

## North Tees and Hartlepool NHS Foundation Trust

### Video-conference meeting of the Board of Directors

Thursday, 28 May 2020 at 12:20

Due to the current position regarding COVID-19 the decision was made that the Board of Directors meeting would be conducted via video-conferencing. This approach enabled the Board of Directors to discharge its duties and gain assurance whilst providing effective oversight and challenge, and supporting the national guidance regarding social distancing.

These minutes represent a formal record of the video-conferencing meeting.

#### The electronic pack of papers was circulated to the full Board

#### Attendance via video conferencing: -

Paul Garvin, Chairman*	Chairman
Steve Hall, Vice-Chair/Non-Executive Director*	SH
Ann Baxter, Non-Executive Director*	AB
Philip Craig, Non-Executive Director*	PG
Jonathan Erskine, Non-Executive Director*	JE
Kevin Robinson, Non-Executive Director*	KR
Neil Schneider, Associate Non-Executive Director	NS
Rita Taylor, Associate Non-Executive Director	RT

#### Attendance in the Boardroom: -

Julie Gillon, Chief Executive*	CE
Neil Atkinson, Director of Finance*	DoF
Barbara Bright, Director of Corporate Affairs and Chief of Staff	DoCA&CoS
Levi Buckley, Chief Operating Officer*	COO
Lynne Taylor, Director of Performance and Planning	DoP&P

#### In attendance: -

Samantha Sharp, Personal Assistant (note taker)	
BoD/4254 & 4255: Deepak Dwarakanath, Medical Director/Deputy Chief Executive	MD

#### In attendance via audio calling: -

John Edwards, Elected Governor for Stockton
Dominic Johnson, Appointed Governor: Newcastle University

#### BoD/4249 Summary of the Virtual Meeting held on, Thursday, 30 April 2020

**Resolved:** that, the summary of the meeting held on Thursday, 30 April 2020 be confirmed as an accurate record.

#### BoD/4250 Report of the Chief Executive including COVID-19 Briefing

The CE provided an update in respect to the latest position regarding COVID-19 and the plans for the next phase of the response including planning for the restoration of activity and any future peaks of COVID-19 presentation. The Trust was committed to resuming its focus on treating the health care needs of communities and further developing partnerships toward a new operational model in addition to reinstating services across care pathways.

The North East Nightingale Hospital officially opened on 5 May 2020 and would provide the North East and North Cumbria with a level of capacity and resilience, if required, to manage

---

\* voting member

the continuing challenges of COVID-19 and seasonal pressures as we approach winter of 2020/21. The Trust would be represented at scheduled workshops to reflect on the proposed clinical model for this hospital and the way forward.

The Trust's current COVID-19 admissions to date indicated the following: -

- 407 patients had been admitted with COVID-19 symptoms
- 61% of admissions had been discharged from hospital
- 27% of COVID-19 patients had died in hospital
- 12% were still in hospital
- The Trust peaked at 57 patients in a bed at any one time, with the highest number of Critical Care beds occupied by COVID-19 patients reporting at 22
- The Trust currently had 46 in-patients with confirmed COVID-19

A support offer had been developed in collaboration with system partners including Tees Valley CCG, Stockton and Hartlepool Local Authorities, Tees and Esk and Wear Valley NHS Foundation Trust to support timely access to clinical advice for care home staff and residents. This offer included the arrangements for testing of care home residents and staff and access to infection prevention and control support and guidance.

A number of refreshes to the guidance in respect to PPE had been made since the initial guidance which had 'enhanced' the PPE to front line staff. The Trust continued to meet demand by managing regular local supplies during national shortages

The CE reported that the Government had introduced a test and trace service to help control the rate of reproduction and reduce the spread of infection. Following testing, those reporting positive would be contacted by the test and trace service and asked to share details of those they had been in close and recent contact with. The 14-day isolation period and the impact this may have on staff absence was highlighted.

The Trust had ensured that the wellbeing of staff had been central to the response to the COVID-19 pandemic, recognising the physical, emotional and mental impact that staff faced. A cohesive approach would be adopted whereby staff would be supported to recognise symptoms of mental illness early and learn how to manage their symptoms and wellbeing. It was noted that the Vans for Bands bus had now left the North Tees site and an alternative recharge hub was being sought for both North Tees and Hartlepool.

A COVID-19 information hub had been developed on the Trust website to provide updates with the latest advice and guidance in addition to details of any restrictions/changes that had been implemented to services and hospital sites. Traffic to and engagement with the Trust's social media channels had continued to increase significantly over the past month.

A summary of the report of the Chief Executive also included: -

- Consultant appointments: Dr Anilkumar Sreedhara Panicker, Consultant Paediatrician, Mr Khaled Aneiba, Consultant Spinal Surgeon, Dr Victor Chew, Consultant Physician in Respiratory and General Medicine and Dr Randeep Hunjan, Consultant Cardiologist;
- Work continued on the development of the governance arrangements that would support the proposals for a Group Structure between the three Trusts in the Tees Valley. An inaugural meeting was held on 27 May 2020 involving the Chairs and Chief Executives from the three organisations where discussions focussed on partnership working, strategic rationale and intent, work programme, governance and stakeholder engagement;

- Working with the local authorities, NHS Trusts, police and fire services, as well as shop workers and pharmacies, the Trust had launched a campaign to encourage social distancing which described what two metres might mean to a Teessider;
- The Billingham lodge of the Durham Freemasons had donated 20 electronic tablet devices to support virtual visiting for patients and their relatives during the current pandemic and were keen to continue fundraising for the Trust post COVID-19.
- The Trust were exploring opportunities to roll out a wellbeing model in localities with an emphasis on community driven services. Exploring community payback and fund raising options for the future was now a priority for the Trust.

In response to a query from RT, the CE provided an update on the return of maternity services to Hartlepool highlighting that the service would be reinstated at the site by September 2020 but stressing that prenatal and post-natal and community care was still provided for Hartlepool community mothers and babies . Further service changes were also planned for Hartlepool with changes to the estate being made to support this.

SH congratulated the CE and the Executive Team in continuing to support staff and manage the crisis locally and sought assurance on how plans were progressing to recover the backlog. The CE explained that there was a lot of work being undertaken to ensure that waiting lists were reduced and to understand what proportion of the waiting list was delayed due to COVID-19. The DoP&P added that significant planning was taking place supported by the Project Management and Improvement Office and new ways of working were being considered, including the use of technology to support virtual appointments. KR, Chair of Performance, Planning and Compliance Committee provided assurance that progress was being monitored through the committee.

In response from a query from PC, the CE advised that as part of the recovery to respond to multiple surges of COVID-19, a programme of refresher training would be developed for those staff who had been retrained to provide essential support to key services during the current pandemic.

In response to a query from JE, the CE highlighted that the health and wellbeing of staff remained a key priority for the Trust with a particular focus on mental wellbeing, acknowledging that some staff may exhibit signs of post-traumatic stress disorder in the future. A workstream had commenced to consider the resources needed and the impact of staff's mental health going forward.

**Resolved:** that, the contents of the report and the pursuance of strategic objectives amongst the COVID-19 pandemic crisis be noted.

## **BoD/4251 Integrated Compliance and Performance Report**

The DoP&P presented the Integrated Compliance and Performance Report for the month of April 2020. The Trust had experienced unprecedented pressures as a result of the COVID-19 pandemic which had ultimately impacted upon a number of indicators. Patient pathways had remained open in relation to RTT, cancer and diagnostics. Close collaboration across the regional network in relation to cancer management was ongoing through the South cancer 'cell', implemented to manage cancer treatment through the available capacity across all provider organisations, including the independent sector.

Key points were: -

- Single Oversight Framework: The Trust recovered the cancer 62-day position in March despite pressures faced from the impact of COVID-19 with the final validated position

reporting at 87.3% though this was insufficient to recover the quarter reporting at 79.3%. The median RTT wait had increased, however, the Trust remained one of the top reporting organisations in the region. Recovery plans were currently being developed to ensure any delayed pathways were kept to an absolute minimum as the COVID-19 situation allowed and in line with national guidance. Routine diagnostics had been put on hold during the COVID-19 pressures, however with 2-week rule and urgent tests still carried out wherever appropriate in line with national guidance. This had resulted in an increase in over 6 week diagnostic waits. Diagnostics were being reinstated, however once again working within the constraints of COVID-19 and non COVID-19 pathways.

- Operational Efficiency and Productivity Standards: The Trust had maintained a positive position in relation to DTOCs and super-stranded patients. Occupancy remained below standard. Due to reduced elective activity, performance against a number of efficiency indicators had not been reported this month due to small numbers which would have impacted upon the relevance of the KPIs, which would be reviewed going forward for future performance reporting;
- Quality and Safety: HSMR and SHMI rates remained within the expected range. The Trust had reported five Trust attributable cases of Clostridium Difficile in April, an increase from the two cases reported in March. No trajectory had yet been set for 2020/21 but the Trust were monitoring against the previous year's position. The majority of complaints were being managed through the stage 1 process. 100% compliance had been maintained against dementia standards. No falls with fracture had been reported since February 2020. Due to COVID-19, the Trust was no longer required to produce their 2019/20 Quality Accounts or have them audited by an external auditor. However, as the work to produce the report was already nearing completion, the Trust would publish it on their website and NHS Choices as per usual;
- Workforce: Sickness absence continued to be the key pressure within workforce and remained above the 4% target. There had been a decrease in the long-term sickness rate with an increase in short-term sickness when compared to the previous month. Anxiety/stress/depression/other psychiatric illnesses' continued to account for the highest proportion of all sickness absence at 40%, an increase when compared to February (39%). During April, there were 583 cases of COVID-19 related absences reducing to a current position of circa 300. The Workforce Department continued to manage the staff COVID-19 absence call-in line and the co-ordination of swab tests. The Trust were providing dedicated psychological support to staff currently absent due to COVID-19 related anxiety, stress and depression. A Listening in Action application had been developed for smart phones to enable staff to air concerns or anxieties and seek support if required. Turnover and attrition rates remained within expected levels. Mandatory training and appraisals had now been reinstated following suspension due to the current pandemic. Mandatory training compliance had dropped by 3% to 87% and appraisal compliance remained consistent at 86%. The volunteer service had been significantly impacted by the COVID-19 pandemic. Contact had been maintained with all volunteers with a significant number committing to return in the future. Staff from Middlesbrough College and Bloodrun were supporting the Trust in volunteering activities with many having offered continued support in the longer term;
- Financial position: The Trust were currently working under a financial block contract arrangement as set out by NHSI/E with the Trust applying the same national arrangements underpinned by an Interim Financial Management Framework. At Month 1, the Trust was showing a breakeven position, largely due to the Trust operating within run rates. The year to date contributions from Optimus and the LLP were £37k and £78k respectively. The Group cash balance was £44.8m which was £28.1m favourable to the NHSI plan, driven by cash received in advance from the Centre for May activity. Debtor days had worsened by two days and creditor days had improved by five days in comparison to April 2019/20.

In response to a query from SH, the DoP&P reported that the Trust continued to encourage partners to refer patients to the hospital though it was noted that GP attendances had dropped and that this was a cause for concern. The Trust continued to work with the national team to encourage patients to visit their GP should they have any health concerns during this time

In response to a query from JE, the DoP&P explained how the Trust managed the 'red' and 'green' workstreams throughout the hospital. Patient flow was being reviewed to consider the maximum number permitted in the Outpatients Department. Due to the use of virtual appointments, there was currently reduced footfall at the hospital. Planning continued and changes made in response to COVID-19 were being communicated to patients coming into hospital. The DoP&P highlighted that a significant amount of resource was required to manage this appropriately.

- Resolved:**
- (i) that, the performance against the key operational, quality, finance and workforce standards during April in light of the impact of the COVID-19 pandemic be noted; and
  - (ii) that, the on-going financial pressures be recognised; and
  - (iii) that, the on-going operational monitoring and system risks to regulatory key performance indicators and the intense mitigation work that was being undertaken to address these going forward be acknowledged.

#### **BoD/4252 Annual Report and Accounts and Quality Accounts 2019/20**

The DoCA&CoS presented the Annual Report and Accounts 2019/20, and Quality Accounts 2019/20 explaining that the documents had been prepared in accordance with statutory guidance, the Foundation Trust Annual Reporting Manual (FT ARM), The Department of Health and Social Care Group Accounting Manual (GAM) and the revised guidance issued by NHS Improvement (NHSI) in response to the escalation of the pandemic crisis

The DoCA&CoS reported that revised timelines had been issued by NHSI and that the Annual Report and Accounts were required to be submitted to NHS Improvement by 25 June 2020 and would be laid before parliament following this (date to be confirmed).

The Trust was no longer required to produce their 2019/20 Quality Accounts or have them audited by an external auditor. However, as the work to produce the report was already nearing completion, the Trust would publish it in the Annual Report, on their website and to NHS Choices as per usual. There had been full involvement of Governors and third parties in production and review of the report and third party declarations had been received from a number of key stakeholders.

The Annual Report and Accounts had been audited and reviewed by the Trust's external auditors, PricewaterhouseCoopers (PwC) to ensure they were fully compliant with the requirements of the FT ARM, GAM and other guidance and had subsequently been presented to the Audit Committee on 21 May 2020.

External publication of the information could take place once the information was laid before parliament and would be published on the Trust website, NHSI website and be formally presented at the Trust's Annual General Meeting in August.

PC, Chair of the Audit Committee confirmed that PwC and the Audit Committee were satisfied that the 2019/20 Annual Report and Accounts were prepared in-line with the guidance issued.

- Resolved:**
- (i) that, the Board of Directors review the report and note the work

- undertaken to produce this within the timelines; and
- (ii) that, the scrutiny on compliance by the external auditors be noted; and
- (iii) that, submission in line with the guidance to NHS Improvement in readiness for submission to Parliament be noted; and
- (iv) that, the finalised report be published on the Trust's website and formally presented at the Trust's Annual General Meeting in August.

#### **BoD/4253 Annual Plan Self-Certification**

The DoP&P presented the Trust's Annual Plan Self-Certification of Compliance which was in-line with licencing conditions and provided an overview of the requirements and the Trust's position against each declaration. Key risks highlighted were the consistent delivery of the cancer 62-day referral to treatment standard, the impact of COVID-19 and delivery of the 2020/21 financial plan and the impact that COVID-19 may have on this.

Due consideration had been given against each of the self-certifications based on the performance and forecast pressures for 2020/21. The individual self-certifications had been completed providing evidence of assurance where necessary, with the aim to declare compliance against each of the declarations for the periods of 2019/20 and 2020/21 as applicable.

- Resolved:**
- (i) that, due diligence had been paid by the Board of Directors in assessing on-going compliance with governance requirements in line with the NHS Provider Licence Conditions; and
  - (ii) that, the Board of Directors delegate responsibility to the Chairman and Chief Executive to sign the statements of self-certification.

#### **BoD/4254 Learning from Deaths Report**

The MD/DCE provided an update in respect of performance against Learning from Deaths guidance. Key points included:

- Mortality: The Trust's HSMR value had decreased to 91.30 (December 2018 to November 2019), the SHMI was currently 98.53 (November 2018 to October 2019); both were within the 'as expected' range;
- Compulsory case reviews: For 2018/19, 94% of the cases identified in the Trust's policy had been reviewed. During 2019/20, by the end of Quarter 3, 48% of compulsory reviews had been completed. During 2019/20, by the end of Quarter 4, 39% of compulsory reviews had been completed;
- A business case to support the introduction of the Medical Examiners role had been agreed with Dr Jean McLeod being appointed as the interim lead.

In response to a query raised by the Chairman, the MD/DCE highlighted that much of the population the Trust served had a significant number of comorbidities and that the Trust had got much better at reporting these taking the number of comorbidities from an average of 4 to an average of 6 or 7. The MD/DCE reported that consideration was always given to ensuring that the Trust did not over report on comorbidities or have excess deaths. The CE added that robust governance was in place and that the Trust had commissioned an independent audit a number of years ago on depth of coding and had made changes in respect to this. It was agreed that a summary paper on comorbidity reporting and management would be presented at a future Patient Safety and Quality Standards Committee.

- Resolved:**
- (i) that, the content of the report be noted and the information provided

- in relation to the identification of trends to assist learning lessons from mortality reviews in order to maintain the reduction in the Trust's mortality rates be noted; and
- (ii) that, the on-going work programme to maintain the mortality rates within the expected range for the organisation be noted; and
  - (iii) that, a summary paper on comorbidity reporting and management be presented at a future Patient Safety and Quality Standards Committee.

**BoD/4255 Guardian of Safe Working Hours Report**

The MD/DCE presented the Guardian of Safe Working Report for the period December 2019 to March 2020 highlighting that NHS Employers and the BMA had published a joint statement on the application of the 2016 contract limits for the duration of pandemic providing guidance on where working hours limits and rest requirements outlined in the contract could be flexible

A total of 52 exceptions were submitted, mainly by foundation year one trainees for additional hours worked. No fines had been levied by the Guardian. There were no exception reports submitted in April.

As a result of COVID-19, the April 2020 training rotation had been postponed by Health Education England. This was scheduled to restart in August 2020.

The Trust had welcomed a cohort of 18 newly qualified doctors from Newcastle Medical School as part of a special national drive to help the NHS respond to the coronavirus pandemic. These doctors had been deployed to medical wards under supervision. Where possible, the Medical Education Team also brought foundation trainees back into the Trust who were on placement in a non-hospital setting to support areas with staffing.

**Resolved:** that, the content of the report be noted and accepted.

**BoD/4256 Retrospective Approval of Deed Executed Under Seal**

The DoF provided clarity and the CE requested retrospective approval for the following document executed under seal:

Document	Date Signed	By
<p><b>Deed of Surrender</b></p> <p>Between:</p> <p>1) AC Blandford, S Laloo, KS Sidhu and R Hussain and 2) North Tees and Hartlepool NHS Foundation Trust</p> <p>Relating to premises at Morven, Hesleden Road, Blackhall, Peterlee</p>	<p>26 March 2020</p>	<p>Neil Atkinson, Director of Finance</p> <p>Barbara Bright, Director of Corporate Affairs and Chief of Staff</p>

**Resolved:** that, the retrospective approval for the signing of the document be granted

**BoD/4257 Annual Report 2019/20 of the Vulnerability Unit, Safeguarding Adults, Children and Young People**

The Annual Report 2019/20 of the Vulnerability Unit, Safeguarding Adults, Children and Young People was provided for information.

- Resolved:** (i) that, the Annual Adult, Children & Young People Vulnerability 2019/20 Report be received; and  
(ii) that, the sustained improvements for vulnerable and at risk people using Trust services be noted; and  
(iii) that, the key priorities for 2020/21 be noted.

**BoD/4258 Director of Infection Prevention and Control Report 2019/20**

The Director of Infection Prevention and Control Report 2019/20 was provided for information.

- Resolved:** that, the Annual Director of Infection Prevention and Control Report 2019/20 be received and published on the Trust's website.

**BoD/4259 Any Other Notified Business**

**a. Governor Representation**


The Chairman asked John Edwards, Elected Governor for Stockton whether he would like to comment. John thanked the Chairman for the opportunity to join the meeting via audio conferencing and placed on record his thanks to the team for how the COVID-19 pandemic had been managed.

- Resolved:** that, the verbal update be noted.

**BoD/4260 Date and Time of Next Meeting**

- Resolved:** that, the next meeting be held on Thursday, 30 July 2020.

The meeting closed at 13:45 pm

Signed: 

Date: 30 July 2020