

BOARD OF DIRECTORS

AGREED Minutes of the Meeting of the Board of Directors of County Durham and Darlington NHS Foundation Trust held on Wednesday 28 March 2018 from 11:00hrs
Executive Boardroom, 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 Simon Gerry	Non-Executive Director
Mr Paul Forster-Jones	Non-Executive Director
Mr Andrew Young	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 & Organisational Development
Mr Warren Edge	Senior Associate Director of Assurance & Compliance
Ms Hayley Robertson	Corporate Affairs Manager (Minute Taker)

There were two members of the public present. Miss Borsha Sarker, Public Governor, was also present as an observer.

Action

255/18 Welcome and Apologies for Absence

Apologies for absence were received from Ms Alison McCree, Managing Director of CDD Services.

256/18 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.

Mr Forster-Jones declared his interest as a Director of Synchronicity Care Ltd (SCL). Mr Edge advised that there were no matters arising from the previous meeting minutes, for on the agenda for the meeting, which he considered to create a conflict of interest and the Board determined that there was no need to exclude Mr Forster-Jones from any part of the meeting.

257/18 Minutes and Matters Arising from the Previous Meeting held on Wednesday 31st January 2018

(a) Accuracy

The minutes were agreed as an accurate record of the meeting, subject to the following amendments:

Item 228/18 Director of Nursing Reports (page 6, penultimate paragraph)

Penultimate sentence to read: "... purchase of ward and department furniture."

Item 230/18 Operational Performance and Efficiency (page 12, final paragraph)

Second sentence to read: "Ms Jacques understood that a number of other Trusts were in the same position...."

Item 230/18 Operational Performance and Efficiency (page 15, third paragraph)

Fourth sentence to read: "The Committee structure had also been rearranged in line with this aspiration".

Item 231/18 Finance Report (page 15, final paragraph)

Final sentence to read: "Mr Brown advised that the financial position had deteriorated against the plan, during the levels of surge experienced."

Item 233/18 Communications Update (page 18, first paragraph)

Final sentence to read: "... the Trust's intranet site included comments from Trust patients about the care received, set to music, which staff members had found moving."

FTO

(b) Matters Arising from the Minutes

Item 226/18(b) Matters Arising from the minutes (third item)

Ms Jacques advised that since the previous Board meeting, the Trust had spent the full amount of national funding received. This was subsequent to further assurance from NHSI.

Item 227/18(b) Board Assurance Framework

Mr Young noted that the national staff survey had now been published and asked when a report to the Board could be expected in respect of the Trust's results. Ms Smith advised that a report would be brought to the Board in April 2018.

MS
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Item 228/18 Director of Nursing Reports (page 7, second paragraph)

Mr Scanlon advised that a meeting had taken place with Tees, Esk and Wear Valleys NHS FT to agree timescales and to prioritise relevant actions in respect of the issues identified regarding patients with mental health issues treated within the Trust. Further granularity on processes was required.

Item 228/18 Director of Nursing Reports (page 7, final paragraph)

In relation to the discussion of the serious incident involving a patient with both liver and respiratory issues not referred to Gastroenterology, Mr Cundall advised that a Clinical Lead for Cancer Services had been appointed since the previous Trust Board meeting.

230/18 Operational Performance and Efficiency (page 12, second paragraph)

In relation to the Trust's request for a member of the ECIST team to provide extra support, Ms Jacques advised that ECIST had visited the Trust in the previous week to look at the progress made and had provided some feedback.

230/18 Operational Performance and Efficiency (page 13, fourth paragraph)

In respect of the turnaround plans in place within the Surgery Care Group, Ms Langrick advised that the Care Group was still within turnaround and the intention was to review plans as part of the Trust's business planning process. Subject to the Executive being satisfied with progress, the proposal was to step down the turnaround position to enable Ms Perkins to take a step away from the operation of the Care Group and provide scrutiny, rather than being embedded in the processes.

230/18 Operational Performance and Efficiency (page 14, final paragraph)

Mr Cundall provided a further update on medical staff recruitment. The appointment of a Director of Undergraduate Education had presented further opportunities for the Trust.

236/18 Other Business

It was confirmed that Mr Forster-Jones would take over as Chair of the Organ Donation Committee, following the departure of Mr Young at the end of May 2018.

(c) Action Log

Those actions 'greyed out' were accepted as complete.

Item 228/18(a): Provide an analysis of numbers of complaints for the Trust compared with a regional peer group

Mr Scanlon advised that the Patient Experience team was reviewing the action. Action carried forward.

Item 228/18(a) Update the Falls analysis charts to provide a clearer analysis and a full year's commentary

Mr Scanlon confirmed that the action was complete and included in the Falls Strategy presented. Action complete.

Item 228/18(b)(i) Circulate a copy of the escalation beds return to CQC to Board members for reference.

Mr Edge confirmed that he had instructed the FT Office to distribute the paper later that day. Action complete.

Item 230/18 Provide a report to the Board on actions being undertaken to address the performance in respect of dementia onward referrals.

Mr Scanlon advised that a paper had been presented to the last ECL meeting which had unfortunately not been quorate. A report would be provided to the Board in due course. Action carried forward.

230/18 Review the Integrated Performance Report with Executive Directors with a view to improving the overall picture presented.

Ms Jacques advised that discussion had taken place and Executive Directors would begin to introduce a thematic overview to supplement the existing report from the April Board meeting. Action

complete.

258/18 Chief Executive's Report

(a) Care Quality Commission (CQC) Inspection Update

Mr Edge introduced the report, contained within agenda packs, advising that he and Mr Scanlon had met with teams and departments internally to discuss the initial plan, and a subsequent revised plan had been reviewed and slightly amended further by Executive Directors at their meeting on 19th March 2018. The final plan was agreed at ECL on 22nd March 2018 and submitted to CQC by the deadline of 23rd March 2018. As Board members were aware, the overall rating received by the Trust was 'requires improvement'; however, it was noted that a 'good' rating had been received, at the Trust level, in respect of the 'Well Led' domain and as such, no action plan was required for that area. Nonetheless, Ms Jacques advised that Executive Directors had identified some further improvements to be made in that area; which would be discussed at the next Trust Board meeting in April 2018.

WE
(Apr 18)

Ms Jacques advised that some amendments to Trust Board Committee structures had been made to support the delivery of the plan. The 'Safe' and 'Caring' domains would be reviewed each month through the Patient Safety and Experience Committee. Mr Cundall advised that the 'Effective' domain would be reviewed by the Clinical Effectiveness Committee at each meeting. It was noted that some actions were linked to particular services; however the actions and action plan would extend further and run throughout all services organisation-wide.

Ms Jacques advised that the Quality Improvement Board had met earlier that week; representatives from CQC had been in attendance and had been asked if there were any outstanding actions from the Trust, in relation to the previous CQC inspection. The response was that all actions had been cleared. Additionally, it had been advised that the Trust's action plan had not yet been received; however, it was understood that the national team would disseminate the submitted plan to the local team and the delay was likely to be in respect of that.

Ms Jacques reminded Board members of the new CQC inspection regime in place, which was for a review to be undertaken each year, to include the 'Well Led' domain, in addition to a review of one or more services. This was believed to be likely to take place within 100 days of the information request that all Trusts were required to submit in June.

Mr Young advised that a version of the CQC final report had not been circulated to him personally. Mr Edge advised that the document was publicly available and had been circulated to Board members. Additionally, the link to the report was included on the

Trust's website to direct members of the public to the full detail.

(b) Path to Excellence

Ms Jacques advised that since the Board had last met formally, the public consultation, 'Path to Excellence' had been approved and had resulted in some planned changes to services in Sunderland and South Tyneside. The Trust had been engaged in the process and did not expect any impact on services provided by CDDFT but would continue to monitor the progress.

(c) Healthcall

Ms Jacques advised that an amendment had now been enacted to Healthcall to issue shareholdings to Newcastle, Gateshead, South Tees and North Tees NHS Foundation Trusts. This was in line with the paper previously brought to and agreed by the Board.

(d) NHSI Quarterly Review Meeting

Ms Jacques advised that the Trust's Quarterly Review Meeting had taken place with NHS Improvement (NHSI) in the previous week. The formal feedback was expected in the next two weeks; however, no significant issues were raised during the meeting and it was expected that the Trust would remain in Segment 2 under the Single Oversight Framework.

Patient Safety & Quality

259/18 Director of Nursing Reports

Mr Scanlon introduced the reports included within agenda packs, advising Board members that there were two main areas he wished to provide an update on; patient safety and experience, and safe staffing.

(a) Patient Safety & Patient Experience Report

Mr Scanlon summarised the key issues in the report, the purpose of which was to:

- Update on key patient safety incidents and progress against actions;
- Update on the Trust's position with regard to Healthcare Acquired Infections (HCAI);
- Appraise the Board on the updated Never Events list.

It was noted that there had been a further case of C-difficile which brought the total to 21 cases for the Trust in the year to date against a threshold of 19 cases. Mr Scanlon advised that the position relative to the rest of the country would be publicised at the end of the financial year. A reduction plan would be put forward which would involve a range of educational and other measures.

Mr Scanlon advised Board members that the Trust had been asked by NHSI to present its work at a masterclass in London in May as the

best performing Trust in respect of reduction of E-coli.

In respect of influenza, Mr Scanlon reported that the Trust had experienced significantly more cases than for several years; however in the last 24 hours, no further cases had been reported.

The Chairman highlighted Serious Incident reference 2018/2613 in which it was reported that there had been missed opportunities during pregnancy to identify that the foetus had stopped growing. The Chairman wished to know what learning had taken place in respect of the incident. Mr Scanlon advised that the review had highlighted concerns in relation to the monitoring of foetal movements within the community setting and the issue was being addressed appropriately.

In respect of Never Events, of which four had taken place in the financial year, the Chairman asked Mr Scanlon to confirm that the Trust was not an outlier in comparison with other Trusts across the country. Mr Scanlon advised that such reports were not produced until after the financial year end; however, at the last review, the Trust had experienced slightly more never events than the majority of Trusts; however, when related to bed days, the excess was not marked. Nonetheless, any never event was one too many and Executive Directors remained committed to following through on all of the work-streams discussed with the Board previously to reduce the incidence of never events.

Mr Young referred to the graph on page 21 of the report providing numbers of Emergency Department complaints in comparison with peer Trusts. As the peer group had been selected centrally, Mr Young wished to understand what conclusions could be drawn in respect of the size of the Trust's ED activity vis-a-vis the number of beds in total. Mr Young observed that no other Trusts within the North East were in the second group, and in the first group only South Tees NHS FT was included, as well as CDDFT. Ms Jacques advised that the issue was complicated by a number of other factors, such as length of stay; therefore it was difficult to draw such conclusions. Ms Langrick added that previous work carried out by the Emergency Care Network indicated that the Trust's number of beds was lower for the size of the population served than any other Trust in the North East.

Mr Scanlon highlighted the Falls Prevention Strategy 2018-2021 appended to the report, advising that all stakeholders had now confirmed their support for the work. The Trust had been invited for the first time to participate in county-wide falls prevention work.

The Chairman noted the current position in respect of Acute Strategic Intervention outlined on page 9 of the Strategy document, in particular the challenge relating to the long waiting lists for community rehabilitation services and community rehabilitation beds

from the acute site. Mr Scanlon advised that a stronger level of engagement from community partners had been seen more recently in working more collaboratively and he was very encouraged by it.

(b) Safeguarding Strategy 2017-2019

Mr Scanlon introduced the document, which set out the strategic approach to strengthening the Trust's arrangements for Safeguarding across CDDFT for; Adults, Children, Domestic Abuse and Public Protection. Mr Scanlon advised that the Trust had seen a sharp rise in the number of safeguarding children cases to manage, which the strategy aimed to address, alongside areas of weakness to improve and areas of expertise to build upon.

Mr Young observed that the strategy was more of a strategic framework and it would be beneficial for it to be jointly agreed with other agencies such as the Police and Local Authorities. It appeared to focus heavily on support for patients with dementia and learning disabilities, with less emphasis on other groups. Mr Young felt that the Trust could take bolder steps in terms of dementia friendly environments to state that the Trust was committed to providing such environments for all new developments, to give real meaning to the aspiration to become a dementia friendly organisation. Mr Scanlon thanked Mr Young for his comments, which Mr Scanlon felt were valid. In terms of other areas such as child protection, Mr Scanlon advised that strong processes were already in existence which had possibly impacted on the emphasis given to it in the strategy. Mr Scanlon advised that the delivery of the strategy would be monitored by IQAC.

Mr Bretherick noted the overlapping work with Harrogate NHS Trust, given their role in delivering Health Visiting Services. He understood that the Trust was at risk as the Safeguarding Team was required to represent those Services in Multi-Agency Public Protection meetings. This work was not funded, and there were risks relating to communication, as the team was not directly involved in Health Visiting Service. He questioned whether any steps were being taken to remedy the situation in respect of the strategy. Mr Scanlon advised that the Trust had developed a better understanding of the risks that the Harrogate Contract had led to, through discussion with the Borough and County Councils and the issues were being addressed via a request for additional support to be provided to cover the work.

Linked to Mr Bretherick's comment, Ms Jacques reflected on instances where the Trust had been involved in serious safeguarding cases where a number of other agencies had been involved. In looking at how to improve the outcome of such cases, the main issue always at the forefront was communication. Ms Jacques highlighted the importance of ensuring the adoption of the strategy to be part of a much wider multi-disciplinary and multi-organisation strategy. Mr Scanlon advised that sharing information was key to ensure a

positive multi-agency approach, along with more robust procedures to minimise the risk of a vulnerable person falling between the gaps of agencies. With so many stakeholders involved, the risk was significant and therefore needed to be looked at further. Ms Jacques noted the opportunity for a patch-wide strategy with this strategy and others nested within it. Mr Scanlon agreed with Ms Jacques' view and undertook to review whether other strategies were in line.

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The Chairman wished to know whether the Trust's systems were robust enough so that anyone involved in the care of any patient admitted with a condition such as dementia was made aware of that condition. Mr Scanlon advised that the issue was addressed as part of the CQC action plan and the Trust was looking at what more it could and should do in that area.

(c) Safe Staffing Report

Mr Scanlon introduced the report, the purpose of which was to inform the Board of the monthly key themes around safe staffing and agency and bank expenditure. In addition to providing an overall assurance statement with respect to safe nursing staffing, the key message from the report was that overall overtime usage was considerably lower than in previous months. It was noted that a Nursing Associate Trainee role had been introduced, for which recruitment was underway and would provide support to registered nurses, in addition to providing a career path for HCAs.

Mr Forster-Jones enquired as to the retention rate of EU Nurses recruited by the Trust. Mr Scanlon advised that the retention rate continued to be very strong, of the 80 nurses recruited over the past two years, around 85% were still in post.

In respect of the Nurse Apprenticeship scheme, Mr Forster-Jones asked whether the Trust had a better opportunity than others in the country, given the demographic of the area. Mr Scanlon advised that the competition with other sectors in the North East was not as strong as in other areas. The apprenticeship programme was not funded, other than for the training elements funded from the apprenticeship levy; nonetheless, it represented an opportunity for the Trust which it would pursue.

Mr Scanlon paid testament to the commitment of the Trust's Learning and Development team and their ongoing collaboration with the education sector to ensure a good cohort of apprenticeships within the Trust. Ms Smith added that March had been the first month that the apprenticeship levy had been fully utilised.

In respect of apprenticeships, the Chairman advised that he had recently heard from one of the Trust's public members of her delight that the Trust was leading the way in apprenticeships. Ms Jacques referred to those staff recently receiving loyalty awards within the Trust, many of whom had begun their careers in the organisation

with no formal qualifications and were now registered nurses, which was a testament to the investment into training within the Trust.

In respect of agency workers in Theatres, Mr Gerry asked for clarification on the rates paid and changes made. Mr Scanlon advised that the rates had been dramatically reduced and the Trust would like to be in the position where it could fully harmonise the rates of all temporary staff; however, the view had been taken that the operational risks of making further changes at the present time were too high. Agency rates of pay were under constant review and were due to next be reviewed during the summer months.

Ms Flynn referred to the comments made by nurse leaders and ward managers in respect of staffing within the report, and asked whether the pressure was beginning to ease. Mr Scanlon advised that Ms Langrick would speak further on the operational pressures faced by the Trust; however, sickness continued to be a concern and work to reduce it was ongoing. The Trust had very responsive procedures in place to quickly adjust staffing where required on a daily basis.

The Trust Board **RECEIVED** and **NOTED** the reports from the Executive Director of Nursing and **AGREED** the Falls Prevention Strategy and the Safeguarding Strategy.

260/18 Medical Director's Report

Mr Cundall presented the report, contained within agenda packs, providing an update on the ongoing work around mortality; Local Safety Standards for Invasive Procedures; and modernising medical management.

Mr Cundall advised that he had recently begun to chair the Clinical Effectiveness Committee, which had agreed a work-plan for the year in terms of what would be discussed at each meeting to ensure full coverage of relevant issues. The items would then be mirrored in the Trust board report going forward.

Mr Bretherick wished to commend Mr Cundall and his team firstly, on the speed at which they were moving in terms of the Mortality Project and the pragmatic way that the team of Anaesthetists had been deployed. The dashboard which was adapted from an NHSI model and used across the country, grouped together five categories; Mr Bretherick asked whether each category could be itemised separately to provide more assurance and information to the Board. Mr Cundall agreed to look into the possibility of separating out unexpected deaths from the data grouping.

JC
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Mr Young asked whether the categories were immutable or if they could be varied from time to time. Mr Cundall advised that there were set categories that the Trust was required to review, but there was some flexibility in terms of looking at other areas, for example

Mr Cundall planned to look at patients re-admitted who subsequently died.

Mr Bretherick commented that the purpose of introducing the Mortality requirements was for quality improvement rather than solely for statistical return. Discussion had taken place at IQAC in respect of ensuring the embedding of a strategy which would give confidence of a cultural change in the area rather than just statistical compliance. Mr Cundall agreed that the wider clinical workforce needed to be engaged and he envisaged that a strategy would be in place within two to three months. Mr Bretherick highlighted the need to move quickly in order to ensure the processes and culture were in place at the right time.

Mr Young thanked Mr Cundall for providing assurance of the correlation with serious incidents. He noted that, in relation to the national debate about whether there were more deaths in hospitals at weekends, it appeared from the data that the position was slightly raised at weekends for CDDFT. Mr Cundall agreed that there was a very slight difference.

Mr Young commented on the reducing position in respect of SHMI since April / June 2017. The Trust was only just beginning to experience the levels that were evident in the period from October 2015 to August 2016.

Mr Bretherick wished to commend the work carried out in respect of Local Safety Standards for Invasive Procedures.

In respect of the new posts of Physicians Associates, Mr Cundall reported that recruitment was about to commence. It was hoped that three Associates would be appointed to work in the Surgery Care Group and three in the Acute Emergency Care Group.

The Chairman noted that interviews for a Palliative Care Consultant were planned to take place in May 2018. Mr Scanlon added that there were also three Training Fellows now in post in the Palliative Care team which had been enormously valuable to the service.

Trust Board Members **NOTED** the contents of the Medical Director's report.

Compliance and Performance Management

261/18 Operational Performance & Efficiency

Ms Langrick introduced the report, which outlined the key risks and mitigating actions under each touchstone, commenting on indicators rated as 'red'. Ms Langrick reminded Board members that the report was an exception report, with the full report presented to IQAC every quarter.

Ms Langrick advised Board members that that the A&E attendances and 4 hour waits position presented a mixed picture. The position as at close of business on the previous day was 89.16% which indicated that the required target would not be achieved for March 2018. January and February had been extremely difficult months in terms of the pressure experienced, the feeling was that March had been slightly better, as evidenced by the OPEL escalation levels reported by the Trust. Type 1 attendances had been generally higher than in the same period in the previous year, with Urgent Care attendances significantly lower; since Type 1 attendances were less likely to be seen and treated within four hours, than Urgent Care attendances, there had been adverse impact on performance. Ms Langrick exercised a note of caution in comparing the current year to the previous year and also in comparing to other organisations as different models for urgent care were in use across the North East and across years.

In respect of ambulances attendances, the number had been lower; however, the handover position had worsened. A number of actions had been taken to address the situation, including employment of a Hospital Ambulance Liaison Officer (HALO) to receive ambulances and patients to intervene between the Trust and the ambulance services and on occasions to oversee patients until staff in ED were able to see them; freeing up ambulances to depart. Moving forward a designated handover area would be available once capital works were completed.

Mr Gerry asked what the reason for the decrease in A&E performance had been. Ms Langrick advised that bed availability was the main reason for delays in taking in new patients which resulted in lengthened handover time. In respect of the 'Perfect Month' in March, Ms Langrick advised Board members that unfortunately, each time a 'Perfect' Month took place, the impact became less. She highlighted page 13 of the report which listed the actions and interventions that had been undertaken to further embed new procedures, rather than to introduce completely new interventions.

Ms Langrick advised that a request had been submitted by the Trust in January 2018, when the pressure experienced had been at its most intense, for a return visit from ECIST. The visit had taken place in the previous week and a number of further actions had been recommended, which the Trust would work on implementing, along with the aspects of 'Perfect' Month; however, it was not expected that the impact would make up the 5% difference to enable the target to be achieved.

Ms Jacques advised Board members that it was expected that the Local Accident and Emergency Delivery Board (LADB) would agree trajectories for A&E to enable a whole system sign up for the coming

year.

The Chairman commented that it appeared that the Trust was not being judged consistently across the North East with colleagues in respect of A&E targets. Ms Langrick agreed that different models of care and pathways were in place across the patch, some of which were historic.

Ms Jacques suggested that a collective position would need to be reached across the whole system of which the Trust was a part, including providers, commissioners and local authorities, in terms of what was appropriate in the face of competing priorities in achieving the national target.

Reflecting on the position regarding A&E targets, Mr Forster-Jones emphasised the point that the Trust should not lose sight of the fact that 10% of people waited too long for treatment. Board members were in agreement that the position was disappointing in respect of patient care; however work continued to try to improve performance. Ms Jacques reminded Board members that the four hour target was wider than solely four hours to receive treatment.

In respect of the Best Employer objective, Ms Smith advised that sickness had been high in January; however, it was the only month in which the month on month target had been exceeded. Work was ongoing within Care Groups to discuss what could be done to support staff during pressured times.

The Trust Board **RECEIVED** and **NOTED** the Operational Performance Report.

262/18 Finance Report

Mr Brown presented the report, which was contained within the agenda pack and: outlined the financial position of the Group as at 28th February 2018; reported performance against the Sustainability and Transformation Fund (STF) criteria; and updated on the Trust's going concern status.

Mr Brown highlighted the headline position in terms of the live budget and the NHSI Operational Plan. After excluding STF monies and charges related to donated assets, the financial position was £8k ahead of the NHSI Operational Plan. In respect of the STF funding relating to A&E performance, Mr Brown advised that the income for Quarter Three had been lost, and it had been assumed that Quarter 4 income would also be lost based on performance to date in March 2018. The accounts included a £2m loss in that respect.

Mr Brown advised that agreement had been reached the previous evening with commissioners in respect of the outturn position for 2017/18. It was hoped that the legal documents would be signed off

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within the week, which would enable the Month 11 position to remain. 2018)

Mr Forster-Jones congratulated Mr Brown and the Trust on the excellent achievement to get to the financial position reported.

Mr Brown advised of the requirement to confirm the going concern status of the Trust, which was outlined in appendix A of the report. The Trust Board's approval was sought.

Ms Jacques was fully supportive of confirming the Trust as a going concern; however, she noted the requirement to confirm the going concern basis in respect of the Trust's commissioners having given no indication that they did not expect to contract with the Trust in 2018/19 or 2019/20. Ms Jacques suggested that a caveat was required in respect of the outcome of the Community Services contract, which represented a proportion of the Trust's business which it would manage through TUPE and other measures, if lost.

Mr Gerry agreed that it was right that the Trust was a going concern on the basis of the detail of the Secretary of State guidance.

Ms Flynn commented that the Trust appeared to have never achieved its CRT targets and asked whether a more realistic method was required going forward. Ms Jacques provided her view that the bigger picture needed to be taken into account; whilst the targets had not been achieved, the year-end position had been achieved. She agreed that the point made was valid, which needed wider discussion on the context of plans that were being agreed within Care Groups and linking with budget realignment.

Mr Gerry asked whether the Trust had been given an indication of what would be done with the STF funding of those Trusts who had not achieved. Ms Jacques advised that a bonus scheme would be put into place, whereby any Trust that had attained the agreed control total would have the potential to access some funding. It was not known how much funding was available until all Trusts' annual accounts were complete. Those Trusts who had not delivered the control total would not be able to access the funding.

The Chairman commended the good outcome overall and congratulated the finance team.

The Trust Board **NOTED** the update on the financial position as at 28th February 2018 and **CONFIRMED** the Going Concern Status of the Trust.

Other Business

263/18 Well-Led Action Plan

Mr Edge presented the update on the latest position with respect to the well-led framework action plan agreed with KPMG. Some 69 of the 78 actions had been completed. A further three actions would be addressed by, and closed following, the Trust Board Seminar and Open Trust Board meetings to be held on 28th March 2018. The remaining actions were iterative, or longer-term, in nature.

It was proposed that remaining actions were transferred to a shorter action plan, to be monitored bi-monthly, including areas for improvement identified by CQC and any actions from the current Internal Audit assignment.

WE
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The Trust Board **NOTED** the progress in implementing the well-led framework action plan and **AGREED** the proposal to close down the KPMG action plan.

264/18 Communications Update

Ms Jacques referred Board members to the Communications and Engagement Report contained within agenda packs, which focussed on communications and media activity since the last Board meeting in January 2018.

It was noted that the NHS would celebrate its 70th birthday in 2018 and a number of celebrations were planned within the Trust. Additionally, the successful 'Tell us the Good Stuff' wall on the Executive Corridor at Darlington Memorial Hospital would be replicated in high footfall areas in Durham and Darlington for staff and visitors.

The Trust Board **NOTED** the Communications and Engagement update.

265/18 Inquiry into Liverpool Community NHS Trust

Mr Scanlon presented the slides which reviewed the inquiry into the Liverpool Community NHS Trust, covering the failings of the Trust and considering the parallels and implications for CDDFT.

Mr Forster-Jones advised Board Members that he had been shocked to read the full report and the extent of the failings of the Liverpool Trust.

Ms Smith proposed that the case study was used for the first development session for the Board. Ms Jacques suggested utilising other case studies such as Mid-Staffordshire; perhaps summarising the commonalities. It was agreed that July's Trust Board seminar would be used to reflect on all the relevant reports and also look at examples of excellence. Reading materials would be provided in advance.

Mr Scanlon noted that Mr Bill Kirkup had agreed to be one of key note speakers at the Trust's next Never Events conference.

266/18 Other Business

No other items of business were raised from Board members.

The Chairman asked observers in attendance if they had any questions they wished to raise in respect of the topics discussed during the meeting.

Ms Sarker advised that she had been interested to hear the discussion relating to the inquiry into the Liverpool Community Health Trust and would seek out the full report. Additionally, Ms Sarker wished to raise a question in respect of the issues experienced in achieving CT Scans within four hours for patients suffering a stroke, flagged within the Integrated Performance Report. Specifically, Ms Sarker wished to understand what the issues had been in respect of. Ms Jacques advised that currently there was only one scanner in use in the department and as a result, any technical issues resulting in breakdown of the scanner meant that it could not immediately be replaced. The Managed Service contract for Radiology Equipment included plans for a second scanner to be introduced during 2018/19.

In respect of the CQC inspection update, Ms Sarker asked when the draft action plan would be presented to the Council of Governors. Ms Jacques anticipated that a draft plan and comments from CQC would be taken to the next Council of Governors meeting in April 2018.

Ms Sarker raised a final question in respect of agency hours worked and the terminology used, in respect of registered and unregistered. Mr Scanlon explained that registered nurses were qualified nurses.

267/18 Announcement of Next Public Meeting

Trust Board

Date: Wednesday 25 April 2018

Time: From 09:00hrs

Venue: Executive Boardroom, Darlington Memorial Hospital

268/18 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 this motion.

269/18 Close

There being no further business, the Chairman declared the meeting closed at 14:20hrs.

Chair – Prof Paul Keane OBE

Date: 2018