

# THE WEEK AHEAD

24 August 2020

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## **New recruitment process**

From 1<sup>st</sup> September, there will be a new process in place for recruiting to roles across the organisation.

Your feedback told us that the current process caused unnecessary delays when trying to recruit into your teams, so working with a number of colleagues from different teams that process has been reviewed and a new process designed.

Our current Vacancy Control Process requires managers to complete a VCF (vacancy control form) and have this approved by the Associate Director of Operations / Senior Manager and Financial Management Team prior to proceeding to recruitment.

Feedback stated that this process caused unnecessary delays in recruiting to vacancies and replacing leavers and also removed the responsibility of general/service managers being able to manage their own budgets.

Following engagement with a number of teams and colleagues, the new Workforce Review Process (WRP) has been designed.

Key changes and benefits:

- Allows managers greater control of their budgets and for the filling of like for like vacancies and as such they will be held accountable for their decisions in relation to the monitoring and spending of their budget.
- Reduces need to check and ensure an efficient process to fill vacancy at the point staff hand notice in rather than the time they leave the Trust
- Accelerated recruitment and the ability to advertise without the time needed to check VCFs.
- Removal of the existing complex Vacancy Control Form and replaced with simpler Advert request form, sent directly to recruitment, again speeding up recruitment process.
- Reduce Payroll vetting and the need for VCF number on change form, therefore reduces delays to payment and payments not being made due to missing VCF number. This in turn reduces the need for supplementary payments to be made
- Revised process allows Care Group individuality to continue prior to the process described

[CLICK HERE](#): to view a flowchart for the new process.

[CLICK HERE](#) for the new advert request form

The new process also means some changes to the ESR2 form. The box used currently for the VCF number will be removed but will be replaced with a request to capture email addresses of employees and their new/amended supervisor. Please ensure when completing ESR2 change forms that relate to a change in role or position, that you have this detail to hand.

When submitting a form for Payroll, you will still receive an automated response that is your confirmation that the form has been received. From 1<sup>st</sup> September, the response will state:

***'Submission of this form infers you accept that funding is available within budget and this has full budget holder approval to proceed to appointment.'***

***Please be aware no further checks will be made on this submission, as such the responsibility lies with the manager submitting this form for accuracy and accountability.'***

***Financial Management are now no longer part of the VCF process and therefore will not be able to provide robust guidance on your position in terms of available budget alongside current recruitment. Governance arrangements should be in place within your own care group.'***

If you have any queries or comments about the new process please contact the recruitment team.

## **Appointment made to Chair of Synchronicity Care Limited**

The Trust is pleased to announce that Simon Gerry has been appointed to the role of Chair of Synchronicity Care Limited (SCL). Simon has been both a Non-Executive Director on the Trust Board and a Trust Governor in recent years and therefore brings valuable experience and expertise to the SCL Chair role.

Simon commented: "I am delighted to have been offered the role of Chair of SCL. I have thoroughly enjoyed my role on the Trust Board and believe that over the past three years, we have seen a number of improvements and achievements across the organisation, not least the 'Good' rating from the CQC. I am now very much looking forward to the new challenge, and supporting the Trust further by helping to deliver a first class support service organisation."

SCL is a wholly-owned subsidiary of County Durham and Darlington NHS Foundation Trust and provides a range of support services including estates, facilities and procurement.

#TeamCDDFT Chairman, Professor Paul Keane said: "Simon has been a valuable member of the Trust Board for the past three years. Simon has extensive experience working at Board level in both the charity and public sectors and we have greatly

benefitted from his wealth of expertise over the years. On behalf of the Board I'd like to thank Simon for his contribution and wish him well in his new role."

Simon will take up the role of SCL Chair in October and CDDFT will now carry out a recruitment campaign to appoint to the vacant Non-Executive Director post on the Trust Board.

## **NHS Friends and Family relaunch**

A message from Michelle Smith, Patient Experience Support Officer:

Following the announcement by NHS England last year, our patient experience team (PET) has been working on developing the new electronic surveys, and our survey is now available online. However, following a brief suspension of the FFT during COVID-19, I am pleased to announce that we will be relaunching the electronic FFT on **Tuesday 1 September 2020**.

All ward managers and ward clerks were sent their surveys on 16 March 2020. All existing surveys are to be discarded by 31 August 2020 however, any old surveys completed will be logged providing they are sent to PET by Friday 4 September 2020. Any old surveys after this date, will be discarded.

Alongside the electronic version, paper surveys will still be available for those patients who do not have a mobile device, however we would like to ask colleagues for their support in encouraging patients to complete the survey online where possible as this will allow us to provide some valuable feedback to wards and departments. Where paper surveys are completed, the process has not changed, therefore, please continue to send to PET weekly.

NHS England would like Trusts to focus on real-time data rather than response rates, however, our figures will still be uploaded to NHS England on a monthly basis.



Patients can access the survey by visiting our website: <https://www.cddft.nhs.uk/tell-us-what-you-think/nhs-friends-and-family-test.aspx> or by scanning the QR code (left) on their smartphone.

As per NHS England's announcement, patients can now complete the survey at any point during their stay, or even when they go home.

All ward managers and ward clerks have been notified that the FFT will be up and running from 1 September 2020.

All wards and departments will receive posters and business cards over the next week and details of how to complete the survey can be found on both. If you would like the poster emailing to you, to display in other areas, please email: [michelle.smith25@nhs.net](mailto:michelle.smith25@nhs.net)

Thank you for your continued support.

## **#TeamCDDFT Staff Friends & Family Test - how are we doing?**

### **Share your views!**

A message from Pat Winter, Workforce Experience Officer:

This quarter colleagues within our **Clinical Specialist Services, Community Services, family Health and Surgery Care Groups** have been selected to receive the staff friends and family test and we would encourage staff within these Care Groups to take just a few minutes to complete the questionnaire, which opens today (Monday 17 August 2020) and closes on Friday 11 September 2020.

We run our staff friends and family test within the Trust, so you can provide feedback on all the good things you are doing in your team or department, your experiences as a valued employee of CDDFT, and what together we can do to make improvements.

To take the survey, please [CLICK HERE](#).

The NHS staff friends and family test is just one of the many opportunities we use to gather staff feedback and we want to reinforce how important these views are to us.

We also want to give staff that complete the test the assurance that their response is completely anonymous.

We very much value all the feedback we receive from colleagues and our patients and this is absolutely fundamental in informing and shaping decisions we make as a Trust. Following previous feedback from the friends and family test and staff survey we have done a lot of work on how we can improve the culture of our organisation and engage better with our workforce and there are many other actions underway across our different teams and departments as a result of all this feedback.

**It is your turn to have an influence on how we do things**

Whatever your role in the organisation, you have an important part to play in improving the care we provide and we look forward to receiving your feedback as part of the results from this quarter's test.

Once the survey closes, staff feedback will be disseminated within the organisation where possible actions are taken as a direct result of ideas put forward by you.

We hope we can count on your support in completing the Staff Friends and Family Test.

If you have any questions, please email: [pat.winter@nhs.net](mailto:pat.winter@nhs.net)

## Final day of Great North Run Solo, Sunday 13 September 2020 - get involved!

A RUN FOR  
EVERY YEAR

#TeamCDDFT GET INVOLVED!

GNR  
SOLO

This year we've been supporting the Great North Run Solo, a virtual running challenge designed to keep runners motivated through what would have been their Great North Run training programme.

Great North Run Solo started on 28 June and is due to conclude on Sunday 13 September, the day the 40<sup>th</sup> Great North Run was scheduled to take place.

We know that many #TeamCDDFT colleagues have been taking part to complete 40 runs in 78 days and we'd like to invite everyone to come together to take their final run at University Hospital of North Durham on Sunday 13 September at 10am. A 1.25 mile route runs around the outside of the site, so come along and run as many laps as you like!

Strict social distancing rules will be in place and those wishing to participate can run in small groups of a maximum of 6 people. If you'd like to join in, please email Lisa Ward ([lisa.ward13@nhs.net](mailto:lisa.ward13@nhs.net)) or Mark Herkes ([mark.herkes@nhs.net](mailto:mark.herkes@nhs.net)) to register your interest.

All profits are being donated to the NHS Charities Together COVID-19 appeal and so far over £200,000 has been raised. The Trust's Charity - [@CDDFTCharity](#) - receives a share of this funding to enhance patient care and support staff wellbeing locally.

## Disabled staff COVID-19 workplace experience survey

A message from the Workforce Experience team:

NHS England and NHS Improvement are keen to capture the workplace experience of disabled colleagues over the past five months (March to July 2020).

The data produced from this survey will enable us to reflect on what challenges disabled colleagues may have experienced and identify what lessons we can learn both nationally and locally.

The survey produced is in partnership with NHS Employers and is now live and will run until 18 September 2020. Please [CLICK HERE](#) to share your views.

The survey should only take about 10 minutes to complete and once the results have been analysed, this will inform the production of an interim report which will be published by NHS England and NHS Improvement in the autumn.

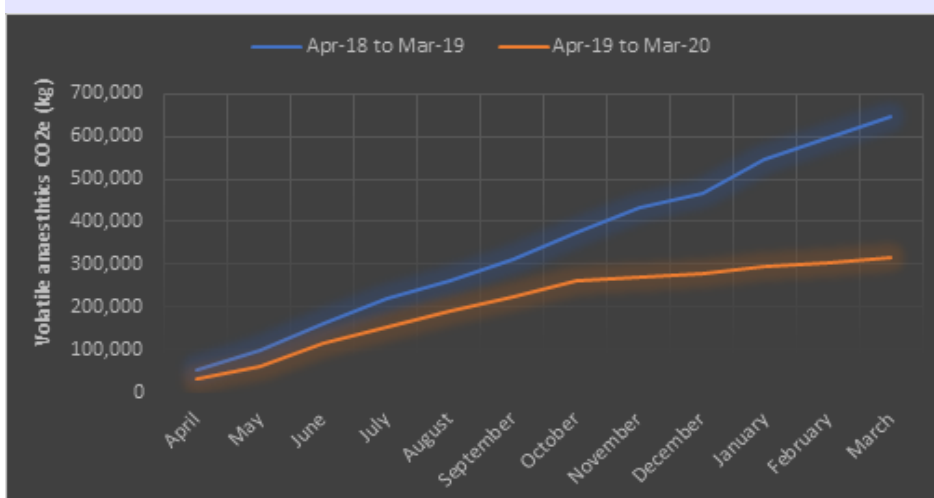
## Monthly Maternity Voices in Partnership - virtual meeting, Wednesday 26 August

A message from Jo Crawford, Head of Midwifery:

The maternity voices partnership is a group for our families to communicate with our maternity services; to feedback, ask questions, make suggestions and help us drive our services forward to ensure our care is the best we can deliver to our local families in pregnancy and beyond.

[CLICK HERE](#) on Wednesday 26 August at 10am to join our MS Teams meeting from anywhere you choose - just download the app on your phone, tablet or computer and tap to join and talk to us and lots of other families.

## Reduction in use of the environmentally harmful anaesthetic gas Desflurane



Anaesthetic gases are commonly used as part of everyday surgeries and acknowledged by NHS England as potent 'greenhouse gases'

responsible for over 2% of all NHS emissions. One of these gases, esflurane, is significantly more damaging than others, so we're delighted that our anaesthetists



have reduced their use of Desflurane from 22.3% to 12.3% by volume, increasing their use of an alternative, sevoflurane, and reducing our overall use of volatile anaesthetic agents by almost a quarter.

This is a huge achievement for the anaesthetic department, and a real step forward in lessening the environmental impact of providing surgical healthcare.

The graph above shows the resultant reduction in CO<sub>2</sub> 'equivalent' of 326 tonnes when comparing the year before and after intervention.

We're committed to sustainability, led by the Sustainability Development group, which has representation from across the Trust. We'll be bringing you regular updates on our targets, achievements and what you can do to help. If you're already taking action, however small, please let us know by completing the proforma at the bottom of this bulletin, so others can be encouraged to join you. Email: [cdda-tr.communications@nhs.net](mailto:cdda-tr.communications@nhs.net)

## **NHS Blood and Transplant urgent appeal for people to donate convalescent plasma**

NHS Blood and Transplant (NHSBT) is now urgently appealing for people to donate convalescent plasma.

They need donors to come forward from the first wave of infections to enable as many donations as possible to be taken.

The welcome decline in new infections means every potential donor is now even more valuable. Antibody levels are at their highest soon after recovery and a successful trial will enable convalescent plasma to be an additional line of protection during any second wave.

Many NHS colleagues have already donated and they make particularly reliable donors.

Gail Miflin, Chief Medical Officer, NHS Blood and Transplant, said: "We need people to offer to donate now so we are ready to potentially provide an additional line of protection during any second wave.

"The number of new infections has declined greatly which is fantastic news. Fewer people are getting COVID-19. This does mean we need to work harder to recruit new donors and we urgently need as many people as possible who have recovered to donate, to help us make as much progress as possible now.



“We especially need men who have recovered to donate because they have higher antibody levels. Donating plasma is safe and easy and you could save lives.”

“Plasma from people who have recovered from COVID-19 can be transfused into people who are still unwell and struggling to develop their own immune response. The plasma contains neutralising antibodies which could stop the virus spreading. If you’ve had coronavirus, please consider donating to help others.”

Although there is evidence of patient benefit from the use of convalescent plasma, the safety and effectiveness of COVID-19 convalescent plasma transfusions needs to be confirmed by a robust clinical trial. The trial results are expected later this year although dates will depend on the progress of the pandemic. Donating plasma takes about 45 minutes. Your body usually replaces the plasma you’ve donated in 24-48 hours. Your body also quickly replaces the antibodies. People donate plasma as often as every two weeks.

If you’ve had coronavirus, please consider offering to donate by calling: 0300 123 23 23 or visit: [www.nhsbt.nhs.uk](http://www.nhsbt.nhs.uk)

## **Visitor car parking space reduction: Rowan Centre, DMH**

A message from Michael Peace, Car Parking Manager:

With effect from Thursday 27 August at 8pm until 12 noon on Friday 28 August 2020, a small number of car parking spaces within the visitor car park adjacent to the Rowan Building (Mulberry Centre), DMH, will not be available due to the return of the Mobile Breast Screening Van. The unavailable spaces will be coned off for safety reasons.

## **UHND boiler replacement works – loss of heating & partial loss of hot water**

A message from Neil Williams, PFI Manager:

The Trust has been notified that a shutdown of the heating and hot water to the hospital is required to allow a planned boiler replacement programme to take place on the UHND site.

The works are scheduled to take place between 22.00 on Friday 4 September though until 22.00 on Sunday 6 September 2020.

Heating

There will be a general lowering of temperature within the UHND main building, and the following should be noted:

- Theatres 9 & 10 have a separate dedicated steam supply which can be used for providing appropriate temperatures within the theatres.
- The works are scheduled for early September so outside day time temperatures are likely to be able to maintain adequate internal temperatures; ward temperatures are normally quite high (23-24 degrees) so a modicum of heat loss is likely to be noted during the night.
- The ventilation to wards consists of air supplied into corridors, and generally extracted from toilet and bathroom areas.
- Isolation rooms have dedicated local controls, so temperature loss in these rooms may be more noticeable.
- In areas with a high rate of air movement, e.g. ITU, a drop in air temperature is likely to be more noticeable; provided outside daytime temperatures are reasonable, then heat from equipment is likely to maintain sufficient heating to the space. Overnight a drop in air temperature will be more noticeable

### **Hot water**

The following areas **will** have hot water for the duration of the works:

- ITU, Theatres, ED
- Wards 1-17 inclusive, SCBU, Paediatric OPD
- Family Services (Offices), SCBU, Medical Management (Offices), CCU, ED Xray, CSSD, Pathology, Mortuary & Stores
- Day Surgery, Radiology, Pharmacy, Pathology, Medical Photography, Gum Clinic, Audiology OPD & Cardio Catheter Lab

The following areas **will not** have hot water for the duration of the works:

- All public W.C.'s (front entrance), Dermatology, Dressing Clinic, Diabetes, Medical Management (Offices) & Therapy services, Main OPD (apart from Audiology), Endoscopy & Medical Investigations, OPD Reception, Ophthalmic OPD, Dental OPD, Main entrance & RVS shop, coffee shop

### **Cold Water**

Cold water will be available throughout the works and is not affected.

## **Medical Interoperability Gateway (MIG) is being replaced**

A message from Mr A Jennings, Consultant Orthopaedic Surgeon/Chief Clinical Information Officer:

The Medical Interoperability Gateway (MIG) IT solution was made available to #TeamCDDFT clinical staff in 2017.

It was designed to display a subset of clinical data taken from a patient's GP record (including medication) and we know from usage information and other feedback that it has been incredibly useful and is accessed hundreds of times a day by our clinical teams.

MIG will be **switched off** on Wednesday 30 September 2020. A replacement product called HIE (Health Information Exchange) is available for use now – I would advise all MIG users to familiarise themselves with HIE as soon as possible.

HIE is a part of the larger regional digital health development, the “[Great North Care Record](#)”, and has the benefit of giving us scope to significantly increase the amount of clinical information shared and displayed in future, and gives coverage across the North East and North Cumbria. Specifically HIE will eventually share data from other organisations that the patient has had interaction with, not just the GP.

HIE is accessible as the MIG is now, via an additional tab in iSOFT and a link in SystmOne. Initially, the data displayed will be the same, and the requirements for obtaining patient consent will be the same.

There are differences in how the data is displayed though – these are explained [HERE](#).

Our Systems Team in Health Informatics will visit wards to update colleagues on the change over the next few weeks. If you have any queries please contact either me ([andrewjennings1@nhs.net](mailto:andrewjennings1@nhs.net)), Paul McGee ([paulmcgee@nhs.net](mailto:paulmcgee@nhs.net)) or Roy Westhead from the Systems team ([roy.westhead@nhs.net](mailto:roy.westhead@nhs.net))

## Important patient safety messages

A message from the Patient Safety team:

### Virtual consultation complications

A reminder to all colleagues that a new Cause Group was added on Ulysses to report any issues from virtual consultations now taking place. This additional Cause Group (with 4 possible Cause 1 subcategories) is explained further below, including examples of what may be reported within each Cause 1. To ensure these go to the right people to manage, they must be reported under the correct Cause Group and department.

### Cause Group:

Virtual Consultation Complications

### Cause 1's:

- **User (staff) error** – *example incident: Process to obtain an appointment (i.e. submitting a booking proforma) not followed*

A user (staff) error must be reported for the relevant speciality of the clinic (i.e. Department: Medical Professionals – Gastro – DMH)

- **Technology error** – *example incident: Appointment can't be completed due to technology issues*

A technology error must be reported Department: Information Management and Technology (IM&T)

- **Patient issue** – *example incident: Patient is unable to understand how to use the technology to access the appointment*

A patient issue must be reported under: Organisation: External / Department: Patient's home

- **Difficulty in obtaining clinical assessment** – *example incident: A diagnosis has been missed or delayed which would have been identified if the patient was seen face to face.*

Difficulty in obtaining clinical assessment incidents must be reported for the relevant speciality of the clinic (i.e. Department: Medical Professionals – Gastro – DMH)

## Learning from incidents

Following a serious incident whereby a patient who refused observations was assumed to have capacity, without a formal assessment of such, colleagues are reminded of the below message from the Mental Capacity Act Lead Nurse:

CDDFT is committed to ensuring that all staff within the organisation are informed of the Mental Capacity Act 2005 (MCA), made aware of the implications of the Act and work within the parameters of the Act.

The Act sets out a single clear test for assessing whether a person lacks capacity to take a particular decision at a particular time. It is a “decision-specific” and “time specific” test. No one can be labelled “incapable” simply as a result of a particular medical condition or diagnosis.

The test for assessing capacity comprises both a functional and diagnostic test.

These are as follows:

- Diagnostic - does the person have an impairment of, or a disturbance in the functioning of the mind or brain? This can be temporary or permanent.
- Functional test - is the individual unable to make the specific decision themselves because of the impairment or imbalance?

Where a patient lacks capacity for a particular medical treatment decision then a best interest's decision must be made. The clinician responsible for the treatment

is likely to be the decision maker (unless there is a relevant Lasting Power of Attorney or deputy).

A Resource pack, flowchart and MCA Form 1 and 2 can be found [HERE](#).

## Training & development opportunities

### End of life training is restarting September 2020

The End of life care (EOLC) training has been redesigned. EOLC training from September 2020:

- Half day session via Microsoft TEAMS
- Pre-course self-assessment work which must be completed prior to the MS TEAMS training session, this will be sent via your NHS email address. **This is a pre-requisite to the training.**
- Post-course email with training session notes and additional resources.

For some sessions there will be limited classroom places to ensure that social distancing is adhered to.

EOLC training is mandatory for role-specific staff as identified on your Electronic Staff Record (ESR). This is a 3 yearly competency. For those of you who have a place allocated on training, you will be contacted with updated training information.

### IMP Novice training - sessions returning in September

A message from the Programme Management Office:

IMP Novice training was stood down in March due to Covid-19. We are now in a position to re-introduce training from September 2020. Sessions will have reduced attendees to allow for social distancing and will adhere to the new maximum occupancy levels permitted in our meeting rooms.

Dates with availability can be viewed [HERE](#). To book a place, please contact Susan Bell: [sue.bell@nhs.net](mailto:sue.bell@nhs.net).

## Awards & accolades

Well done to Bowel Specialist Nurse Rebecca Embleton who has had her first article published in the Nursing Times!

Rebecca joined the Bowel Dysfunction Service in May 2019. As her knowledge and experience increased, she became aware of issues surrounding digital rectal examination (DRE) and decided to undertake a survey via social media to find out what nurses thought about DRE, and why they may be reluctant to undertake this. The findings are relevant to the Trust as we currently encourage all Registered

Nurses to attend our 'Safer Bowel Care' training to become competent in DRE, in response to a patient safety alert issued in July 2018. This training improves the quality of bowel care for our patients and safety of spinal injured patients when they are admitted to one of our hospitals.

Rebecca's article is available upon request from our library, and the reference is: Embleton R, Henderson M (2020) Overcoming barriers to nurses performing digital rectal examination. *Nursing Times* [online]; 116: 9, 42-44.

Congratulations on your achievement!

## Staff news

With the Great North Run not going ahead this year, Mark Jones, deputy associate director of operations in acute & emergency care, has bravely decided to do a parachute jump instead. Any generous donations, however large or small, will support the enhancement of cancer services across Durham and Darlington and can be made via Just Giving [HERE](#).

## Compliments

A #TeamCDDFT colleague recently attended ED at Darlington Memorial Hospital and wanted to share her positive experience: "During my time in the waiting areas, I chatted to other patients, and was impressed by how reassured people were to come in to hospital, having previously been very anxious. They were reassured by the quiet, well organised, atmosphere, and all the COVID precautions. One lady had been so worried that she had cancelled a scan appointment, and I encouraged her to rebook, knowing that she would be going into a safe environment. Other patients were surprised and pleased that they had weekend appointments for various x-rays and scans which they had been waiting for during the time of the pandemic. Well done #TeamCDDFT for serving our communities."

## Press and media coverage

Each week, we like to share with you recent press and media coverage relating to the Trust.

To view Media Watch: [CLICK HERE](#).

## Internal vacancies

To see current vacancies and information on the application process: [CLICK HERE](#).

For regionally restricted non-clinical vacancies: [CLICK HERE](#)

## Have you got news for us?

News, achievements & events can only be included in The Week Ahead if you tell us about them.

Please [CLICK HERE](#) to download and fill in the bulletin pro-forma, which is now required when submitting items for inclusion in The Week Ahead.

The weekly bulletin is issued each Monday and the pro-forma must be sent to the communications team by **5pm on the Thursday** preceding the Monday you would like your item to appear.



**#tellusthegoodstuff - email: [cdda-tr.Communications@nhs.net](mailto:cdda-tr.Communications@nhs.net)**

