Board of Directors
Draft Minutes of the Meeting of the Board of Directors of County Durham and Darlington NHS Foundation Trust held on Wednesday 31 March 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
Mr Noel Scanlon	Executive Director of Nursing

In Attendance:

Ms Morven Smith	Director of Workforce & Organisation Development
Ms Alison McCree	Managing Director – CDD Services
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.

172/21	**Welcome and apologies**	
	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, with recording to be published, due to the public being unable to attend.	
173/21	**Declarations of Interests**	
	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 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.	

174/21	**Minutes & Matters Arising from the Previous Meeting held on Wednesday 27 January 2021**	
	Accuracy The minutes of the previous meeting were approved further to the following amendments: *Item 138/21 Minutes & Matters arising from the Previous Meeting held on 26 November 2020, Page 2, Action Log, Second Paragraph;* to read: Action 2 (60/21) Provide an update on the development of the CQC's new inspection regime. *Item 139/21, Chief Executive's Report, Page 11, penultimate bullet point;* to read: The way in which the Trust was managing contact between patients had changed. *141/21, Compliance and Performance Report, Page 23, penultimate bullet point*; to read: This position also accounted for £520k in additional Covid-19 funding above the £13.6m allocation and £200k winter pressure funding received. **Matters Arising from the Minutes** *Item 141/21, Compliance & Performance Report; Page 21, last bullet point*. The Chairman sought assurance re: the progress of recruitment of Registered Nurses and Health Care Assistants, as he noted that the number of vacancies had risen when compared with the last few years after the team had undertaken good work to improve recruitment. Mr Scanlon clarified that the number of vacancies was an issue and explained that the pandemic had seen an increase in resignations for a number of reasons as well as normal turnover and a reduction in capacity to recruit. He clarified that these trends were being observed at all trusts not just CDDFT and assured the Chairman that the Trust had been successful in the recruitment of 94 Indian nurses. This was a remarkable achievement given the constraints on travel in place, as well as quarantine requirements and a reduced number of OSCE centres remaining open. Mr Scanlon emphasised that there would be a redoubled effort on local recruitment. There was a challenge to overcome but sensitive and responsive plans were being developed alongside, to maintain focus on retaining current staffing. Ms Smith added that the way in which vacancies were reported had also changed. Historically the number of vacancies reported was net of appointments even though the appointees might not yet be in post. The Trust was now reporting all unfilled posts in its establishment – regardless of any appointments in the pipeline - which had increased the numbers. The establishment figure also accounted for planned increases in establishment associated with business cases for investments in A&E staffing and Same Day Emergency Care, where recruitment was always expected to be phased. Ms Jacques concurred and clarified that the reporting of vacancies was now more meaningful. **Action Log** Those actions 'greyed out' were accepted as complete: *Action 1 (60/21), Action 2 (60/21), Action 4 (95/21), Action 5 (95/21),* and *Action 9 (97/21)*. *Action 3 (60/21): Provide an update on the board development programme which had previously been passed, and the impact this could have on a CQC well-led assessment.* Mr Edge advised that a schedule had been included with the Board papers. Safeguarding and Mental Health training had been provisionally arranged for an April Board Seminar though this was subject to change. Mr Edge explained that further work was required with individual teams to fully organise relevant	

	sessions and as such there had been some flexibility built into the programme to enable it to be amended based on needs as the year developed. Ms Jacques added that this would also be referred to in the CQC item on the agenda. **Action to be closed** *Action 6 (95/21): Present the Trust plans to meet the Sustainability Objective from the Board Assurance Framework (BAF) to the Board.* Ms Jacques advised that a paper had been included in the board pack to complete this action. **Action to be closed** *Action 7 (95/21): For Mr Forster-Jones to join the Sustainability Working Group.* Ms Jacques confirmed that Mr Forster-Jones had been made a member of the group and the details of the next meeting would be shared with him. **Action to be closed** *Action 8 (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 these were included in the integrated quality and performance report (IQPR) in the board pack. **Action to be closed** *Action 10 (97/21): Update the Board on the potential to include rest facilities into the development plans for the Trust sites.* Ms Jacques explained that all current rest facilities remained in place and that there was exploratory work being undertaken to understand what could be done moving forward in the new financial year, but that this would depend on the capital programme. She assured the board that rest facilities made available to staff during the pandemic remained in place and were in use. **Action to be closed**. *Action 11 (139/21): Provide the Non-Executive Directors with an explanation of the procurement rules in section 75 of the 2012 Act and how the proposed legislative change to scrap this section will affect procurement processes.* Ms Jacques advised that an update on the rules had been included in her paper. **Action to be closed**. *Action 12 (139/21): to update the Board on the NHS Blood and Transplant Services further to the National Conference and Meetings held in January and February 2021.* Mr Forster-Jones explained that the Annual Congress had taken place on 24 and 25 February. It had been noted that, nationally, donations had been significantly lower in 2020, Though not as low as had been expected, there had been a fall of 30-40% compared to previous years. The main drop in donations had been in April 2020 during the start of the pandemic and there had been a slow recovery through the rest of the year. By year end donation was only down by around 15-18% from the year previous. The Trust had also seen this decrease in donors, around 25%, however it had still been above the national average. The Trust had had no missed referrals but had continued to experience the same level of families declining to donate as before. The Congress had discussed the legislation around donations and Mr Forster-Jones clarified that, around 18 months prior, the law had changed requiring patients to opt-out of providing consent for organ donation (as opposed to opting in) and the campaign to promote the change had gone live in March 2020. This was swiftly pulled however as all the material had been based on the slogan 'pass it on' which was not considered appropriate wording in the context of Covid-19. While the law had come into place the Congress had been unable to provide any data which would have shown the impact as there had been bigger factors affecting outcomes. A new campaign around organ donation, named 'leave them certain', had been launched on 23	

	February 2021 and it was hoped that this would start to improve donation rates. Mr Forster-Jones informed the Board of the intention to hold a memorial in Durham and plans were underway. He would bring the proposal to the May Board meeting. Ms Flynn added that, if required, an application could be submitted to the Charitable Funds Committee to support the memorial. Mr Forster-Jones had previously shared a YouTube link with the Board in respect of an initiative named 'moment of honour' the subject of which was making time to reflect on the gift of donation. The Trust was also considering implementing this initiative. Mr Forster-Jones concluded by sharing a story from the Trust which had taken place at DMH. He explained that there had been a recent donor who had died very quickly and traumatically. As the patient was taken from the ITU to theatre to commence the donation procedure, the staff from the unit, of their own volition, lined the corridor as a guard of honour which he found remarkable and wished the Board to acknowledge as it spoke volumes for the culture of the unit. There were no questions on this update and the Chairman thanked Mr Forster-Jones for the update. *Action 13 (139/21): to Present the final draft of the Green Plan to the Board for approval.* Ms Jacques advised that this paper had been included in the board pack for discussion. **Action to be closed**. *Action 14 (139/21): Clarify to the Board the new Sub-Committee Structure and any relevant changes to the names of any committees.* Mr Edge advised that a paper was included on the agenda to complete this action. **Action to be closed**. *Action 15 (139/21); Provide the Board with an update on the changes in the Nursing structure to reflect required changes relating to mental health and infection, prevention and control (IPC) and demonstrate how the current arrangements had been strengthened.* Mr Scanlon advised that a paper was included in the board pack to address this action. **Action to be closed.** *Action 16 (140/21); Provide the Board with a summary of the Ophthalmology Never Event in respect of the impact or potential impact or learning concerning the videoing that was ongoing at the time, and, the apparent disagreement between the nursing staff and doctor about the existence of the third prosthetic pause.* Mr Scanlon advised that he had included a paper under his agenda item to address this action. **Action to be closed** *Action 17 (141/21) Provide the Board with a formal update report on the Mortality Team recruitment, namely the addition to the coding team.* Mr Cundall advised that this was included in the papers for his agenda item. **Action to be closed** *Action 18 (141/21) To include in the IQPR an update on the impact of the Nursing and Midwifery Council (NMC) Emergency Standards relating to third year student placements on Trust staffing.* Mr Scanlon explained that additional commentary had been added to the IQPR in response to this action. He added that there had been funding from NHS England and Improvement (NHSE/I) to support the third year nursing student paid placements and learning time. Feedback from the students on the programme had been positive. It was expected that this would have an impact on the local recruitment effort as the third years were able to be approached much earlier and less formally than during usual graduate recruitment drives. **Action to be closed**	**PFJ**

	Action 19 (141/21); To provide a more granular view of chart in the IQPR on the Trust's performance of the number of care hours per patient. Mr Scanlon updated the Board that work was ongoing within the Special Projects Team, on the e-roster system, to understand how to quantify and present this data. This action would need to be deferred. **Action to be deferred to May 2021**. *Action 20 (141/21); to provide an in-depth update on the staffing levels of the maternity departments at Darlington Memorial Hospital (DMH) and University Hospital of North Durham (UHND), the mitigations in place for low staffing and a forward plan with respect of the expected higher demand on the service.* Mr Scanlon advised that the requested update was included in the Board papers. **Action to be closed**.	
175/21	**Chief Executive's Report**	
	CEO Update Ms Jacques presented her report which had been prepared to provide the Board with an update on (1) national developments and developments in the North East and North Cumbria ICS, the southern and central ICP and Trust localities, and (2) other matters relevant for the Board which were not substantively covered in the reports from Executive Directors and the likely implications with each. Ms Jacques elaborated on the following points: • Ms Jacques began with two items not included in the report: o The Trust had received an award from the Northern Echo Newspaper during a ceremony held the week prior to the Board meeting. The Trust had been awarded 'Employer of the Year' with the Tissue Viability Team and Midwifery team also receiving awards. The Chairman formally thanked Ms Jacques and the Executive Team for all their work which made achieving an award from the Northern Echo possible. o The Trust had taken part in a piece of collaborative working with GPs. They had hosted a virtual event as a forerunner to further dialogue with GPs under the banner of a provider collaborative. The focus of the event had been on cancer pathways and how they could be optimised. Four clinicians and the Trust's Cancer Manager had presented to around 200 GPs about the changes in pathways and referral processes and how GP's could access the system for their patients. Ms Jacques commended the whole team for the preparation and delivery of the event. She looked forward to further such work. <u>National Matters</u> • Ms Jacques was able to share the outcome of a consultation which had previously been discussed in a Private and Confidential session of the Board. The outcome was laid out in the White Paper 'Integration and Innovation: working together to improve health and social care for all'. The consultation had concerned statutory proposals for integrated care systems (ICS). The consultation had asked four key questions: o Do you agree that giving ICSs a statutory footing from 2022, alongside other legislative proposals, provides the right foundation for the NHS over the next decade? The Trust agreed but made further comment on the governance around such an arrangement. Results confirmed that nationally, 49.2% agreed and 43% disagreed. o Do you agree that option 2 (a statutory corporate NHS body) offers a model that provides a greater incentive for collaboration alongside clarity of accountability across systems, to Parliament, and most	

	importantly, to patients? The Trust agreed but stressed the importance of allowing place-based arrangements to flourish under the principle of subsidiarity. Results confirmed that nationally, 48% agreed and 39.9% disagreed. ○ Do you agree that, other than mandatory participation of NHS bodies and local authorities, membership should be sufficiently permissive to allow systems to shape their own governance needs? The Trust agreed but stressed the need for good governance in such arrangements. Results confirmed that nationally, 54.5% agreed and 37.3% disagreed. ○ Do you agree, subject to appropriate safeguards and where appropriate, that services currently commissioned by NHSE should either be transferred or delegated to ICS bodies? The Trust agreed. Results confirmed that nationally, 42.5% agreed and 43.7% disagreed. • Ms Jacques highlighted that, with each response, the Trust had provided a further narrative as to the recommendations or suggestions which would allow for good governance. • The White Paper consisted of three chapters: ○ The role of the legislation; ○ Proposals for legislation; and ○ Delivering for patients, citizens and local populations; supporting implementation and innovation. • The Trust had taken time to work through the proposals in the White Paper, alongside parts of the various ICS and Integrated Care Partnership (ICP) groupings which existed in the region. While legislation was not yet drafted, it was expected that first readings of the legislation may occur in May 2021 if the timetable was adhered to, with a view for it to be in place by the end of the 2021/22 financial year. • Ms Jacques highlighted the commentary provided in respect of Section 75 of the 2012 Health and Social Care Act which imposed requirements on commissioners of certain NHS services, that could be provided from outside of the NHS, to be put out to tender, for example smoking cessation. The White Paper proposed that this restriction be removed by creating powers to remove the commissioning of these services from the scope of the Public Contracts Regulations 2015, as well as repealing Section 75 and the Procurement, Patient Choice and Competition Regulations. Ms Jacques clarified that, essentially, this proposal took away the requirement for tender, which would allow for some services, where appropriate, to be provided in-house. Questions were invited on this section of the report from the Board. The Chairman noted that the procurement process and subsequent tendering was rigorous and sought assurance that such rigour would exist if the relaxation proposals outlined around Section 75 went ahead. Ms Jacques explained that the proposal meant that a tender process would be required where appropriate rather than in every instance as covered by the current legislation. However, the detailed draft of the legislative changes would be needed to understand how commissioners would be able to obtain assurance with respect to the suitability and reliable delivery of such services. Ms Flynn noted that the proposals indicated a duty to collaborate and sought to understand if there were any proposals for measures to be brought in to ensure collaboration took place. Ms Jacques stated that there was a wide range of legislative proposals however there was currently no direct impact on the Trust as	

it was a Foundation Trust (FT) and there was no proposal to change FT legislation. The Care Quality Commission (CQC) were proposing some changes which would support the agenda of collaboration. Ms Jacques gave the example that the CQC may review work across localities rather than individual providers with respect of some services. However, the Trust would need to await further information from the CQC following their own consultation to better understand how the CQC would approach such work. Ms Jacques assured the Board that the Trust had strong working relationships with the primary care sector both in Darlington and County Durham as demonstrated by the Cancer Pathways event she had referred to earlier. The Trust would continue to work in the same collaborative way as it did until advised otherwise through the legislation or other national guidance.

There were no further questions. Ms Jacques continued with her report.

<u>ICS</u>

- The ICS had met in January 2021 and Ms Jacques reported that health inequalities and the health of the population had been drawn out as a key area of focus both nationally and for the ICS. The question was how to make an impact on challenging factors determining population health; the region had fantastic health services but the health of the population did not reflect this. The link to deprivation in the area was noted. The February meeting of the ICS had picked up the issue of population health again and discussed prevention work stream priorities.

<u>Provider Collaborative</u>

- The ICS wide Provider Collaborative had met three times in 2021; in January, February and March, and had had some success. As a group the Collaborative was tackling challenges with particular services and Ms Jacques reported that the development of a draft work plan for 2021/22 had been agreed.
- Working together in this way was of great benefit to the organisation and region as there could be a greater impact on the health of the population. Ms Jacques clarified that this was a voluntary collaborative and not imposed.
- Discussion had been held as to how capital could be prioritised in the short term through work undertaken by providers' estates and finance directors on existing priorities, and - in the longer term - linked to the emerging clinical strategy.
- Ms Langrick and her counterparts in the region were working to optimise the management of waiting lists to mitigate the inequalities this could cause.

<u>ICPs</u>

- The ICPs continued to work and exist as established under the current ICS arrangements; however, there was scope that this could change as the legislative programme for the ICS was developed.
- The focus of the work of the ICP continued to be Covid-19 and recovery. In addition understanding how the ICS could be bridged to individual organisations had also been reviewed and discussed.

<u>Winter Plan</u>

- Ms Jacques clarified that this would be covered in more detail in the IQPR and Ms Langrick would cover the performance aspect.
- There had been a review by the Local A&E Delivery Board of Trust plans in response to the CQC document, 'Patient First', in which no further action was identified. The Integrated Quality and Assurance Committee would also be

	undertaking a review in March and would advise the Board in a verbal update of its findings. EPR • The second Programme Transformation Board meeting was held on 12 March 2021 and saw minor modifications to the terms of reference of the EPR Board itself and the four sub groups. A limited number of issues relating to the recruitment of a small number of posts had been resolved and both the pre-alignment gateway review by Cerner and an independent review commissioned by the Trust suggested no major issues at this juncture. Ms Jacques clarified that the Cerner gateway review made assessments under a different lens to the Internal Audit review commissioned by the Trust. • Going forward the Programme Transformation Board would continue to take views from both Internal Audit and Cerner. • Ms Jacques assured the Board that there had been constructive challenges received from both Mr Crosland and Dr Scothon throughout. Dr Scothon added that he was comfortable with the process and commended the response from the team to the challenges he and Mr Crosland had presented. Mr Crosland concurred. • The minutes of the Programme Transformation Board would be brought to Board meetings in the future to provide further assurance regarding ongoing work and for the information of the wider board members. Green Plan • The Board were reminded that they had previously agreed the vision for sustainability: o To ensure that CDDFT provides the safest, most compassionate and joined up health care whilst taking all reasonable steps to minimize its adverse impact on the environment, society and the planet; thereby not compromising the health and wellbeing of future generations. • The Board were advised that the plan was now in an accessible state for all staff and Ms Jacques commended the work of the Communications Team who had received an excellence report for this piece of work. • The launch, subject to Board approval, would be on 19th April 2021 and would be implemented in a number of ways. The approach of the communications strategy was to ensure that all staff would be aware of and have an understanding of the agenda. This would include: bulletin articles; use of the Trust intranet and internet websites; features for the Northern Echo and a podcast from Dr Richard Hixson. • The Trust also planned to link into relevant national and international events to promote the Green Plan agenda such as: bike week, plastic free July, recycle week and national clean air day. • In order to gauge the level of awareness and engagement with the plan, a survey was planned for September to understand the position and allow for an informed review and reflection on the communication and engagement strategy. • The objectives within the plan were all measurable and the Board would be provided with quarterly updates to demonstrate performance against targets. In addition the board would receive assurance via the BAF entry for the plan. • Mr Bretherick added his own commendation for the plan and how the Trust had approached it as it was concise and easy to read with wide appeal, while demonstrating real depth of commitment from the Trust. The Chairman echoed Mr Bretherick's comments.	**MB/WE**

	Staff Survey • Comparative analysis of the Trust's results for 2019/20 showed no statistically significant change in nine of the ten indicators. Team working was the only indicator to have moved negatively. There had been a lot of redeployment during the period covered by the survey, and a lot of staff had not been working within their usual teams. Ms Jacques clarified that this was not an excuse for the score, but was highlighted as a possible cause for the change in scoring. • The survey as a whole had demonstrated disappointing responses from those colleagues who were from Black, Asian or Minority Ethnic (BAME) backgrounds. Overall the scores were positive but when BAME responses were extracted and compared with those from white colleagues the results were disappointing. • BAME colleagues had highlighted that there was a presence of bullying and harassment from both staff and patients/public and there was a strong indication that they did not feel they were afforded the same opportunities within the organisation as their white colleagues. • A statement had already been released from Ms Jacques, Ms Omole, Trust BAME Network Chair and Ms Connah, Senior Staff Side Representative. This statement reiterated the values the Trust aimed for and provided information on immediate actions which would be undertaken as a result of the survey results; focused on engagement with the BAME network around the results, undertaking the annual equality, diversity and inclusivity (EDI) survey to understand further the feedback from individuals from each of the protected characteristics, a zero tolerance campaign to harassment, bullying and abuse, and monitored action on career progression to understand why this feedback was received. Dr Scothon was supporting Ms Jacques and the team with this work. • Dr Scothon assured the Board that they were committed to making sure that staff were supported and that the work had hit the ground running. He was in constant contact with the key leaders and their aim was to build and implement long term change for the Trust and to turn this position around to make the Trust into an exemplar organisation for the NHS as a whole. The start of this work had been met with positivity but he clarified that all involved knew it would take time. • Dr Scothon emphasised that this would be a bottom up approach and it would be the experiences and feedback that would drive the work to be undertaken not the Board or senior managers. He commended Ms Smith and her team who had been fantastic in their support and help with oversight of this work. Colon Capsule Endoscopy (CCE) Service Development • Further to submitting an expression of interest to become a pilot site for CCE in September 2020, the Trust had been informed that it will lead on this service as a pilot in the Central ICP. This will be part of the fast-tracked study sponsored by York Teaching Hospitals. • There would be two clinics a week at Bishop Auckland Hospital and capsule readings would take place remotely. • The test was suitable for a certain group of patients and was a painless procedure which used a camera to examine the large and/or small bowel rather than an invasive colonoscopy. • The first patient for each bowel had been seen the week prior to the Board meeting. • This opportunity enabled the Trust to provide its patients with access to new and cutting edge technology without invasive arrangements.	

Director of Public Health Report County Durham

- Ms Jacques reminded the Board that the work outlined in the Director of Public Health's Report was supported by the Trust through its involvement in the Health & Wellbeing Board and various sub Committees.
- The report had been included in the Board papers for information.
- The Chairman noted that the report highlighted the high numbers of children with special educational needs as well as mental disorders. He stated that this demonstrated the importance of collaborative working with mental health providers when it came to the health of patients in such categories.

Shotley Bridge

- The second phase of engagement in respect of the future of hospital services in Shotley Bridge Hospital had begun in February 2021 and was expected to conclude in March 2021. Ms Jacques reminded the Board that this engagement was in relation to the options on how the services at Shotley Bridge would be provided.
- Due to Covid-19 the process had been delayed and the completion date of the new development was expected to be early 2022.

Questions were invited from the Board.

The Chairman noted the positivity in the progress of the North East and North Cumbria Applied Research Collaborative (ARC). Ms Jacques concurred and added that research money had been shared nationally. She advised that the Trust continued to provide a strong offering on applied research for the health science network. A facility for a programme of testing had been opened by Newcastle which linked to academic opportunities. She noted that this was the beginning of an agenda to tie the region together and produce something which was greater than the sum of its parts. Ms Jacques, as the Chair of the Collaborative, assured the Board that this was positive and that work was underway to understand how further funding could be attracted to increase regional opportunities.

Mr Forster-Jones noted that the results from the national consultation had lacked a clear consensus and enquired whether Ms Jacques had a feel for the general view in the region. He also sought to understand whether the split voting on the proposals would impact the proposed legislative changes. Ms Jacques responded that the consultation was concluded prior to the White Paper and the results reflected on in drafting the White paper proposals. When comparing the proposals to the consultation one of the biggest changes was the proposed presence of a Partnership Group which included all partners and would help to hold the ICS Board to account to provide better governance. The key concerns were whether the focus on wider ICS geographies would dilute work taking place in localities; if the arrangements were not optimal at place level, which was the part of the system with the best integration and contact with the population, then the opportunity for the biggest impact would be missed. Local Authorities in particular, and others, retained memories of the sustainability and transformation partnerships (STP) from several years ago which did not help with the relationship between local government and health from a national perspective; however, Ms Jacques assured the Board that the Trust had strong local relationships. The legislation itself appeared to be permissive which meant that it would be within gift of the Trust and its regional partners to develop ways of working for the regional ICS to make best use of the opportunities to improve the health local populations. It would be hard work but rewarding if it meant that arrangements would work.

	The Chairman sought assurance on the implications for the shortfall of potential IMT3 places in the region. Ms Jacques explained that there were more doctors than places in the Provider Collaborative's footprint. She clarified that all doctors had been offered a place but it would not be known until summer how many had been allocated. The Chairman sought clarity on the agreement of the Provider Collaborative to classify itself as the Strategic and Oversight Group of all provider collaboratives including operational, managed and clinical networks in the longer term, asking whether the intention underpinning this decision was that the ICP and ICS would be able to leave the collaborative to work on tackling the wicked problems. Ms Jacques confirmed that this was a positive outcome of the meetings as it meant that the collaborative was focused on being able to engage with challenges, at regional level, in clinical services – for example with respect to cancer services and radiology provision - where the issues required a regional response in order to sustain them. The governance that sat around this arrangement had previously been discussed with the Board. Mr Forster-Jones asked whether had been any update on closer working between North Tees NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust. Ms Jacques confirmed that a Joint Chair had been appointed and informed Board members that a wider discussion on this topic would be undertaken during the Private and Confidential Session of the Board. Ms Flynn noted that the draft of the Green Plan presented to the Board still contained the default holding text. Ms Jacques confirmed that this would be removed prior to the publication. Mr Forster-Jones sought assurance that the Trust was looking to take immediate tangible steps in respect of the staff survey results, most specifically the feedback from BAME colleagues. Ms Jacques clarified that work was already being undertaken through a network of BAME colleagues, which met regularly, and which was supported by the Trust's Workforce and OD Directorate. She advised that the first steps to be taken would be to gain an understanding of the practical actions which BAME colleagues wished to see to implement the Statement of Intent already signed off by the Board. The planned further survey would provide the opportunity of a deep dive into any underlying themes and issues, to allow a full action plan to be developed and implemented. The Chairman noted that, in addition to the Statement of Intent, the Trust did have EDI and BAME work ongoing and sought clarification on this. Ms Jacques clarified that the EDI agenda took account of all groups with protected characteristics, the data from BAME colleagues had been extracted during the staff survey as their feedback had been more negative than others. Ms Jacques emphasised that the Trust was not only working on BAME related content. The BAME network had been established for a while however there was an interruption in 2020 due to Covid-19. The purpose of the Statement of Intent was to confirm, explicitly, the Board's commitment to ensuring that everyone in the Trust would be treated equally and have access to the same opportunities. In addition, Ms Jacques reminded the Board that the Trust had signed up to a regional "BAME Promise" around six months prior. As such, communicating intent was the first thing to do. The second, encouraging those with experiences to come forward if they felt able to do so to help clarify and expose key issues, was underway. For those who felt more comfortable providing further information anonymously the EDI survey would assist with this data gathering.	

There were no further questions. The Chairman thanked Ms Jacques for her report. The Board **noted** the contents and **supported** the continued activities at an ICS level and those being progressed by the ICS provider collaborative.

Care Quality Commission Update

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

Ms Jacques highlighted the following points:

- There were two remaining must do actions from the CQC action plan, which related to the Paediatric Specialist and Medical staffing for A&E. These actions remained in progress. The Trust had delivered improvements agreed with CQC to increase staff and review the pathway of patients, however the actions remained open as the Trust had identified further opportunities to improve beyond the original agreement.
- The inspection which had led to the actions had been prior to the opening of the Paediatric Assessment Unit (PAU) at UHND, which had now reopened following its repurpose during Covid-19.
- DMH facilities for Same Day Emergency Care (SDEC) were under construction and Mr Edge and his team were working on confirming pathways from a compliance perspective.
- Whilst a Board development programme had not been in place in 2020/21 due to impact of the pandemic, there had still been a lot of development activity much, but not all, of which was summarised in the paper. A comprehensive report would be pulled together covering all development and training undertaken by the Board and its members, should CQC require evidence at any point in the future.
- Mr Edge advised the Board that, at the most recent engagement meeting, CQC had continued to confirm that the Trust was not flagging any significant risks.
- The direction of travel in CQC's new regulatory strategy was towards supporting systems in addition to providers, and an increased focus on the wider needs of communities and patients. Transitional key lines of enquiries had been published and had been shared with the Care groups to support local risk assessments.
- The CQC continued to focus, for the time being, on maternity services, infection control and 'Patient First'. Any service where risk was indicated would initially be subject to further enquiries including requests for information. CQC were still undertaking on-site inspections in response to risk; however, these inspections would not result in Trusts being re-rated.

Questions were invited from the Board

The Chairman sought to understand the on-going work on paediatric specialist staffing in the Trust's A&E Departments as he had been under the impression from previous discussions that the Trust had over recruited for these positions. Ms Jacques clarified that the Trust had over recruited to the ward establishment, and the A&E issue was concerned with patient pathways. The A&E paediatric assessment unit at Durham operated for 12 hours per day and it was the pathway and care outside of those 12 hours which required review. This was the work which was ongoing.

	Ms Flynn enquired who needed to be informed of any training or development undertaken to ensure that it was taken into account. Mr Edge confirmed that Board members could contact Mr Dixon and he would record this. There were no further questions. The Chairman thanked Ms Jacques and Mr Edge for the report and the Board **noted** the contents. **Board Assurance Framework** Mr Edge presented the report which had been prepared to provide the Board with: an analysis of the movement in risk scores over the last quarter for strategic risks which the Board managed; a helicopter view of the level of assurance for each of the Trust's 19 principle business objectives, including any gaps in controls or assurance and associated plans; and, a summary of key risks together with mitigating actions. Mr Edge discussed the following points: • The current format of the report which accompanied the BAF did not fully demonstrate the progress in terms of the risks which required further mitigation to meet the target score. Ms Jacques gave the example of the 'protecting staff and patients from nosocomial infection' risk which had a current score of 12 with a target of eight. She outlined the improvements in Trust processes and reductions in the numbers of outbreaks and the nosocomial infection rate achieved in the last quarter, whilst noting that risk remained. An additional column would be added to the next BAF report to make clear where improvements were being made and risk reducing, prior to any formal change to the risk score. • There had been significant updates to the Risk Register following the Executive Team having met with each Care Groups to review their risk registers and governance arrangements. There were some further updates to risk registers agreed by Executive Directors, which would be reflected in the next Board Assurance Framework and Key Risk report, together with changes to move from the current specific Covid-19 objectives towards a more integrated approach. • There had been no deterioration of any risk score since the last report and two risk scores had improved, being those for: 'Effective treatments for Covid-19' - based on the implementation status of NICE guidance and mortality reviews' and 'Financial Sustainability (current year)' as there is confidence that the financial plan for 2020/21 will be achieved. These two risks were now in line with their target position. • One objective; 'Minimising Harm' was now off-trajectory with a score of nine against a target of eight. The risk management trajectory had been set to be stretching, with the aim of reducing risk to the target score by February 2021. As the Trust was emerging from the most recent Covid-19 wave it had not achieved its ambitions with respect to falls reduction and healthcare acquired infections resulting in the risk score remaining at nine. In addition there had been an emerging risk, due to external, structural factors and potentially indirectly caused by the pandemic, of an increase in numbers and complexity of patients presenting with dual medical and mental health needs, particularly young people with, for example, eating disorders. The Trust was working with Tees, Esk and Wear Valleys NHS Foundation Trust to review pathways and support. • There was one red rated risk relating to building restart capacity and performance and a large amount of focus was being given by the Trust on recovery of activity.	**WE**

	• Current Covid-19 related risks had, up until this point, been reviewed separately, however work would need to be undertaken to integrate these into the other principle business objectives. Advice had also been taken from the Good Governance Institute and work would be undertaken with the Executive and the Board to develop the BAF in line with their recommendations. Questions were invited from the Board. The Chairman noted that the narrative for Operational Risk 1983 stated that staff had been reporting some new health issues which may be a consequence of failing equipment and sought clarity on what this meant. Mr Edge responded that the wording of the risk was misleading. It had intended to highlight the consequences of specific items of equipment not working or being unavailable resulting in delays to diagnostic procedures impacting on clinical decision-making. The Chairman noted that there were several operational risks which related to patient safety relating medical gasses systems and pipework in various areas of the Trust as they did not meet the current HTM standards. He sought assurance that the annual reviews undertaken as mitigation were sufficient. Mr Edge clarified that the risk had been assessed by care groups but was also monitored closely by the authorising engineer for those systems, with escalation of any remedial works required. It would be expected that the frequency of checks would have been decided in agreement with the engineer, but he would check this and report back. Mr Bretherick sought clarification on how the target risk score for Objective 3; *'Maximising capacity and performance in all necessary patient services during Covid-19'* could be accepted when the target score was above the agreed tolerance level. Mr Edge explained that Trust's ability to clear backlogs of long waits built up whilst managing the pandemic, within timeframes which would normally be tolerated, was outwith its control and it was not possible to address the build-up of waiting lists within these timeframes. Therefore the Board was necessarily accepting a need to operate beyond its risk tolerance level temporarily. The risk management trajectories set by the Board were time-limited and the target score set to be realistic with respect to that time period. Clearly, over a longer period of time, the Trust would expect to bring the risk within its tolerance level. Mr Bretherick thanked Mr Edge for this explanation and requested that an exception note be added to the report for the risk rated at 16. There were no further questions and so the Chairman thanked Mr Edge for his report and the Board **noted** the content for assurance.	**WE** **WE**
176/21	**Patient Safety and Quality**	
	Report on Covid-19 Response, Activity and Reset Ms Jacques and Ms Langrick presented the report which had been prepared to enable the Board to be fully sighted on and able to scrutinise all aspects of the Trust's response to the Covid-19 outbreak including performance against constitutional and activity targets. The presentation highlighted the following points: • The number of Covid-19 positive patients was improved with only 19 in the Trust on the day of the meeting. In this context the Trust and others in the	

region were looking forward to recovery and the standing up of elective services as planned.

- The national alert level had been reduced down to Level 3, though this information had not been received in time for the report which still stated Level 4. This meant that there would be a shift to a more regional coordination and control rather than national oversight.
- The Trust had reported a significant reduction of Covid-19 outbreaks when compared to previous reports with only nine current outbreaks. Three of the nine had occurred since the last report to the Board. Ms Jacques reminded the Board that any outbreak was reviewed at the Daily Infection Control meeting chaired by the Executive Director of Nursing. This reduction in cases was due to the positive arrangements which had previously been discussed with the Board in the way in which patients were managed in hospital. This had also reduced the number of nosocomial infections.
- Internal incident management arrangements had been scaled back but would be kept in place and stood back up with greater frequency as required.
- Sickness absence had reduced with 46 less staff off sick and the number with the virus itself had reduced below 50, the first occasion in some time. Those staff who had been off due to shielding had been contacted where appropriate in order for arrangements to be made to manage their return to work as safely as possible.
- Feedback from staff experience of, and their use of, the Health and Wellbeing services on offer during the pandemic had shown a strong theme re: the benefits of peer to peer support. As such, the Trust planned to introduce Trauma Risk Management Training (TRIM). This was an approach the military used and provided an evidence based, peer-delivered, support system for use in organisations where people may be exposed to high stress and trauma. The Trust aimed to train 50 practitioners, spanning clinical, support and corporate teams, initially, to provide peer support with an evaluation in 12 months' time.
- The vaccination programme was in the middle of providing the second dose to staff. Senior staff were conducting conversations with anyone who had not yet received the first dose to understand why this was which, in some cases had identified that staff had received their vaccination from another source. Where staff had chosen not to be vaccinated, Senior Staff were ensuring that this was an informed choice and providing any additional information required. This initiative had been positive and had brought forward a further number of staff to receive their first dose. The Trust was still working to understand what the implications may be for clinical work for those who chose not to receive the vaccination. Overall, the Trust was in line with other organisations for the vaccination programme, though the data could be inaccurate as it was unsure whether it would account for those staff who had received vaccinations outside of the Trust.
- The Trust continued to meet the national guidance in relation to the provision of Covid-19 testing for care home staff and residents. Both Local Authorities served by the Trust had commissioned access to ring-fenced beds in care homes to allow patients who were Covid-19 positive, but fit to leave hospital, to be discharged, whilst maintaining the safety of the residents in social care setting.
- The operational reset programme, previously reported to the Board, remained on track. There were however three projects which had been marked as red; SDEC/ED UHND, Endoscopy and Outpatients. The issues identified were, in the main, associated with constrained capital and construction teams. Ms Langrick assured the Board that all projects, regardless of capital state, were

proceeding in terms of clinical services. Work was underway to examine the schemes and support those which had been impacted the most.

Questions were invited from the Board.

Dr Scothon sought clarification on why the Trust had chosen to proceed specifically with TRIM. Ms Jacques explained that, following discussions with ITU staff and Mr Cundall, the military had been identified as an organisation which provided a level of training for traumatic experiences and this training focused on facilitating peer to peer discussions. Feedback from staff had highlighted a desire for such peer to peer support. TRIM would also allow for a building of skill sets which could be reused if other situations arose.

Mr Forster-Jones asked how staff who declined vaccination would be utilised if they worked in patient facing roles. Ms Jacques explained that there were already unvaccinated staff working in patient facing roles, as they had during the pandemic before the vaccination had been available; they worked with the relevant PPE. There was national debate ongoing in respect of whether vaccination should be mandated for staff in care homes, hence it was possible that it might be mandated in in the NHS. A mandate had never been in place with respect to the influenza vaccination, hence it was unknown what the final position would be. The Trust would continue to work in line with national guidance and adhere to the appropriate PPE for staff. Ms Jacques noted that, while vaccination for many staff was incredibly important, there were a number of reasons why some staff had not accepted the vaccine, hence the work taking place to enable staff have the relevant conversations, and provide the information needed to allow them to make an informed choice.

There were no further questions. The Chairman thanked Ms Jacques and Ms Langrick for their report and the Board **noted** the contents and **endorsed** the actions being taken.

Integrated Quality and Assurance Committee (IQAC) Preface
Mr Bretherick presented the report which had been prepared to update the Board on the business covered at the most recent meeting of the Committee.

Before summarising the business of the Committee, Mr Bretherick advised the Board that he had met with Mr Scanlon, Mr Cundall and other senior staff in respect of the Ockenden Report and related, national recommendations. This had been a positive meeting which had discussed a likely structure for a NED lead for maternity safety, the evolving approach for advocacy and emerging good practice on both a local and national scale. A gap analysis had been completed and immediate and essential actions identified. This meeting would continue on a bi-monthly basis and Mr Bretherick would continue to attend and it would be fitted around the IQAC schedule.

Mr Bretherick advised the Board that the IQAC report summarised the meeting held on 24 March 2021. He highlighted the following points:

- The Committee had scrutinised a range of routine assurance reports. During this, further assurance was requested (and provided following the meeting) in respect of compliance with PPE in the ITU at DMH. Evidence demonstrated an improvement in compliance; however the key issue, as had previously been reported to the Board, was the sourcing of alternative eye protection which had now been sourced.

- The first monthly CDDFT Quality Insights report was received which flagged areas from the Trust's Quality Dashboard for focus. An update on the programme roll out was also provided. A detailed assurance report covering all indicators would be provided from April to the Committee, broken down by Trust and Care Groups with a commentary on any actions taken. Work was ongoing with the Care Groups to embed the system.
- Perfect Ward audit results were positive in respect of the results themselves; however, there continued to be a number of areas which were not utilising the system. Work was ongoing to consider whether an element of independence should be reintroduced.
- The meeting had been the second to use the discussion format which had been very informative and had demonstrated morale, enthusiasm and commitment from service leaders. The discussion had been around Patient First, which was the CQC's publication on best practice recommendations for patient flow through A&E and hospitals including discharge and alternatives to A&E. Mr Bretherick elaborated on some key points from the discussion:
    - A Trust-wide response to incidents of missed fractures had been development through the recently-implemented joint governance structure for A&E services and both sites were working together to share good practice and bring a level of consistency.
    - The team recognised and noted the communication, engagement and support received from the corporate communications team and Executive.
    - The four hour waiting times target was not necessarily appropriate when patients attended with complex needs. Nationally there were pilots of alternatives to the four hour waiting time. The Trust had begun to track its own position against some of these alternative indicators and identified that a holistic approach and SDEC would be important in addressing the needs of such patients.
- Ms Flynn echoed Mr Bretherick's report and added that the team had explained that improvements to the UHND facility would be appreciated. Ms Flynn highlighted to the Board that this should be kept in mind for the future.

There were no questions from the Board and as such the Chairman thanked Mr Bretherick and the Board **noted** the contents of the report.

Medical Management/Mortality

<u>Medical Workforce Trust Board Update</u>

Mr Cundall presented the report which had been prepared to provide the Board with an update with respect to the Medical Workforce Strategy 2019-22

Mr Cundall highlighted the following points:

- Since the beginning of his time as Medical Director there had been a lot of focus on strengthening senior medical leadership through recruitment. Through the collaboration of all of the Executive Team, the Trust was in a more positive position than previously.
- In June 2020 a business case was put forward to recruit an additional 19 consultants into Medical Specialties and Emergency Medicine. The case was approved and a plan was developed to recruit the maximum number of posts as quickly as possible. Within three months of the advert going live the Trust had recruited three Emergency Medicine Consultants; two Acute Care Physicians; one Diabetes and Endocrinology Consultant and two Respiratory Consultants. In addition both joint clinical / undergraduate educator posts had now been filled.

	• In 2016 Rheumatology had 5.2WTE Consultants, by 2018 there were only 2WTE and in 2019 there was one. This was against an ever increasing demand for the service. The clinical workload of the consultants was unsustainable. Mr Cundall and his team had been working with the Care Group Associate Director of Operations and Service Manager, along with the Pharmacy and Physiotherapy teams to change the model of how patients accessed the Rheumatology service. The model now involved patients seeing the physiotherapist in the first instance prior to the consultant. The consultant saw those who could not be seen by physiotherapy or had issues escalated. Following consultation the patient was passed to the pharmacist and nurse specialist for management of their condition. This plan was followed through even when the Trust had only 1WTE and Mr Cundall was happy to report it worked. Because the model was attractive to prospective recruits, the Trust was back to 5WTE consultants and was even recouping patients which had been lost to other providers. • The most recent recruitment candidate had interviewed for both the Trust and Northumbria and had chosen to accept the job with the Trust which Mr Cundall highlighted as symbolic of the improvements the Trust had made. • The improvement in recruitment highlighted the way in which the directorates worked and supported each other. Workforce were much faster in the recruitment process than four to five years ago. Finance had provided support in respect of business cases and the Nursing and Operations directorates had supported the development of clinical models and ways of working which made posts more attractive to candidates. • Overall the FTE position for the Trust was in a much stronger place with more recruitment than losses: some 233.4 full-time equivalent medical staff had been recruited from 2018 to 2021 compared to 192.8 leavers. In terms of consultants there were 88 new starters (30 of which were recruited in the last 12 months) compared to 73 leavers. • Internally, the Medical Directorate team had undertaken work in respect of job plans. When Mr Cundall had begun, the job plan average was 15/16PA's which was not sustainable; now however, unless a leader, the average plan was 12.5PA's. • There had been significant improvement in the communication and engagement with the workforce due to the use of MS Teams and other virtual methods. • Rest facilities continued to be available and Mr Cundall noted thanks to both the PFI providers and Estates for the supply of comfortable furniture in canteen areas. • Work was underway to work towards realistic establishments and a substantive staff base, reducing the reliance on agency and bank staff. The Trust needed to understand what it needed to do to provide what was required. • Overall the report demonstrated a positive story and planning from the Medical Directorate for next steps was to be undertaken in April. This would include a reflection on progress so far and also the changes from the pandemic and whether this should impact and change the strategy. In addition focus would be given to the CESR training route to consultant roles, which had not been as successful as hoped and support would be given to the doctors on the route or about to embark upon it. Questions were invited from the Board. Mr Crosland noted that this was an encouraging picture and requested an understanding as to the potential for the ICS to impact on workforce plans or	

collaborations moving forward. Mr Cundall explained that this was a question they regularly heard from candidates. To the rank and file consultant there would be no difference as they and the Trust would continue to collaborate and work with partners as appropriate regardless of changes to the ICP or ICS. Recruitment had not been and was not expected to be, hampered.

There were no further questions. The Chairman thanked Mr Cundall for his report and the Board **noted** the content.

Mortality Report

Mr Cundall presented the report which had been prepared to provide the Board with a current position of mortality indicators, mortality reviews and learning from deaths.

The following points were highlighted:

- The mortality indicators for the 12 months to September 2020 demonstrated an increase in SHMI from 114.1 the previous month to 114.8 and the Trust remained higher than expected. While the Trust had improved, so too had other organisations, meaning the Trust remained among the worst coders in the region.
- Coding remained an issue for mortality figures. A sample of ten patients had been reviewed; nine of which had life limiting illnesses but had been coded to conditions with a risk of death below 10%. The solution to this would be EPR when implemented as this would repopulate fields based on coding which would remove the issue to re-issue or re-upload figures. The EPR solution would not be available until 2022 and as such work on education, support and training – now underway - needed to continue to mitigate in the meantime.
- The Acute Kidney Injury (AKI) Nurses had started in post in July 2020 with their clinical service beginning in September 2020. It was not yet possible to understand their impact on mortality as trended data was impacted by the number of patients with Covid-19, and it may be some time before the true picture could be seen.
- There had been concerns, highlighted in the national press, around the potential inappropriate decisions with respect to completion of Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) forms for patients. Some concerns had been raised in the Trust through the Safeguarding team or from GP's around DNACPR decisions and these had been investigated. There had been no issues identified with the appropriateness of decision-making. This work had, however, identified that the speed and flow of patients through the A&E Department and Acute Medical Unit had resulted in there being insufficient time to discuss DNACPR forms with patients or their families and it was expected that base wards, back of house, would have discussions, which had not always taken place as staff on those wards presumed the conversation had taken place when the forms were completed. Mitigations were now in place to prevent these conversations falling through the cracks, though it was expected that the implementation of EPR would remove the issue as it would stop the DNACPR process until details of the discussion were entered and signed off.
- A "C2-AI" performance review had highlighted learning around complications for fractured neck of femur (NOF) injuries. It was understood that Covid-19 had increased the number of complications due to the impact on care of high acuity emergency surgical admissions. In terms of mortality this had the potential to increase the chance to 60% and this was seen in the national picture. Greater testing and knowledge of Covid-19 and the use of

	conservative treatment of a NOF for Covid-19 patients had worked to mitigate this risk. Questions were invited from the Board. Mr Bretherick noted that the reports provided a good level of assurance and progress with respect to investigation and improvement of documentation and coding issues was encouraging, as too was the explanation that EPR would provide a solution. He sought assurance around the implications of any external ramifications for being an outlier on SHMI for a long period. Mr Cundall responded that this was discussed with the CQC during relationship meetings and they were happy with the explanations provided and mitigations in place. Mr Edge added that in the most recent CQC meeting the inspection team had been understanding of the Trust's position, the underlying reasons and actions being taken. Mr Cundall clarified that the information was also triangulated with NEQOS, internal mortality reviews and separate coding and as such the Trust were in as good a position as it could be until the solution of EPR was in place. Ms Jacques noted that the C2-AI review had highlighted a peak in Spring 2020 for mortality and complications of emergency laparotomies. She requested if it would be possible for this to be reviewed in the same way that NOF's had been. Mr Cundall agreed and would review this. Ms Flynn sought assurance that there was sufficient funding for the coding project or if Mr Cundall could clarify if a further business case for the Charitable Funds Committee would be required. Mr Cundall clarified that there was sufficient funding to take the project up until the implementation of EPR and that no additional funding would be needed. Mr Bretherick noted that the Family Health Care Group did not appear to have completed any of their priority reviews on the 2020-21 Learning From Deaths Dashboard. Mr Cundall was unsure why this appeared as such and would look into the matter and report back to Board. There were no further questions. The Chairman thanked Mr Cundall for his report and the Board **noted** the contents. **Patient Safety and Experience Report** Mr Scanlon presented the report which had been prepared to provide an update to the Board on the Trust's position with regard to Healthcare Associated Infections (HCAI) and serious incidents. Mr Scanlon highlighted the following points from the report: • There had initially been one suspected and three confirmed patients with Aspergillus infections identified in DMH ITU between 23 December 2020 and 21 January 2021. This had been considered a cluster and not an outbreak due to the associated risks of Aspergillosis and Covid-19 pneumonitis. The total number of cases at the close of the last meeting was 12; eight in DMH and four in UHND. • As of the day of the meeting there had been 57 cases in total of clostridium difficile (C-Diff). This was ahead of the Trust's ambition for the year, and concerning, though the impact of Covid-19 and the management of the pandemic may have contributed to the rise. Reinvigorating procedures for the prevention and management of C-Diff would be a key part of the Infection	**JC** **JC**

	Prevention and Control programme for 2021/22. The Trust was, however, the second lowest in the region for the number of C-Diff cases, related to bed days, and no formal actions had been received from NHSE/I for the number of cases for 2020/21. • There had been a root cause analysis (RCA) into a case of MRSA. The clinicians involved were open and honest throughout the process and it was determined that the infection was regretfully unavoidable in the patient who had been very frail. • There were seven new serious incidents (SI's) which had not previously been reported to Board, one of which was a never event. The RCA for the never event had been delayed due to a key member of the operating team being unavailable due to sickness. • A theme had emerged where patient fractures had not been diagnosed at the first attendance at A&E. A thematic review was underway which would continue through April and the findings would be provided to the Clinical Effectiveness Committee in May 2021 with an update to the Trust Board subsequent to this. It was the intention that this work would assist in improving differential diagnosis. • Patient experience in both Chemotherapy units had highlighted how well the transition of the service had been undertaken as it moved to Bishop Auckland and Shotley Bridge. The induction service had remained at UHND. • The complaint response template had been reviewed and had been redrafted with the aim of making responses more accessible to patients. This had been well-received by the Chief Executive and would be finalised. • There had been an update to the Corporate Nursing Structure. This was further to a review to address the challenges of Mental Health Act compliance monitoring and the nascent Liberty Protection Safeguard legislation. Responsibilities for Mental Health Act compliance were to transfer into the portfolio of the Associate Director of Nursing for Patient Experience and Safeguarding. Upon completion of the Code of Conduct consultation for the replacement to the Mental Capacity Bill; Liberty Protection Safeguards, under which the Trust will become a legal authority in its own right, consideration would need to be given as to whether the new structural arrangements were sufficient to meet the demand or whether further resource would be required. Questions were invited from the Board. Ms Flynn commended the change in structures to better address the Trust's Mental Health Act responsibilities. Further to discussion in IQAC, she enquired how the A&E Departments were impacted by patients attending with mental health needs. Mr Scanlon explained that the Trust had a good working relationship with its mental health services provider, Tees, Esk and Wear Valley NHS Foundation Trust, who were in a difficult position. They had lost a 52 bedded site for younger patients in November 2019 and this had not been replaced. This could have contributed to the increase that the Trust had seen into A&E of patients or those with eating disorders, especially paediatric patients, others with self-harming tendencies and a general increase in similar pressures. This would be persistent problem but the Trust would continue to work in partnership as best as it could to counter it. Mr Bretherick sought an understanding of the traffic light system for water jugs which was referred to in Mr Scanlon's written report. Mr Scanlon clarified that this was an initiative to assist in encouraging patients to drink to hydrate their kidneys. The coloured tops reflected how much the patient had drunk and made it clear to	**NS**

	both the patient and staff who required further hydration. The red top was the first jug, amber the second and green the third. Mr Bretherick sought clarification on the reasons for the increase in the number of complaints closed with extensions. Mr Scanlon explained that the number of extensions had been as a result of a number of factors. Redeployment had been a recent factor as this had made it more difficult for some staff to be able to respond to relevant sections within complaints. In addition complexity of the complaint was a factor as too was the involvement of other organisations to the overall response. Mr Scanlon assured the Board that any change in timeframe for providing a complaint response was communicated and discussed with the patient or complainant. The Chairman enquired if there was an opportunity to recruit dual qualified staff for example those trained in both Mental Health and General nursing for use in A&E or other departments. Mr Scanlon explained that this had been considered previously but there were difficulties in recruiting to this type of position; namely providing sufficient resources to help such staff to retain competencies. There was also a risk that the Trust would be taking from the pool of staff which the mental health trust needed to access, exacerbating the problem in the locality. There was work ongoing however to link in with outreach teams in order to share tools and techniques for the management of mental health patients who attended hospital. The Chairman sought assurance that a lead had been identified for the NHS Patient Safety Strategy in light of Ms Todd retiring. Mr Scanlon clarified that the vacancy had been recruited to and Ms Ward would be commencing in the post though the responsibilities would change as she would also be Chief Nursing Information Officer as well as Patient Safety Lead. There were no further questions. The Chairman thanked Mr Scanlon for his report and the Board **noted** the content.	
177/21	**Compliance and Performance Management**	
	Integrated Performance Report 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 performance measures including national access standards. Ms Langrick presented the Trust's performance against the Phase 3 Recovery Summary and NHS constitutional targets: • The Trust continued to improve and compared favourably with regional colleagues. • Recovery had continued until November 2020 through to January 2021 when some routine operations were paused, which slowed and in some cases reduced activity and performance. Recovery of activity was, however, much improved for February and March, with a number of planned trajectories now being exceeded by performance. • Operational planning guidance for 2021/22 had been received the week prior to the Board meeting and the plan was currently being worked upon. The performance from the Recovery Summary would be picked up however and taken into the business plan for the year. • The A&E Departments had seen a gradual return to pre Covid-19 demand levels and the pressure of dealing with the Covid-19 response and the A&E demand levels caused a dip in performance against the four-hour waiting	

	times standard. At the lowest point, around 80% of patients were being seen in four hours. By March, however, the Trust had returned to around a 90% performance level. This was a good position and represented a good flow of patients and therefore a better patient experience. Ms Langrick commended the A&E teams for their commitment as well as their level of engagement with the initiatives put in place to improve performance and patient flow. There were new standards expected to replace the four hour standard. However, regardless of any such changes, Ms Langrick assured the Board that the Trust was working in an efficient and effective manner. • The Trust had never suspended emergency, urgent and cancer operations during the pandemic. While some, more routine, elective services had been stood down, there remained a clinical review of waiting lists to ensure where a clinical condition required it, care was expedited appropriately. Demand for critical care beds dictated the speed with which elective services could be stood back up as theatre staff had been redeployed to support critical care services during Covid-19. Ms Langrick explained that it was the aim of the Trust to get back to 2019/20 levels of activity as soon as was practical, whilst taking a balanced approach to minimise infection risk. • There had been a gradual improvement in the referral to treatment (RTT) times' performance; however there remained a significant over 52 week wait list. This list had been a focus for operational planning and in line with national planning guidance. The Trust had proposed plans to achieve no over 52 week waits by March 2022. The year after that (2022/23) would then be used to improve the Trust's overall RTT performance. Ms Langrick explained that, if these ambitions were achieved, it would put the Trust in the best position in the region and some Trusts were not forecasting being able to reach that position for a significantly longer time. • Diagnostic performance continued to improve and was at 96% against a target of 99%. Regarding endoscopy, in the context of the backlog arising during the pandemic which impacted to some extent on urgent elective and cancer pathways, the Trust was in a significantly better position now. • Cancer services performance also demonstrated gradual improvement against targets. • Ms Langrick assured the Board that the Trust was not complacent and was aware that there was still a long way to go with a lot of work to do. The aim was to increase the speed of recovery as the impact of the most recent Covid-19 wave, and risk of further waves reduced. Questions were invited from the Board for this section of the report. Mr Forster-Jones noted that the general picture showed a tremendous level of performance and he commended all those involved in the progress against the Trust's recovery trajectory. He noted, however, that there was a fine line between pushing staff to improve performance and burning staff out and sought assurance on the practical safeguards the Trust was putting in place to maintain balance and prevent burn out. Ms Langrick explained that many of the practical measures were had already been discussed. There were a whole range of wellbeing initiatives and resources available to enable staff and managers to be able to be responsive and vigilant for any signs of danger. In addition when planning trajectories and stepping up of services, it was possible to take a reality check on how realistic plans were. For example discussing plans as part of the Gold Command meeting had enabled a dialogue with relevant Clinical Directors who were able to raise	

concerns over step up plans and, as a result, a more realistic plan was formulated. Ms Smith added that, during redeployment, there had been a plethora of conversations prior to redeployment and there would be follow up conversations during repatriation. These conversations were not just in respect of risk assessments but also for wellbeing in line with the Trust's people plan.

Ms Flynn noted that from her own personal experience, she had seen first-hand how quickly some services were seeing new patients and complimented the Trust.

There were no further questions.

Mr Scanlon presented the section of the report relating to Patient Safety and Nursing and Midwifery staffing:

- There were a number of hotspots for low staffing levels, most notably Ward 6 at Bishop Auckland where the number of beds had been reduced as they were operating at less than half staff with 10 RN vacancies. Staffing shortfalls were mitigated on a daily basis through redeployment of staff or additional staff sourced from the staff bank or agencies.
- There were 314 RN vacancies. The whole of Cohort 1 of the international recruits had passed their OSCE and were in Band 5 roles. Cohorts 2 and 3 had completed their OSCE in March and were awaiting their outcome. Cohort 4 had arrived on 1st February 2021 and were working in the Trust and were yet to take their OSCE. Cohort 5 had arrived on 1st March 2021 and further to national isolation guidelines were undertaking their induction.
- There were 86 HCA vacancies and work was ongoing to achieve zero HCA vacancies.

There were no questions from the Board.

Ms Smith presented the section of the report relating to workforce:

- Sickness absence had reduced and the main causes of absence were being picked up, with Mental Health recorded as the highest cause, along with Covid-19 and MSK issues. Support had been provided by the HR team who had been redeployed in January to the end of March 2021 to assist line managers with the management of absences and direct staff to relevant resources, to ensure they got appropriate help with the aim of reducing absence. Any staff at 28 days of absence were contacted and supported back to work positively. The report on the impact of this redeployment was expected the week after Board and would be taken to the Gold Command meeting for discussion.
- Metrics for appraisals and mandatory training had worsened and an overview of specific areas of focus was being reviewed and would be presented to Gold Command for discussion to return to a level of compliance.

There were no questions from the Board.

Mr Brown presented the section of the report relating to finance:

- The Trust had spent the first six months of the financial year under a financial regime where it had been possible to reclaim what had been spent. For the second six months the Trust had been allocated an envelope to work within which included Covid-19 funding, based on assumptions for testing and vaccination plans which had been made in October 2020. The plan had not accounted for a further wave of Covid-19.

	• Month 11 demonstrated that the Trust had spent more than it had planned; however, there had been additional income from the Trust's commissioners to support the management of Covid-19 pressures and recovery of activity. • Originally, the Trust had forecast to break-even, with income and expenditure in balance at the end of the year. As of Month 11 a surplus of £1.2m was now forecast which was expected to be retained to year end. The surplus was generated by a windfall in how the dividend on public dividend capital had been calculated. There were no questions from the Board. The Chairman thanked the Executive team for their report and the Board **noted** the content. **B0293 Letter to NHS HRD's – Imperial College of Healthcare Disciplinary Policy** Ms Smith provided a verbal report, with the purpose of updating the Board on the Trust's position further to the receipt of the letter from NHSE/I related to the sharing of good practice to improve people practices. Ms Smith discussed the following points: • The Board's attention was drawn to the letters in the Board pack which had been provided for information. They spanned over two years and pertained to the Dido Harding Review of the case of a suicide during an NHS member of staff's suspension at another Trust. • The Trust's position along with the progress of any actions identified for the Trust had been presented to IQAC in February 2021. The Committee had also had the opportunity to review the Trust's position against the Imperial College Healthcare Disciplinary Policy and Procedure. Ms Smith had confirmed in her report to IQAC that the Trust met and in some places exceeded the points made in the review and policy. • The Trust would continue to continually review its own policies and procedures as per the continuous improvement process, in order to ensure it remained in a strong position. There were no questions from the Board. The Chairman thanked Ms Smith for her report and the Board **noted** the content.	
178/21	**Other Business**	
	Trust Board Sub Committee Structure Mr Edge presented his report which had been prepared to set out plans to implement the proposed new structure for Board Assurance Committees and draft terms of reference for the two Committees for the Board's approval. Mr Edge discussed the following points: • The report had been produced further to discussions during Committee meetings as well as Non-Executive and Executive meetings in relation to the future direction of Trust Board Committees. These discussions had recognised the limited rationale for continuing with a dedicated Finance Committee in favour of a broader scrutiny of all aspects of operational planning and performance. In addition the enablement of IQAC to focus on quality improvement alongside quality assurance and the development and roll out of the Quality Strategy had been discussed.	

	• IQAC had trialled a new approach for the Committee which had been discussed previously in the IQAC preface papers in Board, and this had been deemed to have been successful by both the Board and service leaders. • The reporting of workforce required careful consideration. If the scrutiny of workforce performance was moved to the newly formed Operational Performance Assurance Committee (OPAC), the impact of workforce issues on quality may not be fully understood. This would be mitigated through the monthly assurance report produced from CDDFT Quality Insights which would be a key source of assurance for IQAC moving forward, allowing for scrutiny of safe staffing and other relevant indicators. The approach to workforce in both IQAC and OPAC would be kept under review to ensure efficient and appropriate coverage. • OPAC would continue to seek assurance on financial performance but would also support the Non-Executives in their duty to hold the Executives to account with respect to all operational planning objectives. • Mr Bretherick added his thanks to Mr Edge for his work as it reflected the discussions which had been had by IQAC and the wider Non-Executive team. Questions were invited from the Board. Mr Bretherick asked for the list of Officers who may be asked to attend OPAC in the terms of reference be replicated in the IQAC terms as well. Mr Edge agreed that he would make the necessary amendments. Mr Bretherick sought clarification as to whether revalidation and appraisals were appropriately listed for the IQAC agenda. Mr Edge confirmed that this was consistent with the committee's coverage of medical education and seeking assurance that staff had the skills to provide quality care. He agreed to add in a bullet point to this effect. There were no further questions. The Chairman thanked Mr Edge for his report and the Board **noted** the contents and **approved** the implementation of the new committee structure and the terms of reference, subject to the requested amendments.	**WE** **WE**
179/21	**Announcement of Next Public Meeting(s)**	
	The next public meeting of the Trust Board would be on 26 May 2021. This was expected to be held virtually.	
180/21	**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.	
181/21	**Meeting Closed at 13:15**	