Board of Directors
Draft Minutes of the Meeting of the Board of Directors of County Durham and Darlington NHS Foundation Trust held on Wednesday 25 November 2020 from 09:00hrs
Rooms 5, 6 & 7 Prospect House Durham and Via MS Teams
Part One (Open)

Present:

Prof Paul Keane OBE	Chairman
Mr Michael Bretherick	Non-Executive Director
Ms Jenny Flynn MBE	Non-Executive Director
Mr Paul Forster-Jones	Non-Executive Director
Mr Simon Gerry	Non-Executive Director
Ms Sue Jacques	Chief Executive
Mr David Brown	Executive Director of Finance
Mr Jeremy Cundall	Executive Medical Director
Ms Carole Langrick	Executive Director of Operations
Mr Noel Scanlon	Executive Director of Nursing

In Attendance:

Ms Morven Smith	Director of Workforce & Organisation Development
Mr Warren Edge	Senior Associate Director of Assurance and Compliance
Ms Alison McCree	Managing Director – CDD Services
Mr Peter Dixon	Corporate Affairs Lead (Minute Taker)
Ms Hannah Whinn	Guardian of Safe Working

Due to Covid-19 safety measures, no members of the public were in attendance.

92/21	**Welcome and apologies**	**Actions**
	The Chairman welcomed Board members and others present. The Chairman clarified that the meeting was undertaken in accordance with Covid-19 social distancing guidelines, including those relating to the North East of England which had come into came into effect at midnight. Apologies had been received from Mr Steve Crosland.	
93/21	**Declarations of Interests**	**Actions**
	Any Board Member who was aware of a conflict of interest relating to any item on the agenda was required to disclose it at this stage or when the conflict arose during consideration of a particular item. Mr Forster-Jones and Ms McCree declared their interests as Directors of Synchronicity Care Ltd (SCL). The Chairman confirmed that there were no items on the agenda that created a conflict for SCL officers.	

94/21	**Minutes & Matters Arising from the Previous Meeting held on Wednesday 30 September 2020**	**Actions**
	Accuracy The minutes were **agreed** as an accurate record of the meeting Matters Arising from the Minutes *Item 60, Chief Executive's Report, Page 8, first paragraph;* The Chairman noted that Mr Scanlon had stated that the Trust was taking part in a bidding process to obtain funding for assistance with recruitment and sought an update on the progress with this. Mr Scanlon explained that the Trust had been successful in the first two of three bids. A third bid had been resubmitted, following initial rejection, and Mr Scanlon advised that he was optimistic that funding would be secured. *Item 60/21, Chief Executive's Report, Page 9, last paragraph;* The Chairman noted that Donna Johnston, Associate Director of Corporate Medical, had presented a business case to the Charitable Funds Committee for funding support to enable the appointment of clinical leads to support improvement in the coding of comorbidities for mortality purposes. The Chairman sought assurance that there was a long term plan in place in addition to this short term business case. Mr Cundall acknowledged the Chairman's point and explained that another Trust, North Tees NHS Foundation Trust, did employ staff for this role on a long term basis with funding equivalent to two PAs per annum. Mr Cundall clarified that the Trust had a Task and Finish Group in place for the project, which planned to evaluate the success of initial actions and assess long term options, once the project had completed two thirds of the work it set out to do. Action Log Those actions 'greyed out' were accepted as complete: *Action 1 (238/20c), Action 2 (242/20) and Action 3 (36/21).* *Action 4, (60/21), Provide an update on winter planning following completion of peer review actions.* Ms Langrick confirmed that an updated plan had been included in the papers for the meeting and was appended to the Chief Executive's Update Report. Ms Langrick explained that this report had previously been to the Private and Confidential Meeting of the Trust Board but had been included for the purpose of this meeting for public record. *Action 6, (60/21), Update the sustainability objective on the BAF further to the completion of the Sustainable Development Self-Assessment.* Ms Jacques confirmed that this work had been completed and that she would present the draft BAF objective during the meeting. *Action 8, (60/21), Provide an update on the Board development programme which had previously been paused, and the impact this could have on a CQC well-led assessment.* Mr Edge explained that there were plans to arrange a virtual session on Building Leadership for Inclusion for the Board in December. In addition there were three further sessions being reviewed as possible events; Digital Boards, Sustainability and Patient Experience and Engagement. Mr Edge would review these with Ms Smith to determine whether the sessions would be most appropriate to be undertaken in 2020/21 or 2021/22.	

	Action 9, (61/21), Review the telephone consultation process with the appointments team to determine whether appointments were being provided for a specific time or four hour slots. Mr Cundall confirmed that he had reviewed this with the appointments team and confirmed that patients were given a 30 minute slot with the aspiration that the call would be made in that time frame. Regretfully it was not possible to narrow the time down any further. *Action 10, (61/21), Review Wave 2 patient data to compare and contrast the patient profile against Wave 1 and provide a briefing to the Non-Executive Directors.* Mr Cundall explained that in broad terms Wave 2 had a younger patient profile; on average, patients were 68 years old compared to 72 years old during Wave 1. The length of hospital stay had reduced during Wave 2 to 8 days rather than the 12 experienced in Wave 1. It was believed that this was due to the more common use of dexamethasone during this wave. Finally Mr Cundall confirmed that the death to discharge ratio during Wave 2 was approximately three discharges to every one death.	
95/21	**Chief Executive's Report**	**Actions**
	<u>Chief Executive Officer's Update</u> Ms Jacques presented the report to the Board, the purpose of which was to provide an update on (1) national, Cumbria and the North East ICS, Southern and Central ICP and sub ICP developments, and (2) other matters relevant for the Board, which were not substantively covered in the standard reports, and the likely implications associated with each. Ms Jacques highlighted the following key points: • To date the letter expected from Simon Stevens, Chief Executive for the NHS, on the next phase of the NHS response to the pandemic had not been received. Once received it would be circulated to Board members. • Information had not yet been received in relation to the financial regime for the next year; however, it was expected to be provided in the near future as there was a national spending review to be undertaken. The review was also expected to discuss the availability of £3 billion to become available to support an increase in scans in the next year. An update would be brought to the next Board meeting. <u>ICS:</u> • The ICS had received instruction from NHSE/I to establish two diagnostic imaging networks across the patch. This would have meant that the Trust would be operating across two such networks. It had therefore been suggested that there be one network to cover the North East and North Cumbria footprint as this would allow for a more fair distribution and ease of reporting. • The ICS had agreed, at the meeting on 23 October 2020, to enhance oversight of the Covid-19 response during Wave 2. • The Talk Before You Walk initiative was now rolled out in the Trust's geography and had been rebranded #doyourbit. • Approval for some Covid-19 vaccinations was expected to be in the near future; however the detailed roll out plans had not yet been disseminated. • An independent NED sub group of the ICS had agreed on the appointment of a Chair for the ICS. It was expected that the individual would be in post	**SJ**

in time for the new financial year. The appointment was due to be made prior to Christmas.

- The terms of reference for the Optimising Health Services Group had been agreed. There were three key objectives for the group: :
    - Advise and have oversight of vulnerable services with ICS impact;
    - Advise and have oversight of clinical "wicked" issues; and
    - Make connections into mandated clinical networks, ICS networks and operational delivery networks, and act as a conduit with the ICS.

<u>Collaborative work between CDDFT, South Tees and North Tees / Southern ICP:</u>

- The ICP was still in its infancy and the terms of reference were under development.
- The ICP Executive Management Group agreed, in their meeting on 6 November 2020, that they would engage a consultancy in a programme of work to incorporate the development of the ICP operating framework, establishment of ICP behaviours and relational aspects across the ICP.

<u>Central ICP</u>

- The Central ICP had agreed at their meeting on 13 November 2020, to hold a stakeholder event early in the next calendar year to understand and influence the intent and purpose of the ICP.

<u>Winter Plan</u>

- The winter plan had been agreed in the Private and Confidential meeting of the Trust Board on 28 October 2020. This was to be considered a dynamic document and since October, had been updated to include Covid-19 vaccination and the lateral flow Covid-19 testing. It was expected that, as winter progressed, further updates would be added.

Ms Jacques invited questions in relation to her report.

The Chairman noted that there would be increased pressure on the Trust due to Covid-19 in addition to winter pressures and sought assurance on the progress of recruitment in general, and specifically with respect to the Emergency Department (ED) staff and therapists. Ms Jacques confirmed that the Trust did currently have a higher sickness absence rate of 8% however this was expected in the context of Covid-19. Recruitment for the ED staff and therapist positions had begun in the summer. In addition to this a third intake of internationally recruited nurses had been secured. The Trust was currently able to manage both the Covid-19 response as well as winter pressures in addition to maintaining elective work. Ms Jacques assured the Board that enhanced arrangements were in place within the organisation to keep patients safe while optimising the work undertaken. The situation was being monitored and managed on a day to day basis while the business cases the Chairman had referred to were being recruited to. However it was unlikely that the Trust would be able to recruit to the full establishments agreed, as the professions sought after were in demand. Ms Jacques clarified that the Trust was doing everything possible to achieve its ambition.

Ms Flynn asked for clarification on the definition of a clinical "wicked" issue. Ms Jacques explained that this was a term used for an issue which could not be solved within one organisation or ICP and required wider collaboration. The issue referred to in her paper related to interventional radiology as there were not

enough interventional radiologists. Ms Jacques added that this would be discussed further in the Private and Confidential session.

Ms Flynn sought assurance as to the accuracy of the lateral flow testing for Covid-19 especially when compared to the PCR test. Ms Jacques responded that the lateral flow test worked differently to the PCR test and detected Covid-19 at a different stage. The lateral flow test would detect if the individual had Covid-19 during the infectious stage. The PCR test also detected the infection during the early stages as well as the end stages when the individual was not infectious. Mr Cundall added that the lateral flow test had a false negative rate of 30% and a false positive rate of 0.4%, though anyone who received a positive result would then go on to have a PCR test to confirm the diagnosis. If the PCR test was then negative the individual could return to work. Mr Cundall assured the Board that the lateral flow test was an appropriate screening tool with a good level of success based on the population. Mr Cundall added that the false negative rate was good and that it could not be fully compared with the PCR test as it was able to detect the infection at all stages rather than just one. Mr Cundall reiterated his assurance that the lateral flow test was acceptable and confirmed that front line staff would receive a pack containing enough tests for twice a week for 12 weeks.

There were no further questions and so the Chairman thanked Ms Jacques for her report and the Board **noted** the contents.

<u>CQC Update</u>

Ms Jacques presented her report which had been prepared to update the Board on the latest position with respect to CQC Insights and the CQC inspection plan.

Ms Jacques highlighted the following points from the report:

- The report demonstrated no statistically significant change from the last report, with 92% of indicators remaining at 'about the same' or 'better/much better'.
- Five indicators had improved since the last report, with 12 indicators in total rated as 'better' and two indicators 'much better' than others.
- There were 10 indicators that had shown a relative deterioration, five of which had subsequently been downgraded to 'worse' than others. In total this made 17 indicators rated as 'worse' or 'much worse' than others. Ms Jacques assured the Board that these indicators had been investigated and the position understood. All but two of these indicators had action plans in place, with the final two being under investigation.
- The data from CQC Insights had a health warning due to two particular issues. The first was that the data underlying some of the indicators came from sources which were not refreshed regularly, resulting in out of date information being utilised. The second was that the parameters for some indicators were susceptible to very small increases in numbers in some areas.
- Ms Jacques explained that the report had used colour coding for the indicators rated as 'worse' or 'much worse', to allow for an ease of understanding of the position; green indicated that there was evidence of an improved position and/or that a refresh of updated data would improve the Trust rating, yellow meant that the Trust had a valid explanation for the performance against the indicator and this would have been reported to both the Board and CQC previously, pink indicated that there was work

	ongoing, and orange meant that the Trust was aware of the issues for some time and work was ongoing. • Ms Jacques elaborated on the *Quality of Appraisals* indicator, which had been colour coded as orange. This indicator was affected by the issues with data as it was based on the staff survey which was almost a year old. As such Ms Jacques assured the Board that this was one of the indicators which the Trust expected to improve, further to the results of the 2020/21 staff survey, as there had been a significant amount of work on the matter following the feedback in the 2019/20 survey. • Mr Edge provided assurance on the *Safe Environment – Violence* indicator, explaining that, as had previously been reported to Board, the Trust had a violence and aggression reduction programme in place which worked to strengthen the clinical and security response to incidents and how the Trust assessed risk for patient conditions and clinical management. In addition, all staff had been provided with conflict resolution training and selected groups had received breakaway training. This indicator was informed by the 2019 NHS staff survey and as the programme of work had been implemented prior to the 2020/21 survey, it was anticipated that the rating for this indicator should improve. Visiting restrictions during Covid-19 had also helped to reduce the incidence of violence and aggression as fewer friends and relatives attended the Trust's hospitals. • Ms Jacques provided an update on the 'must do' actions from the CQC Inspection Action Plan; o Action MD2, *the trust must ensure that adequate numbers of staff receive training for MCA and DoLs, Regulation 12* and the linked action MD8, *the service must ensure that mandatory training compliance, including safeguarding training, Mental Capacity Act and Deprivation of Liberty Safeguards training, meets the Trust's target. Safeguards and Treatment Regulation 12* had both been achieved at Trust level. Ms Jacques elaborated that the Trust had achieved the levels of training it had set out to do, however in doing so, it had become apparent that there were inconsistencies between services and professional groups and there were therefore improvements which could be made to support achievement of the targets in all areas, that went further than the requirements of the action. Ms Jacques stated that she would provide clarity in the next report to make it clear which actions had been achieved in relation to the CQC action plan but were being kept open due to the Trust taking further action based on its own ambition. o Action MD4*, the service must ensure systems and processes to safely prescribe, administer, record and store medicines are consistently used. Regulation 12 (1)(2)* and the linked action MD5*, the service must ensure pain care assessments and plans are completed consistently in all patient records. Regulation 12 (1)(2)* were reported as complete, as the relevant policies had been updated and disseminated However, in order to embed compliance with the policies it had subsequently been agreed to update Nerve centre with fields to capture pain scores in line with the policy and to provide further training to staff. . o Action MD6, *the department must ensure processes are put in place to ensure there are clinicians available with paediatric competencies to assess children who are streamed away from the*	

	emergency care setting. Regulation 12 and the linked action MD7, *the department must work to improve medical staffing and paediatric nurse staffing. Regulation 18*. Ms Jacques assured the board that there had been improvements in these areas and that the Trust had pursued a range of initiatives to recruit. Plans were in place to open a DMH Paediatric Assessment Unit, similar to that at UHND, with a target date of April 2021. Both units would be open for a minimum of 12 hours per day, with the aim of going further. Ms Jacques explained that the work had been delayed due to the Covid-19 pandemic l. Paediatric medical and nursing staffing had considerably improved and the original agreement had been for the Trust to make improvements by March 2020 and beyond. While the improvements made already helped to satisfy the original actions, the Trust felt that there was still room to improve further, especially as the original action did not specify a target number of posts. Ms Jacques explained that she would bring more detailed information on how the Trust had satisfied the relevant must do actions to the next Board meeting in January in order to provide the Board clarity on the Trust's ambition to make improvements which went further than those suggested by the CQC. Questions were invited from the Board. Mr Forster- Jones queried whether it was possible to downgrade an action from a 'must do' to a 'should-do' if, such as MD7, the Trust had satisfied the action. Ms Jacques acknowledged Mr Forster-Jones' logic but clarified that the actions, especially in the case of MD7 were not definitive. MD7 called for the Trust to work to improve paediatric medical and nurse staffing but did not define a clear target the Trust had to reach. The Trust had agreed the actions with the CQC following the inspection and Ms Jacques was therefore comfortable that the Trust had satisfied the requirement of the action, however, as there was ambition for further improvement then it should still be considered a 'must do'. Mr Edge added that should the Trust achieve a standard of staffing as close as possible to the Royal College of Emergency Medicine's standards, then there was a possibility that the Trust could negotiate with the CQC for downgrading the action. This was due to common knowledge that the majority of Trusts were unable to achieve the ideal standard for staffing as set out by the Royal College. However as the Trust was not yet at this point, he agreed with Ms Jacques that it was more appropriate to maintain the action as a 'must do'. Mr Forster Jones noted that staffing would always be a difficult problem and asked whether the Trust had identified a point at which it could be considered resolved. Ms Jacques clarified that the Trust's staffing position would require ongoing management; while the improvements made satisfied the expectation of the 'must do' actions, there was still further to go. Ms Jacques assured the Board that, despite this, the Trust was in the strongest position for ED staffing it had ever been in, especially in relation to consultant posts. There had been new posts established and a large investment in nurse practitioner roles. Mr Cundall added that across the Trust it was expected that the organisation would have recruited, in aggregate, 25 or more new consultants by year end, three of which had joined the ED workforce. Mr Gerry asked whether the 12 hour opening provision, in relation to MD6 and MD7, was the standard which the Trust had aimed for and how the Trust sought	**SJ/WE**

to be better still. Ms Jacques explained that in addition to further improved staffing levels, there were physical aspects in relation to MD6 and MD7 which needed to be addressed. The sub-optimal layout of the ED and paediatric unit at DMH, which had previously been reported to Board, remained an issue. In addition the UHND paediatric service had been interrupted due to the requirement to adapt ED for Covid-19 measures during Wave 1. While the UHND service has been reinstated, and there were no plans to move it at that time, staffing could be improved further.

Mr Bretherick noted in relation to action MD8, that he was encouraged to see the progress of the mandatory training and that it was largely being sustained despite the Covid-19 pandemic.

The Chairman noted that while the CQC Insights report tracked the rating of the Trust, it did not demonstrate the quality of the services it provided. Ms Jacques explained that the CQC recognised that the Insight report was a set of data which they could use to inform discussions with organisations rather reliable evidence to be used to rate services during inspections. The data which the CQC utilised for the report prompted issues for discussion and, while some may have substance and others not, it allowed the CQC to have a dialogue with an organisation. Ms Jacques assured the Board that the imminent launch of the Trust's own tool - CDDFT Quality Insights - would enable the Trust to have a method of continual quality review with the option to deep dive into any issues. The CQC Insights tool was only one component to the picture of Trust performance but a useful one which is why it was reported to Board.

The Chairman noted that there had been an improvement in the staff engagement indicator and sought to understand how this was measured. Ms Jacques confirmed that this was measured from the annual staff survey. The current indicator rating was based on the 2019/20 staff survey and the 2020/21 survey was ongoing and closed on 27 November 2020. The Trust expected an embargoed report to be received in December, with the full results due in March. The Trust hoped that there would be a further improvement following the results.

The Chairman queried the Insights Report, noting that there were five indicators which had been removed. Ms Jacques explained that the CQC removed indicators that they deemed to be no longer appropriate. She assured the Board that these indicators were removed for all organisations and that this had not just been in relation to the Trust.

The Chairman thanked Ms Jacques for her report and the Board **noted** the contents.

<u>Board Assurance Framework (BAF) Sustainability Objective</u>

Ms Jacques presented the report, the purpose of which was to provide an update to the Board on the Sustainability Objective from the BAF for comment.

Ms Jacques discussed the following points from the report:

- The Trust's Sustainability Group, which had been paused during Covid-19 Wave 1 had been reinstated and had identified long-term objectives for the Trust; to support carbon neutrality by 2040, for the areas under direct control of the Trust, and by 2045 for those areas the Trust could only influence. There was an additional aim to achieve an 80% reduction in emissions by 2028 and 2036 respectively.

	• The Group had also identified short-term targets which included the development of a Green Plan and Travel Plan by March 2021. • At this time the two year trajectory could not be determined until the development of the plans by March 2021. Ms Jacques invited questions on the report Mr Gerry enquired when the trajectory would be likely to be agreed. Ms Jacques advised that she would bring the Plans to the Board before the end of the financial year, which would allow for short and/or medium term objectives to be agreed. Mr Bretherick sought assurance that the inherent risk scores proposed for the objective (four for likelihood and a five for impact) were appropriate as the objective had not been on the BAF before. Ms Jacques confirmed that the scores at that time were suggestions and would be up for discussion, though they would be best discussed when the objective returned to the Board with the expected plans in March 2021. Mr Bretherick agreed with this suggestion and asked to be part of the process and discussions for the objective. There were no further questions and the Board **approved** the wording of the draft the Sustainability Objective to be reinstated in the BAF	**SJ** **MB/SJ**
96/21	**Covid-19 Trends, Incident Management and Performance**	**Actions**
	<u>Executive Directors Report on Covid-19 management, performance, finance and reset programme</u> Ms Jacques presented the report which had been prepared to enable the Board to be fully sighted upon and able to scrutinise all aspects of the Trust's response to the Covid-19 outbreak, including performance against constitutional targets during the period and plans to handle a second Covid-19 wave or winter surge. The report also included an update on the Trust's EU exit preparations. Ms Jacques highlighted the following points from the report: • The major incident status of Covid-19 had been upgraded to Level 4 by the NHS. As a result the Trust Gold Command meetings were now six times a week (every day except Sunday) instead of the twice weekly meeting that had been in place. The Monday and Thursday meetings were to be maintained as the formal decision making meetings however and would be minuted as such. Key decisions and actions from interim meetings were to be logged and reported into the formal meetings. • A Tactical Command Cell had been established which linked in with the Clinical Gold role and met daily to enact escalation plans as appropriate to manage all activity. • Local and regional arrangements remained in place including the Local Resilience Forum and the Strategic Co-ordinating Group which Ms Jacques sat on. The Local A&E Delivery Board, chaired by Ms Jacques, had increased the frequency of meetings to oversee the NHS and local authority response to non-elective activity during Covid-19. • Ms Jacques continued to provide daily briefings to the Chairman, in addition Mr Crosland as the Non-Executive Lead for Resilience received weekly briefings.	

	• All Non-Executive Directors received briefings following the Gold Command Meetings. • Governors and Non-Executive Directors received regular written briefings. • It was difficult to state whether the level of infection during Wave 2 was beginning to stabilise or not. Ms Jacques was able to confirm that the local level of infection was under 300 cases per 100,000 population and the number of cases in the Trust had, at that time, dropped to 144. The situation was reviewed on a daily basis. • The Trust's compliance with Covid-19 safety and quality measures remained high, based on the most up to date results from the Perfect Ward programme, with the Trust achieving a 99.23% level of compliance. • Additional wards had been opened at DMH and BAH with an additional five beds at Chester le Street for increased capacity. There were no intentions at that time to open up further wards. Securing staff and physical space for additional wards would impact adversely on the the maintenance of Trust's elective programme. The situation was, however, reviewed on a daily basis. • Workforce sickness absence stood at just over 8%. This was lower than some Trusts but it could be due to the under reporting by the Trust as a result of delays in sickness being logged on ESR. The Trust had a tightened its grip on the Covid-19 related sickness absence following investment in the Occupational Health service and a focus on in house testing. Resources were under review as the Occupational Health service were expected to experience further pressure due to the imminent roll out of lateral flow testing and, potentially, vaccination programmes. • 94% of all BAME Trust staff had had a Covid-19 risk assessment completed together with 88% completed from all staff identified as 'at risk' and 36% completed for of all other staff. It had been noted that those staff not at work were unable to access the assessment which had impacted on completion rates. • PPE continued to be in good supply with no shortages experienced up to the date of the report. There had, however, been a continued delay in the Trust securing the delivery of the respirator hoods. • Staff related Covid-19 outbreaks continued to be monitored and reviewed through the Gold Command calls. Any cases identified to have been caused by a deviation from established policies were being reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Act. Work was underway to update the Trust's Workplace Safety Policy to include learning with respect to the risks associated with rest rooms, car sharing and limited space in changing rooms in addition to wider learning. • There was an imminent Health and Safety Executive (HSE) visit to the DMH site expected the week after the Board meeting. This was the first visit the Trust had received since the beginning of the Covid-19 pandemic. The intention of the visit was to review the Trust's Covid-19 safety arrangements. • The BAF continued to collate and report outcomes of sources of assurance for five Covid-19 specific objectives: o Protecting patients and staff from Covid-19 infections; o Ensuring effective treatments for Covid-19 patients; o Building capacity and performance for restarting services; o Ensuring staff health and wellbeing; and o Managing stakeholders to secure support for the Trust's restart programme and planned developments	

	• The Covid-19 risk log was reported on a weekly basis to the Gold Command meeting. It was a dynamic document and changed to reflect changes in the pandemic. It was split into two parts; ongoing risks and Wave2/Winter Planning risks. • The Trust continued to meet national guidance in respect of the provision of testing for care home staff and residents and in ensuring that residents were tested prior to discharge from hospital. Work had been undertaken by the Local Authorities to provide specific beds for patients who were well enough to no longer require hospital admission but were Covid-19 positive without endangering other care home residents. At the time of the Board meeting there was one care home within the Trust's footprint which was ready, and authorised by the CQC, to receive Covid-19 positive patients. • Wave 2 planning had been stood down as the plan was now being implemented though the Trust was approaching this in a flexible way, with a daily review by the Tactical Command cell, to ensure implementation was appropriate. Ms Jacques asked Ms Langrick to present the performance related items of the report. Ms Langrick highlighted the following points: • Overall the Trust's performance was improving. • The RTT Incompletes lowered during the year as a result of the pandemic and the suspension of elective activity. The increase of elective activity following the end of Wave 1 had resulted in an increase in referrals and as such the RTT Incomplete figure had risen again. The overall shape of the waiting list graph had changed as the number of those patients classed as 'long wait' patients had increased (1407 patients had waited over 52 weeks). The Trust was managing the list and was targeting urgent and long wait patients, following a review of their clinical priority. It was expected that the number of long waits would decline, over time. • Performance against the A&E four hour target had decreased from 90.62% in September to 82.72% in October. This was due to the increase in A&E presentations alongside the increase in the elective programme and non-elective admissions. In combination, these factors had increased the pressure on bed capacity. In addition the Trust had to manage patients in the A&E according to their Covid-19 status; positive, negative or query. The combination of bed capacity and A&E Covid-19 management created some blockages to the flow of patients through and out of the department. The performance did however compare favourably year on year. • Diagnostic performance was at 90.30% for October. While this was not at the desired 99%, this performance improvement was commendable, particularly considering the difficulties previously reported in restarting the Endoscopy service which had resulted in a substantial backlog. A significant amount of work had been undertaken in the department to rectify this and further diagnostic performance improvement was expected. • Cancer services performance had been impacted by the difficulties with Endoscopy. Performance continued to improve and the Trust's current performance benchmarked relatedly well in the region and nationally. • The percentage of Outpatient appointments compared to the prior year was not fully reflective of all relevant activity and the Trust needed to undertake further work to better capture the alternative ways which appointments were being held including telephone consultations and clinical advice lines for GPs. • The Board had received an update on the Operational Reset Programme in the extraordinary meeting on 12 October 2020. The Board was	

	reminded that the 'Phase 3' plans for reset had been based on recovery and had not taken into account a second wave. • Ms Langrick apologised to the Board that the penultimate section of the report had been titled 'Brexit' and assured the Board that this would be referred to as the EU Exit in future. The Trust had reviewed the risk register and completed a self-assessment based on the implications of the EU Exit. In addition the EU Exit working group had been reinstated. Previous concerns in relation to supplies and supply chains remained but risk scores had reduced as the work undertaken during the Covid-19 pandemic had demonstrated the robustness of regional and national contingency arrangements. The preparation work in relation to any potential changes to rules and regulations had already been undertaken earlier in the EU Exit timeline. As such Ms Langrick assured the Board that the Trust was in a strong position in anticipation of the exit. Ms Jacques and Ms Langrick invited questions on the report. Mr Forster-Jones sought assurance that the Trust's recruitment would not be affected by the EU Exit or, if it would be, that mitigations were in place. Ms Langrick explained that the Workforce Team had already undertaken the required work in relation to residency and registration for EU citizens during the early stages of the EU Exit process. In addition, the Trust recruited from outside of the EU with the most recent intake of nurses having been recruited from India. As such she assured the Board that the Trust was as prepared as it could be. There were no further questions and the Board **noted** the contents of the report and **endorsed** the actions taken. <u>Operational Performance Report</u> The Executive Directors presented the report as a collective, with each leading on the area relating to their remit, summarising the Trust's performance in relation to key Patient Access standards, quality, workforce and financial objectives and to outline the risks and recovery plans associated with Covid-19. Mr Scanlon presented the section of the report relating to nurse staffing levels • Overall the Trust had robust staffing levels of nurses though there were some pinch points, highlighted by the levels on some acute medical wards. Mr Scanlon assured the Board that the level was manageable, but did require monitoring to ensure it remained manageable. • The first intake of Indian nurses had completed their registration exams with 14 out of 18 nurses successful. Those who had failed would only have to re-sit the areas which they failed and as such, Mr Scanlon assured the Board that this was easily resolved. The pass rate for the intake had been three times better than expected, based on previous international recruitment efforts. Mr Scanlon was pleased with the progress and explained that the Trust was in the process of arranging a third intake of recruits. • Throughout October, wards and departments had continued to work towards resumption of normal activity, however escalation wards for the pandemic had also been opened and this had impacted on staffing. Demand for bank and agency staff rose while fill rates continued to fall. • There were 236 RN vacancies; this figure was stated prior to any pending appointments and, as such, showed the true number of gaps in ward	

staffing at the present time. There remained an anomaly with the HCA vacancy information as mentioned in previous Board meetings; the data had been subverted by the use of nursing students.

Mr Scanlon invited questions on his section of the report.

Mr Gerry sought assurance on how the Trust was sustaining recruitment and staffing levels and asked whether there were any anticipated difficulties. Mr Scanlon explained that the primary focus was covering the operational capacity; to maintain elective activity while also providing escalation capacity. There was also an emerging risk around those staff who were approaching the end of their careers and were choosing to leave or retire early due to the pressures of the pandemic. In addition, redeployment had also placed a large burden and pressure on many staff. Mr Scanlon emphasised that the second wave of the pandemic was having a significant impact on staffing and the Trust would redouble its efforts to retain and recruit more staff. This was evident through the ongoing recruitment on the Indian Subcontinent and the Trust had plans for recruiting 100 nurses in the next financial year.

The Chairman noted that it was Healthcare and Support Worker week and Mr Scanlon confirmed that this was the first time this recognition had been shown in this way for these staff groups.

Ms Smith discussed the section of the report relating to Workforce and Organisational Development, highlighting the following points:

- Work had been undertaken to be able to provide the Board with an improved and comparative view of performance. Ms Smith explained that the report was in its first iteration and may evolve over time depending on feedback and need.
- The report now provided detail for the top level figures, such as with sickness absence which provided the highest reasons or causes of sickness including categories for MSK, Covid-19 related or Mental Health. Ms Smith confirmed that further to the report which provided data up to the end of September, October data highlighted a continued increase in sickness absence levels. It was expected that the roll out of the lateral flow testing would contribute to higher levels of sickness absence with the potential that the number of staff in self isolation could increase by as much as two and a half times.
- The figures in the report were now all based on whole time equivalents rather than headcount to ensure consistency of the data.

Ms Smith invited questions and comments from the Board

Mr Gerry noted that the report was much clearer in its layout in the new format, but enquired as to whether or not infographics and/or SPC charts could be utilised to reflect the way in which other data was reported in the document. Ms Smith clarified that this was something which was possible as the data was pulled from a wider report which contained charts. In presenting this form of the report Ms Smith had tried to be concise with the pertinent information but would include some infographics in the future.

MS

Mr Brown presented the Finance section of the report, discussing the following items:

	• The Trust was in the first month of the new financial framework and could make no further retrospective claims. • The ongoing Covid-19 funding had been secured at £13.660m and was phased in accordance with the cost trajectories as modelled within the planning submission. • The month seven position demonstrated a surplus / variance against the breakeven plan of £0.1m after adjustment for the I&E impact re Capital Donations. • Income was under-recovered against the plan though it should be noted that plan was based on recovery and did not account for Wave 2 of the pandemic. In addition to the Covid-19 implications, impact had also been effected by reduced footfall, which in turn reduced income from car parking and the canteen. The under-recovery was however, still in line with expectation and was offset by underspends which meant that the Trust had a forecast to break even. • Covid-19 expenditure in Month seven totalled £1,778k excluding testing against a planned trajectory of £1,818k. There were no questions on the finance section of the report and no further questions on the report as a whole. The Chairman thanked the Executive Team for their report and the Board **noted** the report and **endorsed** the actions taken.	
97/21	**Patient Safety and Quality**	**Actions**
	<u>Patient Safety and Experience Report</u> Mr Scanlon presented the report which had been prepared to provide the Board with an update on the position with regard to HCAI and serious incidents. Mr Scanlon discussed the following points from the report: • The incidence of Covid-19 had increased to exceed the Wave 1 peak. • Preparation was ongoing for flu activity and at that time there were no cases of influenza in the Trust. Mr Scanlon explained that should this change it would add a significant challenge as the Trust would need to ensure a segregation of influenza and Covid-19 patients from each other and other patients. • The Trust continued to have a strong level of compliance with statutory Duty of Candour requirements. • The Number of compliments per 1,000 episodes of care had fallen significantly in quarter two compared with quarter one. Compliments had spiked during the first quarter with an extremely large number received in relation to Wellbeing for Life, Joining the Dots, Capacity Building and Social Prescribing Link Workers (Trust-Wide). Ms Jacques added that she was confident that, if examined per patient, rather than per 1,000 episodes of care, then the Trust could be seen to be maintaining a good level of compliments. • The level of complaints received by the Trust in October was 52 which was above the baseline monthly average of 44. This spike was due to a range of themes though awaiting urgent treatment and the impact of delays from Wave 1 of the pandemic were factors.	

	• The Trust had recorded one case of MRSA which placed it above the expected trajectory of 0 for the year. The Trust continued to be above the target for CDIFF with a YTD total of 29 against a YTD target of 25.2. • The most recent wristband audit demonstrated a reduction in compliance from the previous audit; falling to 91.1% in July 2020 from 97.4% in September 2019. Mr Scanlon highlighted subsequent innovations in the paediatric team where there had been no deviation from expectation noted. The use of a wristband on the arm of the child's toy (doll, bear etc) had encouraged the children to keep their own wristbands on and this effort was to be applauded. • The Patient Safety Specialist Role was an innovation which had been mandated by NHS England and the Trust were extremely lucky to have Ms Joanne Todd already in post as an Associate Director of Nursing for Patient Safety as she was able to fulfil the requirements of the new role. There would be some central training but the Trust were fortunate as some organisations did not have Nursing Executives let alone a staff member with the experience and knowledge of Ms Todd. Questions were invited from the Board The Chairman noted that, in the report on SI Ref 2020/16998, the deceased patient remained on the ward for longer than necessary and sought assurance that learning had been taken from this. Mr Scanlon confirmed that there had been several factors that had led to this situation. The family had been understandably very upset by the death and the ward staff had enabled the family to view the body until the shift change. At the shift change there had been a breakdown of communication on what was happening with the deceased. In addition the consultant had misunderstood the Confirmation of Death Policy which resulted in last offices not being performed and the death not certified. This was corrected and the necessary arrangements had been reviewed and made more robust. Mr Scanlon confirmed that he undertook the Duty of Candour process himself in this case and both the family and the coroner were understanding and accepting of what had happened and the learning taken from it. The Chairman enquired whether the restrictions on visiting had impacted on the level of complaints the Trust had received. Mr Scanlon explained that the lack of visiting had put a burden on ward clerks who had to deal with distraught and upset family members more often. Where there had been issues with the staff attitude, these had been dealt with; however such issues were not prevalent. Mr Scanlon confirmed that there had been a larger number of complaints in relation to waiting for treatment or appointments rather than in relation to visiting. The public continued to be remarkably supportive on the whole of the restrictions in place. Mr Scanlon was thanked by the Chairman for his report and the Board **noted** the contents. <u>Board Self Declaration – Staff influenza vaccination programme</u> Mr Scanlon presented the report which had been prepared for the purpose of discharging a commitment to NHS England to demonstrate the Board's commitment to ensuring the maximum number of staff availed themselves of an Influenza vaccination this winter. Mr Scanlon highlighted the following points from the report:	

	• In 2019/2020 the Trust was the best in the region for the influenza vaccine uptake. To date, as of 23 November 2020, the Trust was fourth best in the region with an uptake of 72.8%. • Due to the anticipated Covid-19 vaccination, the Trust needed to accelerate the completion of the influenza vaccination programme, both because staff needed seven days clearance between the two vaccines and because some of the same staff would be needed to deliver the vaccinations. • The anticipate Covid-19 vaccination programme was expected to be more complex than the influenza vaccine programme, though details had not yet been received. • Occupational Health were to be noted and applauded for their work on the influenza vaccination programme and the information sharing model they had in place between the Trust and primary care in relation to staff influenza vaccinations. Questions were invited from the Board. Ms Flynn noted that she and other Non-Executive Directors had had their influenza vaccinations outside of the Trust and enquired who they needed to notify to ensure that they were counted in the Trust's performance. Ms Smith responded that she would ensure a link would be sent to the Non-Executives to facilitate this. The Board **approved** the Board self-declaration as requested by NHS England and the Chairman thanked Mr Scanlon for his report. <u>Medical Management</u> Mr Cundall presented the Medical Management report which had been prepared for the purpose of updating the Board on the progress of the work within the Medical Director's portfolio. Mr Cundall discussed the following points: • The Trust had advertised for Medical Examiner roles, with an expected interview date set for December. Mr Cundall was pleased to confirm that at that time there had already been two applications received. • There had been a successful bid to obtain charitable funds to develop a programme of work to improve the quality of clinical documentation and, as a direct result, clinical coding. Updates would be provided to the Board as the work progressed. • The Research and Innovation Team had 30% of the staff redeployed, with another 50% of the staff working on the Novac study, based out of Hartlepool. This left 20% of the staff to continue to maintain the cancer and Covid-19 trials. Questions were invited from the Board. The Chairman wanted to acknowledge the tremendous success of HealthCall, not only for the work undertaken regionally but nationally also, as the service had been initiated from the Trust. Mr Cundall was thanked for his report and the Board **noted** the contents. <u>Mortality</u>	**MS**

Mr Cundall presented the Mortality Report which had been prepared for the purpose of providing assurance to the Board that the Trust was learning from deaths.

Mr Cundall highlighted the following points from the report:

- The Trust had made the decision to review the care provided to all patients who died while an inpatient who had a summary hospital level mortality indicator (SHMI) of less than 10%.
- The Trust continued to be an outlier with a higher than expected SHMI and this had been discussed in the recent Integrated Quality and Assurance Committee meeting.
- During the review of the preliminary data there had been no obvious areas of concern, with only 3 out of 320 deaths identified as having a preventable chance of death. In general the reviews demonstrated a good level of care overall.

There were no questions from the Board who **noted** the contents and the Chairman thanked Mr Cundall for his report.

Guardian of Safe Working Report

Ms Whinn presented the Guardian of Safe Working report which had been prepared for the purpose of updating the Board on the safety of Junior doctor rotas.

Ms Whinn elaborated on the following points from the report:

- Exception reporting had fallen; however, this was in line with the level of reporting in the region. Encouragement had been given to trainees to report more.
- The reports received in relation to ward movements and staff changes had been addressed through the correct process.
- The joint statement issued by the BMA and NHS Employers at the end of March 2020, which had relaxed some of the safety rules from the 2016 contract, was rescinded as of 5 August 2020. Ms Whinn provided assurance that the Trust's rotas were compliant with the contractual safety rules at that time, with the exception of three which had increased weekend frequency though these had been signed off in the previous year. Mr Cundall added that the issue of the three rotas in question had been to Board previously and a Task and Finish Group had been established by Mr Paul Cummings, Deputy Director Medical Workforce, as there was a wider reorganisation of rotas and a review of ED care required.
- The lack of rest facilities was raised regularly by the Junior Doctors, as capacity had been significantly reduced due to the requirements of social distancing. There were ongoing discussions to review this.

Questions were invited from the Board.

Mr Gerry sought to understand how the discussions relating to rest facilities were progressing and which facilities had been looked at. Ms Whinn explained that DMH was better than UHND as the potential use of the canteen meeting rooms was being reviewed. At UHND there had been some possible space identified on the East Wing corridor however this had been reviewed and the space was not fit for purpose and as such alternative solutions needed to be explored.

	Mr Gerry enquired if the lack of rest facilities had been incorporated into the development plans for the site. Ms Jacques responded that this would need to be reviewed and she would report back to the Board on this in the future. Mr Cundall assured the Board that in the short term, the junior doctors did have use of the canteens at both sites which included reclining chairs as these were at that time staff only areas. Ms Flynn noted that if possible rest facilities were identified, Ms Whinn could approach the Trust charity as staff wellbeing projects were being sought after. Ms Jacques thanked Ms Flynn for this suggestion but added that there was some money already put aside for this project. Ms Whinn was thanked for her attendance to present the report and the Board **noted** the contents.	**SJ**
98/21	**Other Board Business**	
	<u>Register of Sealings</u> Mr Edge presented the Register of Sealings report for Quarter 2 2020/21 which had been prepared for the purpose of updating the Board as to the entries made in the Register of Sealings during the period 1 July 2020 to 30 September 2020. Mr Edge highlighted that there was only one entry in the report which related to the Service contract between the Trust and Healthcall Solutions Limited. Mr Edge clarified that this had been for the secondment costs defined in agreement and recharged to Healthcall monthly to cover a second day per week for advice on clinical pathways. There were no questions on the report. The Chairman thanked Mr Edge and the Board **noted** the contents. <u>Any Other Business</u> No items were raised.	
99/21	**Announcement of Next Public Meeting(s)**	
	The next public meeting of the Trust Board would be on 27th January 2021. This was expected to be held virtually.	
100/21	**Motion to Exclude Press/Public**	
	The Chairman moved the following motion: That representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interests.	
101/21	**Meeting Closed at 11:11**	