BOARD OF DIRECTORS

Agreed Minutes of the Meeting of the Board of Directors of County Durham and Darlington NHS Foundation Trust held on Wednesday 25 January 2017 from 08:45hrs in the Board Room, Executive Corridor, Darlington Memorial Hospital

Part One (Open)

Present:
Prof Paul Keane OBE Chairman
Mr Michael Bretherick Non-Executive Director
Ms Jenny Flynn MBE Non-Executive Director
Mr Paul Forster-Jones Non-Executive Director
Dr Ian Robson Non-Executive Director
Mr Andrew Young Non-Executive Director
Ms Sue Jacques Chief Executive
Mr Peter Dawson Executive Director of Finance
Prof Chris Gray Executive Medical Director
Ms Carole Langrick Executive Director of Operations

In Attendance:
Ms Alison McCree Director of Estates & Facilities
Ms Morven Smith Director of Workforce & OD
Ms Joanne Todd Associate Director of Nursing (Patient Safety)
Mr Warren Edge Senior Associate Director of Assurance & Compliance
Ms Hayley Robertson Minute Taker
Ms Debra Chamberlain KPMG

There were 15 members of the public in attendance.

224/17 Apologies for Absence

The Trust Chairman welcomed those members of the public who were in attendance. A further welcome was extended to Ms Chamberlain, who was in attendance as an observer, as part of the Well-Led Review currently being undertaken within the Trust.

Apologies for absence were received from Mr Noel Scanlon, Executive Director of Nursing. Ms Todd was in attendance on his behalf.

The Chairman highlighted the opening of the Trust’s Faith Centre, at Darlington Memorial Hospital, which was taking place that day.

225/17 Declarations of Interest

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.

Ms McCree and Dr Robson declared their interests as Directors of
Synchronicity Care Ltd.

226/17 Minutes and Matters Arising from the Previous Open Meeting held on Wednesday 21 December 2016

(a) Accuracy
The minutes of this meeting were approved as an accurate record, subject to the following amendments:

Minute 201/17 Medical Director’s Report (page 8, fifth paragraph) (NENE) to be updated to read (HENE).

Minute 201/17 Medical Director’s Report (page 8, sixth paragraph, third sentence)
To be updated to read “Locally, Durham University had withdrawn their participation against the two year Phase One programme.”

Minute 202/17 Operational Performance & Efficiency (page 9, fifth paragraph)
Replace the first full stop (following the word “control”) with a comma.

(b) Matters Arising from the Minutes: Not Featured on the Action Log

Minute 201/17 Medical Director’s Report
In relation to Health Education North East training programmes for Obstetrics and Gynaecology, Mr Young advised that he had recently attended a meeting where the NHS Improvement Chief Executive, Jim Mackey, had commented on the supply of Obstetricians in that it was expected that demand would be easily met. In Ms Jacques view, this did not sit comfortably with the current training numbers and would require translation into future plans.

Minute 202/17 Operational Performance & Efficiency (b) Winter Plan
Ms Jacques advised that, in respect of the region wide agreed approach to the OPEL escalation system, a review meeting was planned for February 2017, with all Local Area Delivery Boards (LADB) contributing.

Mr Young enquired as to the outcome of the review of the Home Equipment Loans Service and the provider’s ability to meet demand. Ms Langrick advised that from an operational perspective, there had been very few instances of delay. A weekly stranded patient review report was in place which included reasons for patients not being fully discharged and there had been no recent instances of delays relating to equipment loans.

Minute 204/17 Communications and Engagement Blueprint
In relation to the £30k use of Charitable Funds to create the Trust’s new website, Ms Flynn advised that discussion had taken place at the Charitable Funds Committee, however a paper had not yet been formally submitted. The Communications Manager, Ms Curry had been tasked with providing an explanation of the anticipated patient benefit.

(c) Action Log

Minute 27/17 (27 April 2016: Open) Post-implementation reviews (PIR) to be brought to the Board covering the following investments: AMEC, RAMAC, RAS, CREST, the Acute Medical Units, Nursing
Staff, Advanced Nurse Practitioners, Obstetric and Gynaecology Consultants and Paediatric Consultants.

Ms Jacques requested that a schedule of PIRs be produced before the February 2017 Board meeting.

Mr Young highlighted that an action from the recently held Audit Committee meeting was for Mr Edge to produce a list of investments with a value greater than £500k for the Board to review and determine whether a PIR was required. He suggested the two actions be linked. Ms Jacques agreed with the suggestion.

Minute 200/17 (21 December 2016: Open) Arrange a fuller debate to take place on the work around Duty of Candour compliance, potentially at IQAC

Mr Edge advised that the detailed discussion would take place at the February 2017 IQAC meeting.

227/17 Chief Executive’s Report

(a) Care Quality Commission Action Plan Update

Ms Jacques introduced the item, explaining that the paper was not only concerned with the actions in relation to the Care Quality Commission (CQC) inspection, but also concerned the work to assure the Trust that actions were embedded appropriately.

Ms Jacques went on to advise that the second mock CQC inspection had now been completed and the Trust had benefited from involvement of independent individuals outside of the organisation.

In relation to the section of the report on Quality Matters, Ms Jacques drew the attention of Board members to the results for measures concerning nutrition. For various reasons, there were some concerns around this area, which would also be highlighted in the performance report later in the agenda. As a result, it had been agreed that a future meeting of the Integrated Quality and Assurance Committee (IQAC) would include this as a main topic on the agenda.

As a more general comment, issues such as nutrition being identified in separate Board papers, but without necessarily a consistent commentary and action plan, suggested that it would be a good time for the Executive Directors to review how they reported to the Board, to better service the Board as a whole. There was a need for reporting to be more joined up and thematic and further details would follow.

Ms Jacques handed over to Mr Edge to talk through the detail of the report. Mr Edge advised that six of the 75 actions remained open at the present time, with five more partially complete pending on-going monitoring. The open actions were all progressing. Assurance was being collated from various sources including; Quality Matters monthly ward audits, ‘Back to Practice Fridays’ and mock inspections on both sites.
In relation to the open actions around Palliative Care, Prof Gray provided an update on the recruitment of a Palliative Care Consultant. Interviews were being held in the following week and it was hopeful an appointment would be made.

Mr Young noted from ECL minutes provided, that in relation to the CQC peer review, the result would be ‘requires improvement’. Ms Jacques reminded Board members that the Trust's aim was for 'outstanding' by September 2017. In the case of the actual inspection, the Trust would be given 100 days’ notice and a great deal of preparation would take place. Most importantly, the Trust needed to ensure good patient experience on a day to day basis and the mock inspection had enabled the Trust to ensure focus was on the right areas to enable this.

Mr Forster-Jones asked for some further clarity on how the shared learning between wards worked in practice. Ms Jacques advised that the Executive Director of Nursing had asked those wards with areas of best practice to share their experience with clinical teams, explaining the work that had been carried out. This was proving useful within clinical teams and provided practical examples from colleagues. Mr Edge added that this practice was now running through monthly meetings of the Senior Nurses, Midwives and AHPs forum, both in terms of progress and preparation, and using best practice examples. Ms Todd reiterated the point and added that the Quality Matters audits had become more mature and were focussing in on specific areas that appeared to be an issue across the board.

Ms Flynn appreciated that nursing staff were heavily involved in the work, on a day to day basis, however she wished to understand how medical staff were involved. Mr Edge advised that there was some representation from medical staff on peer review panels, which were required to be supported by medical staff. In addition, medical staff were leading or supporting some specific actions; for example Dr David Oxenham was supporting on DNAR training. Medical staff involvement was therefore on a more specific, rather than general, basis.

Mr Bretherick wished to give further assurance around the maturing of Quality Matters. In his experience, the focus on commencement of IQAC had been on processing of data. More recently, the system appeared to be starting to work well and was enabling a focus on emerging themes.

The Chairman highlighted the reference to E-rostering in the report, which was an issue that was regularly sighted. Ms Jacques advised that the issue was included in more detail in the Director of Nursing Reports, which would be discussed in a later part of the meeting.

Noting the reference to improvements identified in relation to care of patients requiring non-invasive ventilation, as a result of the mock
CQC inspection, the Chairman highlighted an issue he was aware of from attendance at the Clinical Quality and Safety Panel. Discussion had taken place at the meeting regarding an exceptional spike in respiratory illness, causing an unprecedented influx of 11 patients requiring non-invasive ventilation. Ms Jacques explained that the contingency plan had been deployed on that day; however the level of activity experienced was not envisaged. The team on the ground had utilised the best of their abilities to manage well in extremis, with similar conditions seen elsewhere in the region. The contingency plan was currently being rewritten to include a much higher level of activity.

The Trust Board NOTED the Report on Progress against the Care Quality Commission Action Plan and requested further updates to provide assurance that actions from mock inspections were resulting in improvements where required.

(b) Better Health Programme / Sustainability and Transformation Plan Update
Ms Jacques advised that the Trust was continuing to actively work with both the South and North Sustainability and Transformation Plans (STPs) on both a clinical and non-clinical level. The timetable for the South was for consultation to run in summer 2017 and was as yet undecided in the North. The Board had reviewed the pre-consultation business case draft for the South STP, and a letter responding with the Board’s views which was sent to the STP Programme Board earlier in the month. There was no further update to report.

The Trust Board NOTED the update on the position with regard to the Better Health Programme and the Sustainability and Transformation Plan.

(c) Board Assurance Framework
Ms Jacques introduced the item by highlighting the example of minimising avoidable harm. There was significant evidence that improvements had been made in the area and results were relatively good; however, new risk factors had emerged and the risk had not reduced in line with trajectory. It was important for the Board to be cited on how judgements were made around the risk profiles for areas and Ms Jacques proposed that the example of minimising avoidable harm could be used to review this in more detail. Part of the Trust Board seminar in February 2017 would therefore be used to review the Board Assurance Framework in more detail and look specifically at the minimising avoidable harm objective. Mr Young welcomed the proposal, noting that most of the objectives had risk management trajectories which ran only to July 2017 and were therefore due for review anyway.

Ms Jacques handed over to Mr Edge, who summarised the key points in the document circulated. In terms of the proposal for the
Board to review the risk management trajectories, he highlighted that the initial recommendation was for Sub-Committees to do this, however following discussion with Ms Jacques it had been agreed that it was more appropriate for the Board as a whole to review them.

Mr Edge advised that the framework included 15 principal business objectives, of which 11 remained on trajectory and four had slipped. In terms of those that had slipped behind trajectory, the position had not worsened; rather, the anticipated further progress had not been made. The detail on actions completed was included in the report for the assurance of the Board. Objectives that were the responsibility of Finance Committee and IQAC had been reviewed at those Committees since the publication of the report and whilst suggestions had been made, there were no comments that would significantly change the content of the report.

Mr Young noted the reference in the report to a skills gap and cultural issues in relation to a ward at Chester-le-Street Hospital. Whilst he appreciated that it may not be appropriate to share the detail in the public part of the Board meeting, he sought assurance that the cultural issues could and would be addressed. Ms Jacques advised that an immediate action plan had been put in place and subsequent work had begun which would be shared with Board members. The Executive Director of Nursing was directly leading on this. The issue was in relation to a specific incident and would be discussed later in the meeting as part of the Director Nursing Report.

The Chairman thanked Mr Edge for a very comprehensive document. As there were a significant number of actions and project work to monitor, the Chairman asked how Board members could be assured that appropriate monitoring was in place. Ms Jacques advised that there was a process in place for actions to be scrutinised by Sub-Committees and it was aimed that meetings would be scheduled further in advance of the Board meeting in future to enable a smoother process. Additionally the Board Assurance Framework itself was well developed and useful.

Ms Jacques advised Board members that Mr Stuart Dabner, Guardian of Safe Care working for the Trust, planned to bring a full report to the February 2017 Board meeting.

The Trust Board RECEIVED the Board Assurance Framework.
update the Board on;
- key patient safety incidents and progress against actions;
- the position with regard to Healthcare Acquired Infections (HCAI); and
- patient experience indicators.

Ms Todd advised that since the period reported on, a case of C-Difficile had been reported in January, which was not included in the report, taking the total to 15 against a threshold of 19. Additionally, a case of MRSA Bacteraemia had very recently been reported.

Ms Jacques noted the position with regard to compliance with WHO Five Moments for Hand Hygiene, which showed reduced compliance for some areas in Quarter Three. Ms Todd advised that this included visiting staff, which analysis of results had suggested was an area for further focus.

It was noted that there had been no further cases of Pertussis since December 2016.

In terms of reporting on serious incidents, Ms Todd advised that the format had changed. The report now included only those incidents which had not previously been reported to the Board.

The latest position in relation to the Duty of Candour was noted. Ms Jacques asked for clarification on the figures provided for each quarter. Ms Todd advised that the figures were per quarter, rather than cumulative and reflected the numbers of incidents occurring in each quarter for which one or more Duty of Candour requirement was not yet evidenced as complete. Ms Jacques requested a plan for how those outstanding would be remedied, noting that some of those from 2014/15 remained open. Ms Todd advised that the detail of each case had been requested from Care Group leads, which would support such an action plan. Ms Flynn recalled that discussion had taken place at IQAC in relation to recording in this area. It was thought that the tick box on the Safeguard IT system to confirm completion was potentially not being done in all cases. As this was a relatively new requirement, Ms Jacques suggested that an audit could be carried out to ensure the practice was embedded.

Mr Bretherick supported this approach and noted that there appeared to be other areas where simple IT actions were not being completed. Ms Jacques asked Ms Todd and Mr Scanlon to review the issue with Care Groups to gain an understanding of the issue.

The Chairman summarised the position. There was some further work required to ensure the system was correctly implemented. This would be monitored by the Board as a monthly report had been agreed to be provided until such point that the Board was satisfied with the position.
Moving on to Never Events, Ms Todd advised that regional comparative data was now included, at the request of the Board. Noting the national position, as provided in appendix one, Mr Young was disappointed that the Trust’s relative performance appeared poor.

In relation to patient experience, and specifically complaints, Mr Young commented that the position with regards to complaints regarding staff attitude appeared to have worsened month by month and year by year. He was pleased to read that action was being taken to address this issue.

Mr Bretherick advised that he had been made aware that funding in relation to Friends and Family Tests would cease at the end of the financial year. He asked whether this was likely to be an issue for the Trust. Ms Jacques responded that she was not aware of an issue in this area but it would be reviewed and feedback given to the Board. In terms of response rate, she added that the low response rate was an issue experienced across the region. Mr Young noted the reduced performance in A&E in this area and asked if this was being analysed further. Ms Todd agreed to feedback on the issue.

Mr Forster-Jones highlighted that the supporting documents appeared to show a positive trend in relation to the Maternity Services position. Prof Gray cautioned that there was still work to be done in the area and issues were not yet fully resolved.

**Nursing Staffing Compliance Report**
Ms Todd presented the report, the purpose of which was to inform the Board of monthly key themes around safe staffing and temporary staff expenditure.

Question and comments were invited.

It was noted that fill rates were at the best level seen since reporting in that format commenced, shown on page five of the report. Ms Jacques advised that work had taken place to review nursing establishments against budgets. This was not quite complete and therefore was not factored in to the establishment figures.

In relation to nurse recruitment, the Chairman enquired on the number recruited in the most recent cohort of overseas numbers. Whilst Ms Todd did not have the exact figures to hand, she advised that the number was less than 10. Mr Forster-Jones pondered whether the scheme had reached the point where it was no longer effective to continue. Ms Todd advised that it was too early to make that assumption, however the latest scheme would give further data to make that determination.

Mr Bretherick highlighted the summary at the end of the document which he felt was useful, along with the assurance statement in the
middle of the document. He suggested that the two elements could be combined into the executive summary at the beginning of the document. Mr Young was in agreement with that point and made a further suggestion that, an exception report to highlight anything new or to focus on specific trends, might add more value. Ms Todd advised that there were some specific requirements in terms of reporting the data that the Trust needed to be compliant with. She agreed to review these with Mr Scanlon and report back to the Board.

Trust Board Members RECEIVED and NOTED the reports from the Executive Director of Nursing on patient Safety and Experience Staffing.

229/17 Medical Director’s Report

Prof Gray presented the report, contained within the agenda pack. He advised that the report was very brief and served to provide an overview of the progress made by the Trust during his tenure. It would be his final report as Executive Medical Director of the Trust, as he would be leaving the Trust to take up a new appointment with NHS England.

Prof Gray thanked members of the Board who had supported him during his time working within the Trust.

No questions or comments were raised.

The Trust Board RECEIVED the report from the Executive Medical Director.

Compliance & Performance Management

230/17 Operational Performance & Efficiency

(a) Integrated Performance Report for the period ending 31 December 2016

Ms Langrick introduced the Integrated Performance report, contained within the agenda pack. She focussed on the following performance challenges, as those of particular importance:

- A&E Indicators
- Referral to Treatment (18 weeks)
- Cancer 62 Days
- CQUIN 2017/18

In relation to A&E, Ms Langrick advised that, whilst the Trust had previously been performing in the top quarter of Trusts on daily reporting, the report from the previous day (24th January 2017) showed significantly lower performance. This needed to be investigated further before any conclusions could be drawn.
In Quarter Three, the Trust had fallen short against the National A&E Four Hour Wait Target and the agreed NHSI trajectory. The Trust was committed to achieving the trajectory by the end of the year and a number of actions had been agreed to assist this. The undertaking of a ‘Perfect Month’ in March 2017 was one such action.

Ms Jacques felt it important to emphasise that it was unlikely the target could be achieved in isolation and stakeholders of the Trust would be involved in the agreed actions, particularly the ‘Perfect Month’.

Noting the increased demand experienced, Mr Forster-Jones asked whether there had been any analysis carried out around the volume of patients seen that could potentially have been seen elsewhere. Ms Langrick advised that, as part of the Emergency Care Improvement Project (ECIP), a focussed piece of work on that particular issue had been carried out. Using that analysis, and other work carried out nationally, it was suggested that potentially 20-40% of the patients admitted could have been seen elsewhere; however this was dependent on the alternative provision being in place.

Dr Robson commented that national data in respect of ambulance journeys appeared to suggest that around 50% may not have required an A&E attendance.

Mr Forster-Jones asked what might be different if the same volume of A&E activity was experienced in the following year. Ms Jacques advised that due to numerous streams of work, significant differences would be expected. Ms Langrick agreed to present a report to the February 2017 Trust Board Seminar on this work and the impacts being aimed for.

Mr Bretherick highlighted a discussion that had taken place at IQAC around the potential for an additional ambulance handover bay at UHND. It appeared that the project had stalled. Ms Langrick explained that other Trusts had been able to establish handover bays, where patients where supervised by healthcare professionals, which enabled quicker turnaround for ambulance crews. This had been explored as an avenue for the Trust; however, due to physical constraints at both UHND and DMH, a more innovative approach was required and this continued to be worked on.

Ms Flynn was pleased to note the plans for the ‘Perfect Month’ in March 2017 and she asked for clarification on whether the whole Trust would be involved. Ms Langrick confirmed it would be a Trust-wide exercise.

Given the demands on staff and the increasing pressures faced, Mr Forster-Jones asked how staff morale was being affected. In Ms Langrick’s opinion, staff appeared to have noticeably pulled together,
more than had previously been seen. Executive Directors were ensuring their visibility to staff and were recognising and thanking staff for their efforts. Another factor was the tone of the support from the Local Area Delivery Board (LADB), which was markedly different to the approach by the predecessor organisation and was greatly welcomed.

Moving on to Referral to Treatment (RTT) requirements, Ms Langrick advised that the Trust was meeting the national standard but not the NHSI trajectory. A steady fall in performance had been seen since July 2016 and this was therefore a particular focus. A number of actions were in place to address the issue, including weekly monitoring of action plans.

In terms of the Cancer 62 Day Waits Target, it was highlighted that the Trust would almost certainly fall short of the national target and the NHSI trajectory for Quarter Three; however, Ms Langrick was confident that the position could be recovered during Quarter Four. A large step change in performance had been seen between November and December, which if sustained, would enable the recovery.

Finally, Ms Langrick highlighted the information provided on the last page of the report on CQUIN for 2017/18, this was provided in more detail than had previously been reported. The next stage would be to ensure established leads were in place for each scheme with action plans with key deliverables.

Further questions and comments were invited.

Dr Robson noted the relatively low occupancy in some community hospitals and queried whether the Trust was making the best use of that capacity, given that there was evidence of issues around releasing patients to the community where an acute bed was not necessary. Ms Langrick advised that part of the issue in transferring patients to particular community hospitals was in relation to location. A balance was required in making such decisions. Ms Langrick provided assurance that there were a number of projects being pursued to ensure appropriate step down arrangements were in place in the Trust.

Mr Forster-Jones asked a point of clarity on the performance figures in relation to A&E, which appeared contradictory in different areas of the report. Ms Langrick explained that there were a number of different measures in place. Urgent Care Centres, classed as ‘type 3’ activity were included in the headline figures, which resulted in higher levels of performance for the Trust, compared to figures for Type 1 attendances which related solely to A&E patients.

Mr Young noted with interest that a formal link had been created with the Ophthalmology service at Newcastle NHS FT and he asked if
posts would be appointed to in a joint manner, which would aid recruitment. Ms Langrick confirmed that would be the case.

Mr Young was pleased to note the community activity in the report, which appeared to have sustained an increase from July 2016 to November 2016; he asked what was behind it. Ms Langrick advised that this was potentially due to the impact of mobile working, releasing time to care but this would need to be analysed further to make that point with certainty.

Mr Young’s final point was in relation to the number of discharges before midday which remained low. He asked whether some targets to improve this should be established. Ms Langrick agreed to action this.

The Chairman enquired whether any further progress had been made in relation to the regional network review of Vascular Surgery Services, which had been discussed at previous Board meetings. Ms Jacques advised that the recent response to the Trust’s letter from February 2016 had been shared with Board members and a final draft of the Trust’s latest response was in preparation. It was understood informally that the Vascular Network was intending to run a consultation; however, this had not been formally communicated.

231/17 Finance Report for the period ending 31 December 2016

Mr Dawson presented the Finance Report, the purpose of which was to:

- Update the Board on the financial position and forecast;
- Advise the content of the Month 9 financial monitoring submission to NHSI;
- Report on the Trust’s Performance against the Sustainability and Transformation Fund (STF); and
- Report the results of 2015/16 Reference Costs exercise.

Mr Dawson advised that the report had been presented to the Finance Committee and had been scrutinised in detail. In terms of the financial position, the Trust was ahead of its original plan (excluding STF), as at 31st December. Due to the quarter’s performance in relation to A&E and Cancer, 12.5% of the quarterly STF income (£487.5k) for A&E and 5% of the quarterly STF income (£195k) for Cancer, could not be accrued into the position. Underlying performance issues had been discussed in the Operational Performance update earlier in the meeting. The Trust was ahead of the original Cost Reduction Target and the cash position was ahead of plan, due mainly to slippage in the capital programme, which was expected to reduce towards the year end due to forecast planned expenditure on the STEM project.

Noting that the level of fully coded activity was currently at only 46%
for November’s actual activity, Ms Jacques asked if the level of performance within the Coding team was optimum. Ms Langrick explained that there had been some issues experienced in relation to high turnover of staff, and a lower staff base than other organisations, which had been addressed. A plan was in place and there was no perceived risk to income.

In relation to income under-recovery, Mr Dawson highlighted the table on page eight of the report, summarising the analysis carried out by the Director of Performance, on activity projections. The initial assessment confirmed that income for the remaining period was broadly consistent with the plan. This would however be kept closely under review.

In terms of the Reference Costs position, Mr Dawson advised that the Trust’s relative performance had worsened in 2015/16 compared with the previous year. An opportunity of around £12m was suggested, which was largely consistent with the deficit reported in that financial year.

On behalf of the Finance Committee, Mr Forster-Jones commented that the financial position was better than expected; however, there were a number of risks that required careful management in the approach to the financial year end. These included; variability on income, sickness levels and a drift towards non-recurring CRT savings.

The Trust Board NOTED the updates provided in the Finance Report.

232/17 Register of Sealings

Mr Edge confirmed that the Trust seal was not used within the quarter.

Workforce & OD

233/17 Workforce & OD Assurance Report

Ms Smith presented the report, the purpose of which was to provide assurance to the Board around the Workforce and OD agenda and escalate any areas which were challenged in performance against target.

It was noted that the sickness rate had decreased from 4.95% in November to 4.86% in December, against an annual target of 3.5%. Ms Smith advised that the controls in place around reporting had been strengthened significantly.

It was intended that rates of pay for bank staff would be reduced from February 2017, however the reduced rates would remain
favourable compared with agency rates and with bank rates paid by other NHS Trusts.

A significant improvement in the rate of staff having had an appraisal was highlighted and it was anticipated that the improvement would continue over the coming months. In addition, the intelligence around the quality of appraisals had improved.

In relation to Medical Education, Ms Smith highlighted the risks outlined in the report and the actions to be taken. She proposed that a more detailed update be brought to the next Board meeting.

Finally, Ms Smith highlighted good news around the recently introduced Trust graduate training programme which had proved very successful.

Questions and comments were invited.

Mr Bretherick congratulated Ms Smith and her team on the significant improvement of appraisal rates. In terms of mandatory training, Mr Bretherick understood that this was a challenging area and he asked for further information on an issue relating specifically to training on the Information Governance Toolkit. Ms Jacques advised that a risk had been highlighted in this area, however a plan was in place which was believed to be achievable.

In relation to sickness levels and the ability of the Trust to recruit and retain staff, Dr Robson enquired as to how the Trust compared with others. Ms Smith advised that the Trust was not an outlier in either area. The issues around retaining staff were very similar to other Trusts regionally, due to the close proximity of organisations, which enabled staff to move easily between locations and Trusts. In terms of sickness levels, there was now a greater degree of control and consistency around recording in this area, which could potentially be masking a further improvement on sickness levels, as it was likely that some absences were previously not recorded.

Mr Forster-Jones noted the 9% of voluntary leavers mentioned in the report, which from his experience in the private sector, appeared high. He asked what might be driving this. Ms Smith advised that some staff returned to the Trust, however this was not captured in the recording. As already explained, the Trust was not an outlier in terms of retention of staff and the ease of moving between Trusts was cited as one of the main issues.

Mr Forster-Jones asked whether exit interviews were undertaken with staff. Ms Smith advised that there was more work to be carried out in that area and HR Business Partners were in the process of picking it up with line managers.

Mr Young welcomed the Workforce and OD Reports, which were
now regularly received. He highlighted the performance in relation to flu vaccination, which was well below the national target of 75%. Ms Jacques advised that regionally, the performance of the Trust was similar to others. The Local Area Delivery Board (LADB) was reviewing the learning from those Trusts who had performed particularly well.

Noting that the Trust would be required to pay an apprenticeship levy to the Government from April 2017, Mr Young asked for clarification on how this would be funded. Mr Dawson clarified that the funding was included in the tariff uplift. There was therefore an opportunity for the Trust to use the levy to fund apprenticeships for some staffing requirements whilst being fully funded for it.

The Chairman referred to a discussion that had taken place at a recent Clinical Quality and Safety Panel, around Safeguarding training and the embedding of learning. He asked how it could be ensured that training was effective. Ms Smith agreed that this was an issue relevant to any kind of training. Ms Jacques suggested that training with an assessment incorporated usually appeared successful. The Chairman agreed and highlighted this as an issue for further consideration.

The Trust Board RECEIVED the Workforce and OD Assurance Report.

Other Business

234/17 Other Business

(a) Trust Performance
The Chairman felt it was important to highlight the positive feedback the Trust had received at a recent event for NHS providers. The Trust had been commended for its performance and development over the last 12 months and also comparatively against other organisations. Ms Jacques added that the region overall was highlighted as performing well against the rest of the country.

(b) Medical Director
As had been mentioned earlier in the meeting, it was the last formal Board meeting that Prof Gray would be in attendance for. The Chairman expressed his sincere thanks, on behalf of the Board, for Prof Gray’s hard work over the last four years and wished him the best for the future.

(c) MRI Scanner Appeal
Ms Flynn advised that the MRI Scanner Appeal was to be formally launched on 7th February 2017 with a press launch. Volunteers were being requested to help with a photo session.

The Chairman wished to recognise the positive impact the Trust
Charity had made since Ms Flynn became Chairperson. Ms Flynn wished for it to be noted that the willingness was already in place and her focus was on encouragement.

235/17 Questions from the Public

No questions were raised by members of the public.

236/17 Announcement of Next Public Meeting(s)

Trust Board
Date: Wednesday 29 March 2017
Time: From 09:00hrs
Venue: Executive Board Room, Executive Corridor at Darlington Memorial Hospital

237/17 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 this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.”

There were no objections to the motion.

238/17 Close

There being no further business, the Chairman thanked all for their attendance. He emphasised the importance of the public observing the transparency of Trust Board business.

The Chairman then declared the open session of the meeting closed at 11.30hrs

Chair – Prof Paul Keane OBE ........................................

Date: .................................................................