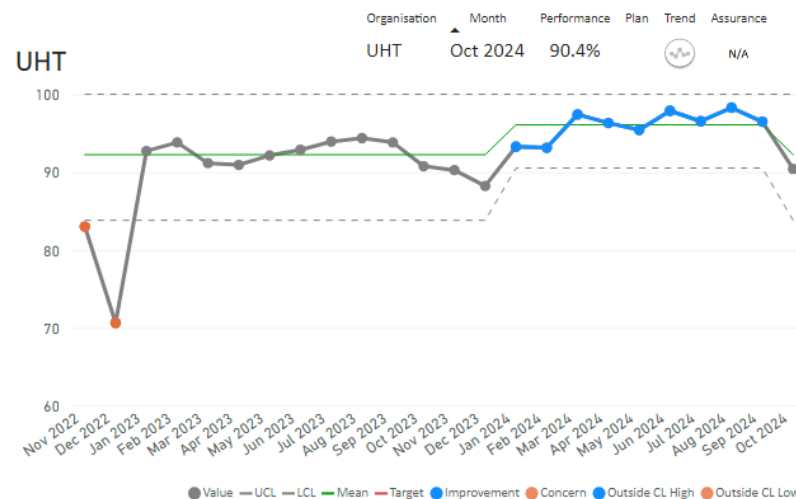
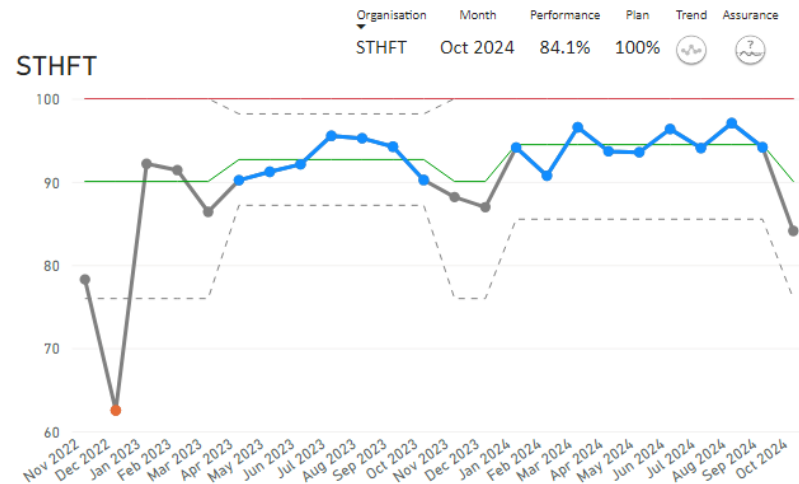
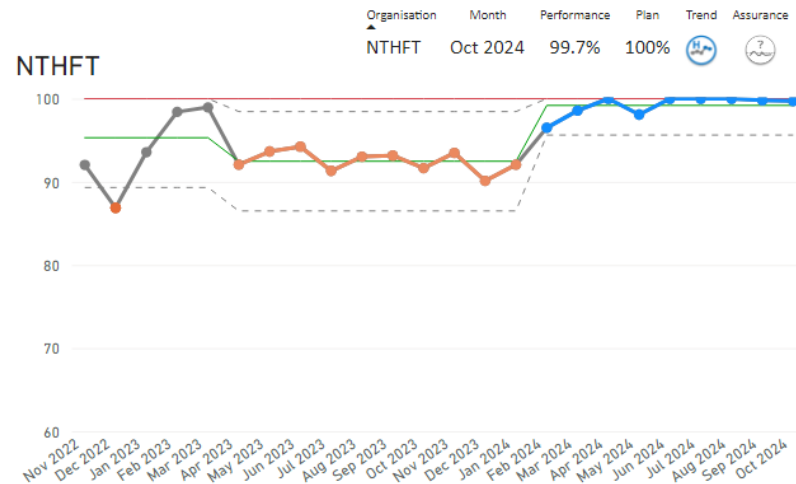
| Metric                                      | Month Target | Nov 2023 | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024 | Sep 2024 | Oct 2024 |
|---|--------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Handovers - Within 60 Mins (%)              | 100%         | 93.5%    | 90.1%    | 92.1%    | 96.5%    | 98.6%    | 100%     | 98.1%    | 100%     | 100%     | 100%     | 99.8%    | 99.7%    |
| 4-Hour A&E Standard                         | 88.8%        | 84.4%    | 83%      | 84.2%    | 85.5%    | 87.1%    | 88.7%    | 87.2%    | 89.9%    | 87.3%    | 89.4%    | 85.6%    | 83.8%    |
| 12-Hour A&E Breaches Rate                   | 2%           | 0.4%     | 1.3%     | 1.3%     | 0.8%     | 0.1%     | 0.2%     | 0.2%     | 0%       | 0.2%     | 0.1%     | 0.4%     | 0.6%     |
| Community UCR 2hr Response Rate (%)         | 70%          | 76%      | 76%      | 77%      | 79%      | 79%      | 84%      | 84%      | 82%      | 71%      | 75%      | 76%      |          |
| Cancelled Ops - Not Rebooked Within 28 days | 0            | 5        | 6        | 9        | 9        | 4        | 2        | 1        | 3        | 2        | 2        | 2        | 2        |

#### STHFT

| Metric                                      | Month Target | Nov 2023 | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024 | Sep 2024 | Oct 2024 |
|---|--------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Handovers - Within 60 Mins (%)              | 100%         | 88.2%    | 86.9%    | 94.1%    | 90.7%    | 96.6%    | 93.7%    | 93.5%    | 96.3%    | 94.1%    | 97.1%    | 94.2%    | 84.1%    |
| 4-Hour A&E Standard                         | 73.8%        | 66%      | 66.9%    | 68.1%    | 67.8%    | 69.7%    | 75.6%    | 73.5%    | 74.3%    | 76.9%    | 78.7%    | 77.3%    | 73.5%    |
| 12-Hour A&E Breaches Rate                   | 2%           | 2.8%     | 2.7%     | 1.9%     | 3%       | 1.7%     | 2%       | 1.9%     | 1.7%     | 1%       | 0.7%     | 1%       | 3.6%     |
| Community UCR 2hr Response Rate (%)         | 70%          | 87%      | 86%      | 88%      | 86%      | 88%      | 89%      | 87%      | 86%      | 87%      | 89%      | 83%      |          |
| Cancelled Ops - Not Rebooked Within 28 days | 0            | 9        | 27       | 29       | 22       | 22       | 26       | 27       | 16       | 13       | 15       | 13       | 21       |

## RESPONSIVE

## Handovers - Within 60 Mins (%)



**Metric:** Percentage of ambulance handovers completed within 60 minutes of arrival at ED.

**Plan:** 100% within 60 minutes.

**Rationale:** NHS Contract metric.

**Data quality:** Advisory: validated data from Trust systems may differ from published data from ambulance services.

**Trend:** NTHFT: Improved performance since February 2024.

STHFT: point dip in performance in October 2024, with increased attendances and higher acuity.

**Assurance:** NTHFT: Advise. Improved, standard not assured but met on most days. STHFT: Advise, standard not met.

**Action taken:** STHFT action plan, single handover process implemented with a view to incorporate additional best practice to reduce delays further. NTHFT have accepted additional demand to support STHFT and other Trusts when demand surges; and focusing on timely release of crews.

**Executive lead:** Managing Director

**Accountable to:** Resources Committee

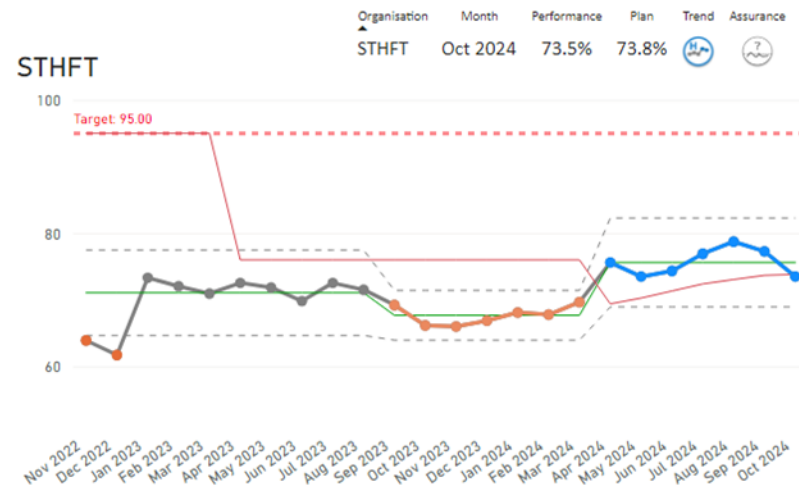
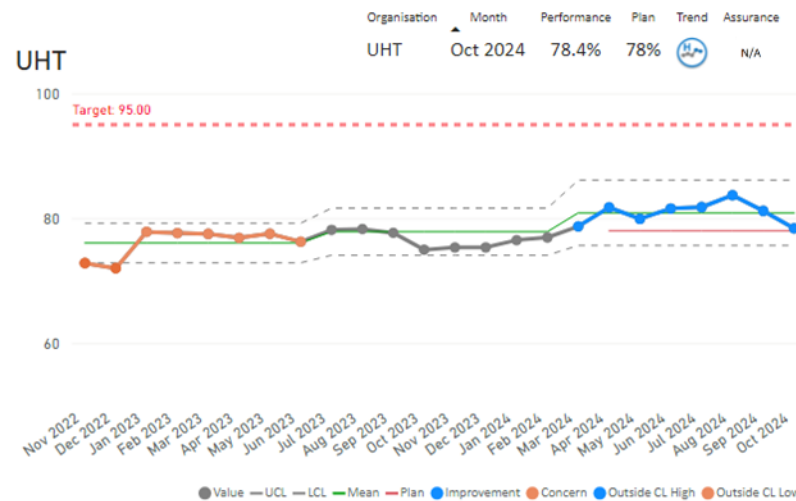
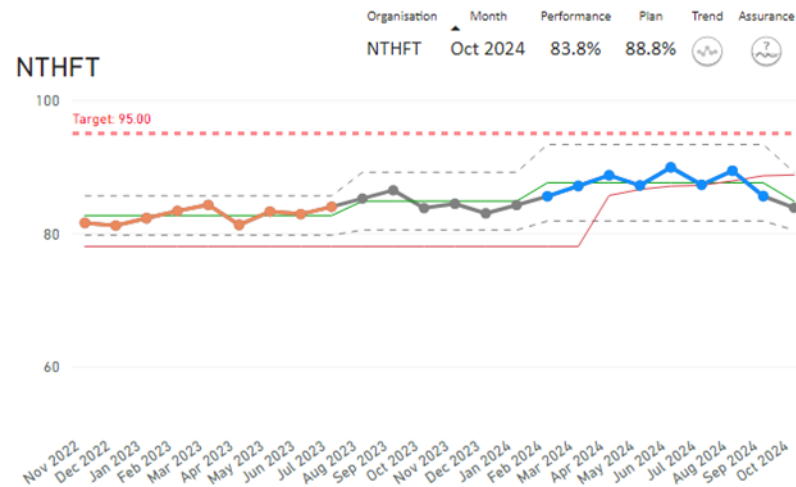


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## RESPONSIVE

## 4-Hour A&amp;E Standard



**Metric:** Percentage of patients admitted, transferred or discharged from A&E (all types) within 4 hours of arrival.

**Plan:** NHS Constitution standard 95%, operational plan per Trust to achieve 78% STHFT, 90% NTHFT.

**Rationale:** NHS Contract metric.

**Data quality:** Assured, validated data.

**Trend:** Improved performance at both Trusts since January (NTHFT) and March 2024 (STHFT).

**Assurance:** Advise: plans are now met in most months.

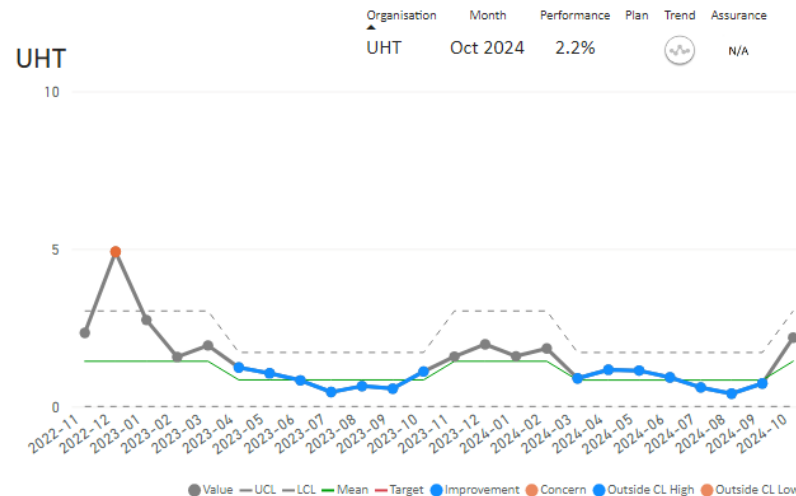
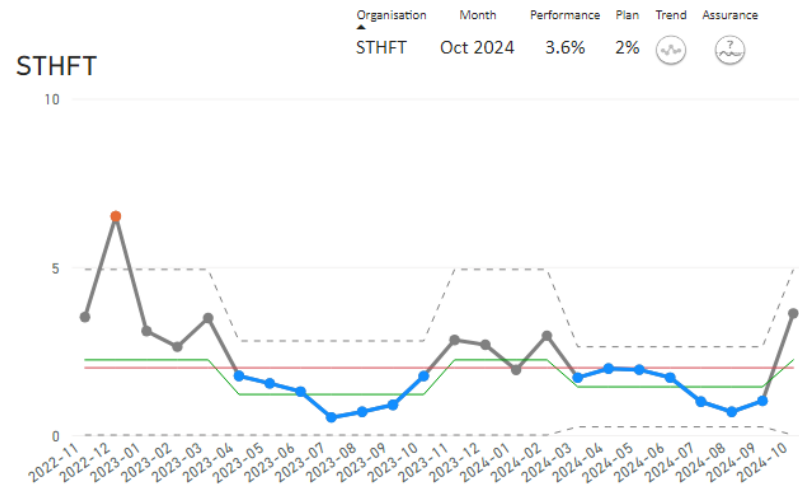
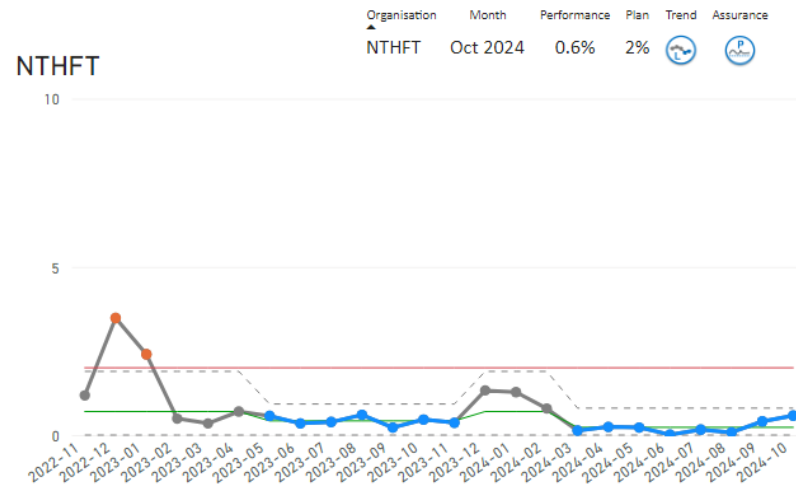
**Action taken:** Opening of the JCUH urgent treatment centre April 2024 created step change in performance at STHFT, now further focus on optimising streaming of patients between ED and Urgent Treatment Centre (UTC). NTHFT has been challenged by due to high volume of attendances, increased acuity, increased bed occupancy and discharge challenges due to infection control and community domiciliary care availability. However, the Trust continues to be a positive outlier both Regionally and Nationally.

**Executive lead:** Managing Director

**Accountable to:** Resources Committee

## RESPONSIVE

## 12-Hour A&amp;E Breaches Rate



**Metric:** Percentage of patients admitted or discharged from A&E (all types) after 12 hours.

**Plan:** NHS Contract standard: No more than 2% of patients attending are in A&E more than 12 hours.

**Rationale:** NHS Contract metric.

**Data quality:** Assured, validated data.

**Trend:** Seasonal variation; improvement at NTHFT.

**Assurance:** NTHFT: Assure: Standard is achieved.

STHFT: Advise: poorer performance in October.

**Action taken.** STHFT focus is on optimal streaming of patients between ED and UTC, direct admissions to SDEC and making full use of UCR services which at times have been at full capacity. NTHFT nurse led pathway now operational. Teams have met to explore how this pathway can be expanded to further support flow.

**Executive lead:** Managing Director

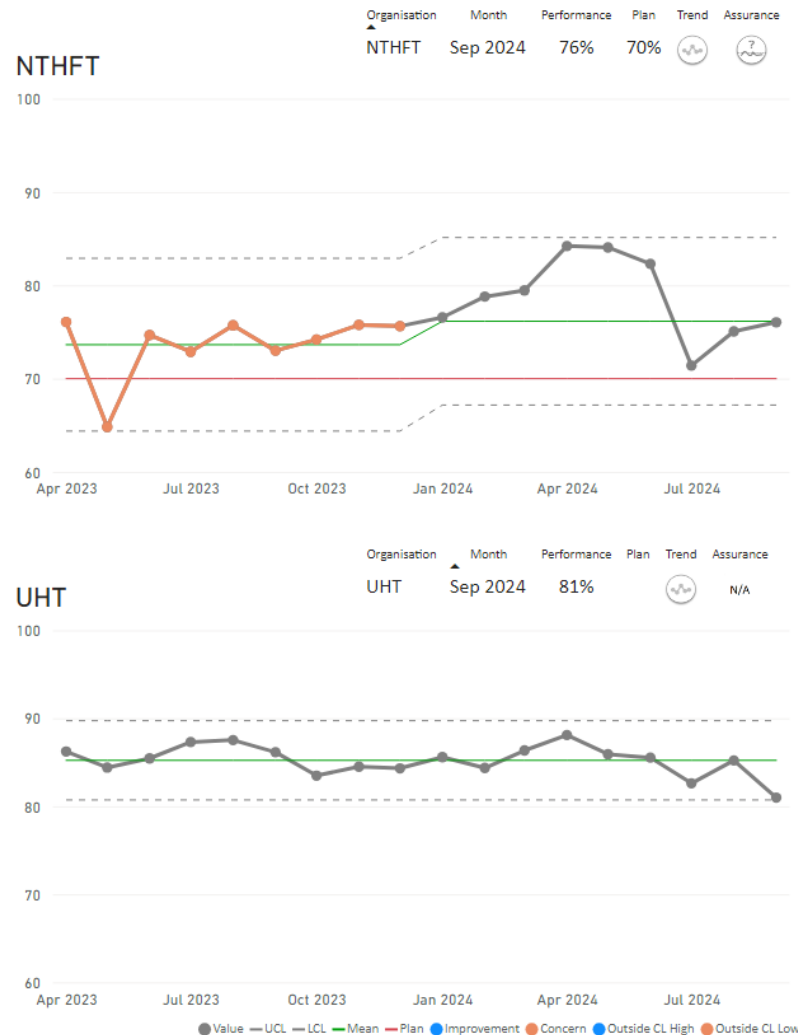
**Accountable to:** Resources Committee



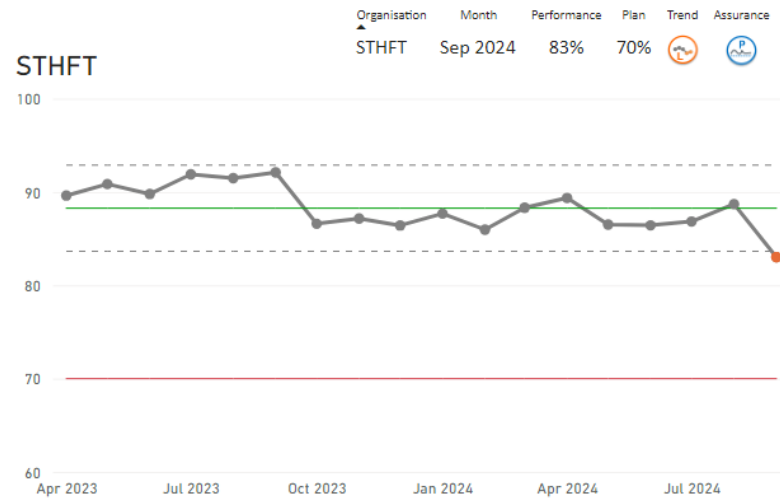
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## RESPONSIVE

## Community UCR 2hr Response Rate (%)



## STHFT



**Metric:** Urgent community response within 2-hours

**Plan:** 70%

**Rationale:** NHS operational planning guidance

**Data quality:** Advisory, metric calculated from submitted raw community data sets.

**Trend:** NTHFT: no trend but improved performance since January 2024. STHFT: Stable assured trend exceeding plan. Performance for October 2024 is outside expected variation.

**Assurance:** NTHFT: Advise. Achievement of plan is not statistically assured due to wide monthly variation but met for almost 2 years. STHFT: Assure. Plan is met.

**Action taken:** Community rapid response services remain a key element of winter plans. Outlier in STHFT performance for October likely caused by staffing factors.

**Executive lead:** Managing Director

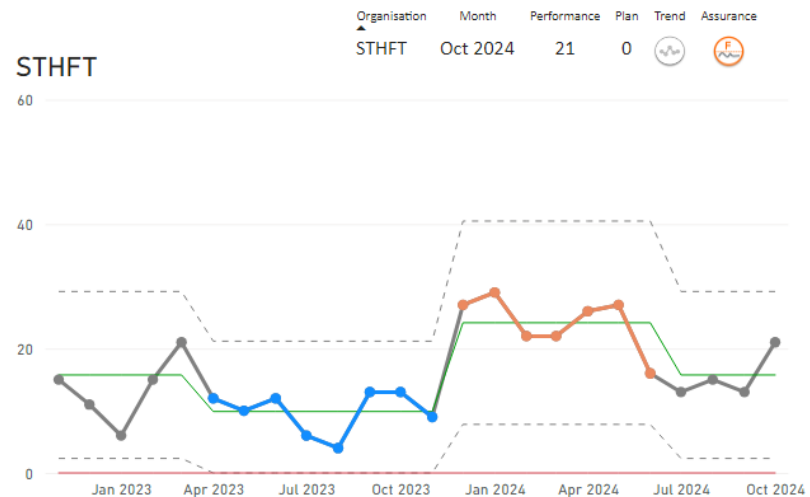
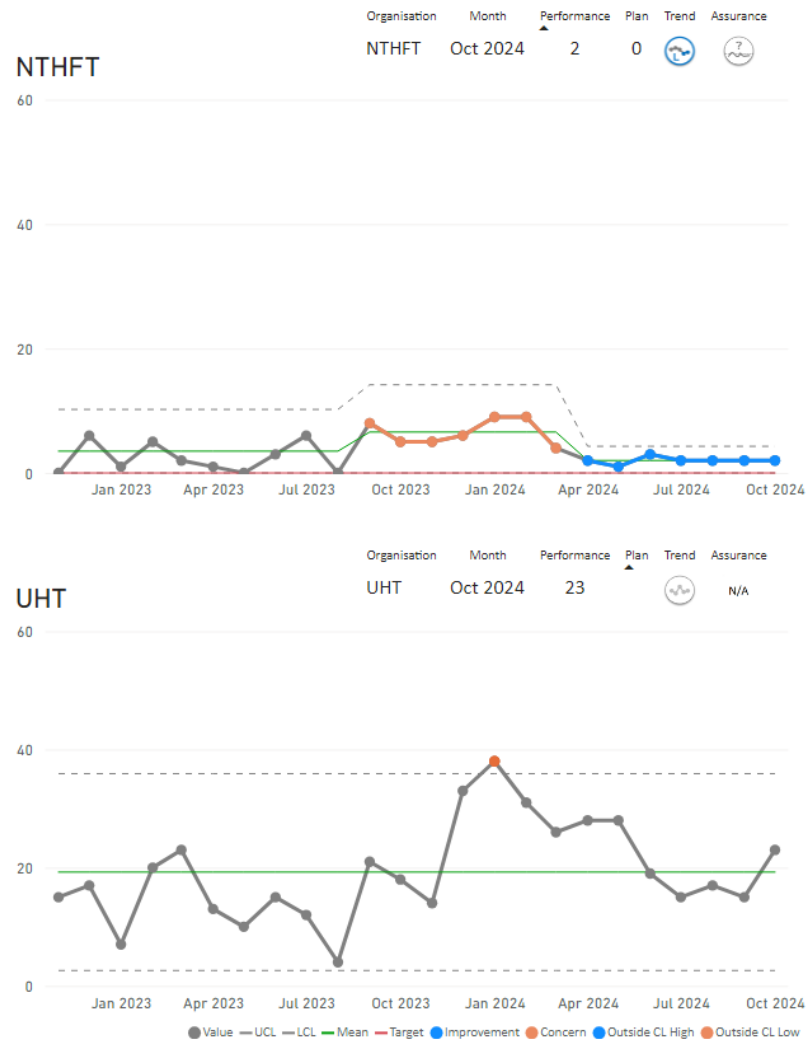
**Accountable to:** Resources Committee



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## RESPONSIVE

## Cancelled Ops - Not Rebooked Within 28 days



**Metric:** Operations cancelled not rebooked within 28-days.

**Plan:** Zero.

**Rationale:** NHS Contract metric.

**Data quality:** Assured, validated data.

**Trend:** Increased numbers at STHFT, since December 2023. NTHFT rates continue to remain low.

**Assurance:** NTHFT: Advise. STHFT: Alert.

**Action taken:** Elective capacity planning through the winter months aims to minimise cancellations.

Cancellations not re-booked are to be monitored by the Surgical Improvement Group at STHFT. Audit into avoidable cancellations to inform improvements. NTHFT Daily review of all cancellations is in place and the trust remains focussed and committed to reappointing patients within the timeframe.

**Executive lead:** Managing Director

**Accountable to:** Resources Committee



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**Executive lead: Neil Atkinson, Managing Director**

**Accountable to: Resources Committee**

### Elective, diagnostic and cancer care

Both Trusts have elevated numbers of patients waiting beyond 52 weeks above their respective plans, more markedly at STHFT. There are potential green shoots of improvement for STHFT with reducing numbers for the last two months. The national priority is to eliminate 65 week waits, which NTHFT achieved at the end of September. Both Trusts are engaged in a range of actions including sharing capacity / mutual aid to improve equity of access and targeted additional clinical activity.

The faster diagnosis standard is met in most months for both Trusts and is critical to improving cancer pathways. Diagnostic improvement workshops with clinical teams developed shared tumour group action plans. Cancer treatment standards at STHFT require improvement, new investment in cancer navigators focuses on reducing delays and changes to the diagnostic phase of the Urology prostate pathway are to be implemented in December 2024.

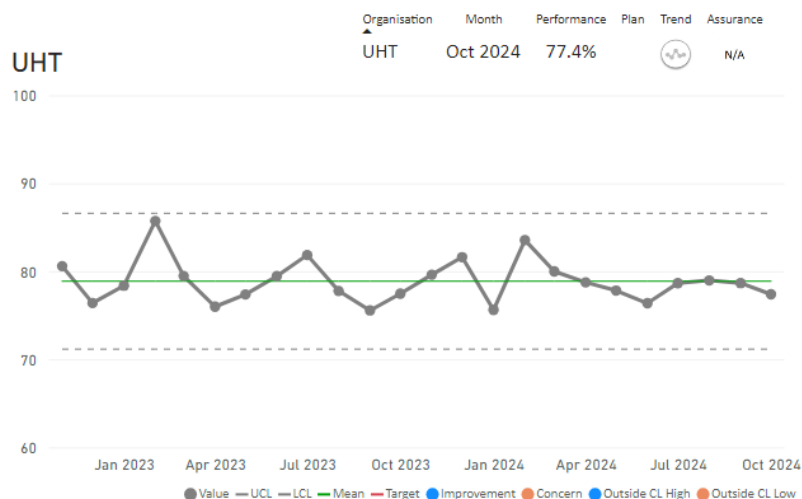
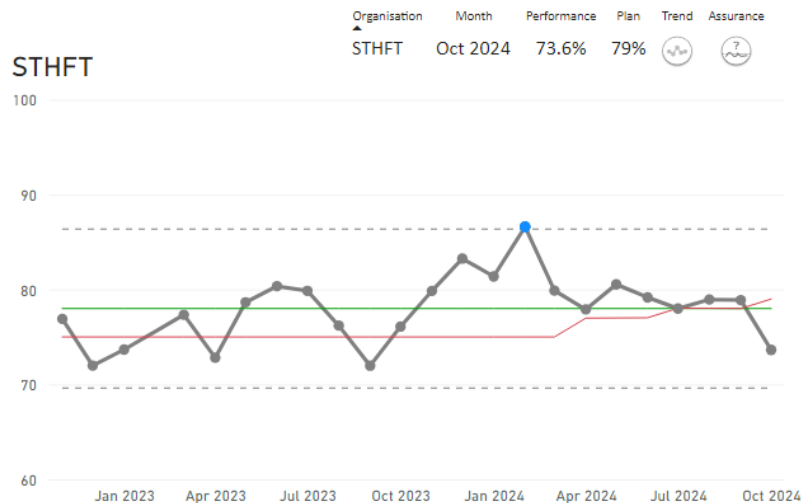
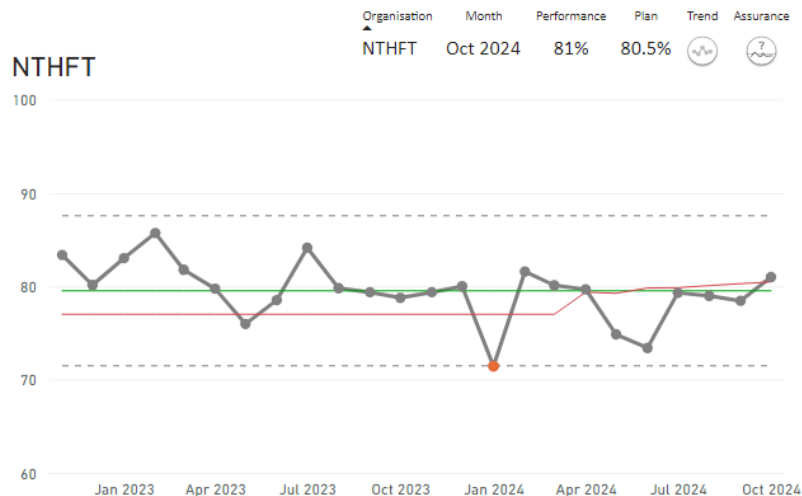
#### NTHFT

| Metric                               | Month Target | Nov 2023 | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024 | Sep 2024 | Oct 2024 |
|--------------------------------------|--------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Cancer Faster Diagnosis Standard (%) | 80.5%        | 79.4%    | 80%      | 71.4%    | 81.6%    | 80.1%    | 79.7%    | 74.9%    | 73.4%    | 79.3%    | 79%      | 78.4%    | 81%      |
| Cancer 31 Day Standard (%)           | 96%          | 96%      | 97.1%    | 94.1%    | 97.6%    | 94%      | 97.6%    | 97.8%    | 95.8%    | 96.3%    | 97.9%    | 91.8%    | 94.7%    |
| Cancer 62 Day Standard (%)           | 71.7%        | 66%      | 69.2%    | 68.7%    | 64.7%    | 72%      | 62.7%    | 65.1%    | 59.7%    | 62.2%    | 72.7%    | 60.1%    | 70.8%    |
| Diagnostic 6 Weeks Standard (%)      | 95%          | 86.5%    | 84%      | 86.7%    | 89.9%    | 84.7%    | 78.7%    | 74.5%    | 69%      | 72.9%    | 72.3%    | 77.7%    | 82.7%    |
| RTT Incomplete Pathways (%)          | 92%          | 73.6%    | 71.7%    | 71.1%    | 71.6%    | 71.2%    | 71.8%    | 72.5%    | 72.2%    | 71.7%    | 71.6%    | 72.1%    | 72.4%    |
| RTT 52 week waiters                  | 144          | 122      | 159      | 166      | 216      | 218      | 175      | 163      | 159      | 183      | 180      | 173      | 179      |

#### STHFT

| Metric                               | Month Target | Nov 2023 | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024 | Sep 2024 | Oct 2024 |
|--------------------------------------|--------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Cancer Faster Diagnosis Standard (%) | 79%          | 79.9%    | 83.3%    | 81.4%    | 86.6%    | 79.9%    | 77.9%    | 80.5%    | 79.2%    | 78%      | 78.9%    | 78.9%    | 73.6%    |
| Cancer 31 Day Standard (%)           | 96%          | 91.6%    | 92%      | 87.6%    | 91%      | 91.6%    | 86.4%    | 91.5%    | 92.4%    | 93.1%    | 92.3%    | 91.1%    | 90.5%    |
| Cancer 62 Day Standard (%)           | 66.1%        | 63.9%    | 63.6%    | 56.8%    | 55.2%    | 59.1%    | 61%      | 58.7%    | 59.3%    | 63.7%    | 59.2%    | 61.9%    | 56.7%    |
| Diagnostic 6 Weeks Standard (%)      | 95%          | 79%      | 77.1%    | 83.1%    | 84.1%    | 80.4%    | 81.7%    | 81.6%    | 80.9%    | 83.2%    | 82.3%    | 84.9%    | 85.9%    |
| RTT Incomplete Pathways (%)          | 92%          | 64%      | 63%      | 63.3%    | 63%      | 61.5%    | 62.7%    | 61.6%    | 60.7%    | 60.3%    | 58.9%    | 59.1%    | 60.2%    |
| RTT 52 week waiters                  | 1017         | 1551     | 1201     | 1270     | 1432     | 1483     | 1498     | 1863     | 2099     | 2106     | 2216     | 1848     | 1524     |

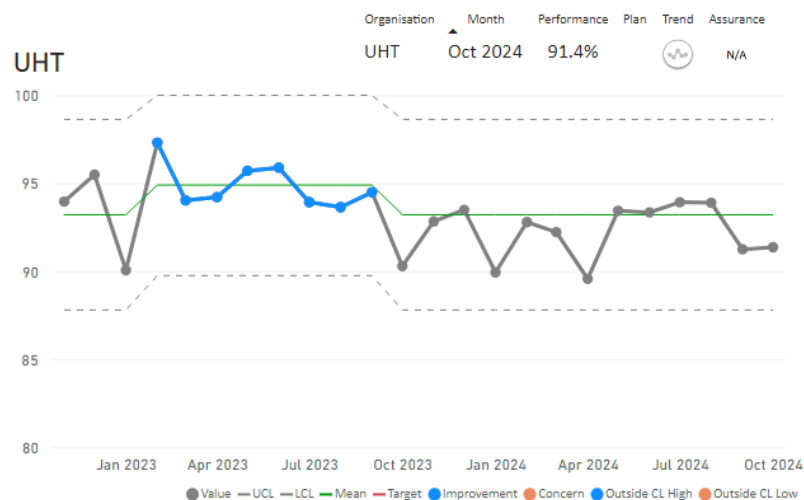
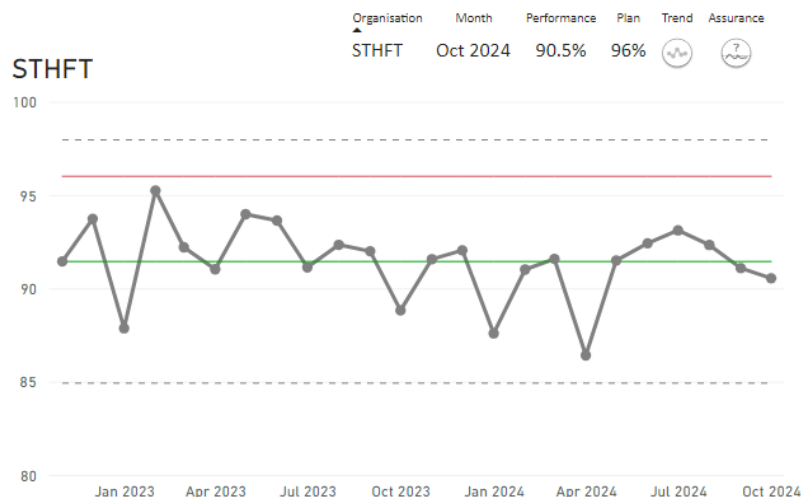
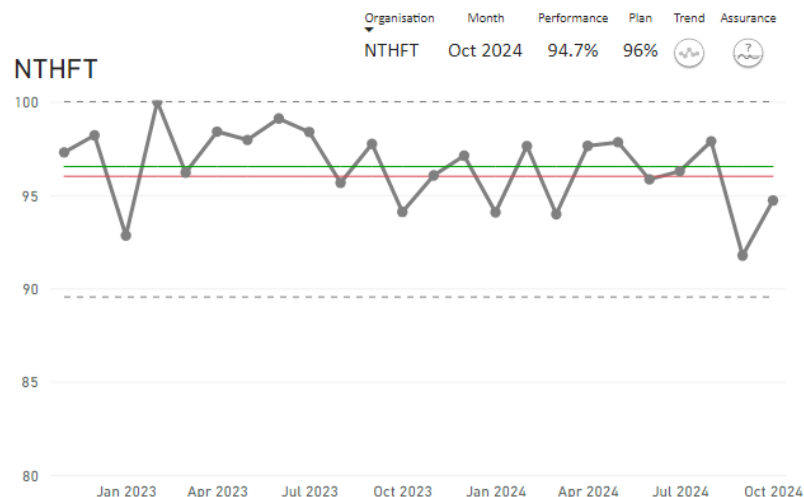
# RESPONSIVE Cancer Faster Diagnosis Standard (%)



**Metric:** Percentage of patients on a cancer pathway who receive diagnosis or rule-out within 28 days from referral.  
**Plan:** NHS Constitution standard 77%. Local operational planning trajectories: 80% by end March 2025.  
**Rationale:** NHS Contract metric.  
**Data quality:** Assured, validated data.  
**Trend:** No trend.  
**Assurance:** Advise. Plans are not met consistently.  
**Action taken:** STHFT focus is on further improving compliance in urology and gastro-intestinal tumour groups.  
**Executive lead:** Managing Director  
**Accountable to:** Resources Committee

## RESPONSIVE

## Cancer 31 Day Standard (%)



**Metric:** Percentage of patients on a cancer pathway who start treatment within 31 days of decision to treat.

**Plan:** NHS Constitution standard 96%.

**Rationale:** NHS Contract metric.

**Data quality:** Assured, validated data.

**Trend:** No trend.

**Assurance:** NTHFT: Advise: standard is not consistently met; STHFT: Advise: standard is not met but within the range of variation.

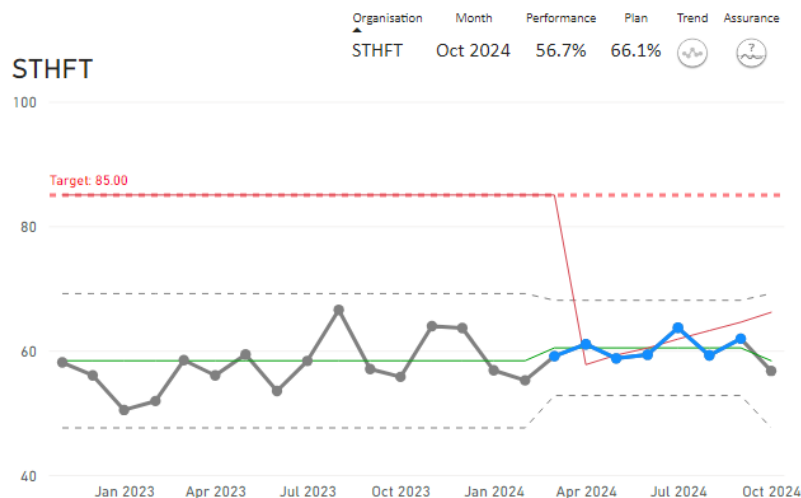
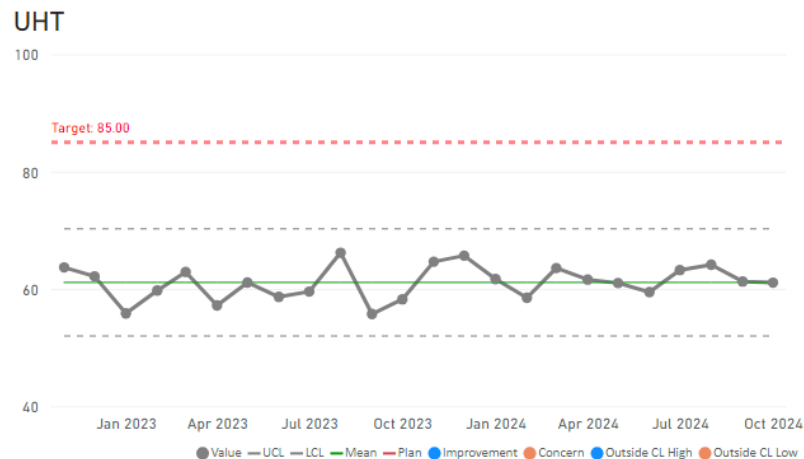
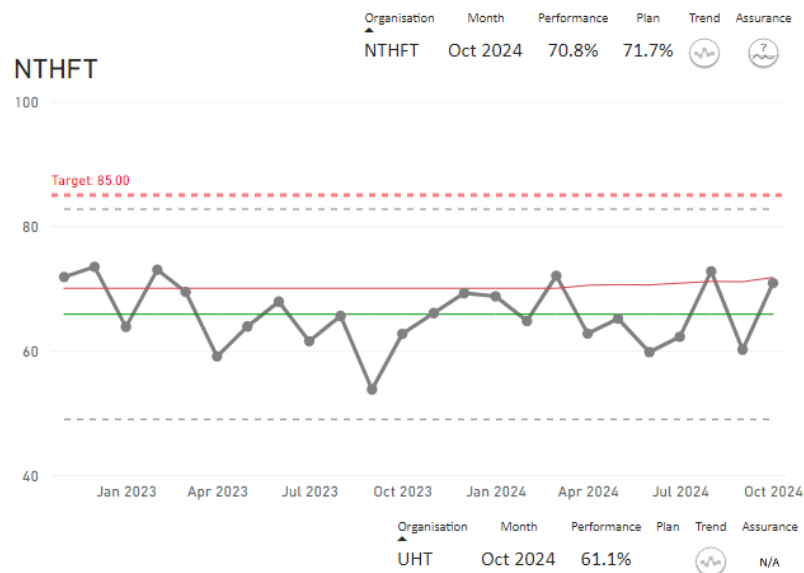
**Action taken:** STHFT focus is the patients waiting longest for treatment (overall pathway time).

**Executive lead:** Managing Director

**Accountable to:** Resources Committee

## RESPONSIVE

## Cancer 62 Day Standard (%)



**Metric:** Percentage of patients on a cancer pathway who start treatment within 62 days of referral.

**Plan:** NHS Constitution standard 85%. Local operational planning trajectories: NTHFT 72.6% by end March 2025. STHFT 70% by end March 2025.

**Rationale:** NHS Contract metric.

**Data quality:** Assured, validated data.

**Trend:** No trend.

**Assurance:** NTHFT: Advise: plan is inconsistently met. STHFT Advise: plan is not met but within variation limits.

**Action taken:** Focus for both Trusts is the patients waiting longest for treatment, this brings patients beyond 62-days into the metric, reducing performance reported. Service improvement work across the Group is underway across tumour groups.

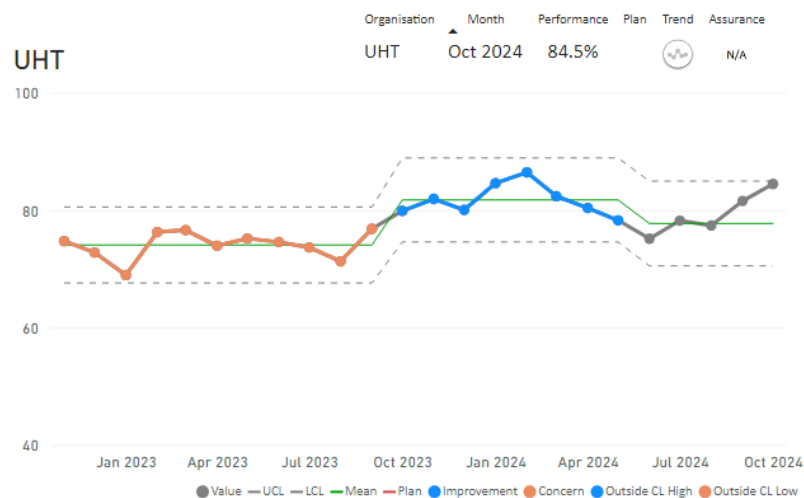
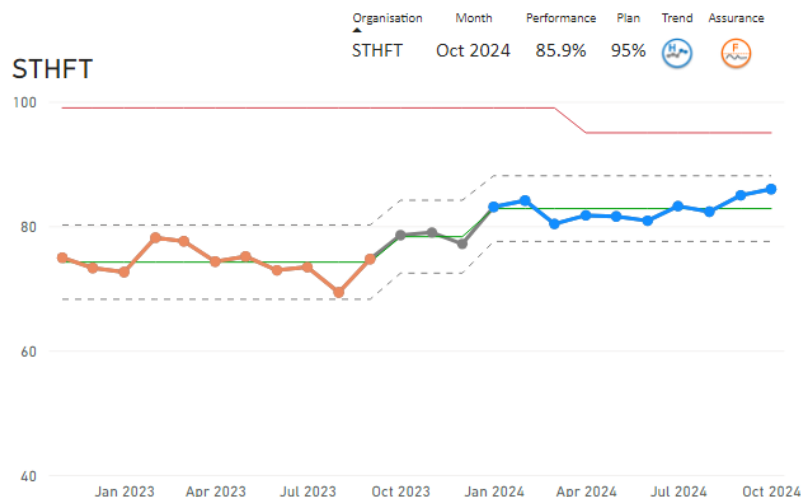
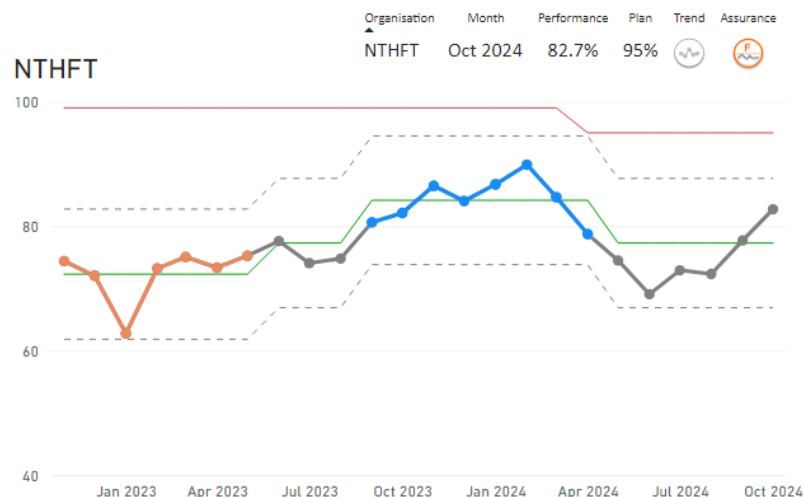
**Executive lead:** Managing Director

**Accountable to:** Resources Committee



## RESPONSIVE

## Diagnostic 6 Weeks Standard (%)



**Metric:** Percentage of patients waiting for a diagnostic test less than 6 weeks from referral, 13 modalities.

**Plan:** NHSE 24/25 operational standard 95%.

**Rationale:** NHS Contract metric.

**Data quality:** Assured, validated data.

**Trend:** NTHFT performance is inconsistent. STHFT improved since October 2023.

**Assurance:** Standard not met. NTHFT: Alert. Standard consistently not met and no recent improvement STHFT: Advise. Standard not met but improvement evident.

**Action taken:** Both Trusts gain additional capacity from February 2025 with the opening of the Stockton Community Diagnostic Centre, which will improve compliance. STHFT: improvement work is underway in specialist services.

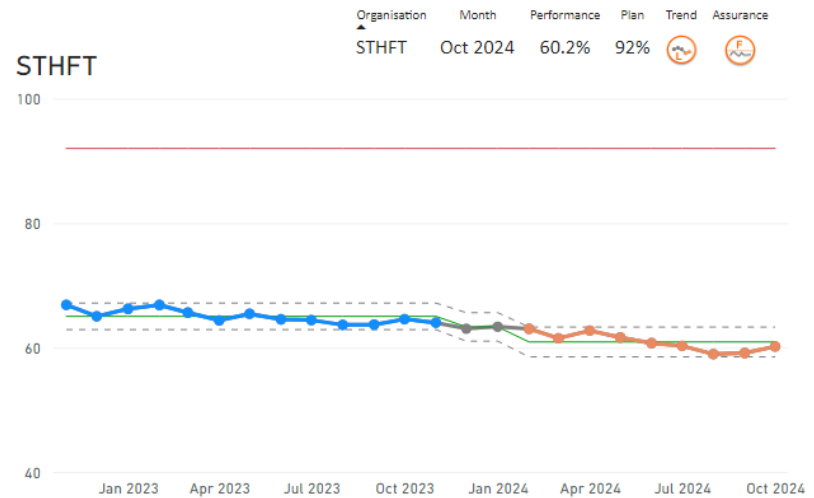
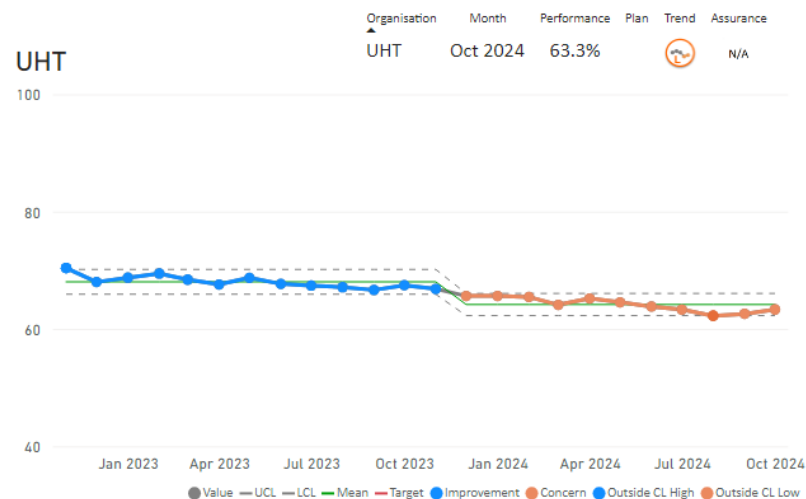
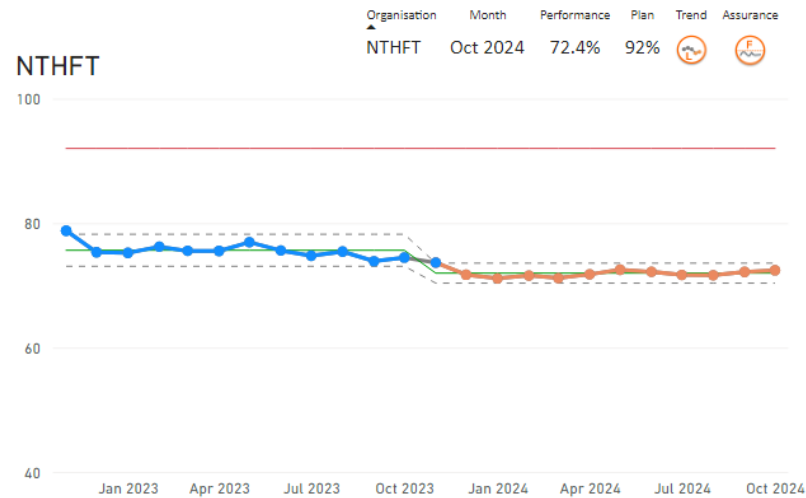
Performance improving at NTHFT as staffing improves within the non-obstetric ultrasound service.

**Executive lead:** Managing Director

**Accountable to:** Resources Committee

## RESPONSIVE

## RTT Incomplete Pathways (%)



**Metric:** Percentage of patients awaiting elective treatment who have waited less than 18 weeks from referral.

**Plan:** NHS Constitution standard 92%.

**Rationale:** NHS Contract metric.

**Data quality:** Assured, validated data.

**Trend:** Decreasing compliance at both Trusts since September 2023 (NTHFT) and June 2023 (STHFT).

**Assurance:** Alert. Standard is consistently breached.

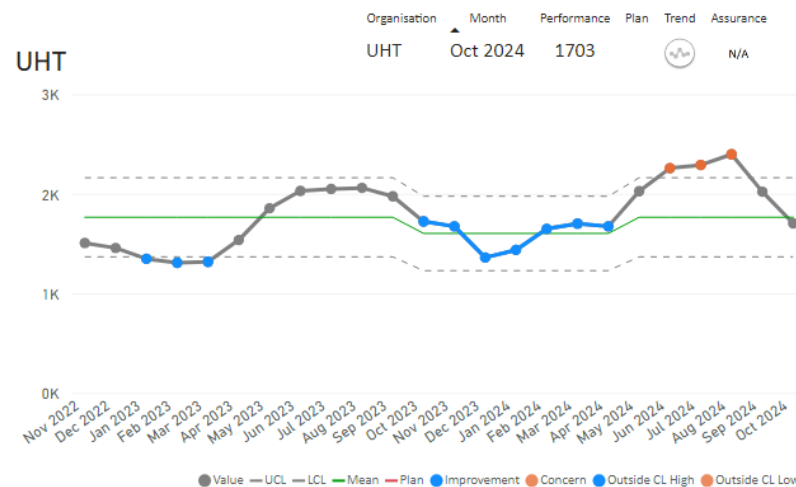
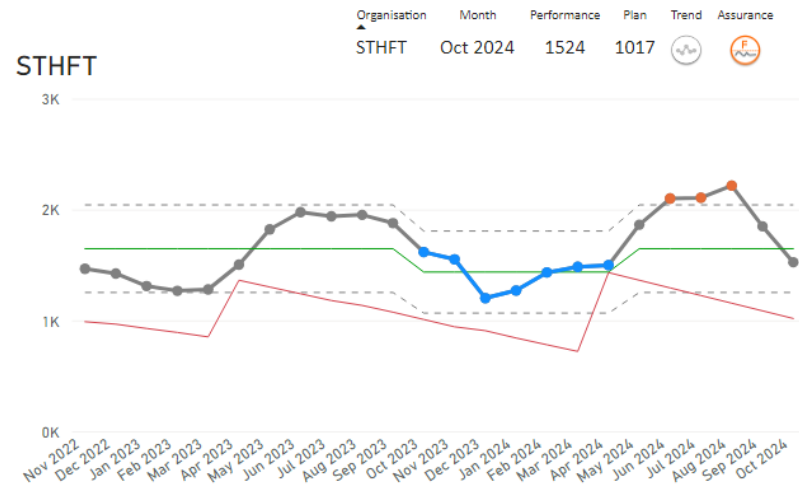
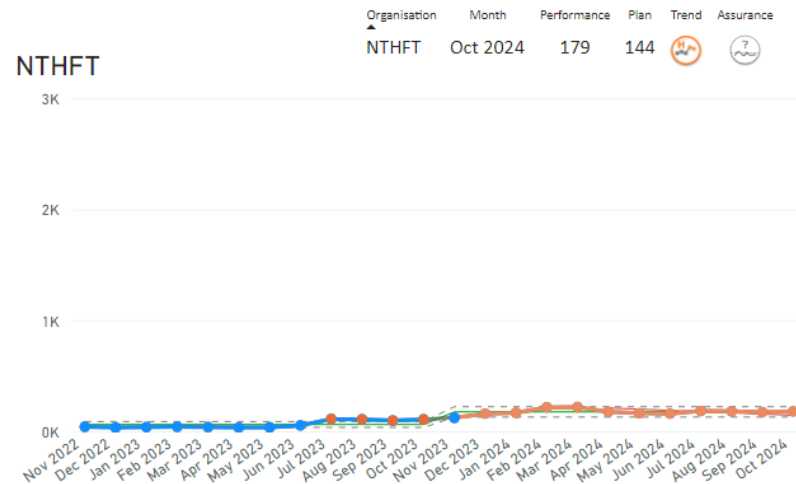
**Action taken:** Focus is on reducing the longest waiters beyond 65 weeks, in line with operational planning guidance and those most clinically urgent (see following metrics).

**Executive lead:** Managing Director

**Accountable to:** Resources Committee

## RESPONSIVE

## RTT 52 week waiters



**Metric:** Number of patients awaiting elective treatment who have waited more than 52 weeks from referral.

**Plan:** Local operational planning trajectories: NTHFT: zero patients by end March 2026, STHFT by end March 2026.

**Rationale:** NHS Contract metric.

**Data quality:** Assured, validated data.

**Trend:** Increasing numbers at both Trusts since October 2023 (NTHFT) and May 2023 (STHFT).

**Assurance:** NTHFT: Advise: reporting above plan.

STHFT: Alert. Plan is consistently breached.

**Action taken:** Focus is on reducing the longest waiters beyond 65 weeks in line with operational planning guidance and treating those most clinically urgent.

**Executive lead:** Managing Director

**Accountable to:** Resources Committee



Caring  
Better  
Together

**Executive lead: Dr Hilary Lloyd, Chief Nursing Officer    Accountable to: Quality Assurance Committee**

Targets for patient experience ratings (percentage respondents rating their experience overall good or very good) have now been aligned across the group, at the published national average. We aim to consistently achieve above average satisfaction. In October NTHFT is above plan in three of five surveys (not Maternity and Outpatient). STHFT is above plan in four out of five surveys (not A&E), with assurance of consistently positive responses in Community services. The focus is on increasing response rates to FFT to provide more assurance of positive experience of care. To note – the external provider for text returns for NTHFT FFT has experienced significant data issues resulting in missed opportunities to send text messages from mid October – issue resolved early December 2024. This is likely to have impacted response rates across all areas during October.

The complaints, concerns and enquiries process has been reviewed. Further work is being undertaken in Q3 24/25 to ensure consistency of responding. Clinical and operational teams are focused ensuring that patient enquiries, concerns and complaints are resolved in a timely manner, prioritising those that have been waiting the longest for closure.

**NTHFT**

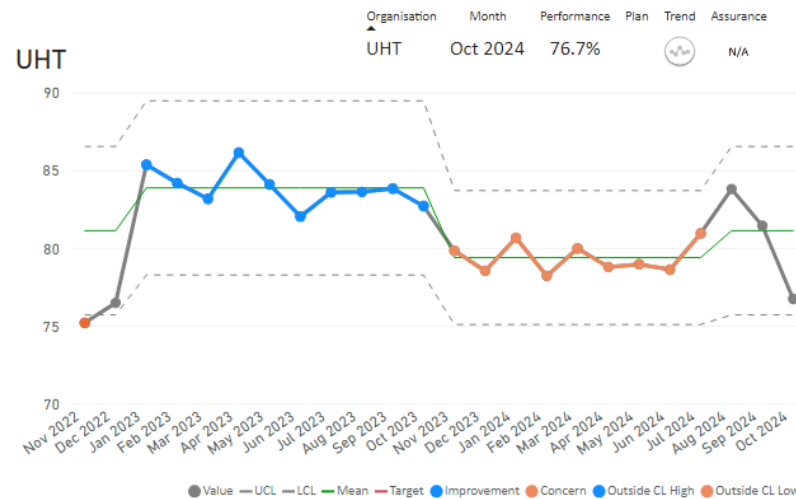
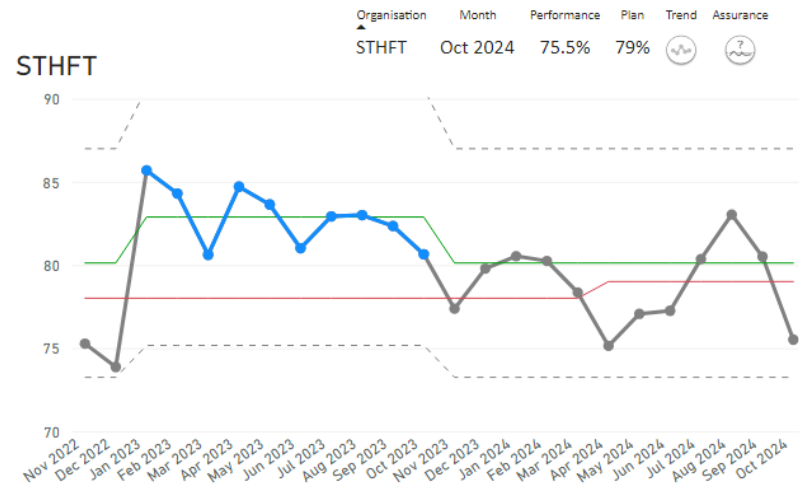
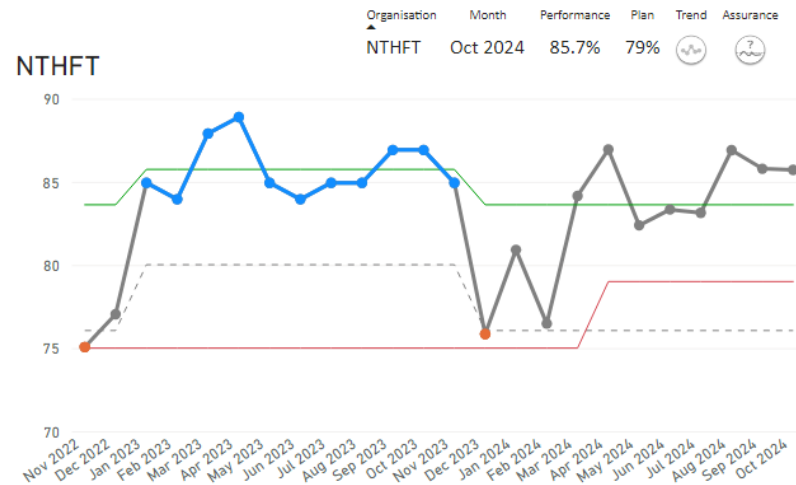
| Metric   | Month Target | Nov 2023 | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024 | Sep 2024 | Oct 2024 |
|--|--------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| A&E Experience (%)                                     | 79%          | 84.9%    | 75.8%    | 80.9%    | 76.5%    | 84.2%    | 86.9%    | 82.4%    | 83.3%    | 83.1%    | 86.9%    | 85.8%    | 85.7%    |
| Inpatient Experience (%)                               | 94%          | 89.1%    | 92.8%    | 91%      | 88.8%    | 90.6%    | 87%      | 89.8%    | 91.6%    | 90.7%    | 93.5%    | 95.8%    | 94.7%    |
| Maternity Experience (%)                               | 92%          | 80%      | 57.1%    | 90.9%    | 100%     | 80%      | 91.7%    | 93.3%    | 87.5%    | 90.5%    | 100%     | 83.3%    | 87.5%    |
| Outpatient Experience (%)                              | 94%          | 95%      | 95.8%    | 95.1%    | 94.2%    | 93.6%    | 95.3%    | 94.7%    | 95.8%    | 94.8%    | 95.3%    | 93.6%    | 93.8%    |
| Community Experience (%)                               | 95%          | 96.9%    | 97.3%    | 96.1%    | 95%      | 95.5%    | 95.5%    | 94.9%    | 97.5%    | 96.8%    | 96%      | 96.4%    | 98.3%    |
| Collaborative Enquiries (Stage 0) Closed in Target (%) |              |          |          | 25.2%    | 22.1%    | 28.9%    | 23.6%    | 16.7%    | 16.5%    | 18.3%    | 25%      | 25.3%    | 18.5%    |
| Feedback Acknowledged in 3 Days (%)                    | 100%         |          |          | 98.1%    | 100%     | 100%     | 100%     | 100%     | 100%     | 100%     | 100%     | 100%     | 100%     |
| Complaints Closed Within Target (%)                    | 80%          |          |          | 78.3%    | 63.1%    | 65.5%    | 58.5%    | 61.2%    | 63%      | 60.4%    | 70.9%    | 54.4%    | 52.6%    |

**STHFT**

| Metric   | Month Target | Nov 2023 | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024 | Sep 2024 | Oct 2024 |
|--|--------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| A&E Experience (%)                                     | 79%          | 77.4%    | 79.8%    | 80.5%    | 80.2%    | 78.3%    | 75.1%    | 77.1%    | 77.2%    | 80.4%    | 83%      | 80.5%    | 75.5%    |
| Inpatient Experience (%)                               | 94%          | 97.5%    | 96.8%    | 95.3%    | 97.3%    | 96.5%    | 95.6%    | 97.3%    | 97.4%    | 97.3%    | 97.8%    | 97.6%    | 99.1%    |
| Maternity Experience (%)                               | 92%          | 87.1%    | 83.2%    | 88.1%    | 88.5%    | 91.8%    | 89%      | 85.2%    | 88.3%    | 92.7%    | 91%      | 94.6%    | 92.3%    |
| Outpatient Experience (%)                              | 94%          | 95.5%    | 97%      | 96.4%    | 96.2%    | 96.3%    | 96.8%    | 96.7%    | 96.1%    | 97.2%    | 97.2%    | 97.1%    | 96.5%    |
| Community Experience (%)                               | 95%          | 97.9%    | 98.4%    | 99.2%    | 99.3%    | 99.3%    | 98.4%    | 100%     | 98.9%    | 98.9%    | 99.4%    | 97.5%    | 97.5%    |
| Collaborative Enquiries (Stage 0) Closed in Target (%) |              | 16.7%    | 35%      | 88.6%    | 89.2%    | 93.4%    | 96.2%    | 74.6%    | 79.1%    | 91.5%    | 88.2%    | 91.5%    | 67.9%    |
| Feedback Acknowledged in 3 Days (%)                    | 100%         | 97.3%    | 95.7%    | 96.5%    | 96.8%    | 61.7%    | 47.4%    | 75.4%    | 53.9%    | 88.2%    | 97%      | 98.7%    | 100%     |
| Complaints Closed Within Target (%)                    | 80%          | 34.8%    | 45.8%    | 38.2%    | 55.6%    | 42.9%    | 26.8%    | 12.1%    | 26.5%    | 38%      | 29.4%    | 53.6%    | 28.4%    |

## CARING

## A&amp;E Experience (%)



**Metric:** Percentage of patients who attended A&E rating their experience good or very good in NHS Friends & Family test.

**Plan:** Local plan set on NHS Trusts average 23/24.

**Rationale:** NHS Contract metric.

Data quality: Assured (manual and digital systems).

Response rates (October) NTHFT 1%, STHFT 8%.

**Trend:** NTHFT performance fluctuates. STHFT outside of expected variation.

**Assurance:** Advise: plan not consistently met.

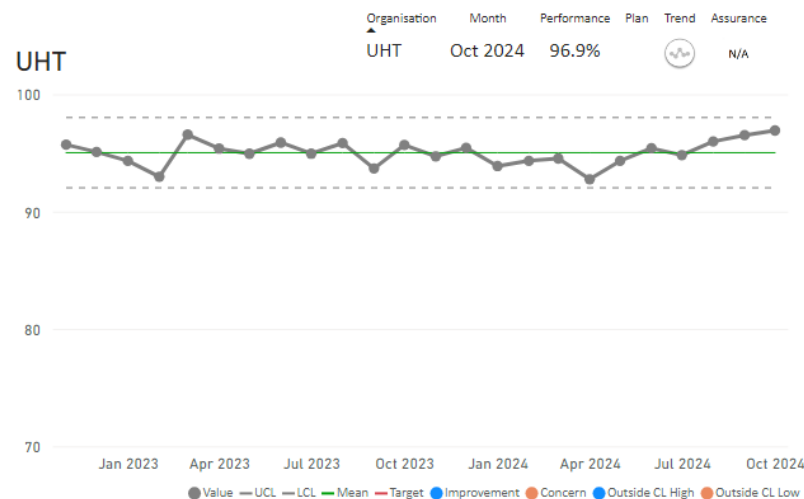
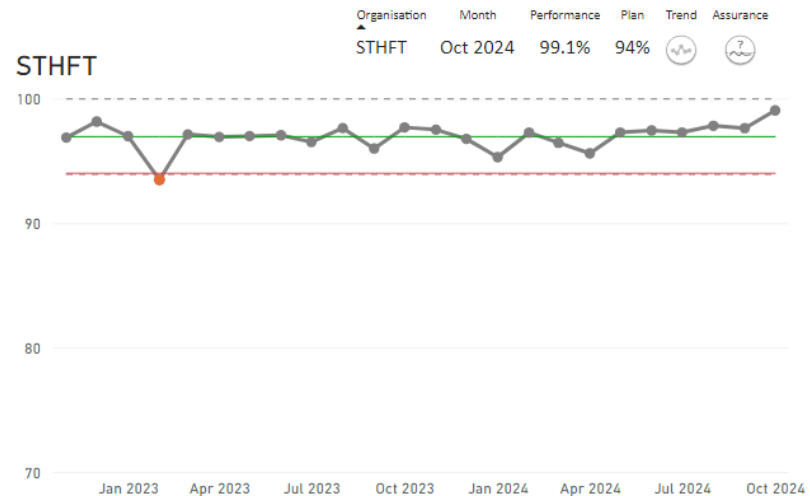
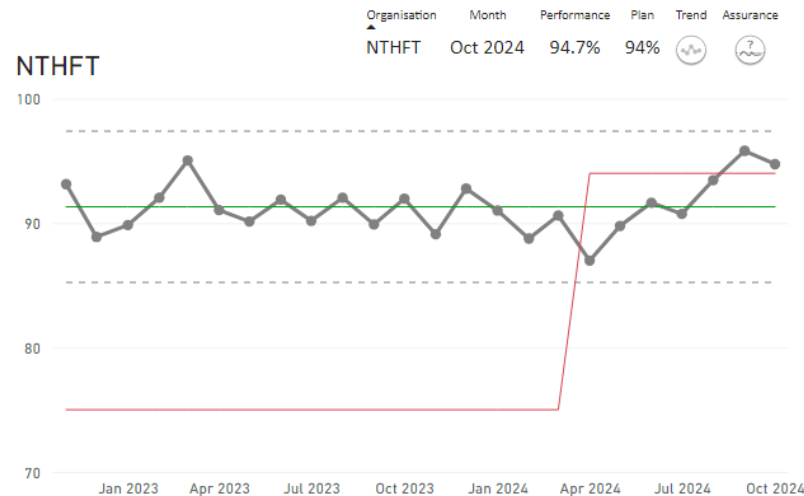
**Action taken:** Note that patient feedback appears to correlate inversely with A&E waiting times metrics.

**Executive lead:** Chief Nursing Officer

**Accountable to:** Quality Assurance Committee

CARING

Inpatient Experience (%)



**Metric:** Percentage of inpatient respondents rating their experience good or very good in NHS Friends & Family test.

**Plan:** Local plan based on NHS Trusts average 23/24.

**Rationale:** NHS Contract metric.

**Data quality:** Assured, validated data. Response rates NTHFT 7%, STHFT 15%.

**Trend:** NTHFT an upward trend. STHFT an upward trend.

**Assurance:** Advise: plan has been met for over 18 months at STHFT, and in most recent 2 months at NTHFT, but performance can be inconsistent.

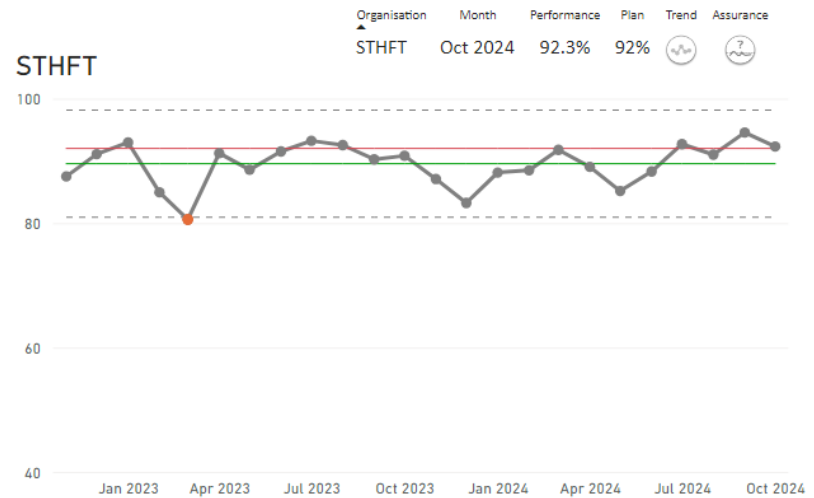
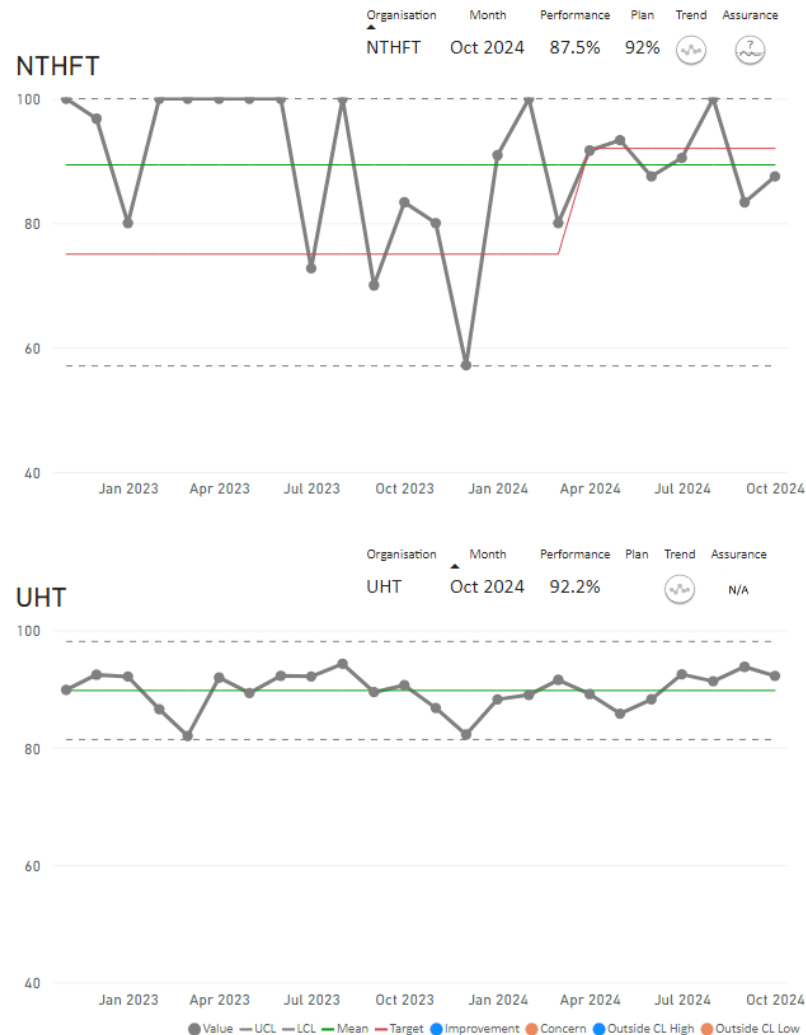
**Action taken:** n/a

**Executive lead:** Chief Nursing Officer

**Accountable to:** Quality Assurance Committee

## CARING

## Maternity Experience (%)



**Metric:** Percentage of maternity patient respondents rating their experience good or very good in NHS Friends & Family test.

**Plan:** Local plan based on NHS Trusts average 23/24.

**Rationale:** NHS Contract metric.

**Data quality:** Assured, validated data. Response rates and sample sizes can be low, NTHFT 3% (all Maternity), STHFT 37% (Birth only).

**Trend:** No trend.

**Assurance:** Advise: plan not consistently met.

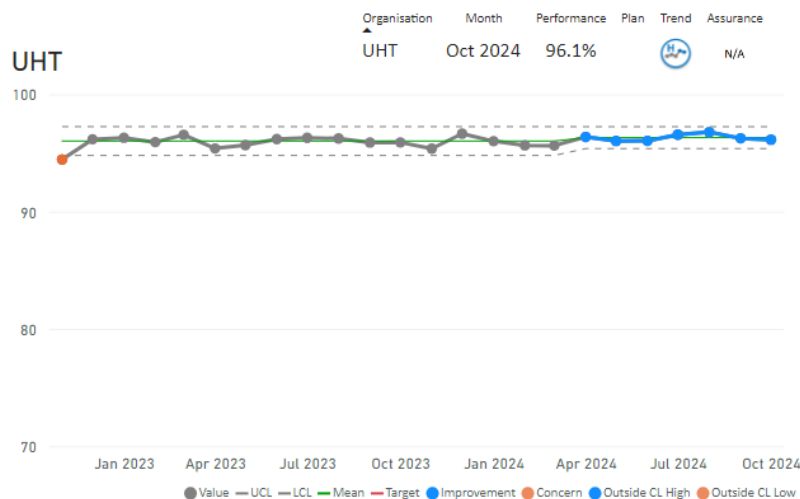
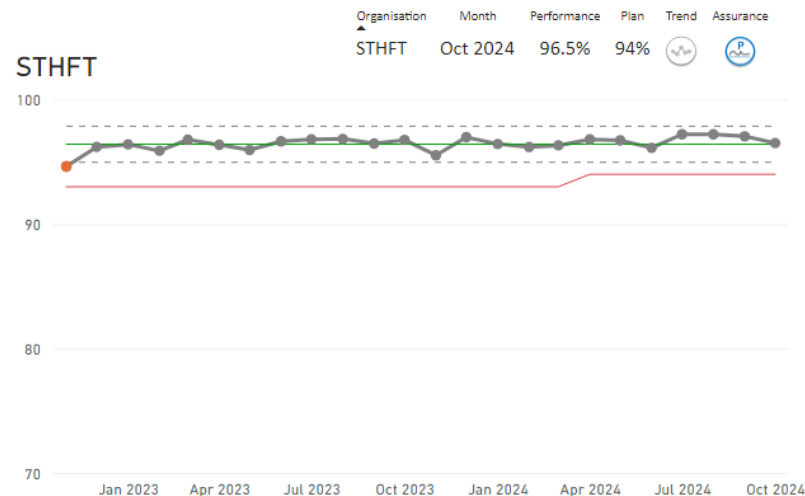
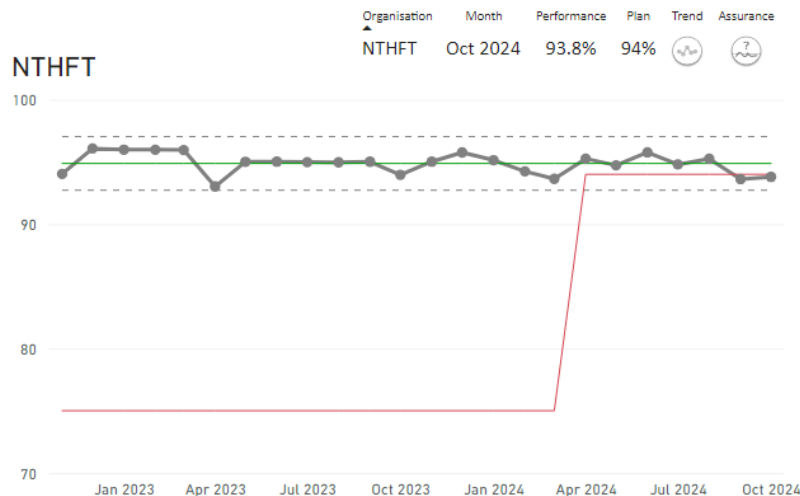
**Action taken:** n/a

**Executive lead:** Chief Nursing Officer

**Accountable to:** Quality Assurance Committee

CARING

Outpatient Experience (%)



**Metric:** Percentage of outpatient respondents rating their experience good or very good in NHS Friends & Family test.

**Plan:** Local plan based on NHS Trusts average 23/24.

**Rationale:** NHS Contract metric.

**Data quality:** Assured, validated data. Response rates are 3% NTHFT, 16% STHFT.

**Trend:** No trend.

**Assurance:** Advise: achievement of plan is not assured.

**Action taken:** n/a

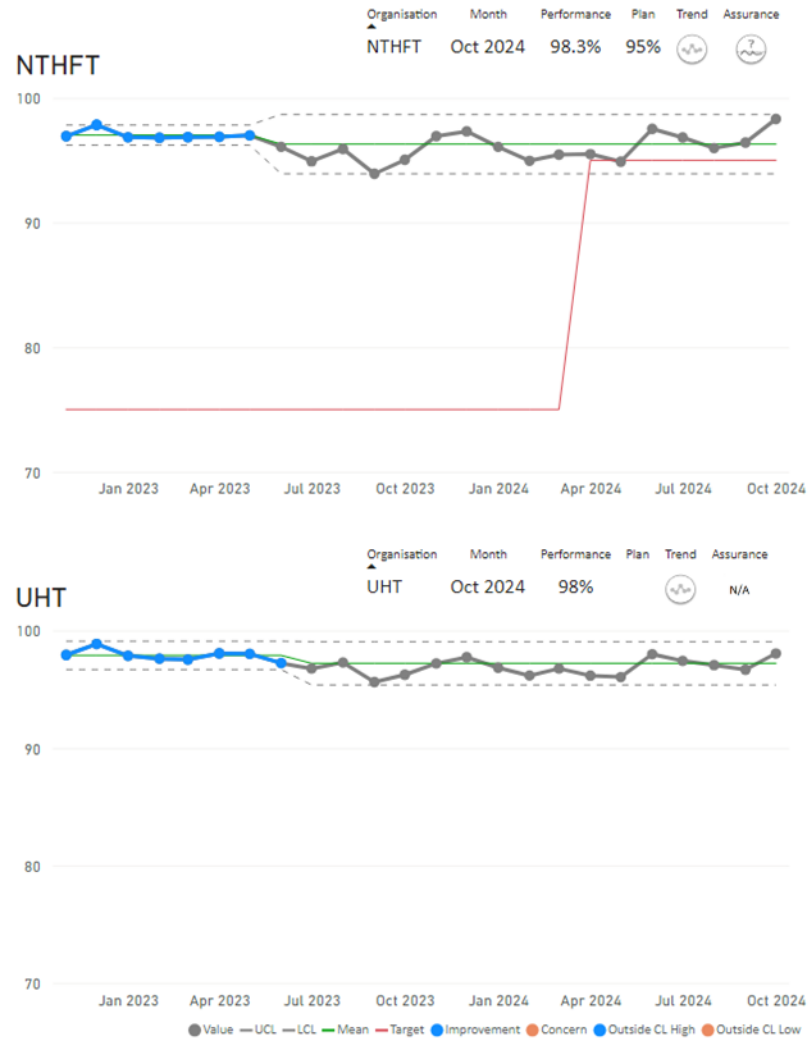
**Executive lead:** Chief Nursing Officer

**Accountable to:** Quality Assurance Committee

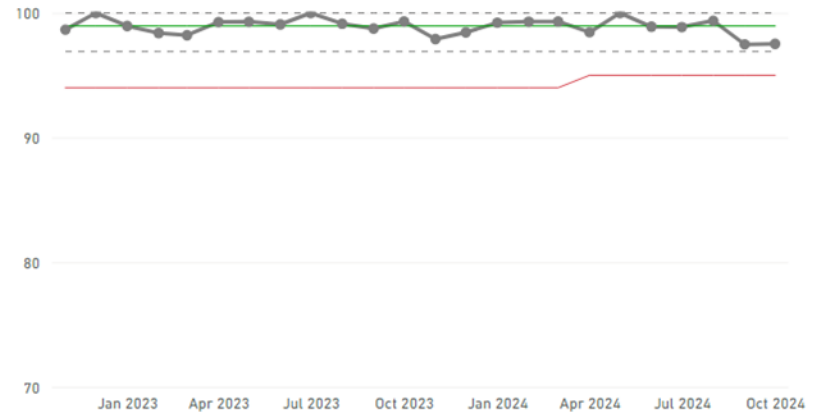


## CARING

## Community Experience (%)



## STHFT



**Metric:** Percentage of community services patient respondents rating their experience good or very good in NHS Friends & Family test.

**Plan:** Local plan based on NHS Trusts average 23/24.

**Rationale:** NHS Contract metric.

**Data quality:** Assured, validated data. Response rates are 2% NTHFT, 12% STHFT

**Trend:** No trend.

**Assurance:** NTHFT: Advise: plan met for last 5 months. STHFT: Assure: plan is met.

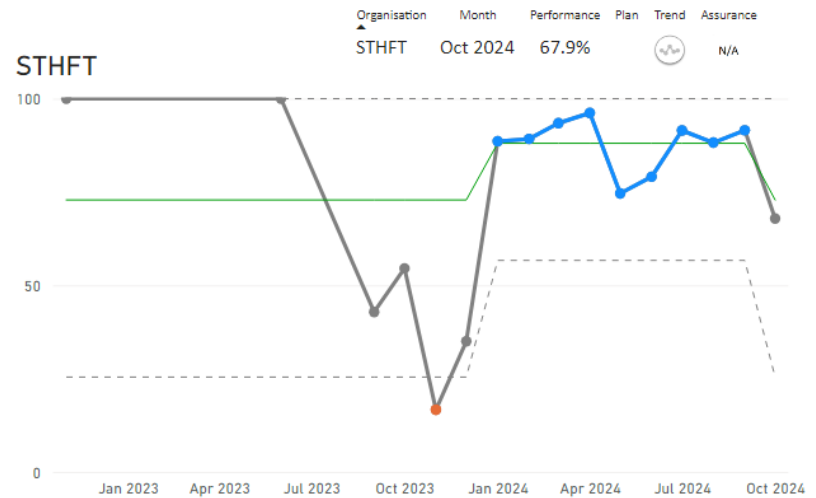
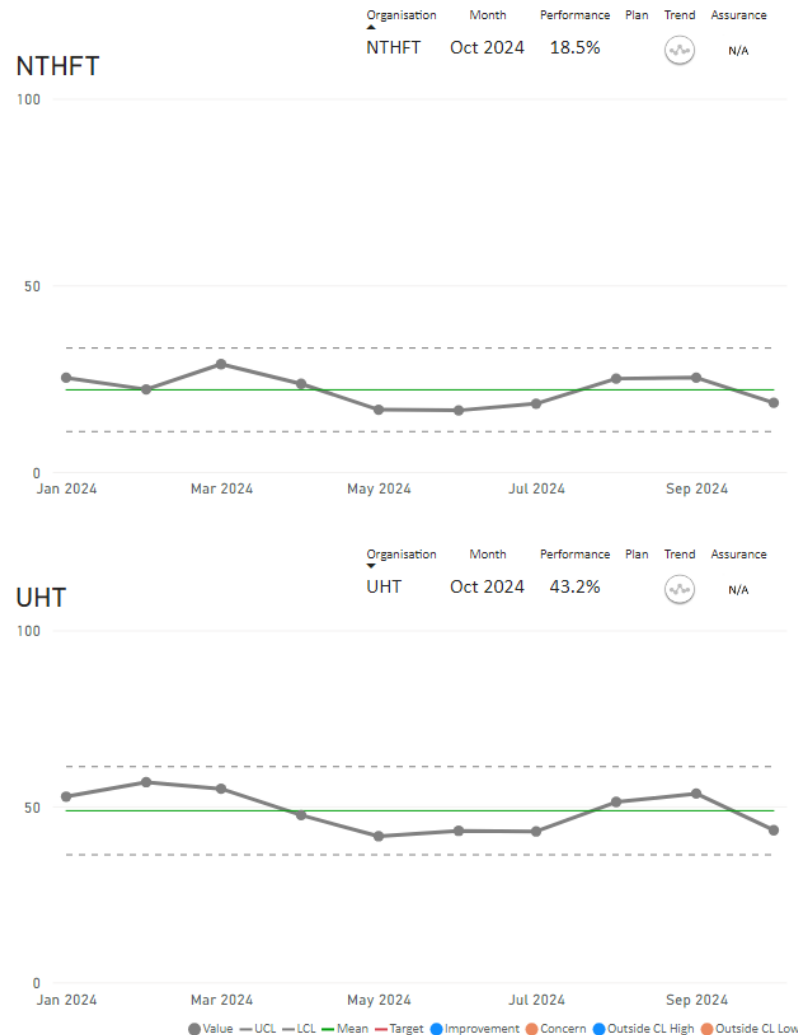
**Action taken:** n/a.

**Executive lead:** Chief Nursing Officer

**Accountable to:** Quality Assurance Committee

## CARING

## Collaborative Enquiries (Stage 0) Closed in Target (%)



**Metric:** Percentage of complaints received that have been resolved in 24 hours and declassified.

**Plan:** n/a. National and local targets are not in place.

**Rationale:** Verbal complaints resolved within 24 hours are de-categorised as a complaint and not included in complaint reporting data.

**Data quality:** Assured, validated data.

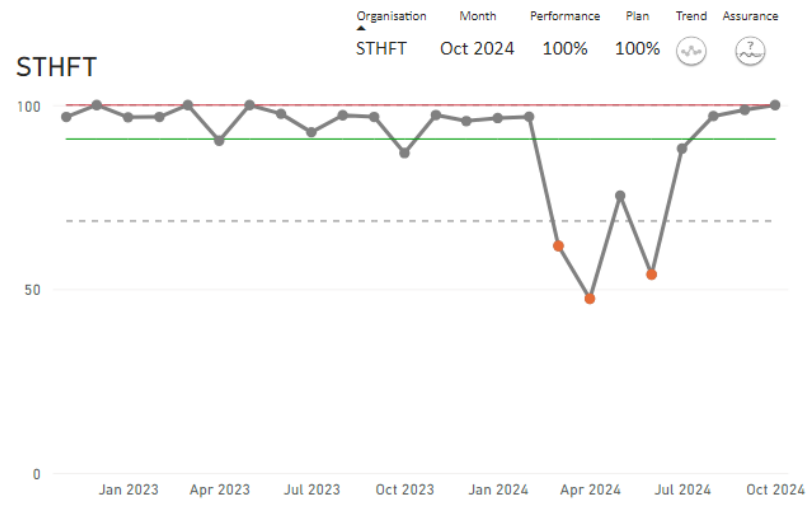
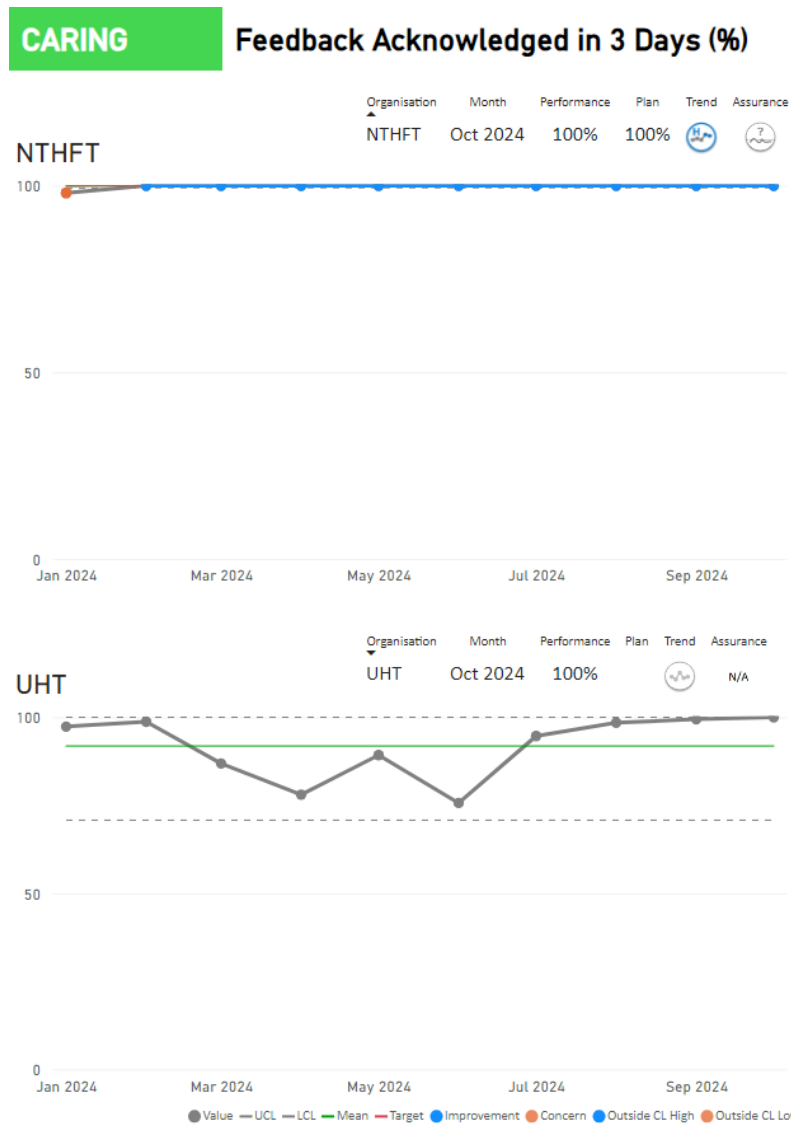
**Trend:** No trend.

**Assurance:** n/a

**Action taken:** n/a

**Executive lead:** Chief Nursing Officer

**Accountable to:** Quality Assurance Committee



**Metric:** Percentage of complaints acknowledged in 3 days.

**Plan:** 100%.

**Rationale:** NHS Contract metric.

**Data quality:** Assured, validated data.

**Trend:** NTHFT: Achieved plan throughout 2024 except for January. STHFT: performance variable.

**Assurance:** NTHFT: Advise, target met since February 2024. STHFT: Advise, target met in October for first time since May 2023.

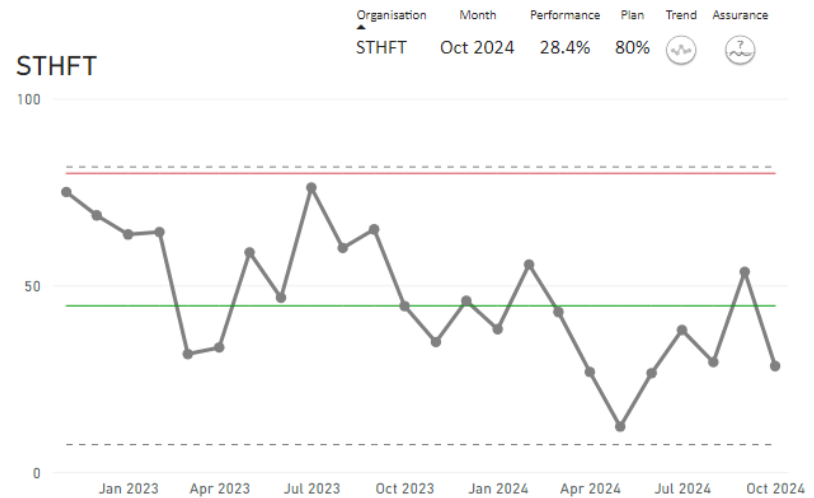
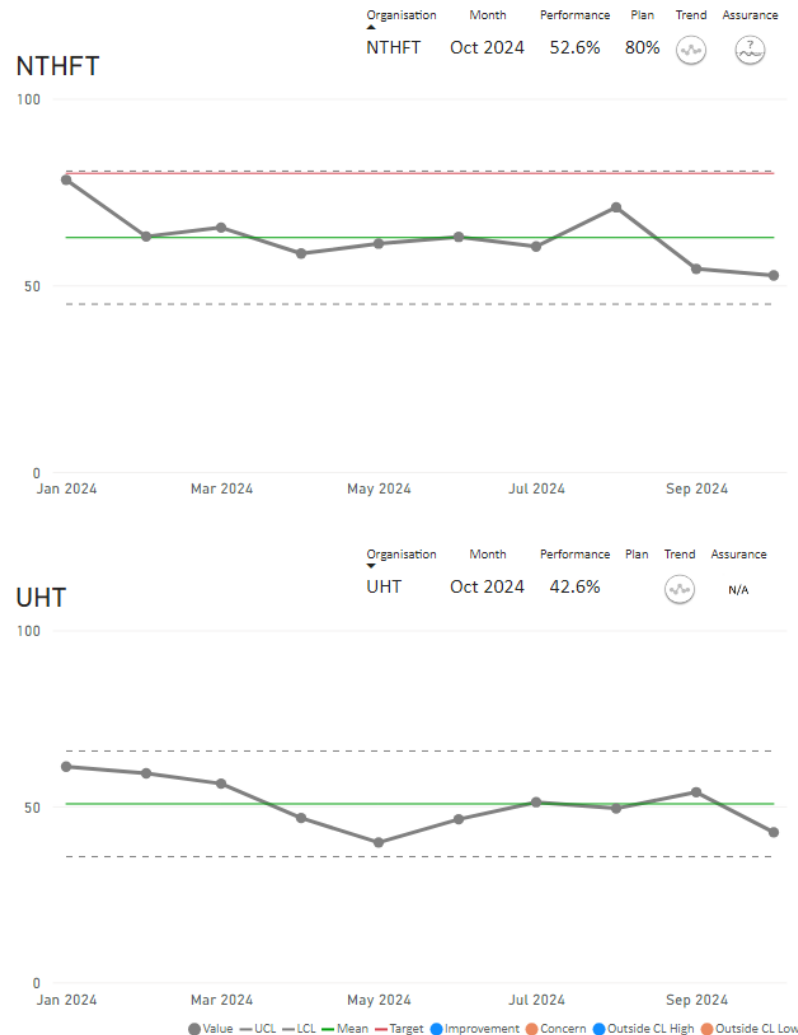
**Action taken:** STHFT: new process implemented for acknowledging complaints in July 2024 and team now fully established.

**Executive lead:** Chief Nursing Officer

**Accountable to:** Quality Assurance Committee

## CARING

## Complaints Closed Within Target (%)



**Metric:** Percentage of complaints closed in agreed target time frame.

**Plan:** 80%.

**Rationale:** NHS Contract metric.

**Data quality:** Assured, validated data.

**Trend:** No trend.

**Assurance:** Advise. Plans not consistently met.

**Action taken:** NTHFT: Metric aligned with STHFT.

Inphase reporting to be improved to allow increased performance monitoring within Care Groups. STHFT: off target complaint responses are reported weekly for senior focus and accountability for completing responses.

**Executive lead:** Chief Nursing Officer

**Accountable to:** Quality Assurance Committee

**Executive leads: Rachael Metcalf, Chief People Officer**  
**Chris Hand, Chief Finance Officer**

**Accountable to: People Committee**  
**Resources Committee**

Plans are progressing to ensure collaboration across UHT and the region to reduce sickness absence. Best practice will be shared with the aim of a 1% year on year reduction. We continue to promote the opportunity for staff to get protected from flu and covid: the flu campaign will run until end March 2025 and covid vaccination will be available until end January 2025. Staff turnover is reducing at STHFT and remains low at NTHFT. Innovative ideas for the continuous improvement of this KPI are being explored including tools and resources to retain our talented workforce, such as an internal transfer policy to support career mobility. Staff annual appraisal and mandatory training remain an areas of focus with over 78% of staff in date for their appraisal and over 89% of staff compliant in mandatory training.

The financial position shows a small adverse variance year to date against month 7 plan for NTHP. Financial controls are in place, with a focus on recurrent efficiency delivery, and oversight of financial risks through Resources Committee.

#### NTHFT

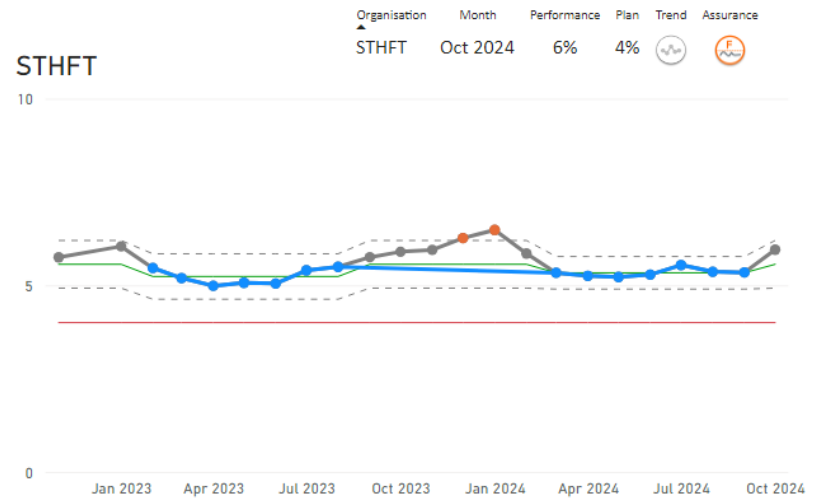
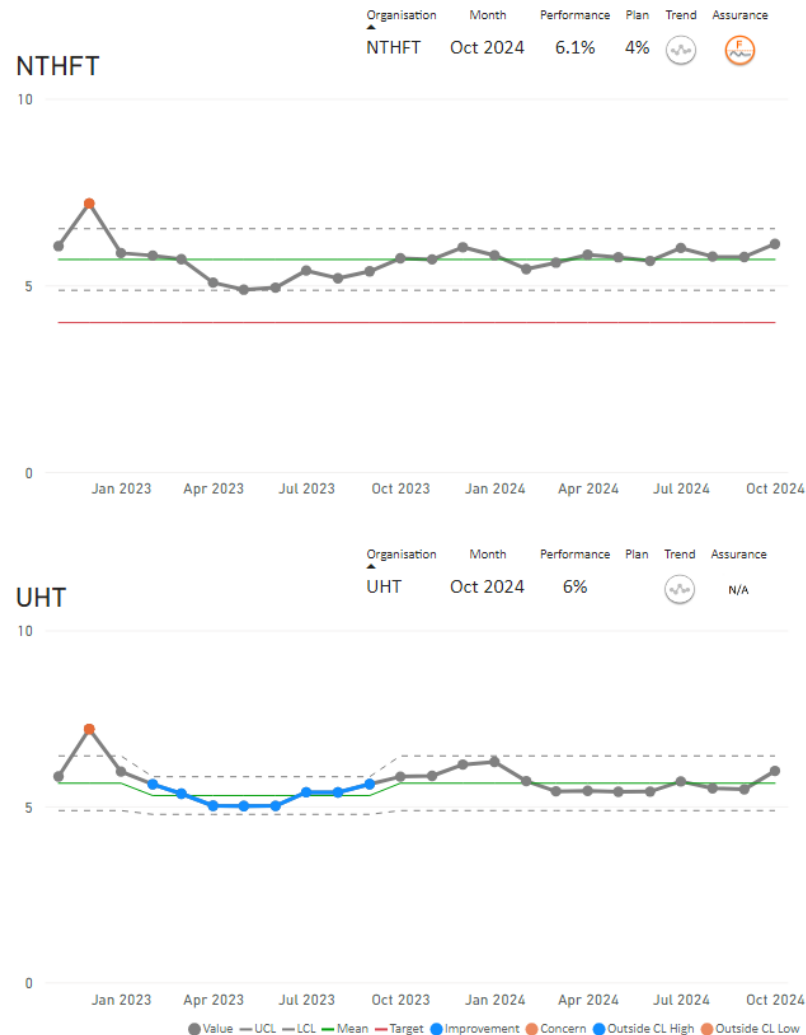
| Metric   | Month Target | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024 | Sep 2024 | Oct 2024 |
|--|--------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Sickness Absence (%)                           | 4%           | 6%       | 5.8%     | 5.4%     | 5.6%     | 5.8%     | 5.8%     | 5.7%     | 6%       | 5.8%     | 5.8%     | 6.1%     |
| Staff Turnover (%)                             | 10%          | 8.4%     | 8%       | 8.1%     | 7.6%     | 7.1%     | 7.4%     | 7.2%     | 7.2%     | 7.3%     | 7.3%     | 7.3%     |
| Annual Appraisal (%)                           | 85%          | 87.4%    | 87.2%    | 87.6%    | 87.2%    | 86.8%    | 86.4%    | 86.6%    | 86.9%    | 86.7%    | 87.2%    | 86.9%    |
| Mandatory Training (%)                         | 90%          | 89.9%    | 90%      | 90%      | 90.1%    | 89.2%    | 88.6%    | 89.3%    | 89.4%    | 89.7%    | 89.5%    | 89.8%    |
| Cumulative YTD Financial Position (£'millions) | -£0.8m       |          |          |          |          | -£0.4m   | -£0.4m   | -£1.2m   | -£1.3m   | -£1.2m   | -£0.9m   | -£1.1m   |

#### STHFT

| Metric   | Month Target | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024 | Sep 2024 | Oct 2024 |
|--|--------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Sickness Absence (%)                           | 4%           | 6.3%     | 6.5%     | 5.9%     | 5.3%     | 5.3%     | 5.2%     | 5.3%     | 5.5%     | 5.4%     | 5.3%     | 6%       |
| Staff Turnover (%)                             | 10%          | 11.2%    | 10.7%    | 10.7%    | 10.3%    | 10.1%    | 10.2%    | 10%      | 10%      | 10.2%    | 9.8%     | 9.3%     |
| Annual Appraisal (%)                           | 85%          | 78.5%    | 78.6%    | 79.7%    | 79.1%    | 80%      | 79.6%    | 79%      | 80.3%    | 80.3%    | 80%      | 78.8%    |
| Mandatory Training (%)                         | 90%          | 89.6%    | 89.8%    | 90.3%    | 90.3%    | 90.7%    | 90.7%    | 90.2%    | 90.3%    | 90%      | 89.7%    | 89.2%    |
| Cumulative YTD Financial Position (£'millions) | -£14.3m      | -£23.5m  | -£26.1m  | -£18m    | -£20.1m  | -£5.6m   | -£10m    | -£13.6m  | -£15.9m  | -£19.3m  | -£12.7m  | -£14.3m  |

## WELL LED

## Sickness Absence (%)



**Metric:** Percentage of staff working hours lost to sickness absence (all types) in each month.

**Plan:** Trust internal plans: NTHFT: 4%. STHFT: 4%.

**Rationale:** ICB Contract metric.

**Data quality:** Assured, validated data.

**Trend:** NTHFT and STHFT performance inconsistent.

**Assurance:** Alert: plans are not met.

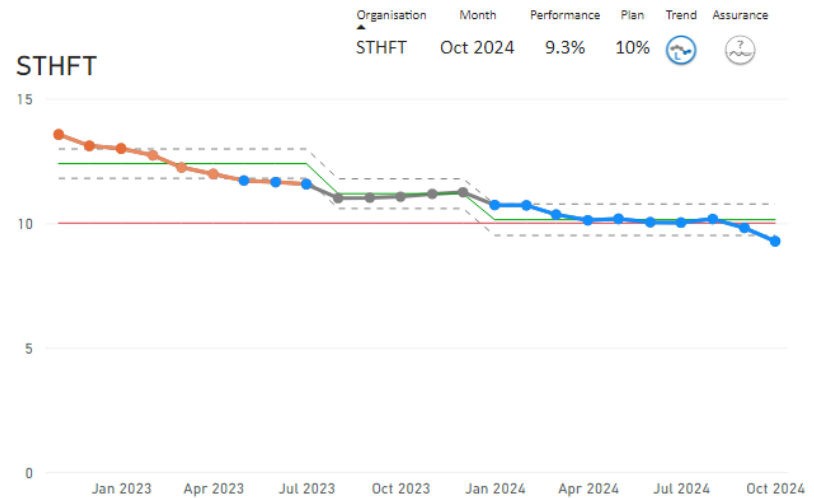
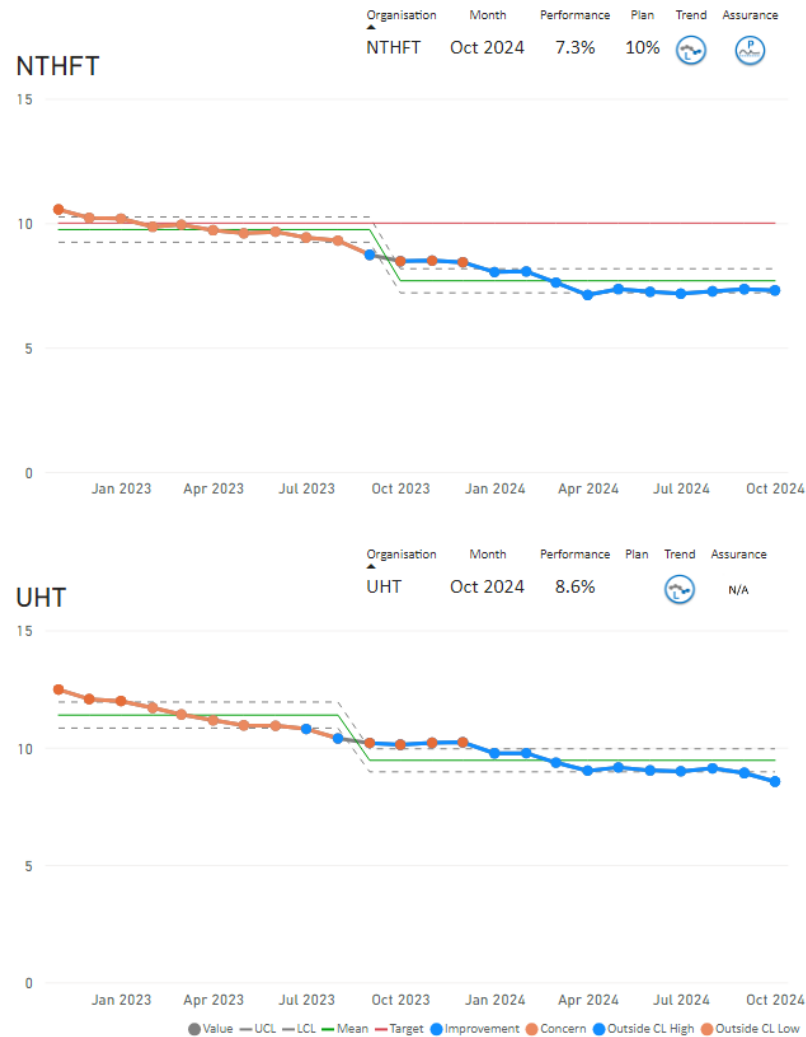
**Action taken:** Review of staff absence due to bereavement leave with a potential to develop the current policy to take bereavement leave into consideration. Workshop to share best practice across Group.

**Executive lead:** Chief People Officer

**Accountable to:** People Committee

## WELL LED

## Staff Turnover (%)



**Metric:** Percentage of staff changing or leaving job roles in the month (all staff groups, all changes).

**Plan:** Trust internal plans: NTHFT: 10%. STHFT: 10%.

**Rationale:** ICB Contract metric.

**Data quality:** Assured, validated data.

**Trend:** Performance improving.

**Assurance:** NTHFT: Assure: plan is consistently met.

STHFT: Advise: plan is now met but not consistently.

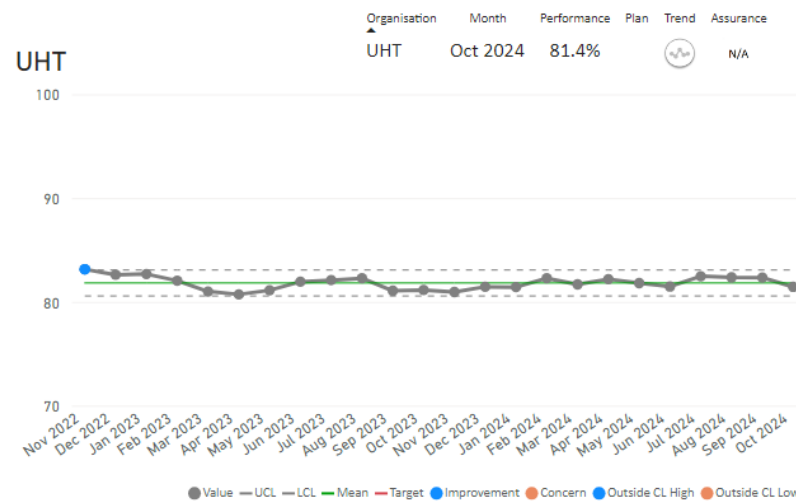
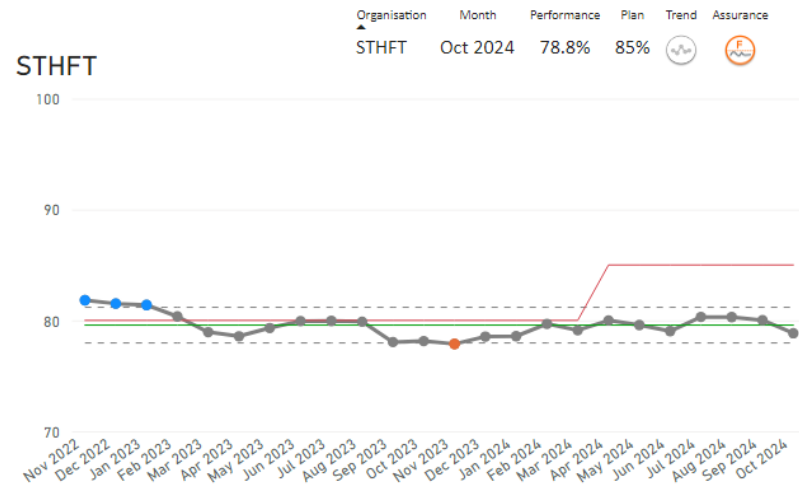
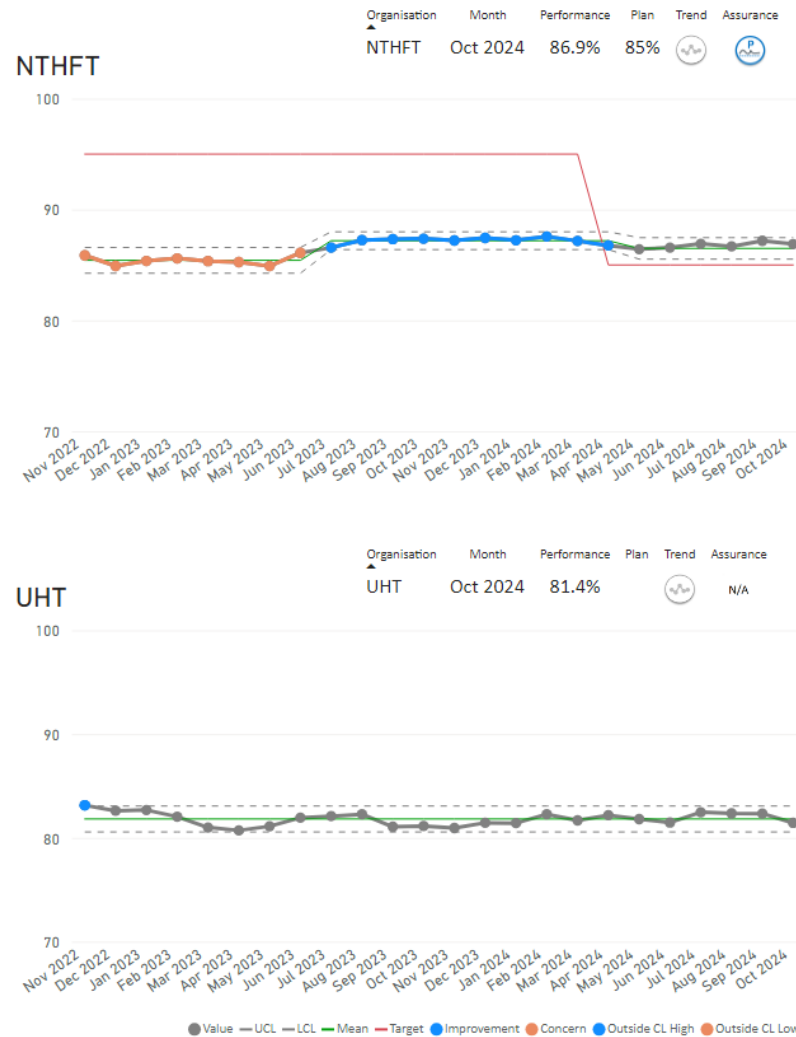
**Action taken:** Consider the feasibility of introducing robotic exit interview process to improve exit interview uptake. Ensure consistency in reporting across Group.

**Executive lead:** Chief People Officer

**Accountable to:** People Committee

## WELL LED

## Annual Appraisal (%)



**Metric:** Percentage of staff with annual appraisal completed in last 12 months, at month end.

**Plan:** Trust internal plans: NTHFT: 85%. STHFT: 85%, now aligned for 24/25.

**Rationale:** ICB Contract metric.

**Data quality:** Assured, validated data.

**Trend:** No trend.

**Assurance:** NTHFT: Assure: new plan not met; STHFT: Alert: new plan not met.

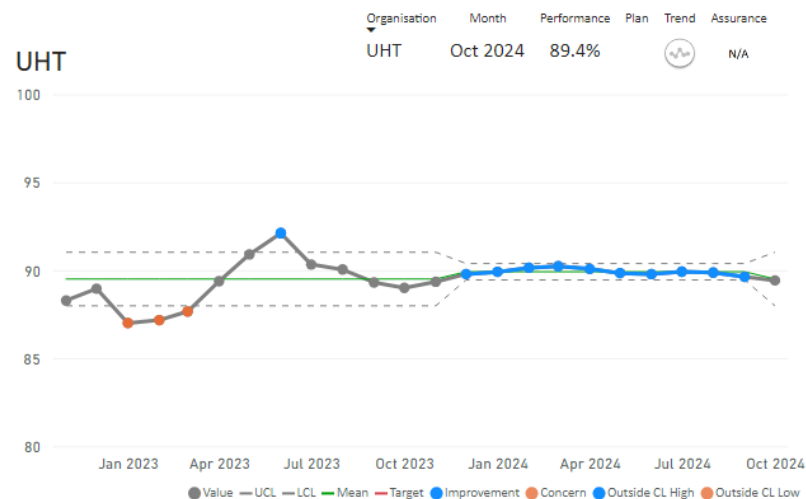
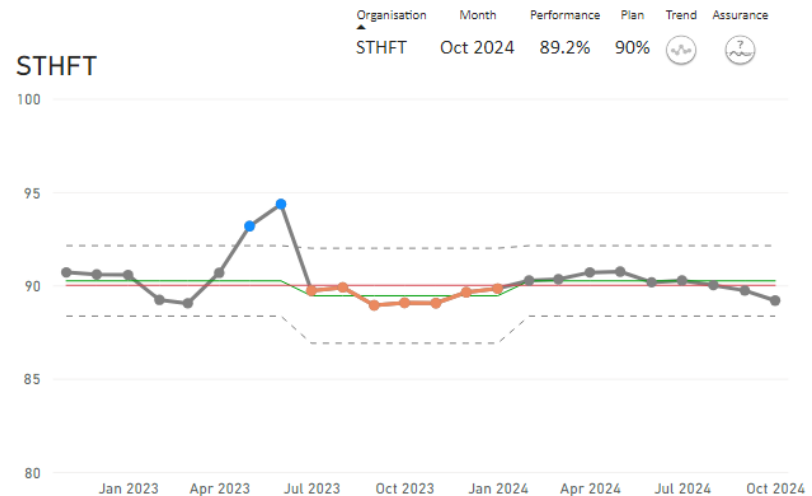
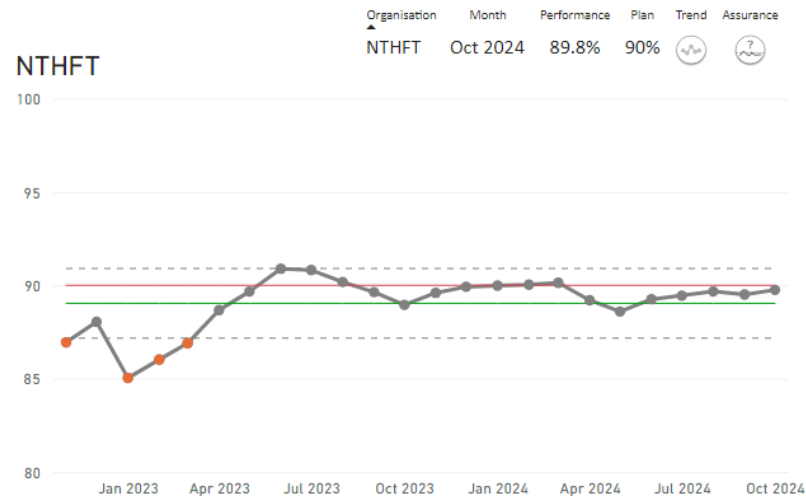
**Action taken:** Focus on staff who have not had an appraisal for 24 months or longer.

**Executive lead:** Chief People Officer

**Accountable to:** People Committee



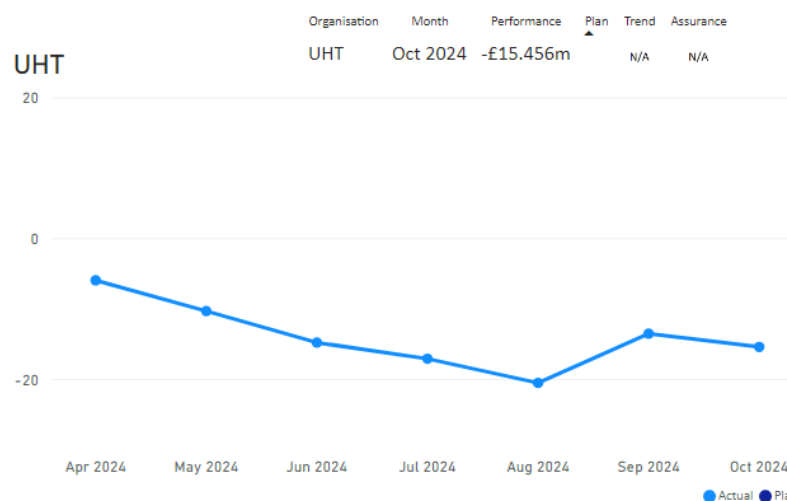
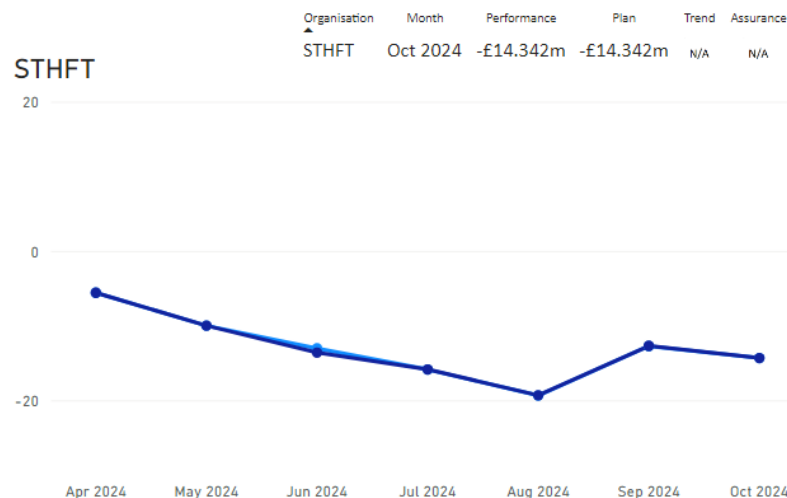
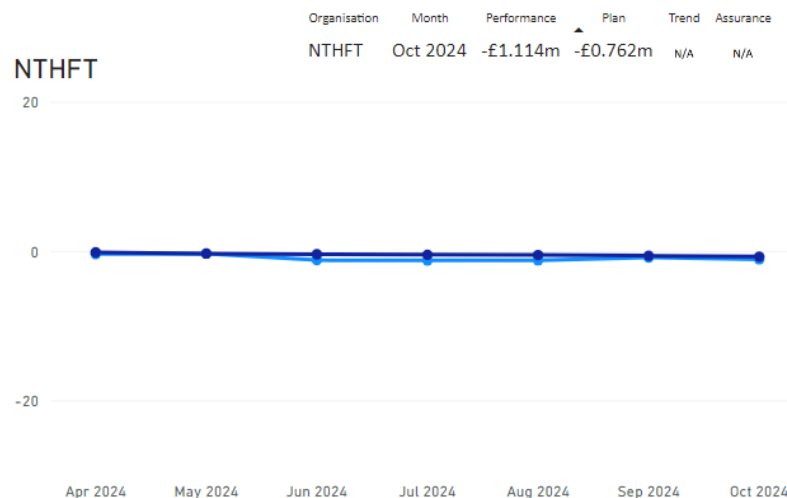
**WELL LED** Mandatory Training (%)



**Metric:** Percentage of mandatory training elements within date, across all staff groups at month end.  
**Plan:** Trust internal plans: 90%.  
**Rationale:** ICB Contract metric.  
**Data quality:** Assured, validated data.  
**Trend:** No trend.  
**Assurance:** Advise. Plan is not consistently met.  
**Action taken:** In line with national request, review of mandatory training against the core skills training framework to incorporate frequency, needs analysis, and impact. Establishment of a multi-professional steering group.  
**Executive lead:** Chief People Officer  
**Accountable to:** People Committee

## WELL LED

## Cumulative YTD Financial Position (£'millions)



**Metric:** Cumulative year to date financial position.

**Plan:** Trust plans agreed with ICB. NTHFT submitted a breakeven plan for 2024-25. The STHFT control total for 2024-25 is a £23.1m deficit.

**Rationale:** ICB Contract metric.

**Data quality:** Assured, validated data.

**Trend:** Financial position tracks plans.

**Assurance:** Advise: small adverse variance year to date against month 7 plan for NTHFT.

**Action taken:** Financial controls in place, focus on recurrent efficiency delivery, and oversight of financial risks through Resources Committee.

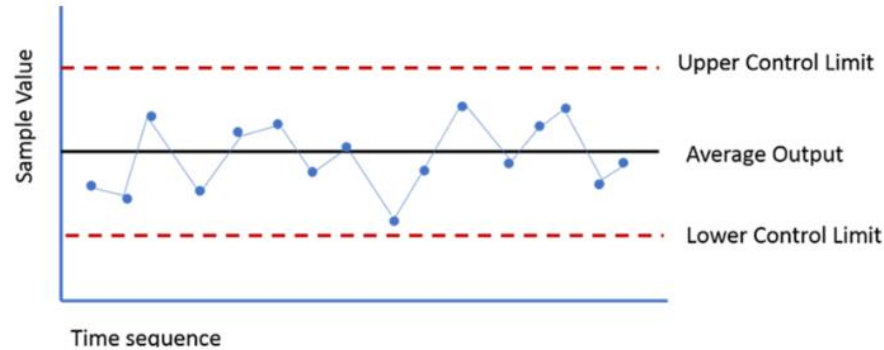
**Executive lead:** Chief Finance Officer

**Accountable to:** Resources Committee

## OVERVIEW

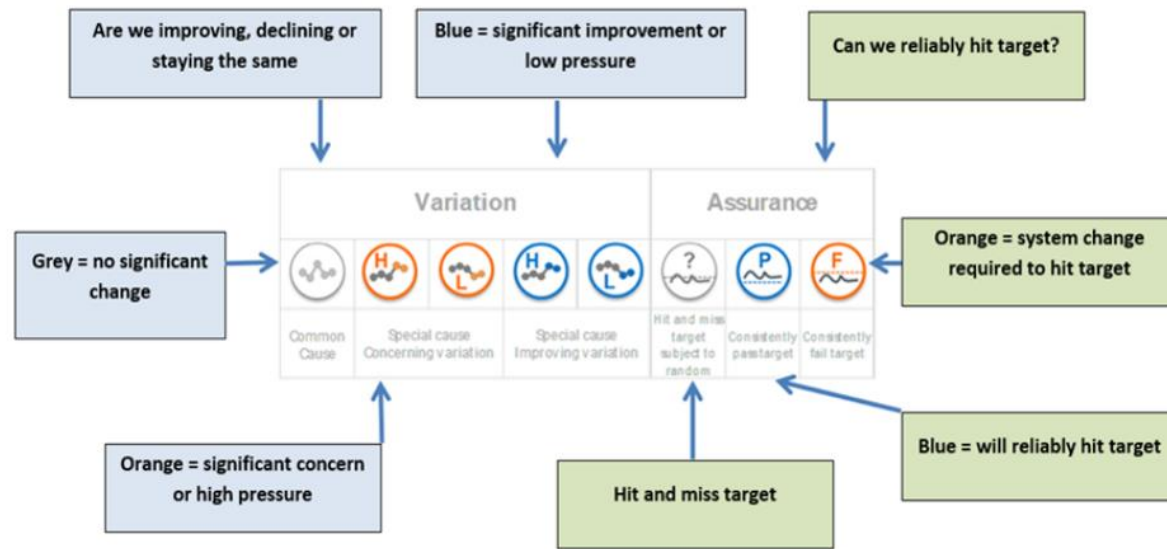
## SPC CHARTS

Statistical Process Control (SPC) charts with indicators of variation and assurance, are utilised where applicable, in line with the best practice standards of Making Data Count.



## High level Key - Variation

## High level Key - Assurance



**Thank you**



# Month 8 2024-25 Finance Report

**Meeting date:** 24 February 2025 /

7 January 2025

**Reporting to:** Quality Assurance Committee / Group Board

**Agenda item No:** 16

**Report author:** Chris Hand, Group Chief Finance Officer

**Action required:**

Assurance

**Delegation status (Board only):**

*Jointly delegated item to Group Board*

**Previously presented to:**

N/A

## NTHFT strategic objectives supported:

Putting patients first ☐

Valuing our people ☐

Transforming our services ☒

Health and wellbeing ☐

## STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☐

A great place to work ☐

A centre of excellence, for core and specialist services, research, digitally supported healthcare, education and innovation in the Northeast of England, North Yorkshire and beyond ☐

Deliver care without boundaries in collaboration with our health and social care partners ☐

Make best use of our resources ☒

## CQC domain link:

Well-led

## Board assurance / risk register this paper relates to:

This report relates to STH Board Assurance Framework risk 6 and section 3C (finance) of the NTH Board Assurance Framework

## Key discussion points and matters to be escalated from the meeting

**ALERT:** Alert to the matters that require the board's attention or action, e.g. non-compliance, safety or a threat to the Trust's strategy.

The financial position for Month 8 2024/25 is a deficit of £18.0m for the Group, which is an adverse variance of £1.0m against the year-to-date plan.

This report outlines the drivers of the variance, and actions being taken by the respective Site teams to ensure delivery of the financial control totals. Continued and sustained improvements in ERF delivery, achievement of recurrent CIP and reduction in expenditure run-rates will be essential throughout the second half of the financial year to ensure delivery of the financial control total.

A significant pressure on the CDEL allocation for IFRS16 (right of use) assets is forecast for STH. This pressure largely relates to the impact of indexation increases on the rental payments for leased properties, included significant 5-yearly rent review increases. Following discussion and agreement with the ICB and regional NHSE, this overspend was reported in the Month 6 PFR return (and is part off-set by forecast underspends at an overall system-level). Work is underway internally and across the system to identify options to mitigate the impact of the IFRS16 pressure. In addition, it is anticipated that the system will receive a fair shares allocation from national contingency funding for emerging IFRS16 pressures.

**ADVISE:** Advise of areas of ongoing monitoring or development or where there is negative assurance. What risks were discussed and were any new risks identified.

In September 2024, NHSE confirmed that non-recurrent deficit support will be made available to systems with an agreed deficit plan, to deliver break-even for the 2024/25 financial year.

NENC ICB received an additional allocation of £49.9m, which has been allocated to deficit trusts including an allocation of £17.3m for STH. Consequently, the Trust's financial control total for the year was centrally adjusted by NHSE in Month 6 to reflect this.

The Group plan for the 2024/25 financial year is now to deliver an overall deficit control total of £23.1m, with a break-even plan for NTH and a £23.1m deficit plan for STH.

The plans for the Group include a number of risks and assumptions, that are reported to Resources Committee and will need to be closely monitored over the course of the financial year.

**ASSURE:** Assure Inform the board where positive assurance has been achieved, share any practice, innovation or action that the committee considers to be outstanding.

The Resources Committee will receive monthly assurance reports on the financial performance throughout the year.

External assurance on the year-end financial position is received from the Group's external auditors.

The ICB commissioned a review of arrangements for financial control and CIP across all providers in the system, which provided assurance of the arrangements in place across the Group and any actions required to strengthen.

### Recommendations:

Members of the Board are asked to:

- Note the financial position for Month 8 2024/25.

**Group Board  
7 January 2025**

**Month 8 2024/25 Finance Report**

**1. PURPOSE OF REPORT**

The purpose of this report is to update the Board on the financial performance of the individual trusts and overall Group, at the end of Month 8 of 2024/25.

**2. BACKGROUND**

For 2024/25, the system-based approach to planning and delivery continues, with each provider trust fully mapped to a single Integrated Care System (ICS). Both North Tees and Hartlepool NHS Foundation Trust (NTH) and South Tees Hospitals NHS Foundation Trust (STH) and are aligned to the North Cumbria (NENC) Integrated Care System (ICS).

Following a planning assurance meeting between the ICS and NHSE executives on 22nd May, a system control total deficit of £49.9m was agreed for the ICS overall. An additional £20m funding was provided to the ICS in recognition of the impact of IFRS 16 on PFIs. Consequently, a further plan re-submission was required from all system partners on the 12th June 2024.

In September 2024, NHSE confirmed that non-recurrent deficit support will be made available to systems with an agreed deficit plan, to deliver break-even for the 2024/25 financial year. NENC ICB received an additional allocation of £49.9m, which has been allocated to deficit trusts including an allocation of £17.3m for STH. Consequently, the Trust's financial control total for the year was centrally adjusted by NHSE in Month 6 to reflect this.

Therefore, the Group plan for the 2024/25 financial year is now to deliver an overall deficit control total of £23.1m, with a break-even plan for NTH and a £23.1m deficit plan for STH.

NTH and STH are required to plan and report to NHSE on a consolidated group basis, including the financial position of each of the trust's subsidiary companies. The financial performance in this report therefore includes the consolidated positions of Optimus Health Ltd and North Tees & Hartlepool Solutions LLP for NTH and South Tees Healthcare Management Ltd for STH.



### 3. MONTH 8 FINANCIAL POSITION

The table below shows the revenue position for the Group as at the end of Month 8 2024/25, shown by trust:

| STATEMENT OF COMPREHENSIVE INCOME  | NTH          |                |                  | STH             |                 |                  | GROUP           |                 |                  |
|--|--------------|----------------|------------------|-----------------|-----------------|------------------|-----------------|-----------------|------------------|
|  | Plan<br>£000 | Actual<br>£000 | Variance<br>£000 | Plan<br>£000    | Actual<br>£000  | Variance<br>£000 | Plan<br>£000    | Actual<br>£000  | Variance<br>£000 |
| Operating income from patient care activities                                | 274,710      | 278,414        | 3,704            | 583,640         | 595,693         | 12,053           | 858,350         | 874,107         | 15,757           |
| Other operating income   | 25,976       | 25,506         | (470)            | 42,624          | 39,946          | (2,678)          | 68,600          | 65,452          | (3,148)          |
| Employee expenses  | (202,507)    | (207,145)      | (4,638)          | (378,836)       | (386,057)       | (7,221)          | (581,343)       | (593,202)       | (11,859)         |
| Operating expenses excluding employee expenses                               | (91,874)     | (94,377)       | (2,503)          | (240,076)       | (246,974)       | (6,898)          | (331,950)       | (341,351)       | (9,401)          |
| <b>OPERATING SURPLUS/(DEFICIT)</b>   | <b>6,305</b> | <b>2,398</b>   | <b>(3,907)</b>   | <b>7,352</b>    | <b>2,608</b>    | <b>(4,744)</b>   | <b>13,657</b>   | <b>5,006</b>    | <b>(8,651)</b>   |
| <b>FINANCE COSTS</b>   |              |                |                  |                 |                 |                  |                 |                 |                  |
| Finance income   | 1,664        | 2,107          | 443              | 1,261           | 2,177           | 916              | 2,925           | 4,284           | 1,359            |
| Finance expense  | (425)        | (463)          | (38)             | (15,728)        | (15,531)        | 197              | (16,153)        | (15,994)        | 159              |
| PDC dividends payable/refundable   | (1,520)      | (1,517)        | 3                | 0               | 0               | 0                | (1,520)         | (1,517)         | 3                |
| <b>NET FINANCE COSTS</b>   | <b>(281)</b> | <b>127</b>     | <b>408</b>       | <b>(14,467)</b> | <b>(13,354)</b> | <b>1,113</b>     | <b>(14,748)</b> | <b>(13,227)</b> | <b>1,521</b>     |
| Other gains/(losses) including disposal of assets                            | 0            | 0              | 0                | 0               | 76              | 76               | 0               | 76              | 76               |
| Corporation tax expense  | (41)         | (62)           | (21)             | 0               | 0               | 0                | (41)            | (62)            | (21)             |
| <b>SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR</b>                                 | <b>5,983</b> | <b>2,463</b>   | <b>(3,520)</b>   | <b>(7,115)</b>  | <b>(10,670)</b> | <b>(3,555)</b>   | <b>(1,132)</b>  | <b>(8,207)</b>  | <b>(7,075)</b>   |
| Add back all I&E impairments/(reversals)                                     | 0            | 0              | 0                | 0               | 0               | 0                | 0               | 0               | 0                |
| Remove capital donations/grants I&E impact                                   | (6,944)      | (3,752)        | 3,192            | (4,557)         | (1,758)         | 2,799            | (11,501)        | (5,510)         | 5,991            |
| Adjust PFI revenue costs to UK GAAP basis                                    | 0            | 0              | 0                | (4,384)         | (4,256)         | 128              | (4,384)         | (4,256)         | 128              |
| <b>Adjusted financial performance for the purposes of system achievement</b> | <b>(961)</b> | <b>(1,289)</b> | <b>(328)</b>     | <b>(16,056)</b> | <b>(16,684)</b> | <b>(628)</b>     | <b>(17,017)</b> | <b>(17,973)</b> | <b>(956)</b>     |

At the end of Month 8 2024/25 the Group is reporting an adverse variance of £1.0m (with an adverse variance of £328k relating to NTH and £628k relating to STH).

The main drivers of the NTH Month 8 position are:

- Clinical Income is ahead of plan by £3.7m, which mostly relates to increased high-cost drugs and devices income, non-recurrent ICB industrial action funding, and non-NHS income (including Butterwick and Macmillan).
- The plan assumes ERF delivery of 121% (against a national target of 112%), as part of delivering the Trust's overall efficiency and productivity target. The Trust's local estimate of year-to-date performance 122%, which is an additional £0.5m against plan.
- Other operating income (excluding donated asset income) is £2.7m ahead of plan, mainly relating to R&D, education and non-patient care income.
- Interest receivable is ahead of plan by £0.4m, reflecting current interest rates and cash balances.
- Net impact of strike cover of £0.1m
- Pay award pressure of £0.4m.
- Overspend against block funded high-cost drugs and devices of £1.1m
- Slippage on delivery of CIP savings £1.8m.
- Offsetting additional non-recurrent measures

The main drivers of the underlying STH Month 8 position are:

- The pay award has created a net £1.6m year-to-date pressure, however this is offset by additional ERF overperformance in-month of £0.9m
- Clinical Income is ahead of plan by £12.1m, reflecting additional ERF income of £6.3m, passthrough high-cost drugs and devices income of £3.2m and additional contract variations of £2.6m, including non-recurrent ICB industrial action funding of £0.9m.
- The plan assumed ERF delivery of 113% (against a national target of 108%), as part of delivering the Trust's overall efficiency and productivity target. The Trust's local estimate of year-to-date performance is 119%, which is an additional £6.3m income against plan (and £11.4m above the national target).
- Overspends on drugs including high-cost block drugs and other drugs is £6.5m, which is partially offset by clinical income.
- Overspends on medical and surgical equipment, including high-cost devices expenditure is £4.1m; this is partially offset by additional ERF income.
- Overspends on Ward budgets of £1.9m year-to-date, with an in-month overspend of £154k. This is a significant improvement on the Q1 average overspend of £374k, but shows a continued deterioration compared to the Month 6 position.
- Medical pay is overspent by £8.0m and is split between consultants £3.2m and resident doctors, £4.8m. Further analysis is being undertaken in month to understand the drivers, including the link to ERF overperformance, impact of the pay award and progress against planned recruitment to reduce premium costs.
- Overspend on PFI Energy costs of £1.1m.
- Interest receivable is ahead of plan by £0.9m, reflecting higher than plan cash balances.
- Offsetting additional non-recurrent measures

The NTH and STH Site teams are taking a number actions to address areas of overspend and maximise delivery against CIP and ERF targets, whilst mitigating the impact of non-elective activity pressures.

### **Agency Expenditure**

Reduction in agency expenditure is a national priority set by NHSE, with clear Board accountability expected for agency spend and reporting of plans and actual agency spend. The 2024/25 planning guidance included requirements to reduce agency spend by at least 5% from the prior year, contain agency spend within 3.2% of total pay expenditure and remove all non-framework agency by July 2024.

The table below shows the position on agency expenditure for the Group to the end of Month 8:

|                     | NTH          |                |                  | STH          |                |                  | GROUP        |                |                  |
|---------------------|--------------|----------------|------------------|--------------|----------------|------------------|--------------|----------------|------------------|
|                     | Plan<br>£000 | Actual<br>£000 | Variance<br>£000 | Plan<br>£000 | Actual<br>£000 | Variance<br>£000 | Plan<br>£000 | Actual<br>£000 | Variance<br>£000 |
| Nursing             | 2,662        | 1,517          | -1,145           | 256          | 189            | -67              | 2,918        | 1,706          | -1,212           |
| AHP and S&T         | 74           | 339            | 265              | 573          | 193            | -380             | 647          | 532            | -115             |
| Other Clinical      | 0            | 0              | 0                | 0            | 1              | 1                | 0            | 1              | 1                |
| Consultants         | 1,401        | 1,226          | -175             | 2,261        | 2,002          | -259             | 3,662        | 3,228          | -434             |
| Career/staff grades | 0            | 6              | 6                | 0            | 0              | 0                | 0            | 6              | 6                |
| Trainee grades      | 0            | 0              | 0                | 0            | 0              | 0                | 0            | 0              | 0                |
| Non Clinical        | 0            | 34             | 34               | 158          | 0              | -158             | 158          | 34             | -124             |
| <b>Total Agency</b> | <b>4,137</b> | <b>3,122</b>   | <b>-1,015</b>    | <b>3,248</b> | <b>2,385</b>   | <b>-863</b>      | <b>7,385</b> | <b>5,507</b>   | <b>-1,878</b>    |

The agency plan for 2024/25 assumed a reduction of £2.2m (17%) compared to 2023/24.

At the end of Month 8, agency Expenditure is £1.9m below plan overall for the Group, with an underspend of £0.9m at STH and underspend of £1.0m at NTH.

Agency expenditure represents 0.9% of total pay expenditure (well within the 3.2% national cap). Both NTH and STH currently have no off-framework agency workers.

## Workforce

Growth in workforce remains an area of significant internal focus and national and regional scrutiny, linked to the reductions in productivity noted across the wider NHS.

Compared to the previous month, Month 8 WTE worked is 85wte lower than the previous month (-27wte at NTH and -59wte at STH), mainly relating to a reduction in HCAs and Support Staff (-54wte).

| Worked             | 19/20<br>Average<br>p.m. | 23/24<br>Average<br>p.m. | Q1 24/25<br>Average<br>p.m. | Q2 24/25<br>Average<br>p.m. | Mth 7<br>24/25   | Mth 8<br>24/25   | Change<br>from<br>19/20 | Change<br>from<br>23/24 | Change<br>from<br>prior<br>month |
|--------------------|--------------------------|--------------------------|-----------------------------|-----------------------------|------------------|------------------|-------------------------|-------------------------|----------------------------------|
| <b>NTH</b>         |                          |                          |                             |                             |                  |                  |                         |                         |                                  |
| Agency             | 20.38                    | 63.89                    | 50.61                       | 29.69                       | 28.39            | 27.79            | 7.41                    | -36.10                  | -0.60                            |
| Bank               | 186.45                   | 234.11                   | 225.14                      | 248.82                      | 254.04           | 240.05           | 53.60                   | 5.94                    | -13.99                           |
| Substantive        | 4,659.47                 | 5,130.47                 | 5,273.22                    | 5,301.06                    | 5,373.14         | 5,360.89         | 701.42                  | 230.42                  | -12.25                           |
| <b>Sub Total</b>   | <b>4,866.30</b>          | <b>5,428.47</b>          | <b>5,548.97</b>             | <b>5,579.56</b>             | <b>5,655.57</b>  | <b>5,628.73</b>  | <b>762.43</b>           | <b>200.26</b>           | <b>-26.84</b>                    |
| <b>STH</b>         |                          |                          |                             |                             |                  |                  |                         |                         |                                  |
| Agency             | 25.51                    | 34.62                    | 17.57                       | 18.75                       | 22.23            | 18.92            | -6.59                   | -15.70                  | -3.31                            |
| Bank               | 198.01                   | 393.05                   | 375.16                      | 356.22                      | 349.55           | 315.08           | 117.07                  | -77.96                  | -34.47                           |
| Substantive        | 7,836.68                 | 9,235.07                 | 9,427.08                    | 9,402.81                    | 9,546.15         | 9,525.37         | 1,688.69                | 290.30                  | -20.78                           |
| <b>Sub Total</b>   | <b>8,060.20</b>          | <b>9,662.74</b>          | <b>9,819.80</b>             | <b>9,777.78</b>             | <b>9,917.93</b>  | <b>9,859.37</b>  | <b>1,799.17</b>         | <b>196.63</b>           | <b>-58.56</b>                    |
| <b>GROUP</b>       |                          |                          |                             |                             |                  |                  |                         |                         |                                  |
| Agency             | 45.89                    | 98.50                    | 68.18                       | 48.44                       | 50.62            | 46.71            | 0.82                    | -51.79                  | -3.91                            |
| Bank               | 384.46                   | 627.16                   | 600.29                      | 605.03                      | 603.59           | 555.13           | 170.67                  | -72.03                  | -48.46                           |
| Substantive        | 12,496.15                | 14,365.55                | 14,700.30                   | 14,703.87                   | 14,919.29        | 14,886.26        | 2,390.11                | 520.71                  | -33.03                           |
| <b>Grand Total</b> | <b>12,926.50</b>         | <b>15,091.21</b>         | <b>15,368.77</b>            | <b>15,357.34</b>            | <b>15,573.50</b> | <b>15,488.10</b> | <b>2,561.60</b>         | <b>396.89</b>           | <b>-85.40</b>                    |

Month 8 shows a net overall increase of 397 WTE worked across the Group, compared to the average in 2023/24 (200wte at NTH and 197wte at STH). Whilst WTE worked for both Bank and Agency show a total reduction of 124wte from 2023/24 for the Group overall, this is offset by increases in Substantive staffing of 521wte.

Overall, WTEs worked across the Group in Month 8 remain 2,561wte (20%) higher than the average deployed during 2019/20

## Efficiency

The 2024/25 financial plan assumes delivery of an overall efficiency target for the Group of £74.5m. The tables below show the year-to-date delivery against the Group's efficiency targets:

|                              | NTH              |                    |                    |                      |             | STH              |                    |                    |                      |             | GROUP            |                    |                    |                      |             |
|------------------------------|------------------|--------------------|--------------------|----------------------|-------------|------------------|--------------------|--------------------|----------------------|-------------|------------------|--------------------|--------------------|----------------------|-------------|
| YTD Month 8                  | YTD Plan<br>£000 | YTD Target<br>£000 | YTD Actual<br>£000 | YTD Variance<br>£000 | % Delivery  | YTD Plan<br>£000 | YTD Target<br>£000 | YTD Actual<br>£000 | YTD Variance<br>£000 | % Delivery  | YTD Plan<br>£000 | YTD Target<br>£000 | YTD Actual<br>£000 | YTD Variance<br>£000 | % Delivery  |
| Care Groups / Collaboratives | 6,981            | 5,527              | 5,187              | -340                 | 94%         | 18,126           | 19,524             | 13,517             | -6,007               | 69%         | 25,107           | 25,051             | 18,704             | -6,347               | 75%         |
| ERF Delivery                 | 3,901            | 3,319              | 3,901              | 582                  | 118%        | 4,933            | 4,933              | 5,702              | 769                  | 116%        | 8,834            | 8,252              | 9,603              | 1,351                | 116%        |
| Corporate                    | 514              | 518                | 426                | -92                  | 82%         | 3,000            | 2,668              | 2,076              | -592                 | 78%         | 3,514            | 3,186              | 2,502              | -684                 | 79%         |
| Central                      | 3,005            | 5,396              | 6,225              | 829                  | 115%        | 9,382            | 3,630              | 9,460              | 5,830                | 261%        | 12,387           | 9,026              | 15,685             | 6,659                | 174%        |
| <b>Total</b>                 | <b>14,401</b>    | <b>14,760</b>      | <b>15,739</b>      | <b>979</b>           | <b>107%</b> | <b>35,441</b>    | <b>30,755</b>      | <b>30,755</b>      | <b>0</b>             | <b>100%</b> | <b>49,842</b>    | <b>45,515</b>      | <b>46,494</b>      | <b>979</b>           | <b>102%</b> |

Across the Group, overall year-to-date delivery is £46.5m (102% of target).

Work continues through the Site leadership teams to identify and deliver efficiency savings to meet the targets, with escalation meetings held with Care Groups and Collaboratives. A UHT Financial Recovery Oversight Group, chaired by the Managing Director, has been established to monitor Site delivery and to provide oversight of the overall efficiency programme at a Group level.

## Capital

The Group's gross capital expenditure plan for the 2024/25 financial year totals £100.5m.

The Group's ICS Capital Departmental Expenditure Limit (CDEL) for 2024/25 amounts to £32.7m, including an additional £5m bonus allocation relating to UEC performance at NTH. The ICS is expected to receive an additional CDEL allocation for IFRS16 expenditure, with the Group's plan totalling £5.1m.

The capital programme also includes external support, in the form of Public Dividend Capital (PDC) of £23.8m, including support for the Friarage Theatre development (£15.8m) and the Stockton CDC Hub (£7.2m), and Salix grant funding (£25.6m) for de-carbonisation schemes across the Group. The plan also includes expected PFI lifecycle costs of £12.7m (the cost of which sits outside the ICS CDEL limit).

The Group's capital expenditure to the end of Month 8 amounted to £45.7m, as detailed in the table below.

|                            | NTH<br>£000   | STH<br>£000   | Group<br>£000 |
|----------------------------|---------------|---------------|---------------|
| Equipment                  | 575           | 1,099         | 1,674         |
| Digital                    | 627           | 1,274         | 1,901         |
| Estates                    | 4,662         | 0             | 4,662         |
| PFI                        | 0             | 7,839         | 7,839         |
| Salix                      | 3,008         | 2,153         | 5,161         |
| FHN Hub                    | 0             | 12,007        | 12,007        |
| JCUH UTC                   | 0             | 397           | 397           |
| CDC Hub                    | 10,771        | 0             | 10,771        |
| IFRS 16                    | 1,265         | 0             | 1,265         |
| <b>Total Gross Capital</b> | <b>20,908</b> | <b>24,769</b> | <b>45,677</b> |

For core CDEL, the Group is currently forecasting delivery by the end of the year to the agreed plans and the respective trusts' share of the system CDEL allocation.

However, against the notional CDEL allocation IFRS16 (right of use) assets, there is currently a significant pressure identified for STH. This pressure largely relates to the impact of indexation increases on the rental payments for leased properties. Following discussion and agreement with the ICB and regional NHSE, the forecast was reported in the Month 6 PFR return (and is part off-set by forecast underspends at an overall system-level). Work is underway internally and across the system to identify options to mitigate the impact of the IFRS16 pressure during 2024/25. In addition, it is anticipated that the system will receive a fair shares allocation from national contingency funding for emerging IFRS16 pressures.

### Liquidity

The cash balance at the end of Month 8 stood at £86.8m for the Group (with £52.0m relating to NTH and £34.8m relating to STH).

The continued strong cash balances have supported good compliance with the Better Payment Practice Code for both trusts, as shown in the tables below:

| <b>NTH</b>                                    | <b>YTD<br/>Number</b> | <b>YTD Value<br/>£000</b> |
|---|-----------------------|---------------------------|
| Total bills paid in the year                  | 48,665                | 141,309                   |
| Total bills paid within target                | 47,368                | 138,705                   |
| <b>Percentage of bills paid within target</b> | <b>97.3%</b>          | <b>98.2%</b>              |
|   |                       |                           |
| <b>STH</b>                                    | <b>YTD<br/>Number</b> | <b>YTD Value<br/>£000</b> |
| Total bills paid in the year                  | 73,958                | 421,861                   |
| Total bills paid within target                | 71,843                | 407,042                   |
| <b>Percentage of bills paid within target</b> | <b>97.1%</b>          | <b>96.5%</b>              |
|   |                       |                           |
| <b>GROUP</b>                                  | <b>YTD<br/>Number</b> | <b>YTD Value<br/>£000</b> |
| Total bills paid in the year                  | 122,623               | 563,170                   |
| Total bills paid within target                | 119,211               | 545,747                   |
| <b>Percentage of bills paid within target</b> | <b>97.2%</b>          | <b>96.9%</b>              |

Following Board approval on 7<sup>th</sup> of August, the Trust made a cash support application on the 16<sup>th</sup> August for £14.1m support. Following a number of delays, NHSE confirmed on the 16<sup>th</sup> September that the cash application had been approved, and payment of the cash support from DHSC was received on 23<sup>rd</sup> September.

On 17<sup>th</sup> September, NHSE confirmed the non-recurrent deficit support that will be made available to systems with an agreed deficit plan. NENC ICB has distributed its system deficit support allocation to providers in proportion to planned deficits, with the share attributable to STH being £17.4m. The year-to-date proportion of this cash was received on 15<sup>th</sup> October.

Following distribution of deficit support cash to systems to support break-even, national NHSE's expectations are that no further cash support applications are required by providers. However, given the residual STH deficit plan and working capital requirements, ongoing close monitoring and cashflow forecasting will be essential to minimise any additional cash support requirements.

## Statement of Financial Position

The table below shows the balance sheet position for the two Trusts as at the end of Month 8:

|   | NTH<br>£000     | STH<br>£000      |
|---|-----------------|------------------|
| <b>Non-current assets</b>   |                 |                  |
| Intangible assets   | 892             | 8,142            |
| On-SoFP IFRIC 12 assets   | 0               | 146,469          |
| Other property, plant and equipment (excludes leases)               | 145,805         | 155,456          |
| Right of use assets - leased assets for lessee (excluding PFI/LIFT) | 18,536          | 31,533           |
| Receivables: due from NHS and DHSC group bodies                     | 579             | 1,155            |
| Receivables: due from non-NHS/DHSC Group bodies                     | 1,187           | 637              |
| Credit Loss Allowances  | 0               | (2,045)          |
| <b>Total non-current assets</b>                                     | <b>166,999</b>  | <b>341,347</b>   |
| <b>Current assets</b>   |                 |                  |
| Inventories   | 7,038           | 17,151           |
| Receivables: due from NHS and DHSC group bodies                     | 2,772           | 27,292           |
| Receivables: due from non-NHS/DHSC Group bodies                     | 28,874          | 25,679           |
| Credit Loss Allowances  | (3,015)         | (1,300)          |
| Cash and cash equivalents: GBS/NLF                                  | 45,430          | 32,930           |
| Cash and cash equivalents: commercial/in hand/other                 | 6,577           | 1,835            |
| <b>Total current assets</b>   | <b>87,676</b>   | <b>103,587</b>   |
| <b>Current liabilities</b>  |                 |                  |
| Trade and other payables: capital                                   | (2,444)         | (13,580)         |
| Trade and other payables: non-capital                               | (58,354)        | (138,353)        |
| Borrowings  | (5,094)         | (14,037)         |
| Other financial liabilities   | (379)           |                  |
| Provisions  | (911)           | (1,505)          |
| Other liabilities: deferred income including contract liabilities   | (6,644)         |                  |
| <b>Total current liabilities</b>                                    | <b>(73,826)</b> | <b>(167,475)</b> |
| <b>Total assets less current liabilities</b>                        | <b>180,849</b>  | <b>277,459</b>   |
| <b>Non-current liabilities</b>                                      |                 |                  |
| Borrowings  | (33,007)        | (259,602)        |
| Provisions  | (2,087)         | (1,370)          |
| <b>Total non-current liabilities</b>                                | <b>(35,094)</b> | <b>(260,972)</b> |
| <b>Total net assets employed</b>                                    | <b>145,755</b>  | <b>16,487</b>    |
| <b>Financed by</b>  |                 |                  |
| Public dividend capital   | 193,280         | 439,633          |
| Revaluation reserve   | 18,226          | 32,946           |
| Other reserves  | 0               | 26,475           |
| Income and expenditure reserve                                      | (65,751)        | (482,567)        |
| <b>Total taxpayers' and others' equity</b>                          | <b>145,755</b>  | <b>16,487</b>    |

## 4. RECOMMENDATIONS

Members of the Board are asked to:

- Note the financial position for Month 8 2024/25.



# Council of Governors

February 2025



North Tees and Hartlepool  
NHS Foundation Trust

## Stockton



Prof Derek  
Bell OBE  
Group chair



Clive Collier  
Stockton



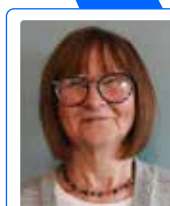
Andrew Tingle  
Stockton



Anne Johnston  
Stockton



Anthony Taylor  
Stockton



Lynda White  
Stockton



Elliot Kennedy  
Stockton



Patrick Kimmitt  
Stockton



Allan Fletcher  
Stockton



Melanie Fordham  
Stockton

## Hartlepool



Mike Scanlon  
Hartlepool



Terence Hegarty  
Hartlepool



Misra  
Bano-Mahroo  
Hartlepool



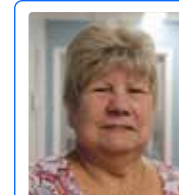
Allan Kellehear  
Hartlepool



Anne Holt  
Hartlepool



Pam Shurmer  
Hartlepool



June Black  
Easington



Sarah Moule  
Easington



Allison Usher  
Sedgefield



Paul Frame  
Sedgefield



Angela Warnes  
Out of Trust area

## Easington

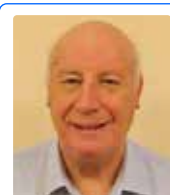
## Sedgefield

## Other

## Elected staff governors



Steven Yull  
People  
development



Dave Russon  
Chaplaincy



Natalie  
Wintersgill  
Facilities  
management  
(NTH Solutions)



Jennifer Jones  
Clinical  
governance



Ashwini Gaur  
Urology  
consultant



Christopher  
Akers-Belcher  
Healthwatch  
Hartlepool



Cllr Steve Nelson  
Stockton-on-Tees  
Borough Council



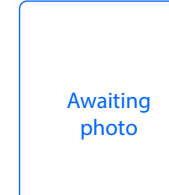
Natasha Douglas  
Healthwatch  
Stockton



Cllr Aaron Roy  
Hartlepool  
Borough Council



Andy Simpson  
Newcastle  
University



Awaiting  
photo

Cllr Christopher  
Hood  
Durham County  
Council



Dr Ann French  
Teesside  
University

## Appointed governors



Caring  
Better  
Together



# Council of governors



## Appointed governors

### Local authority / county council



**Cllr David Coupe**  
Middlesbrough Council



**Cllr Steve Watson**  
North Yorkshire County Council



**Cllr Ursula Earl**  
Redcar and Cleveland Borough Council

### Universities



**Prof Shaun Pattinson**  
Durham University



**Prof David Kennedy**  
Newcastle University



**Carlie Johnston-Blyth**  
Teesside University

### Other organisations



**Lee O'Brian**  
Carers Together



**Linda Sergeant**  
Healthwatch South Tees



**Vacant**  
Strategic



**Vacant**  
Voluntary

## Staff members



**Dr Sarah Essex**  
Elected staff member



**Ruth Mhlanga**  
Elected staff member



**Dr Isaac Oluwatowoju**  
Elected staff member



**Jane Passman**  
Elected staff member



**Julian Wenman**  
Elected staff member



## Public constituency members

### Middlesbrough



**Yvonne Bytheway**  
Elected public member



**Rachel Booth-Gardiner**  
Elected public member



**David Charlesworth**  
Elected public member



**Rebecca Hodgson**  
Elected public member



**Jean Milburn**  
Elected public member

### Redcar and Cleveland



**Zahida Mian**  
Elected public member



**Brendan Smith**  
Elected public member



**Brian White**  
Elected public member



**Jon Winn**  
Elected public member

### Hambleton & Richmondshire



**Noel Beal**  
Elected public member



**Janet Crampton**  
Elected public member



**Graham Lane**  
Elected public member



**Sue Young**  
Elected public member

### Rest of England



**Dr Olufemi Shoyemi**



**Dr John Fordham**



**Vacant**

### Patients / carers

# Joint Council of Governors and Board of Directors 2025-26

**Meeting date:** 25 February 2025

**Reporting to:** Councillor of Governors

**Agenda item No:** 18

**Report author:** Jackie White, Head of Governance/Company Secretary

**Action required:**  
Information

**Delegation status (Board only):**  
Jointly delegated item to Group Board

**Previously presented to:**  
N/A

## NTHFT strategic objectives supported:

Putting patients first ☒

Valuing our people ☒

Transforming our services ☒

Health and wellbeing ☒

## STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☒

A great place to work ☒

A centre of excellence, for core and specialist services, research, digitally supported healthcare, education and innovation in the Northeast of England, North Yorkshire and beyond ☒

Deliver care without boundaries in collaboration with our health and social care partners ☒

Make best use of our resources ☒

## CQC domain link:

Well-led

## Board assurance / risk register this paper relates to:

## Key discussion points and matters to be escalated from the meeting

**ALERT:** Alert to the matters that require the board's attention or action, e.g. non-compliance, safety or a threat to the Trust's strategy.

The Council of Governors are asked to note the Joint Council of Governors and Board of Directors 2025-26 schedule.

**ADVISE:** Advise of areas of ongoing monitoring or development or where there is negative assurance. What risks were discussed and were any new risks identified.

**ASSURE:** Assure Inform the board where positive assurance has been achieved, share any practice, innovation or action that the committee considers to be outstanding.

## Recommendations:

The Council of Governors are asked to note the Joint Council of Governors and Board of Directors 2025-26 schedule.



## Joint Council of Governors Meeting Schedule 2025/26

| Meeting Date                    | Time          | Venue  |
|---------------------------------|---------------|--|
| Tuesday 25 February 2025        | 10:00 – 16:00 | Health & Social Care Academy,<br>University Hospital of Hartlepool,<br>Holdforth Road, Hartlepool, TS24 9AH      |
| Thursday 26 June 2025           | 10:00 – 16:00 | STRIVE Rooms 3 & 4, The Friarage<br>Northallerton, DL6 1JG   |
| Tuesday 16 September 2025 (AGM) | 10:00 – 12:30 | TBC  |
|                                 | 13:00 – 16:00 |  |
| Thursday 18 December 2025       | 10:00 – 16:00 | Health & Social Care Academy,<br>University Hospital of Hartlepool,<br>Holdforth Road, Hartlepool, TS24 9AH      |
| Thursday 19 February 2026       | 10:00 – 16:00 | Board Room, 2nd Floor, Murray Building,<br>James Cook University Hospital, Marton Road,<br>Middlesbrough TS4 3BW |

## Board of Directors Meeting Schedule 2025/26

| Meeting Date              | Time<br>13:00 – 17:00           | Venue  |
|---------------------------|---------------------------------|--|
| Tuesday 4 March 2025      | Public 13:00<br>In Common 15:00 | Health & Social Care Academy,<br>University Hospital of Hartlepool,<br>Holdforth Road, Hartlepool, TS24 9AH      |
| Thursday 8 May 2025       | Public 13:00<br>In Common 15:00 | Board Room, 2nd Floor, Murray Building,<br>James Cook University Hospital, Marton Road,<br>Middlesbrough TS4 3BW |
| Thursday 3 July 2025      | Public 13:00<br>In Common 15:00 | Board Room, 2nd Floor, Murray Building,<br>James Cook University Hospital, Marton Road,<br>Middlesbrough TS4 3BW |
| Thursday 4 September 2025 | Public 13:00<br>In Common 15:00 | TBC  |
| Thursday 6 November 2025  | Public 13:00<br>In Common 15:00 | Board Room, 2nd Floor, Murray Building,<br>James Cook University Hospital, Marton Road,<br>Middlesbrough TS4 3BW |
| Thursday 5 March 2026     | Public 13:00<br>In Common 15:00 | STRIVE Rooms 3 & 4, The Friarage<br>Northallerton, DL6 1JG   |

# Council of Governors Cycle of Business

**Meeting date:** 25 February 2025

**Reporting to:** Council of Governors

**Agenda item No:** 19.1

**Report author:** Jackie White, Head of Governance & Company Secretary

**Action required:** Assurance

**Delegation status:** Jointly delegated item to Group Board

**Previously presented to:** Nil

## NTHFT strategic objectives supported:

Putting patients first ☒

Transforming our services ☒

Valuing our people ☒

Health and wellbeing ☒

## STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☒

A great place to work ☒

Make best use of our resources ☒

A centre of excellence ☒

Deliver care without boundaries ☒

## CQC domain link:

Well-led

**Board assurance / risk register this paper relates to:**

Key discussion points and matters to be escalated from the meeting

**ALERT:** Alert to the matters that require the board's attention or action, e.g. non-compliance, safety or a threat to the Trust's strategy.

This schedule provides the dates, times and venue of the Councillor of Governors meetings.

**ADVISE:** Advise of areas of ongoing monitoring or development or where there is negative assurance. What risks were discussed and were any new risks identified.

None.

**ASSURE:** Assure Inform the board where positive assurance has been achieved, share any practice, innovation or action that the committee considers to be outstanding.

None.

### Recommendations:

The Councillor of Governors are asked to note the content.



| Council of Governors  |          |      |           |          |                          |                 |
|---|----------|------|-----------|----------|--------------------------|-----------------|
|   | February | June | September | December | Lead                     | Action required |
| Chairs business   |          |      |           |          |                          |                 |
| Welcome and apologies   |          |      |           |          |                          |                 |
| Quorum and declarations of interest   | X        | X    | X         | X        | Chair                    | Approve         |
| Minutes of the last meeting   | X        | X    | X         | X        | Chair                    | Review          |
| Matters arising / action log  | X        | X    | X         | X        | Chair                    | Review/ Approve |
| Chairs report   | X        | X    | X         | X        | Chair                    | Review          |
| Chief Executive report  | X        | X    | X         | X        | Chief Executive          | Review          |
|   |          |      |           |          |                          |                 |
| Accountability and Assurance  |          |      |           |          |                          |                 |
| Performance report (inc in CEO report)  | X        | X    | X         | X        | Chief Executive          | Review          |
| Finance report (inc in CEO report)  | X        | X    | X         | X        | Chief Executive          | Review          |
| Reports from Board Sub Committees   | X        | X    | X         | X        | Chairman/NEDS            | Review          |
| Agree quality priorities  |          | X    |           |          | Chief Nurse              | Approve         |
| Receive the Quality Accounts  |          |      | X         |          | Chief Nurse              | Review          |
| Receive the Audit Committee annual report   |          |      | X         |          | Co Secretary             | Review          |
| Agree arrangements for the annual members meeting   |          | X    |           |          | Co Secretary             | Approve         |
| Presentation of the annual report and accounts  |          |      | X         |          | Chief Executive / Chair  | Review          |
|   |          |      |           |          |                          |                 |
| Strategy and Engagement   |          |      |           |          |                          |                 |
| Lead Governor report  | X        | X    | X         | X        | Lead Governor            | Review          |
| Report from the sub groups and Board Committees   | X        | X    | X         | X        | NEDs                     | Review          |
| Receive the Strategic Plan priorities   | X        |      |           |          | Managing Director        | Review          |
| Staff survey results  |          | X    |           |          | Chief People Officer     | Review          |
| CQC update (as appropriate)   | X        | X    | X         | X        | Chief Nurse              | Review          |
| Update on Winter Plan   |          |      | X         |          | Chief Operating Officers | Review          |
| NED and Governor service visits   | X        | X    | X         | X        | NEDs                     | Review          |
| Membership report and Strategy  |          |      | X         |          | Co Secretary             | Review          |
|   |          |      |           |          |                          |                 |
| Appointments and performance  |          |      |           |          |                          |                 |
| Remuneration of the Chair of the Trust and other non-executive Directors                                      |          |      | X         |          | Co Secretary             | Approve         |
| Appointment of the Chair (as required)  |          |      |           |          | Co Secretary             | Approve         |
| Receive a high level report on the outcome of the NED and Chair appraisal                                     |          |      | X         |          | SID                      | Review          |
| Appointment / removal of other non-executive Directors (as required)  |          |      |           |          | Chair                    | Approve         |
| Approve the appointment of the Chief Executive (as required)  |          |      |           |          | Chair                    | Approve         |
| Appointment of the external auditor (as required)   |          |      |           |          | Chief Finance Officer    | Approve         |
| Agree the process for the performance evaluation of the Chair of the Trust and other NEDS                     | X        |      |           |          | SID/Co Secretary         | Approve         |
| Agree who should be appointed as the lead governor (as required)  |          |      |           |          | Chair                    | Approve         |
|   |          |      |           |          |                          |                 |
| Other Governor business   |          |      |           |          |                          |                 |
| Ratify changes to the Terms of Reference of the Nominations Committee and Membership and Engagement Committee | X        |      |           |          | Co Secretary             | Approve         |
| Approve the establishment / disbanding of the Council of Governors sub committees                             | X        |      |           |          | Co Secretary             | Approve         |
|   |          |      |           |          |                          |                 |
| Council of Governors Administrative Business  |          |      |           |          |                          |                 |
| Approve the Council of Governors Annual cycle of business   | X        |      |           |          | Co Secretary             | Approve         |
| Receive future meeting dates  |          |      |           | X        | Corporate Secretariat    | Approve         |
| Review the Council of Governors Terms of Reference  |          |      |           | X        | Co Secretary             | Approve         |
| Effectiveness review  | X        |      |           |          | Co Secretary             | Receive         |
| Review the declarations of interest and register of interest for the governors                                |          | X    |           |          | Corporate Secretariat    | Receive         |
| Governors non attendance  | X        | X    | X         | X        | Corporate Secretariat    | Receive         |
| Report on governor elections (as appropriate)   |          |      |           |          | Co Secretary             | Receive         |
|   |          |      |           |          |                          |                 |
| Review of Policies and procedures and governance documents relating to the Council of Governors (as and when) |          |      |           |          |                          |                 |
| Procedure for the reimbursement of expenses for governors (as appropriate)                                    |          |      |           |          | Co Secretary             | Review          |
| Code of conduct and standards of behaviour for governors (as required)  |          |      |           |          | Co Secretary             | Review          |
| local working instructions for Council of Governors meeting etiquette (as required)                           |          |      |           |          | Co Secretary             | Review          |
| Role description for the Council of Governors and a Governor (as required)                                    |          |      |           |          | Co Secretary             | Review          |
| Role description for the Lead Governor (as required)  |          |      |           |          | Co Secretary             | Review          |
|   |          |      |           |          |                          |                 |
| Other statutory duties  |          |      |           |          |                          |                 |
| Approval of any significant transactions (as required)  |          |      |           |          | Chair                    | Approve         |
| Approval of an application for a merger or acquisition of another FT or NHS Trust (as required)               |          |      |           |          | Chair                    | Approve         |
| Approval of an application for the dissolution of the FT (as required)  |          |      |           |          | Chair                    | Approve         |
| Approval of a proposal to increase non NHS income by 5% or more (as required)                                 |          |      |           |          | Chief Finance Officer    | Approve         |
| NED annual decision of interest and fit and proper person declarations  |          | X    |           |          | Co Secretary             | Review          |
| Amendments to the constitution  |          | X    |           |          | Co Secretary             | Approve         |