

**Board of Directors**  
**Draft Minutes of the Meeting of the Board of Directors of County Durham and Darlington**  
**NHS Foundation Trust held on Wednesday 27 January 2021 from 09:45hrs**  
**The Boardroom, Trust HQ, UHND and Via MS Teams**  
**Part One (Open)**

**Present:**

Prof Paul Keane OBE	Chairman
Mr Michael Bretherick	Non-Executive Director
Mr Steven Crosland	Non-Executive Director
Ms Jenny Flynn MBE	Non-Executive Director
Mr Paul Forster-Jones	Non-Executive Director
Dr Richard Scothon	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

**In Attendance:**

Ms Morven Smith	Director of Workforce & Organisation Development
Ms Alison McCree	Managing Director – CDD Services
Ms Kathryn Burn	Deputy Director of Nursing
Mr Warren Edge	Senior Associate Director of Assurance and Compliance
Mr Peter Dixon	Corporate Affairs Lead (Minute Taker)
Ms Joanne Grimble	PA to the Executive Medical Director and the Executive Director of Nursing (recording meeting)

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

136/21	Welcome and apologies	Actions
	<p>The Chairman welcomed Board members and others present. The Chairman clarified that the meeting was being undertaken in accordance with Covid-19 social distancing guidelines and was being recorded due to the public being unable to attend.</p> <p>Apologies had been received from Mr Noel Scanlon with Ms Kathryn Burn attending in his place.</p> <p>The Chairman also welcomed Dr Richard Scothon to his first Board meeting since the commencement of his post in January 2021.</p>	
137/21	Declarations of Interests	Actions
	<p>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.</p>	

	Mr Crosland 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.	
138/21	<b>Minutes &amp; Matters Arising from the Previous Meeting held on Wednesday 26 November 2020</b>	<b>Actions</b>
	<p><u>Accuracy</u> The minutes of the previous meeting were approved further to the following amendments:</p> <p><i>Item 94/21 Minutes and Matters Arising from the Previous Meeting held on Wednesday 26 August 2020, Page 4; to read: Item 94/21 Minutes and Matters Arising from the Previous Meeting held on Wednesday <u>30 September</u></i></p> <p><i>Item 95/21 Chief Executive's Report, Page 8, First Bullet Point; to read: This indicator was <u>affected</u> by the issues with data as it was based on the staff survey which was almost a year old.</i></p> <p><i>Item 95/21 Chief Executive's Report, Page 8, Second Bullet Point; to read: Mr Edge, provided assurance on the <i>Safe Environment – Violence</i> indicator, explaining that, as <u>had</u> 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.</i></p> <p><u>Matters Arising from the Minutes</u></p> <p>Item 95/21 Chief Executive's Report, Page 6, Penultimate Paragraph; Ms Jacques provided an update on the recruitment for the A&amp;E positions. Some 23% of the positions had been filled with the staff having started in post and 76% of the positions were in the recruitment process.</p> <p><u>Action Log</u></p> <p>Those actions 'greyed out' were accepted as complete: <i>Action 1 (60/21), Action 3 (60/21), Action 6 (61/21) and Action 7 (61/21).</i></p> <p><i>Action 2 (60/21) Provide an update on the development of the CQC's new inspection regime. A paper had been included with Item 4a; Care Quality Commission Update which provided a summary on the CQC consultation and five year plan. <b>Action to be closed</b></i></p> <p><i>Action 4 (60/21) Review an update Objective 1: Minimise avoidable patient deaths (non-Covid) on the BAF to reflect the SHMI indicator. This had action been completed in December 2020. <b>Action to be closed</b></i></p> <p><i>Action 8 (95/21) Provide an update to the Board on the planned financial regime for the next year when available, including information on the expected availability of funds to support an increase in scans. Ms Jacques explained that there had not yet been a financial regime published for the next financial year and that this was likely to be due to the escalation of the pandemic from a Level 4 to a Level 5 incident nationally. Ms Jacques clarified that the Trust would be moving into Quarter 1 of the new financial year with similar arrangements to the current</i></p>	

	<p>financial regime and the Trust would await further information. <b>Action to be closed</b></p> <p><i>Action 9 (95/21) Update the CQC Insights report to clarify which ‘must do’ actions had been achieved in relation to the original CQC action, but remained open due to the ambition of the Trust to go further than the original requirements. Ms Jacques confirmed that the report had been updated and this would be reflected when it was presented to the Board later in the meeting. <b>Action to be closed</b></i></p> <p><i>Action 12 (96/21) To update the Workforce and Organisational Development section of the operational performance report to include infographics and/or SPC charts. Ms Smith advised that work was still ongoing to update the performance data to include SPC charts, as further data was awaited before this could be finalised. <b>Action to be carried forwards</b></i></p> <p><i>Action 13 (97/21) Provide the Non-Executive Directors with details of who to contact to update their influenza vaccination status. Ms Smith confirmed that these details had been shared with Non Executives at the end of December 2020 and that all of the Non-Executives had updated their status. <b>Action to be closed</b></i></p>	
139/21	<b>Chief Executive’s Report</b>	<b>Actions</b>
	<p>Ms Jacques presented her report which had been prepared for the purpose of providing the Board with an update on (1) developments nationally for the Cumbria and the North East ICS, southern and central ICPs and below ICPs (2) other matters relevant for the Board and not substantively covered in the standard reports and the likely implications associated with each. The objective of the report was to provide context to support strategic and planning decisions/discussions, allowing the Board to influence the various developments as appropriate and be assured that the Trust’s response to them was furthering the aim of providing the safest, most compassionate and joined up care.</p> <p>Ms Jacques highlighted the following points from the report:</p> <p><u>National Matters</u></p> <ul style="list-style-type: none"> <li>• There were two national matters to bring to the Board’s attention. The first was the consultation launched in November 2020 by NHS England/Improvement (NHSE/I) in relation to the direction of travel for ‘Integrating Care’ with proposals for legislative change to support this</li> <li>• The Board had discussed the consultation in the Private and Confidential meeting held in December 2020, building on a number of discussions with respect to the potential for legislative change over the past two years.</li> <li>• The proposals in question were designed to: <ul style="list-style-type: none"> <li>○ Enable stronger partnerships between the NHS, local government and others with a more central role for primary care in providing joined up care. There had been good progress developing such partnerships locally in recent years through the work of Integration Boards</li> <li>○ For provider organisations to join formal collaborative arrangements such as the one across the whole of the North East and Cumbria. Ms Jacques noted that it would be likely that the Trust would form more local collaboratives, for example with Primary Care Networks, to reflect local work.</li> <li>○ Developing strategic commissioning through systems with a focus on the population and health outcomes.</li> </ul> </li> </ul>	

- The use of digital information systems and data to drive system working, connect health and care providers, improve outcomes and put the citizen at the heart of their own care.
- The Trust had been asked to consider to what extent ICS's should be put on a statutory footing with reference to two options:
  - A statutory ICS Board/Joint Committee with an accountable officer, or;
  - A statutory ICS body.
- The Board had discussed this question during the Private and Confidential meeting in December 2020 and the Trust had responded on 8 January 2021 in favour of the second option but provided further comment in its response to NHSE/I as follows:
  - That giving the ICS a statutory footing would provide the right foundation for the NHS over the next decade; however the document which the Trust had been asked to consider, while high level, had been relatively silent in respect of some of the aspects of the form that the ICS would take. The Trust had recommended that the Foundation Trust model of a body of Governors, largely elected from the public, holding the non-executives of a unitary board to account, should be considered due to the strong governance and public accountability which the model provides.
  - That option two, if adopting the Foundation Trust governance arrangements, provided a greater incentive for collaboration alongside clarity of accountability across systems to patients and parliament. How the ICS discharged its duties in a meaningful way to support the place-based partnerships that the Trust believed were critical to the success of the newly proposed arrangements would be key. The principle of subsidiarity with the system taking responsibility only for things where there was a clear need to work on a larger footprint as agreed with local places, was a principle with the Board and Trust supported.
  - That, other than the mandatory participation of NHS bodies and Local Authorities, membership should be sufficiently permissive to allow systems to shape their own governance arrangements to best suit their population needs but good governance principles should be reflected in all arrangements.
  - The Trust agreed, subject to appropriate safeguards and where appropriate, that services at that time commissioned by NHSE should be transferred or delegated to ICS bodies.
- Ms Jacques clarified that, while this had been the Trust's response there were differing opinions, in the healthcare and wider community which would have also been fed back to NHSE/I.
- The second national matter was an update on the two sets of operational priorities and guidance issued on 23 December 2020 and 13 January 2021. Ms Jacques was able to provide the Board with Trust updates against some of the key requests made of all organisations:
  - The Trust vaccination programme had made a good start and the Trust was working collaboratively with the CCG's and Primary Care Networks (PCN) to deliver the additional task of ensuring the top four priority groups were offered the first vaccine by 15 February. Ms Jacques assured the Board that the Trust was on track to meet this objective.
  - The Trust had activated its surge plans; it had stood up additional critical care capacity, which had in turn, unfortunately, necessitated

cancellation of some non –urgent treatments for an initial period of two weeks from 17 January 2021. The Trust was arranging appropriate transfers as part of the critical care network to help ensure a consistent level of pressure across ITU's in the area. Ms Jacques assured the Board that the surge plans had been effective to date.

- The Trust was re-engaging with the independent sector to seek support for the surge plans referred to above. Ms Jacques confirmed that the Trust continued to work well with the two independent providers in its footprint.
- As previously discussed and expected, the financial planning arrangements which had been in place during quarter four of 2020/21 would roll over into quarter one of 2021/22. The Executive team continued to develop and establish budgets for the Trust post-Covid-19 and were working closely with the Care groups to ensure a strong and appropriate grip on efficiency. It was anticipated that these budgets would be enacted during quarter two of the financial year, though it could be at another time should further guidance be released.
- Discharge arrangements were running as expected and Ms Jacques explained that the Trust had been fortunate to have been able to work with providers in an early uptake of supported discharges. Arrangements would continue to be revisited to ensure that they remained optimal.
- Lateral Flow (LF) Testing, despite being voluntary, continued to have a strong level of engagement from staff with over 4,000 undertaking the test and using the arranged reporting system. There had been some positive cases detected through such testing and most if not all had then been confirmed by a follow up PCR test with all staff acting accordingly to their results.

Ms Jacques paused in her report to invite any questions on the national matters:

- Dr Scothorn noted that it was reassuring in the Trust's response to the consultation, that they had advocated for the governor involvement in any governance arrangements.
- Mr Bretherick asked for assurance on how the Trust had ensured resilience in relation to care group and patient safety governance and risk during the requirement for operational priorities to be focused on Covid-19. Ms Jacques explained that the Executive team had been conscious of the need to protect the capacity of clinical staff to support the pandemic response, however there also remained a need to ensure good governance. As such the decision had been made to meet with the care groups individually during February, as part of the Executive Team meetings, to seek assurance that appropriate arrangements were in place and provide executive support.
- Mr Forster-Jones asked for clarification on the implications of the legislative proposal for the *simplification of procurement rules by scrapping section 75 of the 2012 Act and the removal of the commissioning of NHS healthcare services from the jurisdiction of the Public Contracts Regulations 2015*. Mr Forster-Jones explained that he raised this question further to the difficulties the Trust had had with Synchronicity Care Limited (SCL) around 18 months prior. Ms Jacques explained that the tariffs and contract with SCL were under the existing law, though the proposals were not clear in respect of tariffs at this stage. Ms Jacques stated that she

	<p>would bring a detailed response to the question raised by Mr Forster-Jones to the next meeting.</p> <p>There were no further questions on this section of Ms Jacques' report, therefore she continued to present the remainder highlighting the following points:</p> <p><u>ICS</u></p> <p>The ICS had met in both November and December 2020 and had considered:</p> <ul style="list-style-type: none"> <li>• The latest position in relation to Covid-19, including mutual aid between Trusts to support those with particular acute pressures.</li> <li>• Communication and relationships with local authorities for the strategic and effective, critical management of Covid-19 at a local level in the short term.</li> <li>• Arrangements to maximise the flu vaccination update across the region. The ICS had focused on completing the annual flu vaccine work prior to the roll out of the Covid-19 vaccine. Ms Jacques advised the Board that the Trust had been one of the first in the country to vaccinate 90% of frontline staff.</li> <li>• An update on financial arrangements and performance to the end of the year.</li> <li>• The recruitment of the Independent Chair for the ICS; Sir Liam Donaldson had been the successful candidate and his appointment would commence on 1 February 2021. Ms Jacques assured the Board that Sir Donaldson had already taken the opportunity to meet with the CEOs of the region and this had been a positive encounter; Sir Donaldson had been familiar with the inequalities across the region and was well informed on the digital agenda.</li> <li>• Continued work on equality, diversity and inclusion particularly in respect of BAME staff. Ms Jacques emphasised that this work was continuing with pace and energy at the regional level.</li> </ul> <p><u>ICP's</u></p> <p>Ms Jacques reminded the Board that ICPs sat beneath the ICS and had smaller footprints. The Trust sat in both the Southern and the Central ICP's.</p> <ul style="list-style-type: none"> <li>• The Southern ICP met on 4 December 2020 and had been working on clinical and leadership programmes in addition to the operational demands from Covid-19. The ICP also discussed the principal potential calls on the NECs transformational resource available in 2020/21.</li> <li>• The Central ICP, though it met less frequently than the Southern ICP, had met on 15 January 2021. Due to timing and pressures the agenda for the meeting had been restricted to a single item; addressing optimal performance under the increased pressure of Covid-19. Improvements to the process for ambulance deflection had been agreed between NEAS, CDDFT and South Tyneside and Sunderland which were welcomed and noted.</li> </ul> <p><u>Winter Planning</u></p> <ul style="list-style-type: none"> <li>• The CQC had produced a guidance document titled 'Patient First' against which the Trust had assessed itself in relation to winter and ED pressures. The Board was aware of the links between patient flow in ED and the bed availability and flow in the back of house.</li> <li>• The Local A&amp;E Delivery Board had reviewed the Trust's assurance and actions, and those actions that had been undertaken by system partners</li> </ul>	<b>SJ</b>
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in response to the CQC document. It agreed that the Trust had no further actions to take that could further optimise performance.

#### EPR

- The Trust had awarded a 10 year contract to Cerner to implement the Cerner Millennium EPR solution.
- The Trust had signed the contract prior to Christmas after the Board meeting, following significant work undertaken with partner organisations.
- Ms Jacques assured the Board that the EPR implementation would provide a platform for optimising and enabling the Trust to provide reliable and consistent clinical care.
- Recruitment was underway for the programme to begin in April 2021 with an expected completion date, at the time of the Board, of September 2022.
- The project involved large scale transformation and the Board had previously been sighted on the expected governance arrangements, with the executives maintaining oversight to ensure the scheme continued to move forward. To this end Ms Jacques clarified to the Board that she would be chairing the overall project board, with additional chairs for specific work streams reporting to the overall project board.
- The programme would provide regular updates to the Board on a monthly basis from February 2021 onwards to enable continual assurance and challenge.

#### NHS Blood and Transplant Services

- Activity was impacted nationally during April 2020 to September 2020 due to the Covid-19 pandemic. The Trust had seven consented donors during this time; the total for the 2019/20 year had been twelve. From this the Trust facilitated four solid organ donors resulting in 10 patients receiving a transplant during the period.
- There were no occasions between April and September 2020 where there was an absence of a specialist nurse during the donation discussion.
- Mr Forster-Jones added that there was a two day national conference starting on the same day as the Board meeting. He explained that it would be interesting to understand the national position in more detail as he was aware that numbers were down and waiting lists were up as a consequence of the levels of redeployment around the country to counteract the Covid-19 pandemic. Mr Forster-Jones also explained that there would also be further national meetings in February and that there was work being undertaken to review the branding and marketing for organ donation, however; he was unsure how successful this would be during the pandemic. Mr Forster-Jones advised that he would bring a full update to the Board in March.

PFJ

#### UK: EU Trade and Co-operation agreement and preparations for the end of the transition period on 31 December 2020

- Ms Jacques explained that following the UK exit from the EU there had been no major issues identified. She thanked Ms Langrick for her work to prepare the Trust and for ensuring the smooth transition.

#### Green Plan

- Ms Jacques reminded the Board that they had discussed the Green plan as part of the Board Assurance Framework (BAF) in the meeting held on 26 November 2020. She was now pleased to be able to share the draft

	<p>plan with the Board ahead of schedule. The final draft of the plan would be brought back to the Board again in March for approval.</p> <ul style="list-style-type: none"> <li>• Ms Jacques assured the Board that the Sustainable Development Group (SDG) had been meeting for the past year and were an extremely motivated group. The Green Plan had been developed by the SDG together with PFI and community partners. It set out a clear Trust vision for sustainability: <ul style="list-style-type: none"> <li>○ To ensure CDDFT provides the safest, most compassionate and joined up healthcare whilst taking all reasonable steps to minimise its adverse impact on the environment, society and the planet; thereby not compromising the health and wellbeing of future generations.</li> </ul> </li> <li>• The NHS had published a report in October 2020 titled ‘Delivering a Net Zero National Health Service’. In this report the NHS set out a target of 2040 for achieving net zero on emissions directly controlled by Trusts and 2045 for the emissions which Trusts could influence. The long term targets set out in the Trust’s Green Plan and the BAF were aligned to those set out in the report.</li> <li>• The Green Plan set out what the Trust aimed to achieve and why. It identified 10 key areas of focus and, for each one, it explained what the targets were for completion between 2021/22 and 2024.</li> <li>• Ms Jacques clarified that the version which would return to the Board in March could read differently as there was an additional piece of work being undertaken to capture the expectations of teams and staff and how they can become involved in supporting the delivery of the plan.</li> <li>• Ms Jacques clarified that she sought the Board’s agreement of the proposals set out in the Green Plan. The Plan would then be converted into an easy accessible document for all staff which would enable the implementation of the process to begin after the formal approval at the March Board meeting.</li> <li>• Ms Jacques added that the Board would receive assurance on the plan and the progress the Trust made, through regular reporting as part of the BAF.</li> </ul> <p>Ms Jacques invited questions on her report:</p> <ul style="list-style-type: none"> <li>• Mr Crosland commented that the Green Plan was extremely informative and wished to commend it. He added that he looked forward to following its enactment. The Chairman echoed this sentiment and added that the Plan was well thought out in terms of the targets and desired outcomes. The Chairman added that SCL should be commended also for their assistance in the creation of the paper.</li> <li>• The Chairman sought clarity on how the increased use of plastics during the pandemic affected the Trust in terms of its green footprint. Ms McCree explained that the temporary increase in plastics use had been recognised nationally. In addition the Trust did not incinerate or dispose of these items itself as they were transported to an offsite provider to manage.</li> <li>• The Chairman sought assurance on how the Trust would encourage an uptake of cycling and whether assistance would be required from the Charitable Funds Committee. Ms Jacques explained that the Trust would operate a ‘Cycle to Work’ scheme which included discounted arrangements for staff to obtain a bicycle. Ms Smith confirmed that Workforce and Organisational Development would be leading on this work and in addition, the implementation of flexible and agile working policies would also assist in reducing carbon emissions.</li> </ul>	<b>SJ</b>
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- The Chairman sought assurance on the assurance process for the Green Plan. Ms Jacques clarified that work was ongoing to review the committee structures but in the meantime the correct route would be via IQAC. This might change when the new committee structure came into place and she would confirm the name of the appropriate committee at that time.
- Mr Bretherick enquired whether CPD events had been included in the Green Plan's consideration of travel and logistics as they were not specified. Ms Jacques agreed that training courses did need consideration as they were often out of the area depending on the event in question. Mr Cundall clarified that this issue had been discussed at the Medical Assurance Committee; however provision of local attendances in all cases had not been possible due to the pandemic. Mr Cundall explained that the proposal would need to be voted on by the medical staff due to the impact it would have on their CPD; however, he would ensure that online and local alternatives would be included in the discussion for consideration.
- Ms Flynn enquired how the Trust had coped utilising software for virtual meetings as this would be key in reducing travel in line with the Green Plan. Ms Jacques assured the Board that the Trust was managing well with the virtual meeting software in use. While there had been frustrations to begin with, this had been due to a lack of familiarity. At the time of the Board meeting there were very few problems reported. The Trust continued to use MS Teams rather than Zoom which would only be used in extremis.
- The Chairman sought assurance that the Care Groups would be notified of the Green Plan in time to be able to take it into consideration during their own planning. Ms Jacques explained that quarter one would not be a normal quarter for planning due to the pandemic. As a result the Green Plan was coming out at the right time to be incorporated in wider Trust planning from April onwards.

The Chairman thanked Ms Jacques for her report. The Board **noted** the contents and **agreed** with the priorities outlined in the draft Green Plan.

#### **Care Quality Commission Update**

Ms Jacques presented the report which had been prepared for the purpose of updating the Board on the latest position of the Trust with respect to the CQC inspection action plan.

Ms Jacques highlighted the following points from the report:

- The report layout had been updated to reflect the action from the previous Board meeting, this meant that the report now set out the requirement of the action, the current status and, if the action was complete, any further work the Trust was undertaking in relation to the original action above and beyond what was expected to complete it.
- *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, and Action MD7, The department must work to improve medical staffing and paediatric nurse staffing.* Ms Jacques explained that the UHND paediatric unit which had been temporarily reallocated as a respiratory unit during the pandemic had now returned to its original location. The unit had been popular with patients but was not a 24 hour unit. A proposal had been drawn up to present to the commissioners for support to make the unit 24

hours; however, this had not been supported as there was not sufficient demand during the early hours of the morning to require a 24 hour department. As such; further work was ongoing to strengthen arrangements to manage paediatric cases outside of the department opening hours. It was expected that this would reflect the pathways in use in DMH. The DMH area for paediatric ED was sub-optimal; however, Ms Jacques assured the Board that the scheme had been included into the Same Day Emergency Care (SDEC) project which was designed to provide an appropriate and dedicated paediatric ED area in DMH. The work was ongoing and expected to be completed in April 2021. Pathways were also being reviewed and would be finalised in line with the opening of SDEC. Ms Jacques added that the Trust had recruited to vacant paediatric nurse positions and had in fact managed to over recruit. In addition to this the Trust had also been successful in recruiting a dual qualified ED Consultant who could work in both the Adult and Paediatric ED's. Ms Jacques emphasised that a consultant of this calibre was a fantastic addition to the Trust.

Questions were invited from the Board

- The Chairman enquired in respect of *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.* He asked whether the Board should have an update training session in relation to the proposed changes to the Mental Capacity Act. In addition the Chairman queried whether the Board should also have a session on the Green Plan to increase their knowledge outside of the reports received to Board. Mr Edge confirmed that while the current Board development plan was on hold due to Covid-19, both items would be incorporated, for the planned training to be delivered over the first half of 2021/22. Ms Flynn added that the Mental Capacity Act had been discussed during IQAC in relation to the Maternity service, stating that she too would welcome further discussion on the matter in relation to the Trust as a whole. Ms Jacques clarified that there had been work ongoing to renew the Nursing Directorate Structure including consideration of how to optimise oversight and management of Mental Health care and IPC. She added that an update on this would be brought to the next meeting.

WE/MS

SJ/NS

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

### **Report on Covid-19 Response and Activity**

Ms Jacques presented the paper which had been prepared for the purpose of enabling 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 and activity targets during the period and plans to handle a second Covid-19 wave or winter surge.

Ms Jacques highlighted the following points from the report:

- Since the previous public Board meeting the UK Covid-19 Alert Level had been increased from Level 4 to Level 5, which indicated the potential for hospital capacity to be severely impacted.
- It had been estimated that the peak of inpatient demand would have been around the 20 January 2021. Ms Jacques was able to confirm that it

	<p>appeared that the number of Covid-19 inpatients was starting to stabilise and at the time of the meeting there had been a reduction since the week prior; from 188 Covid-19 inpatients to, at the time of presenting the report, 144. It was however, too early to determine that this was a trend, but it was promising.</p> <ul style="list-style-type: none"> <li>• Gold Command meetings were now taking place on all days, except for Wednesdays, though a further meeting would be stood up if required.</li> <li>• Daily Command and Control arrangements had also been strengthened with Site Management Teams in place from 8am to 5pm. These teams were in place at both DMH and UHND and comprised a senior operational or nursing leader, senior nurses and non-clinical operational managers. These teams had been established in response to the need for daily management of available capacity and consistency of decision making. At the time of the Board meeting the Site Management Teams had been planned up until 7 February 2021 at which time it was hoped that the Trust would be beyond the peak; however, the arrangement could be extended if necessary.</li> <li>• Local arrangements, previously outlined to the Board, such as the Local Resilience Forum remained in place. Ms Jacques reminded the Board that she sat on the Strategic Co-ordinating Group (SCG) which covered both County Durham and Darlington and which, in turn, reported into the regional SCG. In addition there were various Executive level groups across the NHS in the North East and Cumbria which remained closely connected. The Local A&amp;E Delivery Board, chaired by Ms Jacques, continued to meet with increased frequency to oversee the NHS and local authority response to dealing with non-elective activity during the pandemic.</li> <li>• A new enhanced screening and testing regime had been launched in the week ending 28 December 2020. This meant that all patients would be screened on the decision to admit (day 0). If positive, no further screening would be required unless the patient were under the care of ITU or planned to be discharged to a care home. If negative, the patient would be screened again on; day 3, day 5, day 7, day 10, day 14 and then every seven days until discharge. If a patient was identified as a contact of a Covid-19 positive patient then they would be re-swabbed on the day of contact (day 0) and then again on days 3, 5, 7, 10, 14 and subsequently every seven days until discharged.</li> <li>• The way in which the Trust was managing contact between patients had changed. Mr Cundall clarified with an example; should there be a bay of four patients and one of those patients tested positive for Covid-19, the positive patient would be moved to a Covid-19 ward and the remaining patients would stay in situ and be co-horted. While this had created capacity issues to begin with, Mr Cundall assured the Board that the Trust was beginning to reap the rewards with a reduction in nosocomial transmission.</li> <li>• It had been expected that the new screening regime would increase the number of cases reported and it had. Explanations on the increase had been provided to NHSE/I and data demonstrated that the number of hospital onset infections had fallen. At the time of the report the Trust's nosocomial transmission rate was below the regional average. Mr Cundall clarified that, through the new screening regime, the Trust picked up on 25 cases it otherwise would not have, which also meant that the Trust had been briefly highlighted on the national radar. Further to this the Trust had</li> </ul>	
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	<p>met with regional leads, who had been satisfied with how the Trust was acting and performing.</p> <ul style="list-style-type: none"> <li>• The Trust had reported 13 outbreaks which was comparable to others working in the same geography. Ms Jacques reminded the Board that there was a daily IPC meeting to review the status of all outbreaks which included input from Health and Safety team so that any immediate actions were identified and implemented. In addition she assured the Board that the Region had one of the best performances for infection control for Covid-19 in the country.</li> <li>• Oxygen consumption on each site continued to be tracked with the ability to escalate to Gold Command should there be a concern. The second vaporiser at DMH had been installed which had significantly increased capacity at the site. Ms Jacques assured the Board that total oxygen consumption had been within maximum levels. Individual ward use was also tracked and there were regular meetings held to monitor the use of high-flow nasal oxygen to ensure it was clinically appropriate. In addition there were escalation protocols in place, the development of which had been clinically led, to manage the demand for oxygen in ITU and on wards, to avoid too great a strain being placed on the system.</li> <li>• Staff sickness had continued to increase slowly to around 8% with only half of cases as Covid-19 related.</li> <li>• The closed staff Facebook group continued to provide ideas and suggestions for initiatives to help morale and the Trust had begun to act on these with a gift pack having been shared with staff in December and, within days of the Board meeting, all staff would be able to claim a free hot drink. In addition, specifically for ITU's, the Critical Care Network had reached out and offered holistic support for staff in those areas. Ms Jacques noted that the Facebook live videos which she presented on the closed page on a weekly basis continued to be popular with the last one having been viewed by 2,700 staff. Anecdotally, Ms Jacques was pleased with feedback she had received during a recent site visit to BAH as staff had thanked her for the briefings and also stated how it felt like they were able to know her a little better.</li> <li>• New uniforms, requested by staff through the Facebook group, were expected before the end of the financial year with a move to smart scrubs from the current format.</li> <li>• PPE continued to be well supplied and the Trust was in the process of trialing alternatives to nationally supplied visors as staff feedback indicated that the safety glasses were better to use. There had also been some changes to the availability of some FFP3 masks and guidance in relation to the filters. As a result there were changes being made to training and new fit testing was underway for those who required a different FFP3 mask.</li> <li>• The HSE undertook an inspection of the Trust on 3 December 2020 in relation to workplace safety, social distancing and infection control. No issues were raised and no actions required. There had also been a visit from the IPC Lead at NHSE/I and the Trust was awaiting written feedback. The Trust was preparing to review areas where two metre social distancing was challenging to determine further measures, with the new Covid-19 strain in mind.</li> <li>• The Board Assurance Framework continued to collate and report the outcomes of sources of assurance for five Covid-19 specific objectives and the associated risks were reviewed weekly in the Gold Command meetings:</li> </ul>	
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- Protecting patients and staff from Covid-19 infection
- Ensuring effective treatments for Covid-19 patients
- Building capacity and performance for restarting services
- Ensuring staff health and wellbeing
- Managing stakeholders to secure support for the Trust's restart programme and planned developments.
- The Trust continued to support care homes and meet the national guidance with respect to the provision of testing for care home staff and residents. The Trust continued to ensure residents to be discharged to care homes were tested prior to discharge.
- The scope of the SDEC DMH project had been redesigned and was now within budget; however, there had been slight slippage to the timetable.

Ms Jacques invited questions from the Board in relation to the report.

- Dr Scothorn noted that the closed page Facebook broadcasts were highly appreciated in terms of the briefings provided by Ms Jacques and by Ms Burn and Mr Cundall when they joined her on screen and queried whether this would be something which could continue as a general communication method post Covid-19. Ms Jacques explained that she was very keen to listen to the staff opinion on this. She was aware that staff found this useful and when she last took a poll of the live audience, the feedback was to continue with a weekly briefing and so she would, for as long as the staff wanted the briefings she would continue. Ms Jacques confirmed that she agreed that the format was an excellent way to communicate and connect with staff especially when she and her Executive colleagues could respond to questions.
- Mr Bretherick sought to understand how the Trust was reassuring staff in relation to the change in the interval between the first and second dose of the vaccine. Ms Jacques explained that the Trust had been honest with staff and explained that this was guidance from the government which the Trust was following. Any information received was shared with staff as well as any links to studies, so that staff could review the evidence on which the decision had been based on. The Chairman thanked Ms Jacques for her reassurance on this and noted that this was good to hear especially amidst the current news coverage.
- Dr Scothorn sought assurance on how the Trust satisfied itself that the mental health resilience of staff was cared for. Ms Jacques explained that the Trust made a wide range of resources available to staff, though she was aware that there were some needing greater support on how to access these. Ms Jacques added that she would use the opportunity of her live broadcast to gauge staff awareness on what was available and how to access it. She clarified that she was aware that this did not represent all Trust staff though it could be a good gauge. Ms Smith explained that she was in the process of collating the suite of resources for review at the next Gold Command meeting so that there could be a re-appraisal of what was available. Ms Smith had also sought feedback nationally on access and usage of resources. She explained that the challenge would be understanding what did and did not work well but she reassured the Board that there were both physical and digital resources available. In addition the closed Facebook page was monitored and, should there be any concern for a staff member they would be put in touch with the wellbeing team as appropriate. Ms Jacques observed that never since world war two had there been such a long standing trauma to such a large amount of people and, while the support offered may never be

	<p>completely right, the Trust would continue to do its absolute best to support staff. As a result, work was also underway to look at long term needs, rather than just the short term during the pandemic.</p> <ul style="list-style-type: none"> <li>• Ms Flynn enquired whether the Board was aware of any push back or disappointment from the ED staff in relation to the lack of progress for the previously planned new emergency care centre at UHND. Ms Jacques clarified that the ED scheme had been approved; however, it had been acknowledged that there would be a delay in being able to begin the project as in the shorter term it was not possible to secure the funding, due to other requirements for the next year and the likely restrictions for the capital programme. However Ms Jacques assured the Board that the SDEC project was expected to help with the ED pressure and so staff would still see a benefit in their department even though their current environment would need to remain functional and sub optimal until such a time when the funding could be sourced.</li> <li>• The Chairman sought assurance on the quality of the PPE in respect of the new variant of Covid-19. Ms Jacques explained that the Trust continued to follow national guidance in relation to the quality and criteria for PPE. While visors were being supplied nationally the Trust was trialling safety glasses as an alternative, for comfort rather than due to any safety concerns. She assured the Board that any choice of PPE was appropriate for the protection required.</li> <li>• The Chairman took the opportunity to thank the executive team for the level of visibility they had given in relation to their leadership, as was evident from the reaction to the Facebook broadcasts and the walk arounds the relevant executives made of the Trust. He noted his own disappointment that due to restrictions he had been unable to undertake this duty himself to show support for staff but thanked the executive team for continuing to do so.</li> </ul> <p>The Chairman thanked Ms Jacques for her report, the Board <b>noted</b> the contents and <b>endorsed</b> the actions being taken.</p>	
140/21	<b>Patient Safety and Quality</b>	<b>Actions</b>
	<p><b>Integrated Quality and Assurance Committee (IQAC) Preface</b></p> <p>Mr Bretherick presented the report which had been prepared for the purpose of updating the Board on the business covered at the most recent meeting of the committee.</p> <p>Mr Bretherick advised the Board that the report summarised the meeting held on 20 January 2021 and highlighted the following points:</p> <ul style="list-style-type: none"> <li>• This meeting had been the first in a new format which had been designed to not only interrogate reports to seek assurance on quality but to also understand the quality improvement journey for particular services from both the Trust and patient perspective. As such services were being asked to attend for an informal discussion which was framed by a presentation. The meeting of 20 January had been attended by the Family Health Care Group and the Maternity Services had been covered.</li> <li>• There had been no concerns or issues for escalation and Mr Bretherick clarified that the Care Group had not been invited further to the Ockenden report but had already been scheduled to attend.</li> </ul>	

- The meeting had been positive and Mr Bretherick was impressed by the willingness of the Care Group Triumvirate to have open and honest discussions with the Committee and in front of NEDs. The Care Group's response to this format was extremely positive to the extent that, at the end of the meeting, the Clinical Director requested a further opportunity to attend for Paediatrics. Mr Bretherick noted that the ability to hold such discussions was reflective of how the Board communicated and led. Ms Flynn concurred that the meeting had been an excellent demonstration of the willingness for staff to open up and have discussions around both their successes and the challenges they faced.
- Further work was to be undertaken to refine the discussion in order to allow for appropriate follow up but this had been a positive start to the new format.

There were no questions received from the Board. The Chairman thanked Mr Bretherick for his report and the Board **noted** the content.

### **Medical Management / Mortality (Guardian of Safe Working Report, Quarter 3, 2020/21)**

Mr Cundall presented the report which had been prepared for the purpose of updating the Board on the current situation with the safety of junior doctors' rotas.

Mr Cundall discussed the Quarter three report and highlighted the following points:

- A Junior Doctor Forum was now run on a monthly basis, hosted by Mr Cundall, Ms Whinn as the Guardian of Safe Working and the training leads. Attendance had been proportionate to operational pressures; the worse Covid-19 had become, the more attended the forum.
- The forum format had been identified as good practice and the Foundation Programme had complimented approach.
- Work continued to identify rest facilities for junior doctors with a meeting room in Hollies identified in DMH, though it was unable to be used at that time due to the vaccination programme. Space had also been identified in the East Wing Corridor at UHND. Building work was required to open up this space.
- The junior doctor moves had been undertaken and all moves had been approved by the Deanery and had gone through the proper processes.
- There continued to be an issue with some ED and General Surgery rotas where there was a 1:2 weekend ratio instead of the 1:3 required ratio. Mr Cundall explained that it was not possible to recruit enough junior doctors to the departments in order to resolve the rota issue and that more innovative thinking was required. A task and finish group was undertaking a review but Mr Cundall emphasised that the outcome could result in a change to the way the Trust worked in the affected departments.

Mr Cundall invited questions from the Board on the report

- The Chairman sought clarification on the meaning of the reference in the report to there being 329 medical and dental staff in training on 2016 TCS. It was clarified that this indicated that all 329 doctors / dentists in training in the Trust were on the 2016 terms and conditions.
- The Chairman sought an understanding on why there was a larger number of exception reports from the F2 doctors with 11 reports from the F2 level and only two from F1 doctors. Mr Cundall explained that this would be due to two main reasons; the first, which had already been discussed, was the

rota issue in ED and General Surgery and the second was due to the time the F2 doctors had been in the organisation. During their F1 period the doctors were less sure of the system and did not always feel as confident in raising reports however this often changed by the time they progressed to F2. Ms Jacques added that the information was also gathered in different ways rather than relying solely on exception reports to raise issues as these should be the exception. Mr Cundall added that, while the Guardian was independent, Ms Whinn was exceptionally well connected to staff and sought to be a part of the solution rather than just a reporting mechanism, as a result issues were also captured during forums and other outlets before they got to the stage of requiring an exception report.

- Ms Flynn queried the use of the East Wing Corridor at UHND for rest areas as she understood that it was to be demolished. Ms McCree clarified that only parts of the corridor were to be demolished. Many parts were brick and mortar and were being used for other functions and would continue to do so. There were pressures on the estate to make good the space which was available to enable the current services present to continue to run. There was an area in the East Wing Corridor currently available for the junior doctors, but feedback had indicated that this was too far from the areas of work and that they wanted to be closer to ED which is why further work on the matter was required.
- Ms Flynn sought clarity on the rota issues and asked how challenging it would be to adjust rotas to meet the requirements. Mr Cundall reiterated that it would not be possible to add bodies into the rotas and it would likely require a radical change on the delivery of care to lessen reliance on the F2 grade doctors.
- Mr Bretherick asked if there had been any progress with respect to reserve rotas. Mr Cundall explained that the matter had been taken to Gold Command and further work was required. These rotas had relied heavily on goodwill and, as such, there was significant work being undertaken to determine the direction the Trust should take to strengthen cover arrangements. These reserve rotas would ideally only be used in extremis as an exception rather than the rule and relied on regularly.

The Chairman thanked Mr Cundall for his report and the Board **noted** the contents.

### **Patient Safety and Experience**

Mr Cundall, acting as the Director responsible for IPC in Mr Scanlon's absence, and Ms Burn, presented the report which had been prepared with the purpose of updating the Board in relation to the Trust position on healthcare acquired infections (HCAI) and serious incidents (SI).

Mr Cundall presented the Trust position in relation to HCAI and discussed the following points:

- Compared to the same time in the previous year, the Trust had seen a distinct reduction in GNBI's, MRSA and MSSA cases. This could be attributed to social distancing measures and the uptake in hand hygiene compliance nationally. However there had been higher rates of CDiff infection when compared year on year. It was initially thought that antibiotic prescribing in the community was much higher during the pandemic but this now seemed not to be the case.



- There had been two cases of CDiff in January 2021 which meant that the Trust was currently over the threshold for the year by two cases.
- There had been no further cases of MRSA to report.

There were no questions regarding the HCAI section of the report.

Ms Burn presented the remainder of the report and highlighted the following points:

- The report contained two months of SI cases for the period November and December.
- The Patient Safety Forum had been meeting less frequently due to redeployment for operational and Covid-19 demand. While the group met fortnightly, Ms Burn assured the Board that all reported SI's were being continually monitored.
- The dermatology never event which the Board had previously been made aware of had now been de-logged and de-escalated following the investigation and report. However the actions identified during the investigation were still being acted upon and monitored.
- There had been a new never event reported in ophthalmology and while work was still underway to finalise the review, initial findings suggested that there had been a failure to adhere to the Trust's 'prosthetic pause' policy.
- Post-operative falls had been discussed in IQAC and a further thematic review had been undertaken of the incidents which had not revealed any concerns or themes of note.
- Several of the SI's were still being reviewed and there was one relating to a pressure ulcer which the Trust may seek to have de-logged as initial findings indicated that the sore was as a result of patient choice from a patient who had capacity and did not comply with guidance and instructions from nursing staff.
- There had been a delay in completing and signing off SI actions and this was partly due to the operational demand; however, work was also to be undertaken to cleanse the SI action log as it had come to Ms Burn's attention that some completed actions had not been marked as such. In addition going forward it was expected that outstanding actions would form part of the discussion with care groups during performance updates. Ms Burn assured the Board that care groups were fully sighted on their action plans with regular reports circulated.
- Duty of Candour compliance remained at a good level despite the operational pressures.
- The average number of complaints received per month had risen back to pre-Covid-19 levels, with an average of 49 received in 2020/21 quarter 3 compared to 39 in quarter 2 and 21 in quarter 1.
- The Trust had continued to achieve above 90% compliance with the 40 day response deadline for complaints, with the average response time at 35 days. A number of extensions had been required and Ms Burn assured the Board that these extensions were agreed with the complainant prior to implementation. The main reason for extensions in quarter 3 had been due to the complexity of the case or the involvement of other organisations. This had initiated a review of the extension and escalation policy for complaints, to increase response deadlines for complex cases in line with the timescales for SI's. Ms Burn assured the Board that this was in line with the Parliamentary Healthcare Service Ombudsman's (PHSO) good practice guidelines.

	<ul style="list-style-type: none"> <li>• The main themes for complaints received in Quarter 3 continued to be Clinical Treatment, Customer Care (including Communication) and Attitude of Staff/Appointments. This was consistent with the themes identified in Quarter 2.</li> <li>• The Trust had received the second highest number of complaints in the region, however Ms Burn explained that the majority of Trusts were not of a similar size or footprint. When compared with Trusts of a similar size or footprint the Trust was joint sixth of nine Trusts and not, therefore, an outlier.</li> </ul> <p>Questions were invited from the Board.</p> <ul style="list-style-type: none"> <li>• Mr Bretherick requested that the Board and IQAC receive a summary of the RCA for the Never Event concerning Ophthalmology in respect of two aspects of the case: <ul style="list-style-type: none"> <li>○ The impact or potential impact or learning concerning the videoing that was ongoing at the time of the incident</li> <li>○ The reported disagreement between the nursing staff and the doctor about the existence of the third prosthetic pause.</li> </ul> </li> <li>• The Chairman noted the positive compliance with Duty of Candor and wished to commend the Care Group in continuing this level during difficult times.</li> <li>• Mr Bretherick enquired as to the naming of the posters for the National Patient Survey as 'dissent' posters. Ms Flynn reminded the Board that Mr Scanlon had explained this in a prior meeting of IQAC, stating that the Trust did not name the posters and this was a quirk of the NHS that the posters were titled in this way.</li> </ul> <p>The Chairman thanked Ms Burn for her report and the Board <b>noted</b> the contents.</p> <p><b>Ockenden Review Update</b></p> <p>Ms Burn presented the report which had been prepared with the purpose of updating the Board on the Trust response to the Ockenden Review of Maternity Services</p> <p>Ms Burn discussed the following matters from the report:</p> <ul style="list-style-type: none"> <li>• Following the publication of the Ockenden report, all NHS Trusts were asked to provide assurance of the quality and safety of maternity services against seven Immediate and Essential Actions of the Ockenden reviews and specifically the 12 urgent clinical priorities within the actions.</li> <li>• The seven actions the Trust was required to respond to were: <ul style="list-style-type: none"> <li>○ Enhanced safety</li> <li>○ Listening to Women and their Families</li> <li>○ Staff training and working together</li> <li>○ Managing complex pregnancy</li> <li>○ Risk Assessment throughout pregnancy</li> <li>○ Monitoring foetal wellbeing</li> <li>○ Informed consent</li> </ul> </li> <li>• The Trust had reviewed its position against the recommendations and responded to the Chief Operating Officer of NHSE/I on 21 December 2020. The response from the Trust explained that the standards were all either met or relevant plans were in place for onward work as requested. The summary provided to NHSE/I had been reviewed by Ms Jacques,</li> </ul>	<p><b>KB</b></p>
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	<p>the executive body, the care groups and the Head of Midwifery for the Trust's maternity services.</p> <ul style="list-style-type: none"> <li>The Trust was to return a further assurance template by 15 February 2021 and work was underway to ensure this deadline was met. Ms Jacques clarified that this further return would receive full scrutiny from the Executive team prior to submission.</li> </ul> <p>There were no questions from the Board and so the Chairman thanked Ms Burn for the report and the Board <b>noted</b> the contents.</p>	
141/21	<b><u>Compliance &amp; Performance Management</u></b>	<b>Actions</b>
	<p><b>Operational Performance Report / Integrated Quality and Performance Report January 2021</b></p> <p>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.</p> <p>Ms Langrick presented the section relating to restoration of activity in line with Phase 3 plans:</p> <ul style="list-style-type: none"> <li>This period ran up to the end of December 2020 and demonstrated a good level of performance as the Trust had held its own; matching and hitting national requirements. The period ended as Covid-19 had increased and as such the Trust experienced a change of patient mix and therefore a change in the way it needed to approach those who attended or were admitted.</li> <li>The Gold Command Calls and Tactical Cell meetings kept the deployment and redeployment of staff under constant review to ensure that demand was met as appropriately as possible.</li> <li>This rise in Covid-19 impacted directly on the Trust's elective capability with some elective inpatient activity stood down. All activity for the Priority 1 and 2 patient groups was however being maintained; these were the emergency, urgent and cancer patients. The Trust was able to continue with some day cases at its BAGH site.</li> <li>Outpatient appointments were being maintained, however in January a portion of this activity had also been stood down to enable redeployment.</li> <li>Diagnostics had largely been able to maintain a good performance and Ms Langrick highlighted that the December figures for diagnostics demonstrated a good position. January however, while good, would not be as strong a position as December.</li> <li>Overall, the phase 3 recovery performance had been good considering the pressure the Trust had been under and when compared regionally and nationally and, Ms Langrick, was confident that the Trust had been able to hold its own.</li> </ul> <p>Ms Langrick presented the Trust performance against the NHS constitutional targets:</p> <ul style="list-style-type: none"> <li>The emergency Departments had experienced an increase in patients attending and the Trust had seen a deterioration of performance against the four hour target. This had been reviewed with the Care Group and short term measures had been put in place to help bolster and improve performance. A focus had been placed on patients held in ambulances as they were unable to enter the department due to lack of capacity or their</li> </ul>	

Covid-19 status. The Trust had led the field in reviewing this issue in its work with NEAS to put in place a formal procedure to ensure that patients delayed in handover remained safe and once able to be handed over to the ED, that they were expedited to release the ambulance as quickly as possible. This work had been celebrated regionally and NEAS were looking to adopt this with other Trusts.

- Referral to Treatment Time performance had been improving but the performance report for January would show a drop off as a result of the stand down of some outpatient and elective activity. Ms Langrick assured the Board that, while the Trust's focus on long waits had been hindered by wave three of Covid-19, the Trust was keeping patients on the waiting lists under review so that any change in condition was identified which enabled them to be expedited as appropriate.
- Performance on cancer waiting times had also been improving which was due in part to the improvement in performance of the endoscopy department as had been discussed in prior Board meetings. The Trust had worked hard to maintain and protect the cancer pathway; however, it remained under pressure especially through its link with endoscopy. Ms Langrick assured the Board that the Trust continued to monitor this performance closely.

Questions were invited from the Board

- Dr Scothorn sought assurance on how the Trust's performance benchmarked within the region. Ms Langrick responded that the Trust's ED performance was at the bottom when compared with other regional Trusts; however, for the remaining performance metrics the Trust was holding its own.
- Mr Forster-Jones asked for assurance on measures the Trust was taking to satisfy itself on the safety of those patients who may be cancelling or deferring appointments during Covid-19. Ms Langrick explained that all patients on waiting lists were subject to waiting list reviews, to ensure that any and all appointments given during that time were appropriate. Should a patient contact the Trust to cancel or defer an appointment, they would speak with the Patient Access Team who would ask why the patient was making this request. This conversation served two purposes; firstly to enable the Trust to capture and report on this activity and secondly so that the Trust could take what steps it can to avoid cancellations. For example if a patient is concerned about safety this was the opportunity to reassure them and explain that they would be safe coming into the hospital. When a cancellation was processed the details of the patient were passed back to the specialty team so that they can review the patient and should there be concerns, the patient can be contacted direct.
- Mr Crosland noted that the report stated that patients would be transferred across to the independent provider where possible. This would help maximise capacity in the region and address long waiting times. He sought clarity and assurance on how the Trust was using the sector. Ms Langrick explained that during the first wave, independent providers had been paired with NHS sites in order to provide support and capacity. After the end of the first wave all Trusts began to step up their elective activity and the independent sector bolstered this. In time, the Department of Health was lobbied by the independent sector to allow them to take their capacity back to enable them to continue their own work. Some capacity was returned to the sector and local negotiations were held to determine the level of support for individual Trusts. CDDFT had worked alongside

	<p>Sunderland to manage the capacity requirements. In addition the Trust had an excellent relationship with the BMI Woodlands Hospital in Darlington which made the support easier to arrange. The level of support from the independent sector varied nationally; however, the Trust was able to access more support than average.</p> <p>There were no further questions for Ms Langrick. The Chairman thanked her for her report and Ms Burn presented the section of the paper on safety and nurse staffing:</p> <ul style="list-style-type: none"> <li>• Falls continued to show a deterioration, however despite the pressure and redeployment of the specialist falls team, all incidents were reviewed and discussed with ward staff to ensure future learning. National evidence had highlighted that elderly patients were being impacted by the symptoms of long Covid and some younger Covid-19 patients were also falling due to covid hypoxia as a result of not wearing oxygen masks.</li> <li>• Mr Cundall added that, in terms of mortality, the HSMR indicator continued to show as special cause improvement and SHMI continued to show special cause deterioration. Appointments had been made to a team of Clinical Champions to lead a six month programme of education and support to clinical teams to improve the capture of co-morbidities and coding, and the progress of the work stream would be monitored. A formal update report would be brought to the next Trust Board meeting.</li> <li>• The majority of areas were maintaining safe staffing despite the reported sickness levels in the RN workforce. This was especially the case on Ward 43 who had experienced a Covid-19 outbreak and shifts had to be covered at short notice. Ms Burn assured the Board that there was seven day matron cover in the Trust to ensure that issues were identified and all wards and departments were covered as best as they could be and to mitigate any risks. In addition staff were encouraged to report any staffing level concerns via the incident reporting system. Ms Burn confirmed for the Board that there had been no themes identified in the incidents received around staffing levels.</li> <li>• Review of midwifery staffing found that there were occasions when up to two midwives were scrubbed into theatre for elective surgery during the hours of 8am and 4pm. This had caused some staffing issues on the ward. Work was ongoing across the relevant care groups to review this with the aim of minimising the impact on operational activity.</li> <li>• There was a spike shown in the planned v actual HCA figures for July. As discussed in previous Board meetings as this was when the Trust had the third year university students working on wards which affected the figures.</li> <li>• There had been new Nursing and Midwifery Council (NMC) emergency standards released in the week prior to the Board meeting, developed in partnership with the higher education institutions, in relation to third year students and their placements. These allowed some students to be placed early to support the pandemic response. If they were able to enter these at this point it was expected that this would support their education and Trust staff to patient ratios. If this did occur it would be expected to be apparent in the February and March datasets and would be reported on at the March meeting.</li> <li>• At the time of the Board meeting there were 242 RN vacancies and 42 HCA vacancies. These numbers did not include the outcome of the international recruitment effort. Of that recruitment; all of the first cohort of 20 nurses from the Trust's international recruitment had passed their OSCE and were awaiting their PINs, the second cohort exams were</li> </ul>	<p>JC</p> <p>KB</p>
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	<p>planned for February 2021 and the third cohort were out in practice, also aiming for a February 2021 exam. The Trust were monitoring the availability of OSCE centres as there were only three and they were also under increased pressure.</p> <ul style="list-style-type: none"> <li>• There were some issues with the data for the rolling balances total as it had not taken into account those specialist and registered nurses who had been redeployed. Work was underway to reconcile and validate the data with the corporate nursing team working alongside the care group Associate Directors of Nursing (ADN) to achieve this.</li> <li>• Bank fill rates for RN roles had fallen to 61% which has had an impact; however, the specialist nurse redeployment had offset the impact and helped to mitigate risks. Likewise the HCA bank fill rates had also fallen to 56% and third years nursing students had been able to assist in covering vacancies. In relation to both fill rates, they had fallen despite a reduction in the hours requested.</li> <li>• Ms Smith added that the report also highlighted an increased reliance by the Trust on agency staff for HCA cover. She assured the Board that she would undertake a review of this to look at a substantive recruitment effort. It had been difficult to review this during Covid-19 due to the high levels of staff movement but Ms Smith explained that this work would be taken forward in the coming months.</li> </ul> <p>Questions were invited from the Board</p> <ul style="list-style-type: none"> <li>• Ms Jacques enquired if the report could include a chart or data relating to a more detailed view of the Trust performance in terms of the number of care hours per patient. Ms Burn agreed and stated that she would include this for the next meeting.</li> <li>• The Chairman noted that the UHND midwifery team appeared to be less well staffed than the team at DMH and sought assurance on how this was being mitigated. Ms Burn stated that she would bring this back to the next meeting to be able to fully present the details. Ms Jacques added that there had previously been a move of staff from DMH to UHND to support and rectify this but it had been around two years prior. In addition there had been a higher number of bookings made for the maternity units and reportedly a higher number of babies conceived during Covid-19. Ms Jacques asked that Ms Burn include plans to cope with an increase in demand in her report.</li> <li>• Mr Forster-Jones enquired as to the impact which the international recruitment was expected to have on the number of RN vacancies. Ms Burn clarified that, at that time, the international cohorts were included in the HCA staffing numbers as they did not possess a PIN. However once they had passed the OSCE and received their PIN the cohorts would then move into RN numbers and it was expected that this would, outside of usual fluctuations in staff numbers, lower RN vacancies and increase HCA vacancies. There had been 20 international nurses arrive in September and 20 in October. In addition there was a further 20 expected in February and 20 in March. Ms Burn added that funding through NHSE/I had been approved to recruit a further 60 nurses by the end of October 2021.</li> <li>• Mr Forster-Jones sought to understand how many of the previous internationally recruited nurses from Italy still worked for the Trust. Ms Burn responded that there were still some Italian nurses working in the Trust in a HCA role as they had failed their English exams, however NHSE/I had approved funding to support staff in HCA roles who were nurses in their own countries to undertake further English exams to enable them to</li> </ul>	<p style="text-align: center;"><b>KB</b></p> <p style="text-align: center;"><b>KB</b></p>
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become RNs. For the Trust there were two from the Italian cohort and another three from other recruitment for whom this applied.

The Chairman thanked Ms Burn for her report and invited Ms Smith to present her section of the report on Workforce and Efficiency:

- The overall Contracted staff in post (SIP) had reduced by 113.91 FTE from the previous month and there seemed to be a large reduction in FTE in the Nursing & Quality Directorate (116.66 FTE). The initial review of the data within ESR found that this was in relation to volunteers that had come on board with the Trust as part of the Covid-19 measure such as the returnees from retirement. There was retrospective work required to rectify and validate the data. The December figures in the report were correct; however, the months prior needed review.
- The January absence figures were expected to be higher than those included in the report for December; however, an increase was reasonable due to the national picture. The Trust had been supporting staff who were clinically vulnerable to return to work; however, many needed to shield once again which had impacted the sickness absence figures. The Workforce team were supporting the capacity of clinical managers by taking over the management of sickness absence for staff who were on day seven or more of absence. They were also providing additional support to those who were absent due to mental health reasons to enable more focused and supportive conversations.
- The performance of mandatory training and e-learning was good under the circumstances, with a 90.13% compliance rate against a target of 95% for December.
- Staff appraisals continued to be significantly under target with a December performance of 66.81% against a 95% target and may be an issue for staff awaiting pay progression, however in respect of revalidation for nursing and medical staff, extensions have been provided

There were no questions from the Board. The Chairman thanked Ms Smith for her report and invited Mr Brown to present the section of the report relating to Finance:

- Month nine represented the third month operating under the new financial framework, from which plans were submitted to NHSE/I on 22 October 2020.
- In place of the Trust's usual monthly report to NHSE/I, the Trust had had to submit a full set of annual accounts and these had been submitted the day prior on 26 January 2021. This enabled organisations to have a 'dry run' on the annual account reporting prior to year-end.
- For the year to date position, after an adjustment to remove the I&E impact of capital donations, the Trust showed a surplus / variance against the breakeven plan of £0.079m. This demonstrated that the Trust was living within its means with the additional funding, including that which had been provided from commissioners. This position also accounted for £520k in additional Covid-19 funding over and above the core £13.66 million allocation and £200k winter pressure funding received.
- The Trust's cash position, as at the end of December 2020, stated that it had £64m cash in the bank. The reason this figure was high was due to the Trust receiving a monthly payment from commissioners in April, one month in advance of when it was normally rescheduled to help the Trust with its response to Wave 1 of the pandemic. However there would be no payment received in March 2021, and, as such it was expected for the cash figure to return to a lower value at that time. The Trust had a

	<p>significant amount of capital remaining to spend in the last quarter of the financial year, with a forecast of a further £20m spend in capital. This would also impact on the cash position of the Trust, and resulted in a forecasted cash balance of around £10m at the end of the financial year which was in line with the expected position.</p> <p>There were no questions from the Board in respect of the finance section of the report and as such the Chairman thanked Mr Brown for his report.</p> <p>The Board <b>noted</b> the contents of the Executive report and <b>endorsed</b> the actions being taken.</p>	
<b>142/21</b>	<b>Other Board Business</b>	<b>Actions</b>
	<p><b>Register of Sealings</b></p> <p>Mr Edge presented the report to the Board which had been prepared to update the Board as to the entries made in the Register of Sealings during the period 1 October 2020 to 31 December 2020.</p> <p>Mr Edge explained that there had been two documents which had required the use of the Trust seal:</p> <ul style="list-style-type: none"> <li>• A service contract between CDDFT and Healthcall Solutions Ltd</li> <li>• A waiver of pre-emption rights to Healthcall shares. Mr Edge elaborated to clarify that this was due to CNTW entering into the shareholding arrangements for the company which had been expected and previously discussed.</li> </ul> <p>There were no questions from the Board relating to this item and as such the Chairman thanked Mr Edge for his report and the Board <b>noted</b> the contents.</p>	
<b>143/21</b>	<b>Announcement of Next Public Meeting(s)</b>	
	<p>The next public meeting of the Trust Board would be on 31 March 2021. This was expected to be held virtually.</p>	
<b>144/21</b>	<b>Motion to Exclude Press/Public</b>	
	<p>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.</p>	
<b>145/21</b>	<b>Meeting Closed at 12:37</b>	