Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Board of Directors Meeting Held in Public
To be held on Tuesday 15 September 2020 at 09:15
Via StarLeaf Videoconferencing

AGENDA

		LEAD	ACTION	TIME / ENC	TIME/ MINS
A	**MEETING BUSINESS**				**09:15**
A1	Apologies for absence	SBE	Note	Verbal	15
A2	Declarations of Interest	SBE	Note	Verbal	
	Members of the Board and others present are reminded that they are required to declare any pecuniary or other interests which they have in relation to any business under consideration at the meeting and to withdraw at the appropriate time. Such a declaration may be made under this item or at such time when the interest becomes known.				
A3	Actions from previous meeting	SBE	Review	A3	
B	**PRESENTATION**				**09:30**
B1	Race Equality Code – Karl George, Managing Director of The Governance Forum	SBE	Note	Present	30
C	**STRATEGY**				**10:00**
C1	ICS Update	RP	Note	C1	5
C2	Stabilisation and Recovery / Covid19 Update	RJ/JS	Note	Verbal	10
BREAK 10:10 – 10:20					
D	**QUALITY, PERFORMANCE AND SAFETY**				**10:20**
D1	Finance Update – August 2020	JS	Note	D1	10
D2	Performance Update – July 2020	RJ	Note	D2	10
D3	Nursing, Midwifery and Allied Health Professionals Update	DP	Note	D3	10
D4	Medical Director Update	TN	Note	D4	10

D5	People and Organisational Development Update - National Flu Immunisation Programme 2020/21 - People Plan	KB	Note	D5	10
D6	Safer Nursing Care Tool Update	DP	Note	D6	5
E	**CAPACITY AND CAPABILITY**				**11:15**
E1	People Committee	RP/SBE	Approve	E1	20
E2	Associate Non-Executive Director Role	KB	Approve	E2	
E3	Workforce Race Equality Standard / Workforce Disability Equality Standard	KB	Note	E3	
BREAK 11:35 – 11:45					
F	**FINANCE AND CONTRACT MATTERS**				**11:45**
F1	Estates Returns Information Collection (ERIC) Return	JS	Approve	F1	
F2	Award Recommendation Report	JS	Note	F2	
G	**GOVERNANCE AND RISK**				**12:00**
G1	Director Register of Interests	FD	Note	G1	10
G2	Chairs Assurance Logs for Board Committees:		Note	G2	
	i) Finance and Performance Committee – 21 July 2020	NR			
	ii) Quality and Effectiveness Committee – 21 July 2020	PD			
G3	Finance and Performance Committee Annual Report	NR	Note	G3	
G4	Quality and Effectiveness Committee Annual Report	PD	Note	G4	
G5	Trust Constitution	FD	Approve	G5	
H	**INFORMATION ITEMS (To be taken as read)**				**12:10**
H1	Chair and NEDs Report	SBE	Note	H1	5
H2	Chief Executives Report	RP	Note	H2	5
H3	Minutes of the Finance and Performance Committee – 30 June 2020	NR	Note	H3	
H4	Minutes of the Quality and Effectiveness Committee – 26 May 2020	PD	Note	H4	
H5	Minutes of the Management Board Meeting – 13 July 2020	RP	Note	H5	

H6	Minutes of the Public Council of Governors Meeting – 13 May 2020	SBE	Note	H6	
I	**OTHER ITEMS**				**12:20**
I1	Minutes of the meeting held on 21 July 2020 (pre-approved by the Board of Directors)	SBE	Note	I1	
I2	Annual Members Meeting – 24 September 2020	SBE	Note	Verbal	
I3	Any other business (to be agreed with the Chair prior to the meeting)	SBE	Note	Verbal	
I4	Governor questions regarding the business of the meeting (10 minutes)*	SBE	Note	Verbal	10
I5	Date and time of next meeting: Date: Friday 23 October 2020 Time: 09:15 Venue: StarLeaf Videoconferencing	SBE	Note	Verbal	
I6	**Withdrawal of Press and Public** Board to resolve: 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.	SBE	Note	Verbal	
J	**MEETING CLOSE**				**12:30**

***Governor Questions**

The Board of Directors meetings are held in public but they are not 'public meetings' and, as such the meetings, will be conducted strictly in line with the above agenda.

For Governors in attendance, the agenda provides the opportunity for questions to be received at an appointed time. Due to the anticipated number of governors attending the virtual meeting, Hazel Brand, as Lead Governor will be able to make a point or ask a question on governors' behalf. If any governor wants Hazel to raise a matter at the Board meeting relating to the papers being presented on the day, they should contact Hazel directly prior to the meeting to express this. All other queries from governors arising from the papers or other matters should be emailed to Fiona Dunn for a written response.

In respect of this agenda item, the following guidance is provided:

- Questions at the meeting must relate to papers being presented on the day.
- Questions must be submitted in advance to Hazel Brand, Lead Governor.
- Questions will be asked by Hazel Brand, Lead Governor at the meeting.
- If questions are not answered at the meeting Fiona Dunn will coordinate a response to all Governors.

- Members of the public and Governors are welcome to raise questions at any other time, on any other matter, either verbally or in writing through the Trust Board Office, or through any other Trust contact point.

Suzy Brain England, OBE
Chair of the Board

Action notes prepared by: Katie Shepherd
Updated: 21 July 2020

A3

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Action Log

Meeting:	Public Board of Directors
Date of latest meeting:	21 July 2020

KEY	
Completed	**On Track**
In progress, some issues	**Issues causing progress to stall/stop**

No.	Minute No.	Action	Lead	Target Date	Update
1.	**P20/01/B1**	**Council Motion on Climate and Biodiversity Emergency** - A Board workshop would be planned to further explore Climate Change and Biodiversity – looking at what could be done immediately and what could be done in the future.	**KEJ**	~~May 2020~~ ~~July 2020~~ ~~September 2020~~ November 2020	**Update 19/05/2020** – It was agreed that Karen Barnard would liaise with Kirsty Edmondson-Jones to organise a Board Workshop on this topic. **Update 11/06/2020** – New information would be received during August 2020 which would be required for the Board Workshop on the topic therefore the action would be postponed until September 2020. **Update 09/09/2020 –** The item would be deferred until November 2020.
2.	**P20/05/D10**	**Strategic Director Review Workshop –** The Board of Directors would hold a workshop during July 2020 to identify any key principals that might influence the strategic direction based on the initial findings provided by Marie Purdue and Jon Sargeant.	**JS/MP**	July 2020	**Progress -** An update would be provided as part of Agenda Item C2 – Stabilisation and Recovery. Once final guidance has been received a workshop can be held in July 2020.

Action notes prepared by: Katie Shepherd
Updated: 21 July 2020

3.	**P20/06/G1 & P20/07/G1**	**Mitigation of Risks** – The mitigation of risks relevant to each Committee would be received in further detail at the respective Committee's. The refinement of the Board Assurance Framework would be completed for the next Board meeting on 15 September 2020.	**FD**	Septmeber 2020	**Close.** The structure agreed at the last Board will be used for future CRR and BAF report.
4.	**P20/07/D2**	**52-Week Wait** An understanding of the length of the 52-week wait challenge split by speciality would be reported to the Finance and Performance Committee.	**RJ**	July 2020	**Close.** This information was included in the Integrated Performance Report to the Finance and Performance Committee on 28 July 2020.
5.	**P20/07/D2**	**Diagnostic Two-Week Wait** Assurance would be provided to the Finance and Performance Committee on the improvement plan for diagnostic two-week waits due to underperformance due to Covid19.	**RJ**	July 2020	**Close.** The summary of Trust wide / corporate improvement plan was included in the Integrated Performance Report to the Finance and Performance Committee on 28 July 2020.
6.	**P20/07/D3**	**Falls and Hospital Acquired Pressure Ulcers** The Director of Nursing, Midwifery and Allied Health Professionals would provide comparative data on falls and hospital acquired pressure ulcers in the next report to Board, including that of which acquired pressure ulcers were hospital acquired or from a community setting.	**DP**	September 2020	**Close.** The data was included in item D3.
7.	**P20/07/D5**	**Freedom to Speak Up** Detail of if any of the FTSU cases related to diversity concerns during Quarter 1 would be reported to the Quality and Effectiveness Committee on 28 July 2020.	**KB**	July 2020	**Close.** A verbal update would be provided at the Quality and Effectiveness Committee on 28 July 2020.
8.	**P20/07/I3**	**Governor Briefing and Development Session** The Governor Briefing and Development Session – Update on Complaints would include information on what happens when things don't go as planned.	**DP**	October 2020	**Close.** The session was scheduled for 14 October 2020 and will include information as required.

CHIEF EXECUTIVE REPORT

September 2020

Author(s)	**Andrew Cash, System Lead**
Sponsor	

Is your report for Approval / Consideration / Noting

For noting and discussion

Links to the STP (please tick)

☑ **Reduce inequalities**	☑ **Join up health and care**	☐ **Invest and grow primary and community care**	☑ **Treat the whole person, mental and physical**
☑ **Standardise acute hospital care**	☑ **Simplify urgent and emergency care**	☑ **Develop our workforce**	☑ **Use the best technology**
☑ **Create financial sustainability**	☑ **Work with patients and the public to do**		

Are there any resource implications (including Financial, Staffing etc)?

N/A

Summary of key issues

This monthly paper from the System Lead of the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) provides a summary update on the work of the SYB ICS for the month of August 2020.

Recommendations

The SYB ICS Health Executive Group (HEG) partners are asked to note the update and Chief Executives and Accountable Officers are asked to share the paper with their individual Boards, Governing Bodies and Committees.

South Yorkshire and Bassetlaw Integrated Care System CEO Report

CHIEF EXECUTIVE REPORT

September 2020

1. Purpose

This paper from the South Yorkshire and Bassetlaw Integrated Care System System Lead provides an update on the work of the South Yorkshire and Bassetlaw Integrated Care System for the month of August 2020.

2. Summary update for activity during August 2020

2.1 Coronavirus (Covid-19): The South Yorkshire and Bassetlaw position

South Yorkshire and Bassetlaw (SYB) continues to see low infection rates. Mobility data for SYB suggests that people are increasingly getting out and there continues to be an increase in retail, recreation, walking and driving and more recently, public transport. As schools and universities see the return of students, colleagues across the system are paying close attention to the data.

Health and care organisations across SYB continue to plan the safe restoration of services, which is now being supported through the Covid-19 single-site delivery model. In addition, staff who have been shielding have started to return to work, seeing only those patients who do not pose an infection risk.

There has been a rise in new cases amongst a younger demographic, with 16-35 year olds thought to be those among the more prevalent cases in SYB's communities. Contrary to the initial outbreak this demographic is not translating into demand on hospital services, as most are asymptomatic and treatable at home.

There has also been an alteration to the UK's reporting figures with a change in definition of Covid-19 deaths, to a person with 'a laboratory-confirmed positive Covid-19 test and [who has] died within (equal to or less than) 28 days of the first positive specimen date' which will now be reported. This brings our national definition into line with Scotland, Northern Ireland and Wales. In time, this may alter our Sitrep data going forward.

A contract extension for the NHS Nightingale Hospital Yorkshire and the Humber has been formally agreed until March 31st 2021 – with an interim review in October 2020. It will ensure more patients can be screened for cancer and other serious illnesses whilst also continuing to act as a back-up contingency for SYB and the wider region in the event of a wider national outbreak.

2.2 National update

National Institute for Health Protection (NIHP)

Public Health England (PHE) is to be replaced by the National Institute for Health Protection (NIHP), a new Government agency.

First and foremost, I would like to take the opportunity to place on record the strengths of the local working arrangements with our PHE colleagues through the first wave of the pandemic and their contribution to the on-going work on re-establishing, screening and immunisation programmes, which are essential to the health of our population.

The responsibilities of the NIHP will dedicated to the investigation and prevention of infectious diseases and external health threats. Its responsibilities will include (but are not limited to) overseeing the Joint Biosecurity Centre, contact tracing and testing and also providing specialised

scientific advice on immunisation and countermeasures. It will report directly to Whitehall, and to the NHS Chief Medical Officer, Professor Chris Whitty.

SYB will continue to work closely with Local PHE teams and support Local Outbreak Control Plans until the NIHP is fully operational in spring 2021.

2.3 Regional Update

The North East and Humber Regional ICS Leaders met in August to take stock of recent experiences of the Covid-19 pandemic and to reflect on and build an understanding of respective roles and challenges. In particular, leaders focused on the key things to get right as Covid-19 becomes the new normal and in case of a potential second wave and winter linked to flu and the EU exit. Led by each of the four ICS' in North East and Humber, in partnership with their Local Resilience Forum partners, discussions took place on PPE supplies, outbreak management, care home and collective working.

2.4 Phase 3 Planning

Since receiving the Phase 3 letter from NHS England and Improvement which sets out the key priorities for health system for the rest of the year, colleagues across the system have been working to align these priorities with the restoration of services whilst also planning and preparing for potential future waves of the pandemic.

Though planning rounds always take focus and priority, this year's is possibly the most complex and detailed ever done as places focus on restoring services within the limitations and added pressures of ensuring social distancing and stringent infection prevention and control measures to ensure sites are Covid-safe. This work has preoccupied the time of many colleagues and on behalf of SYB, I would like to thank them for their continued efforts.

The final system plan, which is due to be submitted to NHS England and Improvement at the end of September will outline the updated transformation priorities for the coming months and years ahead and focus on clinical prioritisation, adapt and adopt as well as specific plans for cancer, mental health, local people (plan) and health inequalities. Crucially this is about enabling and supporting the system to restore services and tackle waiting lists whilst lessening the impact of health inequalities - which continue to pose a threat to vulnerable communities across SYB.

The health inequalities plan will build on the aims set out in the ICS' Five Year Plan (2019 – 2024) but will also need to reconsider how the system will meet the eight urgent actions from the Phase Three letter and the NHS Long Term Plan commitments. This is a welcome focus on health inequalities and provides an opportunity to fast-track plans and further prevent our most vulnerable communities from the impact of Covid-19 while taking forward work to improve their health and access to health care.

2.5 Capital

In August, the Department of Health and Social Care (DHSC) announced an additional £11.5 million of funding for NHS services in South Yorkshire and Bassetlaw. The allocation, part of a £300 million national boost, is specifically intended to support the NHS' winter preparedness plans by boosting capacity and treatment services in emergency departments. The investment means Barnsley Hospital NHS Foundation Trust, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust, The Rotherham NHS Foundation Trust, Sheffield Children's NHS Foundation Trust and Sheffield Teaching Hospitals NHS Foundation Trust will be able to physically upgrade infection control measures at their sites with enhanced safety plans (waiting space adjustments, signage and additional cubicles). Projects need to be completed by the start of 2021.

SYB was also awarded £5m from the Regional Capital panel as part of a bid for Covid-19 diagnostic money. The successful bid means £4.2m for endoscopy equipment, £0.8m for CT and

MRI, with £0.7m allocated for work stations to enable remote working for radiologists. This new funding will directly benefit patients across SYB as we restore services.

2.6 New PPE Storage Facility

A new Yorkshire-based warehouse facility has been identified as the storage facility for SYB's PPE stock following the expiry of the agreement with FlyDSA Sheffield Arena. As an existing supplier on the NHS Supply Chain, the new storage site will house around 11,500,000 items of PPE including clinical-grade gowns, face masks and hand sanitiser. The new deal will also save over £5000 per week in storage and retrieval fees. On behalf of health and care partners in SYB, I would like to thank Paul Ralston and Andy Baker of the ICS Procurement Team for their ongoing work in this field and in securing this new arrangement.

2.7 Scenario Testing Workshop

A scenario testing workshop to plan for winter resilience and testing potential Covid-19 scenarios, flu outbreaks and the limitations to routine service delivery will be held on 8 September. It will involve emergency planning leads working with a team from their own organisations.

It will test four different scenarios that correlate with the Phase Three letter guidance; two (scenarios) from NHE England and Improvement's (NHSE/I) emergency planning route and two from SYB's Local Resilience Forum (LRF).

The four scenarios that are to be tested are:

- NHSE/I: Short-term surge from mid-to-late September 2020 similar to first wave in March/April
- NHSE/I: No second surge: instead, working to a 'background level' of Covid-19, alongside seasonal flu and other circulating illnesses
- LRF scenario 1: Localised outbreaks and managing critical care beds nationally
- LRF scenario 2: Seasonal pressures and Covid-19 resurgence over the winter period

3. Finance update

The financial framework that has been in place during Covid-19 from April to July has been extended for August and September. The new financial framework from October to March has not yet been released as discussions are still ongoing with Treasury on the financial settlement. A planning letter was sent by Simon Stevens and Amanda Pritchard on 31 July which outlined that systems will get a financial envelope which will include top up and Covid-19 expenditure funding. There will no longer be a retrospective top up whereby providers and commissioners received additional funding to bring them to break-even subject to a reasonableness review.

An incentive scheme was announced on 20 August which incentives activity performance above the levels set out in the planning letter but also takes marginal cost income away from systems if activity performance are below the national expectation. Further detail is required on how this scheme would operate but could be a significant risk to the systems funding levels.

The system has been successful in securing £5m of Covid-19 capital funding for endoscopy, CT and MRI equipment and there is likely to be further funding of Covid-19 Critical Care capital that is currently being discussed between systems the region and the centre.

Andrew Cash
System Lead, South Yorkshire and Bassetlaw Integrated Care System

Date: 1 September 2020

D1

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	**Financial Performance – Month 5 August 2020**		
Report to	**Trust Board**	**Date**	**15 September 2020**
Author	**Alex Crickmar – Deputy Director of Finance** **Jon Sargeant - Director of Finance**		

Purpose		Tick one as appropriate
	Decision	
	Assurance	
	Information	X

Executive summary containing key messages and issues
The Trust's deficit for month 5 (August 2020) was £616k before the retrospective top up. This is in line with the Month 4 deficit which was £614k (excluding the retrospective top up and sale of chequer road). As has been the case in previous months, the Trust (in line with national guidance) has accrued a central retrospective top up payment of £616k in order to report a break even financial position at Month 5. The year to date financial position is a £2,141k deficit before the retrospective top up. This position will come under further pressure as the Trust begins to implement plans to increase activity over the coming months. The current financial arrangements will continue to month 6 with new financial arrangements in place from month 7 to the end of the financial year. However confirmation of financial arrangements post Month 6 are still awaited at the time or writing.
Key questions posed by the report
N/A
How this report contributes to the delivery of the strategic objectives
This report relates to strategic aims 2 and 4 and the following areas as identified in the Trust's BAF and CRR. • F&P 1 - Failure to achieve compliance with financial performance and achieve financial plan and subsequent cash implications • F&P 3 - Failure to deliver Cost Improvement Plans in this financial year • F&P 19 - Failure to achieve income targets arising from issues with activity

• F&P 13 - Inability to meet Trust's needs for capital investment • F&P – 14 - Reduction in hospital activity and subsequent income due to increase in community provision • F&P 16 - Uncertainty over ICS financial regime including single financial control total
How this report impacts on current risks or highlights new risks
Update on risk relating to delivery of 2020/21 financial position.
Recommendation(s) and next steps
The Board is asked to note: • The Trust's deficit for month 5 (August 2020) was £616k before the retrospective top up. However, in line with national guidance the Trust has accrued a central retrospective top up payment of £616k in order to report a break even financial position at Month 5. The year to date financial position is a £2,141k deficit before the retrospective top up. It should also be noted that the Trust is yet to receive planning guidance or updated financial arrangements at the time of writing.

FINANCIAL PERFORMANCE

Month 5 - August 2020

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

P5 August 2020

1. Income and Expenditure vs. Plan

Performance Indicator	Monthly Performance		YTD Performance		
	Actual £'000	Variance to budget £'000	Actual £'000	Variance to budget £'000	Plan £'000
I&E Perf Exc Impairments & top up	18	(870) F	92	(7,754) F	2,011
Income	(34,734)	67 A	(173,010)	236 A	(35,046)
Donated Asset Income	(18)	(18) F	(92)	(92) F	0
Operating Expenditure	33,927	(1,212) F	168,953	(8,450) F	346
Pay	23,299	(791) F	117,267	(3,182) F	24,090
Non Pay & Reserves	10,628	(421) F	51,687	(5,268) F	10,509
Financing costs	1,441	(18) F	6,400	(92) F	1,240
I&E Performance excluding top up	**616**	**(888) F**	**2,141**	**(7,846) F**	**2,011**
Retrospective top up	(616)	(616) F	**(2,141)**	(2,141) F	
I&E Performance including top-up	**(0)**	**(1,504) F**	**0**	**(9,987) F**	**2,011**

F = Favourable A = Adverse

Financial Sustainability Risk Rating	Plan	Actual
Risk Rating	3	3

2. CIPs

Performance Indicator	Monthly Performance		YTD Performance		Annual
	Actual £'000	Variance to budget £'000	Actual £'000	Variance to budget £'000	Plan £'000
Employee Expenses					
Drugs					
Clinical Supplies					
Non Clinical Supplies					
Non Pay Operating Expenses					
Income					
Mixed					
Total	**0**	**0 A**	0	**0 A**	**0**

3. Statement of Financial Position

All figures £m	Opening Balance	Closing balance	Movement in year
Non Current Assets	**213,162**	**215,985**	**2,823**
Current Assets	63,216	85,771	**22,555**
Current Liabilities	-130,077	-155,516	**-25,439**
Non Current liabilities	-16,657	-16,623	**34**
Total Assets Employed	**129,644**	**129,617**	**-27**
Total Tax Payers Equity	**-129,644**	**-129,617**	**27**

4. Other

Performance Indicator	Monthly Performance		YTD Performance		Annual
	Plan £'000	Actual £'000	Plan £'000	Actual £'000	Plan £'000
Cash Balance		60,112		60,112	21,924
Capital Expenditure	1,465	1,658	6,002	6,592	29,402

5. Workforce

	Funded WTE	Actual WTE	Bank WTE	Agency WTE	Total in Post WTE
Current Month	5,954	5,412	254	106	5,772
Previous Month	5,955	5,444	257	103	5,803
Movement	1	31	2	-3	31

Key

Income		Expenditure	
Over-achieved	F	Overspent	A
Under-achievement	A	Underspent	F

1. Month 5 Financial Position Highlights

Summary Income and Expenditure – Month 5

	Month 5 £000	YTD £000
Income	**-34,734**	**-173,010**
Pay		
Substantive Pay	21,167	107,734
Bank	842	3,354
Agency	673	3,256
Recharges	617	2,923
Total pay	**23,299**	**117,267**
Non-Pay		
Drugs	586	2,975
Non-PbR Drugs	1,499	7,059
Clinical Supplies & Services	2,101	9,545
Other Costs	6,443	32,108
Total Non-pay	**10,628**	**51,687**
Financing costs & donated assets	**1,423**	**6,198**
Deficit Position as at month 5 before retrospective top up	**616**	**2,141**
Retrospective top up	**-616**	**-2,141**
Reported Position at month 5	**0**	**0**

The Trust's deficit for month 5 (August 2020) was £616k before the retrospective top up. This is in line with the Month 4 deficit which was £614k (excluding the retrospective top up and sale of chequer road). As has been the case in previous months, the Trust (in line with national guidance) has accrued a central retrospective top up payment of £616k in order to report a break even financial position at Month 5. The year to date financial position is now a £2,141k deficit before the retrospective top up. After adjusting for the £616k retrospective top up in month, the Trust's position was c. £1.5m favourable to budget (which is due to activity being lower than originally thought and thereby expenditure). The Trust will need to reset its budget from Month 6 onwards once new national financial arrangements are confirmed.

The Trust's month 5 financial position includes revenue costs of c. £900k relating to COVID (£1.4m in July, £7m YTD), of which c. £0.6m relates to pay costs and £0.3m to non-pay costs. COVID expenditure reduced this month mainly due to temporary student nurses and doctors who had supported the Trust's COVID response now leaving as planned and the meals scheme ending in August.

The clinical income position reported at Month 5 continues to be aligned to the national block arrangements in place as previously set out to the Committee and Board. Activity levels across most points of delivery (POD) continue to be significantly lower than the normal Trust average but are increasing. This is shown in the table below which sets out the percentage movement in (PbR only) activity for the monthly positions compared to the monthly average for 2019/20. It can be seen that some areas are starting to show an increase in activity (especially A&E and non-elective) but are still significantly lower than activity levels in 2019/20. Activity is expected to increase significantly from September onwards as Division delivery plans for restarting activity commence.

Point of Delivery	Aug-20	Jul-20	Jun-20	May-20	Apr-20
Daycase	-69.01%	-72.40%	-77.19%	-81.63%	-84.05%
Elective	-64.22%	-67.00%	-68.75%	-67.80%	-76.99%
Non-Elective	-27.51%	-30.52%	-34.44%	-38.09%	-42.36%
OP First	-74.02%	-76.90%	-79.65%	-81.79%	-81.43%
OP Follow Up	-77.61%	-79.25%	-81.14%	-82.09%	-79.31%
OP Procedure	-76.42%	-78.58%	-82.40%	-85.19%	-87.14%

N.B. The outpatient activity currently excludes any virtual attendances.

In Month 5 Non clinical income is overall £166k above the M1-4 average. This position does not take account of the Q2 LDA value (including a backdated element for Q1) at this point whilst this is being investigated further with HEE. The main movements in month were related to increases in oversees visitor invoicing (£89k above the M1-4 average); lead unit recharges (£50k higher than average); and course fees received from STH (20k above average). Although we have seen an increase in non-clinical income versus the average, non-clinical income is significantly below last year. It also below the original budget set due to limited Bowel Screening Activity undertaken for STH and lower than anticipated RTA income. Non-Clinical income budgets will be updated for Month 6 onwards.

The pay expenditure position in month, (excluding Covid), is £25k lower than run rate. However there has been an increase in nurse bank expenditure of £144k which is predominantly in the Medicine Division, but has been partly offset by a reduction in substantive and agency spend (£71k), with pressures due to enhanced care and increased sickness in August. Non-pay has increased in the month by £486k compared to the M1-4 run rate, however non-pay expenditure is broadly in line with July (Month 4). The movement against the M1-M4 run rate is driven by the restarting of some activity:

- Drugs increase of £97k (mainly in Rheumatology, Chemotherapy, IVT)
- Clinical supplies of £240k (bloods, consumables, prosthesis etc.)
- Other non pay costs - £149k which is mainly due to the provision of bad debts increasing to offset the increase in overseas income in month.

It is expected that expenditure will start to increase in the following months as the Trust moves into the next phase of COVID response and activity starts to increase.

Capital expenditure spend in month 5 is £1.5m. This is £0.2m behind the £1.7m plan. YTD capital expenditure spend is £6.6m, including COVID-19 capital spend of £1.5m. This is £0.6m ahead of plan, mainly due to the HSDU to CCU conversion works, and the emergency fire works progressing quicker than expected. The Board should note that the current capital plan excludes the Critical Infrastructure funding and the A&E funding. This will be reflected in the month 6 position. Depreciation has increased in month by c £100k relating to the impact of Q1 additions and the PDC calculation has been updated to take account of capital spend.

The cash balance at the end of August was £60.1m (July: £63.6m). The decrease of cash in month is mainly as a result of paying capital invoices in month, with cash remaining high due to the Trust receiving two months' worth of the block income in advance in April.

2. Recommendations

The Board is asked to note:

- The Trust's deficit for month 5 (August 2020) was £616k before the retrospective top up. However, in line with national guidance the Trust has accrued a central retrospective top up payment of £616k in order to report a break even financial position at Month 5. The year to date financial position is a £2,141k deficit

before the retrospective top up. It should also be noted that the Trust is yet to receive planning guidance or updated financial arrangements at the time of writing.

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	**Integrated Quality & Performance Report**		
Report to	**Trust Board**	**Date**	**15 September 2020**
Author	**Rebecca Joyce, Chief Operating Officer**		
Purpose			Tick one as appropriate
	Decision		
	Assurance		x
	Information		

Executive summary containing key messages and issues
This report highlights the key performance and quality targets required by the Trust to maintain NHSI compliance. The report focuses on the main performance area for NHSi compliance for July 2020 including: • Cancer 62 day classic, measured on average quarterly performance • 4hr Access, measured on average quarterly performance • 18 weeks measured on monthly performance against active waiters, • Diagnostics performance against key tests • Infection control measures, C Diff and MRSA Bacteraemia ***Impact on performance from Covid 19 is clearly stated in the report.** The Quality report highlights the ongoing work with Divisions and external partners to improve patient outcomes and a focus on mortality rates. The report contains a review of 7 day services against the National Standard.
Key questions posed by the report

Key Questions for the Board are:

- Is the Trust maintaining performance against agreed trajectories with our CCGs and in the context of national standards?
- Is the Trust providing a quality service for the patients?
- Are NEDs assured that the actions being undertaken to address underperformance and maintain current standards are robust and deliver the agreed improvements?

How this report contributes to the delivery of the strategic objectives

This report supports all elements of the strategic direction by identifying areas of good practice and areas where the Trust requires improvements to meet our expectations.

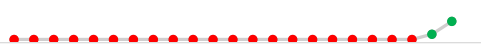
How this report impacts on current risks or highlights new risks

F&P6 Failure to achieve compliance with performance and delivery aspects of the Single Oversight Framework, CQC and other regulatory standards

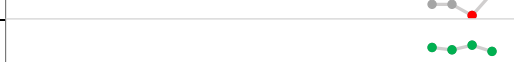
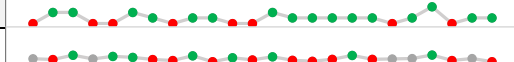
F&P15 Commissioner plans do not come to fruition and do not achieve the required levels of acute service reduction

Recommendation(s) and next steps

The Board is asked to consider the report.

Category	Indicator	Benchmarking Month Reported	Peer Benchmark	National Benchmark	Latest Month Reported	CURRENT MONTH			YEAR-TO-DATE			Trend Graph (Aug-18 - stated month) This is calculated based on rolling 24 month data with performance below expected control limits highlighted in red and above expected control limits in green
						Local Target	Actual	Variance	Local Target	Actual	Variance	
Performance (NHSI Compliance Framework)	A&E: Max wait four hours from arrival/admission/transfer/discharge (Type 1 benchmarking only)	Jul-20	90.1%	88.9%	Jul-20	95%	91.7%	-3.28%	95%	92.7%	-2.35%	
	Max time of 18 weeks from point of referral to treatment- incomplete pathway	Jun-20	48.9%	47.7%	Jul-20	92%	49.2%	-42.84%	92%	64.8%	-27.16%	
	RTT 52 Week Breaches to date	-	-	-	Jul-20	0	157	157	0	157	157	
	Waiting list size (from 1/4/19) - 18 Weeks referral to treatment -Incomplete Pathways	-	-	-	Jul-20	29935	29155	780	29935	29155	780	
	% waiting less than 6 weeks from referral for a diagnostics test	Jun-20	48.3%	52.2%	Jul-20	99%	50.0%	-48.96%	99%	38.4%	-60.59%	
Performance (Cancer)	Day 28 Standard (patients received diagnosis or exclusion of cancer)	-	-	-	Jun-20	-	-	-	-		-	
	31 day wait for diagnosis to first treatment- all cancers	Jun-20	95.2%	93.8%	Jun-20	96%	100.0%	4.00%	96%	98.8%	2.79%	
	31 day wait for second or subsequent treatment: surgery	Jun-20	86.1%	86.8%	Jun-20	94%	100.0%	6.00%	94%	97.9%	3.87%	
	31 day wait for second or subsequent treatment: anti cancer drug treatments	Jun-20	97.7%	98.7%	Jun-20	98%	100.0%	2.00%	98%	100.0%	2.00%	
	31 day wait for second or subsequent treatment: radiotherapy	Jun-20	84.3%	94.9%	Jun-20	-	-	-	-	-	-	
	62 day wait for first treatment from urgent GP referral to treatment	Jun-20	76.5%	75.2%	Jun-20	85%	93.7%	8.65%	85%	84.4%	-0.59%	
	62 day wait for first treatment from consultant screening service referral	Jun-20	36.8%	12.9%	Jun-20	90%	20.0%	-70.00%	90%	68.6%	-21.43%	
	Cancer Waiting Times Open Suspected Cancer Pathways 104 Days +	-	-	-	Jun-20	-	65	-	-	84	-	
Performance (Activity)	A&E Attendances	-	-	-	Jul-20	-	13860	-	-	46261	-	
	Non Elective Activity - Discharges	-	-	-	Jul-20	4245	5036	791	16980	17005	25	
	Daycase Activity (Contracted levels achieved)	-	-	-	Jul-20	1445	1988	543	5779	5781	2	
	Other Elective Activity (Contracted levels achieved)	-	-	-	Jul-20	281	314	34	1122	1126	4	
	Outpatient new activity (Contracted levels achieved)	-	-	-	Jul-20	6872	8672	1801	27486	27573	87	
	Outpatient Follow Up activity (Contracted levels achieved)	-	-	-	Jul-20	14705	17584	2879	58821	59103	282	
Performance (Ambulance Handover Times)	Ambulance Handovers Breaches -Number waited <= 15 Minutes	-	-	-	Jul-20	78.9%	63.8%	-15.05%	78.9%	63.2%	-15.75%	
	Ambulance Handovers Breaches -Number waited >15 & <30 Minutes	-	-	-	Jul-20	22.2%	35.3%	-13.09%	22.2%	35.9%	-13.73%	
	Ambulance Handovers Breaches-Number waited >30 & < 60 Minutes	-	-	-	Jul-20	0.0%	0.8%	-0.76%	0.0%	0.8%	-0.77%	
	Ambulance Handovers Breaches -Number waited >60 Minutes	-	-	-	Jul-20	0.0%	0.1%	-0.11%	0.0%	0.1%	-0.14%	
	Proportion of patients scanned within 1 hour of clock start (Trust)	-	-	-	May-20	48.0%	55.6%	7.56%	48.0%	52.9%	4.86%	

Performance (Stroke)	Proportion directly admitted to a stroke unit within 4 hours of clock start	-	-	-	May-20	75.0%	55.6%	-19.44%	75.0%	61.4%	-13.57%	
	Percentage of all patients given thrombolysis	-	-	-	May-20	90.0%	100.0%	10.00%	90.0%	100.0%	10.00%	
	Percentage treated by a stroke skilled Early Supported Discharge team	-	-	-	May-20	24.0%	82.8%	58.76%	24.0%	83.6%	59.61%	
	Percentage discharged given a named person to contact after discharge	-	-	-	May-20	80.0%	100.0%	20.00%	80.0%	96.8%	16.83%	
Peformance (Theatres & Out Patients)	Out Patients: DNA Rate	-	-	-	Jul-20	8.7%	9.8%	-1.07%	8.7%	8.8%	-0.08%	
	Out Patients: Hospital Cancellation Rate	-	-	-	Jul-20	4.5%	23.3%	-18.77%	4.5%	30.6%	-26.10%	
	Overdue Follow Ups / Review List / Missing List (over 3 months = 25% overdue / under 3 months = 50% overdue	-	-	-	Jan-00	0WD	-	-	0WD	-	-	
	Typing Backlog (number / date)	-	-	-	Jul-20	3WD	29WD	-26WD	3WD	12WD	-9WD	
	Out Patient Booking - 2 weeks prior	-	-	-	Jul-20	95.0%	59.8%	-35.19%	95.0%	60.3%	-34.68%	
	Clinic Utilisation	-	-	-	Jul-20	95.0%	82.7%	12.30%	95.0%	78.3%	16.68%	
	ASIs 7 Days +	-	-	-	Jul-20	0	25	-25	0	25	-25	
	Missing Outcomes 14 Days +	-	-	-	Jul-20	0	530	530	0	530	530	
	Theatre Booking - 3 weeks prior	-	-	-	Jul-20	-	40.8%	-	-	29.8%	-	
	Theatre Booking - 4 weeks prior	-	-	-	Jul-20	95.0%	28.0%	-66.97%	95.0%	21.6%	-73.45%	
	Theatre Booking - 5 weeks prior	-	-	-	Jul-20	-	25.0%	-	-	17.9%	-	
	Theatre Utilisation	-	-	-	Jul-20	87.0%	69.6%	17.40%	87.0%	71.4%	15.62%	
	Cancelled Operations on the day (For non-clinical reasons)	-	-	-	Jul-20	1.0%	0.2%	0.82%	1.0%	0.3%	0.72%	
	Cancelled Operations-28 Day Standard	-	-	-	Jul-20	0	0	0	0	16	-16	
	ERS Advice & Guidance Response Time	-	-	-	Jul-20	2WD	9WD	-7WD	2WD	12WD	-10WD	
	Infection Control Hosptial Onset C.Diff	-	-	-	Jul-20	TBC	4	-	TBC	14	-	
	Infection Control Community Onset C.Diff	-	-	-	Jul-20	TBC	2	-	TBC	5	-	
	Infection Control Combined Onset C.Diff	-	-	-	Jul-20	TBC	6	-	TBC	19	-	
	Infection Control MRSA	-	-	-	Jul-20	0	0	0	0	0	0	
	HSMR (rolling 12 Months)	-	-	-	Jul-20	100	103.38	-3.38	100	103.38	-3.38	
	HSMR : Non-Elective (rolling 12 Months)	-	-	-	Jul-20	100	103.90	-3.90	100	103.90	-3.90	
	HSMR : Elective (rolling 12 Months)	-	-	-	Jul-20	100	101.69	-1.69	100	101.69	-1.69	

Patients	Never Events	-	-	-	Jul-20	0	0	0	0	1	1	
	Sis	-	-	-	Jul-20	-	0	-	-	6	-	
	VTE	-	-	-	Jan-20	95.0%	95.0%	0.00%	95.0%	95.3%	-0.28%	
	Pressure Ulcers - Category 3	-	-	-	Jul-20	5	4	0.99	20	21	-1	
	Pressure Ulcers - Category 2 / UNS / DTI	-	-	-	Jul-20	0	36	-36	0	211	-211	
	Falls with Severe Harm / Lapse in Care / SI	-	-	-	Jul-20	0	0	0	0	2	-2	
	Falls with Moderate or Severe Harm	-	-	-	Jul-20	3	4	1	3	8	5	
	Complaints Resolution Performance (% achieved closure in agreed timescales with complainant)	-	-	-	Jul-20	90.0%	48.8%	41.16%	90.0%	48.8%	41.16%	
	Complaints Upheld / Partially Upheld by Parliamentary Health Service Ombudsman	-	-	-	Jul-20	-	0	-	-	0	-	
	Claims CNST (patients)	-	-	-	Jul-20	TBC	6	-	TBC	6	-	
	Claims LTPS - staff	-	-	-	Jul-20	-	2	-	-	2	-	
	Friends & Family Response Rates (ED)	-	-	-	Mar-20	-	-	-	-	2.56%	-	
	Friends & Family Response Rates	-	-	-	Mar-20	-	-	-	-	21.49%	-	
	Emergency Readmissions within 30 days (PbR Methodology)	-	-	-	Jul-20	7.0%	7.8%	-0.76%	7.0%	8.2%	-1.24%	
	DTOC	-	-	-		3.0%	-	-	3.0%	-	-	
	Super Stranded Patients	-	-	-	Jul-20	71	39	32	71	166	-95	
	Average Length of Stay (Elective & Non-Elective)	-	-	-	Jul-20	-	3.34	-	-	3.51	-	
	Bed Occupancy <92%	-	-	-		92%	-	-	92%	-	-	
	Mixed Sex Accommodation	-	-	-	Jul-20	0	0	0	0	0	0	
	Sepis Screening - % of appropriate patients screened	-	-	-		90%	-	-	90%	-	-	
	Sepsis Prescribing - Antibiotics within 1 Hour	-	-	-		90%	-	-	90%	-	-	
	Deaths Screened as part of Mortality Review Process	-	-	-		80%	-	-	80%	-	-	
	NICE Guidance Response Rate Compliance	-	-	-	Jul-20	90.0%	79.9%	-10.11%	90.0%	92.6%	2.58%	
	NICE Guidance % Non & Partial Compliance	-	-	-	Jul-20	TBC	25.7%	-	TBC	24.3%	-	
	% Patients Asked for Smoking Status	-	-	-		90%	y to capture	-	90%	-	-	
	Of Patients who Smoke, % offered BAG / NRT & Referral to Smoking Cessation	-	-	-		50%	y to capture	-	50%	-	-	

Patients - CQUINNS	Appropriate Anitbiotic Prescribing for UTI in Adults (16+)	-	-	-		60%	-	-	60%	-	-	
	Cirrhosis & Fibrosis Tests for Alcohol Dependent Patients	-	-	-		35%	-	-	35%	-	-	
	Staff Flu Vaccinations (1.9.20 - 28.2.21)	-	-	-		-	-	-	-	-	-	
	Recording of NEWS2 Scores for Unplanned Critical Care Admissions (60%)	-	-	-		60%	-	-	60%	-	-	
	Screening & Treatment of Iron Deficiency Anaemia - Major Blood Loss Surgery	-	-	-		60%	-	-	60%	-	-	
	Treatment of CA Pneumonia - BTS Care Bundle	-	-	-		70%	-	-	70%	-	-	
	Rapid Rule Out Protocol - ED Patients with Suspected Acute MI (60%)	-	-	-		60%	-	-	60%	-	-	
	Adherence to Evidence Based Interventions Clinical Criteria	-	-	-		80%	-	-	80%	-	-	
COVID KPIs	ASIs Reviewed by a Clinician	-	-	-	Jul-20	100.0%	98.0%	-1.96%	100.0%	98.0%	-1.96%	
	ASIs booked into an appointment	-	-	-		-	-	-	-	-	-	
	Patients on Cancellation List have a risk stratification category	-	-	-		-	-	-	-	-	-	
	Cancellations booked into an appointment	-	-	-		-	-	-	-	-	-	
	Patients on Active Waiting List have a risk stratification category	-	-	-	Jul-20	50.0%	65.4%	15.37%	50.0%	65.4%	15.37%	
	Patients on Review/Missing List have a risk stratification category	-	-	-		-	-	-	-	-	-	
	Patients on Planned Waiting List have a risk stratification category	-	-	-	Jul-20	0%	0.5%	0.49%	0%	0.5%	0.49%	
	Category 1a Elective Patients Treated within 24 hours	-	-	-	Jul-20	50%	-	-	50%	-	-	
	Category 1b Elective Patients Treated within 72 hours	-	-	-	Jul-20	100%	89.8%	-10.22%	100.0%	91.5%	-8.49%	
	Category 2 Elective Patients Treated within 4 Weeks	-	-	-	Jul-20	100%	68.0%	-32.05%	100.0%	73.0%	-26.95%	
	Category 3 Elective Patients Treated within 3 Months	-	-	-	Jul-20	80%	-	-	80%	-	-	
	% Elective In Patient Activity compared to same period last year	-	-	-		-	37.6%	-	-	-	-	
	% Elective Day case Activity compared to same period last year	-	-	-	Jul-20	-	40.4%	-	-	-	-	
	% MRI Activity compared to same period last year	-	-	-	Jul-20	-	85.2%	-	-	-	-	
	% CT Activity compared to same period last year	-	-	-	Jul-20	-	91.9%	-	-	-	-	
	% Endoscopy Activity compared to same period last year	-	-	-	Jul-20	-	23.2%	-	-	-	-	
	% Out Patient Activity compared to same period last year	-	-	-	Jul-20	-	56.5%	-	-	-	-	
	Patients admitted as an emergency while on the waiting list (for the same speciality)	-	-	-	Jul-20	-	67	-	-	67	-	

	Patient death (in hospital) on waiting list - cause of death linked to condition waiting for	-	-	-		-	-	-	-	-	-	
People	Medical Appraisals (rolling 12 months)	-	-	-	Jul-20	90.0%	19.1%	-70.88%	90.0%	19.1%	-70.88%	
	Agenda for Change Appraisals (rolling 12 months)	-	-	-	Jul-20	90.0%	9.4%	-80.62%	90.0%	9.4%	-80.62%	
	Non-Medical Appraisals - in season (April - July)	-	-	-	Jul-20	90.0%	9.4%	-80.62%	90.0%	90.6%	0.62%	
	Sickness (rolling 12 months)	-	-	-	Jul-20	3.5%	5.2%	-1.67%	3.5%	5.2%	-1.67%	
	SET Training	-	-	-	Jul-20	90.0%	84.3%	-5.71%	90.0%	84.3%	-5.71%	
	Vacancies	-	-	-		5.0%	-	-	5.0%	-	-	
	Turnover (rolling 12 months)	-	-	-	Jul-20	10.0%	10.2%	0.16%	10.0%	10.2%	0.16%	
	Casework - number of grievances opened in month	-	-	-	Jul-20	N/A	0	-	N/A	0	-	
	Casework - number of conduct cases opened in month	-	-	-	Jul-20	N/A	22	-	N/A	30	-	
	Casework - number of bullying & harrassment cases opened in month	-	-	-	Jul-20	N/A	0	-	N/A	0	-	
	Number of Incorrect Payments (Trust Originated) (rolling 12 months)	-	-	-	Jul-20	0	293	-293	0	293	-293	
	Compliance with EWTD (on hold until 2021)	-	-	-		0	-	-	0	-	-	
	Time to Fill Vacancies (from TRAC authorisation - unconditional offer)	-	-	-		47WD	-	-	47WD	-	-	

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust
PERFORMANCE EXCEPTION REPORT – July 2020

(A) 4hr Access

National Target – 95%

Hospital	% Achievement	Attendances	No of Breaches	% Streamed from FDASS
Doncaster	89.88%	8731	884	15.42%
Bassetlaw	93.72%	3776	237	6.33%
Mexborough	99.93%	1339	1	1.12%
Trust	91.7%	13860	1122	11.56%

Main Issues Affecting Performance	Summary of Improvement Plan	Expected Improvement Timescales
Covid 19 has continued to impact on both departments. Bassetlaw continues to be split into 2 areas to manage 2 simultaneous pathways (yellow & blue patients) due to restrictions with the footprint of the department. Doncaster has opened up the department to increase blue capacity, however yellow patients are still being segregated and cohorted in the Emergency Assessment Unit Compared to July 2019, the Trust saw a decrease of 21% in attendances across all streams – particularly 'minors patients' Compared to July 2019, performance has increased from 90.36% to 91.9% Challenges with performance remain with waits to see ED Doctor, however this is a significant improvement on July 2019.	Building works to extend the footprint at DRI to commence early August 2020. This will provide additional capacity of 6 cubicles & will improve ambulance access to the department. This will have no negative impact with current service delivery. Ongoing work with the Bassetlaw team, including medics to improve patient flow by reviewing available capacity & utilising effectively to support the patient pathways. Earlier Senior Assessment, 'Super-tracking' of patients by a Senior Doctor & Emergency Assessment Unit continue to deliver improvements in flow particularly on the DRI site. Ongoing work continues with the teams to build and embed relationships and foster more effective patient pathways both within the Division and in the wider Trust.	Ongoing improvement to pathways & patient management.

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(B) Ambulance Handover Breaches

National Target – Within 30 Minutes – 100%
Local Target / Trajectory – Less than 15 minutes – 78.4% (tbc for 2020/21)
Between 15 – 30 minutes – 21.6% (tbc for 2020/21)

Month	Hospital	No of Arrivals	% less than 15 minutes	% between 15 & 30 minutes	% over 30 minutes	Longest Wait (hrs & minutes)
July 2020	**Doncaster**	1978	72.45%	27.50%	0.05%	44 Minutes
	Bassetlaw	799	42.55%	54.57%	2.88%	1 Hour 39 Minutes
	Trust	2777	63.85%	35.29%	0.86%	N/A

Main Issues Affecting Performance	Summary of Improvement Plan	Expected Improvement Timescale
• Batching of ambulances • Space in the Emergency Department	• Continued work with YAS and EMAS to reduce batching – monthly meetings recommenced following Covid 19 • Building work continues to enhance the DRI ED environment to support the acceptance & flow of patients throughout the department. • Work continues to reduce yellow capacity within DRI ED to enable to reintroduction of a single handover process • ESA and super track to improve overall flow and free up space in majors and cubicles	• Ongoing • Completion due October 2020 • Ongoing • Ongoing

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(C) Referral to Treatment (RTT)

National RTT Target – 92%

Year End Waiting List Target – as of January 2020 - 29935

The following table summarises the position by specialty compared to the national target of 92% and locally agreed waiting list target. Recovery plans are monitored via the Performance Assurance Framework through weekly service level performance meetings and Divisional Accountability meetings.

Specialty	Waiting List	RTT Percentage	Longest Wait (weeks)
BREAST SURGERY	278	84.5%	48 weeks
CARDIOLOGY	1518	55.9%	46 weeks
CLINICAL HAEMATOLOGY	89	86.5%	22 weeks
DERMATOLOGY	1103	78.8%	44 weeks
DIABETIC MEDICINE	384	57.3%	42 weeks
ENT	3270	38.9%	69 weeks
GENERAL MEDICINE	1938	63.3%	52 weeks
GENERAL SURGERY	2796	52.3%	76 weeks
GERIATRIC MEDICINE	110	75.5%	40 weeks
GYNAECOLOGY	1631	64.5%	56 weeks
MEDICAL OPHTHALMOLOGY	337	54.9%	49 weeks
NEPHROLOGY	104	90.4%	26 weeks
OPHTHALMOLOGY	2333	40.1%	80 weeks
ORAL SURGERY	2124	17.2%	87 weeks
ORTHODONTICS	116	14.7%	41 weeks
PAEDIATRIC CARDIOLOGY	95	50.3%	40 weeks
PAEDIATRICS	455	75.2%	37 weeks
PAIN MANAGEMENT	290	69.7%	55 weeks
PODIATRY	166	21.1%	44 weeks
RESPIRATORY MEDICINE	597	66.2%	59 weeks
RHEUMATOLOGY	287	56.5%	42 weeks
TRAUMA & ORTHOPAEDICS	6286	43%	88 weeks
UPPER GASTROINTESTINAL SURGERY	124	41.1%	59 weeks
UROLOGY	1846	44.1%	87 weeks
VASCULAR SURGERY	496	64.5%	58 weeks
Grand Total	**29155**	**49.2%**	

Incomplete Pathways	July 2020	June 2020	May 2020
Total (Trust)	29155	26785	24784
% under 18 Weeks (Trust)	49.2%	58.8%	72.3%
Total (Doncaster CCG)	17654	16061	14788
% under 18 Weeks (Doncaster CCG)	52.5%	61.3%	73.9%
Total (Bassetlaw CCG)	5867	5293	4786
% under 18 Weeks (Bassetlaw CCG)	54.7%	62.8%	74.7%

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PERFORMANCE EXCEPTION REPORT – July 2020

Overarching Issues Affecting Performance	Summary of Trust Wide / Corporate Improvement Plan	Expected Improvement Timescales
During July 2020, in line with the Trust's Stabilisation & Recovery Plan, additional routine outpatient and inpatient activity has resumed. In line with national guidance, specialties are working towards maximum service reinstatement, however due to limitations in theatres, bed capacity and available space in outpatient waiting areas, this continues to be a challenge. In addition, a small number of specialties will be unable to provide 100% of their outpatient clinic capacity for the foreseeable future due to the nature of the specialty e.g. Head & Neck where the majority of patients need to be seen on a face to face basis. Work is ongoing to expand this capacity whilst maintaining social distancing standards agreed within the organisation The Trust continues to see a reduction in referrals affecting the RTT position by reducing the overall denominator of the waiting list. In July 2020 the Trust saw an overall reduction of 42% in comparison to July 2019.	In line with the Trust's Stabilisation & Recovery Plan, elective outpatient & inpatient activity is resuming within agreed parameters and with full Trust collaboration to ensure any face to face activity is undertaken safely. Numerous services are already working at 100% outpatient clinic capacity using all mediums available including telephone and video consultations. Face to face consultations remain limited due to social distancing requirements. Specialty level recovery plans are being used to produce activity forecasts to be monitored on a weekly basis as part of the Performance Assurance Framework, to ensure specialties are providing the level of activity specified in their plans and at a Trust level we are achieving the national activity guidance as set out in the national phase-3 implementation letter received in July 2020. The full monitoring of these metrics will be done via the Integrated Quality & Performance Report All priority 4 patients will also become part of the collaborative discussions with CCG and partners to identify whether any such patients could be managed in an alternative setting outside of an acute hospital taking into consideration the increasing wait time for routine patients. It has been agreed that for the remainder of 2020/21, Park Hill Hospital will provide us with 75% of their capacity to support the Trust in managing the backlog of patients.	Following national guidance, patients are being seen in order of clinical priority, so although activity levels are increased there will not be a direct correlation with performance improvement as the majority of prioritised patients will not be 18 weeks+. Following the completion of the activity forecast plan, we will be able to produce a forecasted position for the national metrics for the remainder of 2020/21. As the Stabilisation & Recovery Plans are implemented and routine workload resumes, the Stabilisation Governance group have agreed that all Priority 3 and 4 patients will be treated in strict chronological order to reduce the number of patients over 52 weeks

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust
PERFORMANCE EXCEPTION REPORT – July 2020

(D) 52 Week Breaches

National Target – 0

					Assuming no clock stops & all previously reported breaches are carried over			
	March 2020	**April 2020**	**May 2020**	**June 2020**	**July 2020**	**August 2020**	**September 2020**	**October 2020**
New Patients Breaching 52 Weeks	1	9	17	52	89	113 (predicted)	225 (predicted)	517 (predicted)
Total Reported Breaches Including Carried Over (incomplete)	1	10	25	77	157	270 (predicted)	495 (predicted)	1012 (predicted)
Total Reported Breaches Including Carried Over (stopped in month)		0	0	5	10			

*****some previously breaching patients will have been treated between March 2020 – July 2020 and will not appear in the numbers above

Specialty Breakdown (new breaches)	**No of Breaches**	**CCG Breakdown (new breaches)**
Bariatric	2	2 x Doncaster
ENT	8	4 x Doncaster 2 x Bassetlaw 1 x East Leicestershire 1 x Derby & Derbyshire
General Medicine	1	1 x Barnsley
General Surgery	6	5 x Doncaster 1 x Bassetlaw
Gynaecology	2	2 x Doncaster
MSK / CATS	1	1 x Bassetlaw
Ophthalmology	5	1 x Doncaster 3 x Bassetlaw 1 x North Lincolnshire
Oral Surgery	15	15 x NHS England
Pain Management	1	1 x Doncaster
T&O	38	27 x Doncaster 8 x Bassetlaw 1 x Lincolnshire West 2 x Rotherham
Urology	10	6 x Doncaster 2 x Bassetlaw 2 x Wakefield

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust
PERFORMANCE EXCEPTION REPORT – July 2020

Overarching Issues Affecting Performance	Summary of Trust Wide / Corporate Improvement Plan	Expected Improvement Timescales
All 52 week breaches declared in July 2020 were directly impacted by Covid 19 and the inability to provide routine elective care in line with national guidance. 3 / 90 breaches were escalated pathways identified at 52 weeks+, however all of these would have been treated in month if full access to services were available.	Each 52 week breach continues to be reviewed and breach reports produced to ensure any lessons learnt can be identified from the management of the full patient pathway – acknowledging the ultimate reason for breach is due to Covid 19. All long waiting patients are reviewed on a weekly basis via a central PTL meeting with clinical reviews being undertaken to ensure all patients waiting receive a risk stratification review and are graded appropriately. As stated in the national phase 3 implementation letter, the management of potential and actual 52 week breaches will be managed with a more collaborative approach for the remainder of 2020/21. To this end a meeting will take place in August 2020 with Trust, CCG and Primary Care colleagues to discuss individual patient management.	As per national guidance on risk stratification & delivery, patients will be treated in accordance with clinical need and not length of time waiting, so the Trust will expect the number of 52 week breaches to grow over the coming weeks. As the Stabilisation & Recovery Plans are implemented and routine workload resumes, the Stabilisation Governance group have agreed that all Priority 3 and 4 patients will be treated in strict chronological order to proactively manage the number of patients over 52 weeks

Specialty Breakdown of Predicted 52 Week Breaches

Speciality	August 2020	September 2020	October 2020
BREAST SURGERY	1	1	1
CARDIOLOGY	0	1	15
DERMATOLOGY	0	2	5
DIABETIC MEDICINE	0	0	2
ENT	21	39	79
GENERAL MEDICINE	2	7	12
GENERAL SURGERY	13	30	81
GERIATRIC MEDICINE	0	0	1
GYNAECOLOGY	3	3	6
MEDICAL OPHTHALMOLOGY	1	2	3
OPHTHALMOLOGY	23	47	95
ORAL SURGERY	42	64	129
ORTHODONTICS	0	0	2
PAEDIATRIC CARDIOLOGY	0	0	1
PAIN MANAGEMENT	1	1	1
PODIATRIC SURGERY	0	0	1
PODIATRY	0	1	7
RESPIRATORY MEDICINE	1	7	11

RHEUMATOLOGY	0	0	9
TRAUMA & ORTHOPAEDICS	125	224	438
UPPER GASTROINTESTINAL SURGERY	3	7	15
UROLOGY	31	55	92
VASCULAR SURGERY	3	4	6
Total	270	495	1012

(E) Diagnostics

National Target – 99%

Exam Type	<6W	>=6W	Total	Performance	Longest Breach (weeks)
MRI	897	525	1422	**63.08%**	36
CT	1312	1062	2374	**55.27%**	31
Non-Obstetric Ultrasound	3119	2778	5897	**52.89%**	29
DEXA	228	367	595	**38.32%**	29
Audiology	84	391	475	**17.68%**	29
Echo	239	403	642	**37.23%**	19
Nerve Conduction	33	96	129	**25.58%**	26
Sleep Study	38	21	59	**64.41%**	19
Urodynamic	4	91	95	**4.21%**	31
Colonoscopy	361	393	754	**47.88%**	25
Flexible Sigmoidoscopy	81	157	238	**34.03%**	27
Cystoscopy	239	143	382	**62.57%**	30
Gastroscopy	346	543	889	**38.92%**	30
Total	**6981**	**6970**	**13951**	**50.04%**	

Performance for the Trust, NHS Doncaster and NHS Bassetlaw is outlined below:

	Waiters <6W	Waiters >=6W	Total	Performance
Trust	6981	6970	13951	50.04%
NHS Doncaster	4524	4655	9179	49.29%
NHS Bassetlaw	1831	1665	3496	52.37%

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust
PERFORMANCE EXCEPTION REPORT – July 2020

Overarching Issues Affecting Performance	Summary of Trust Wide / Corporate Improvement Plan	Expected Improvement Timescales
During July 2020 additional routine activity was reinstated across Doncaster & Bassetlaw and this is reflected in the 14.9% improvement in performance since last month. Due to National Guidance on Social Distancing & increased Infection Prevention & Control processes, no diagnostic modalities are able to provide pre-covid activity levels, however plans continue to evolve across the modalities to maximise capacity, reduce the backlog & improvement performance. There was an increase in 0-5 week waiters for July month-end, having a positive impact on the performance percentage.	Recovery plans for all diagnostic modalities have been developed to ensure all services are maximised while prioritising the implementation of national guidance around social distancing and provide assurances that all patients and staff remain safe while providing increased levels of access to diagnostics. Waiting patients continue to be reviewed & risk stratified, with patients being booked in order of clinical need.	Communication continues with the Integrated Care System to ensure an equitable approach across the region and to take advantage of capacity offered from other parts of the region. The continued development of recovery plans and associated capacity and demand plans will help inform timescales for recovery going forward.

(F) Cancer Performance

Cancer Performance – Trust – June 2020

Standard	Target	Performance
31 Day Classic	96%	100%
31 Day Sub – Surgery	94%	100%
31 Day Sub – Drugs	98%	100%
62 Day – IPT Scenario Split	85%	93.7%
62 Day 50/50 Split	85%	95.5%
62 Day – Local Performance (local measure only)	-	98.3%
62 Day – Shared Performance only 50/50 Split (local measure only)	-	75%
62 Day Screening	90%	20%
62 Day Consultant Upgrades (local measure only)	85% (local)	78.6%

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust
PERFORMANCE EXCEPTION REPORT – July 2020

Cancer Performance - Specialty – June 2020

	31 Day - Classic	31Day Sub - Surgery	31 Day Sub - Drugs	*62 Day – Classic 50/50 split*	62 Day – Day 38 IPT split	62 Day Screening	62 Day Consultant Upgrades
Operational Standard	**96%**	**94%**	**98%**	**85%**	**85%**	**90%**	**85%** (locally agreed target – no national standard)
Breast	100%	100%		95.8%	95.8%	100%	100%
Gynaecology	100%			100%	100%		
Haematology	100%		100%	100%	100%		
Head & Neck				50%	50%		
Lower GI	100%	100%		92.3%	92.3%	0%*	
Lung	100%			100%	100%		70%
Sarcoma	100%						
Skin	100%			100%	95.9%		
Testicular				100%	100%		
Upper GI	100%			100%	100%		
Urological	100%		100%	83.3%	83.3%		100%
Performance	100%	100%	100%	95.5%	93.7%	20%	78.6%

*Relates to 4 patients on lower GI pathway – all breached due to Covid 19 reasons

Cancer Performance by CCG – June 2020

	31 Day - Classic	31Day Sub - Surgery	31 Day Sub - Drugs	*62 Day – Classic 50/50 split*	62 Day Screening	62 Day Consultant Upgrades
Operational Standard	96%	94%	98%	85%	90%	**85%** (locally agreed target – no national standard)
Doncaster CCG	100%	100%	100%	95.5%	50%	72.7%
Bassetlaw CCG	100%	100%	100%	86.7%	0%	

Cancer Performance Exceptions – June 2020

Tumour Group	Breached Standard 31 Day /62 Day	No of Breaches	Summary of Breach Issues
Head & Neck	62 Day	1	1 x Shared Care – Complex Diagnostic Pathway compounded by COVID-19 guidelines
Lower GI	62 Day	4	4 x local pathway Covid 19 reasons
Lung	62 Day	2	1 x shared care pathway delay 1 x shared care treatment capacity
Urology	62 Day	2	1 x shared care pathway delay – theatre capacity at treating hospital 1 x local pathway – treatment delay for medical reasons

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust
PERFORMANCE EXCEPTION REPORT – July 2020

104 Day Breaches – June 2020

Specialty	No of Breaches (in month)	CCG	Referral to Treatment Pathway Length	Breach Reasons
Lower GI	1	Bassetlaw	138	Pathway delays compounded by Covid 19. Clinical pathway pause due to Covid 19
Head & Neck	1	Doncaster	110	Complex diagnostic pathway compounded by Covid 19.
Urology	1	Doncaster	131	Treatment delay for medical reasons for safe clinical practice after recent MI.

*confirmed cancer diagnosis with treatment in reported month – this is a subset of the 62 day Cancer Waiting Time Standard.

	Actual	Predicted 104 Day Open Suspected Cancer Pathway Breaches			
	June 2020	July 2020	August 2020	Sept 2020	Oct 2020
Cancer Waiting Times Open Suspected Cancer Pathways 104 Days +	65	47	30	TBC	TBC

Overarching Issues Affecting Performance	Summary of Trust Wide / Corporate Improvement Plan	Expected Improvement Timescales
• Improved performance for June 2020 mainly due to the lower number of shared care pathways treated at Sheffield due to Covid 19 guidance. • Increasing referrals across all tumor groups – increasing denominator equates to improved performance • Patient choice – large number of patients continue to refuse appointments – particularly diagnostics where there is no face to alternative. • Backlog in diagnostics – particularly Endoscopy – extending pathways • Histopathology delays due to staffing • Inability to fully utilise appointment slots at short notice due to national shielding guidance.	• Reinstatement of endoscopy capacity • Recruitment process underway for additional Histopathologist • Trust approach to adoption of national guidance on shielding prior to elective and diagnostic procedures – reducing the amount of time a patient has to shield prior to a procedure. This will increase the number of short notice cancellations we can utilise.	• Increased endoscopy capacity stepping up over next 3 months • Recruitment process could take 6-12 months • From September 2020

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust
PERFORMANCE EXCEPTION REPORT – July 2020

(G) Stroke

National Target – (Direct Admission within 4 hours) – 75%

May 2020

Direct Admission within 4 Hours	Bassetlaw CCG	Doncaster CCG	Barnsley CCG	Rotherham CCG	Other CCG	Total
Yes	6	12	2	0	0	**20**
No	6	9	0	0	1	**16**
Total	**12**	**21**	**2**	**0**	**1**	**36**
Performance	50.0%	57.1%	100.0%	0	0.0%	**55.6%**

Four out of the five IQPR standards were rated green for Stroke. The Stroke Unit was recently awarded 'A' grade for Stroke Sentinel National Audit (SSNAP). All SSNAP KPIs compare favourably to the national average and the DRI Stroke Unit is 'A' rated on SNNAP. The remaining area of focus is timeliness of direct admission to the Stroke Unit, with the action plan detailed below.

Overarching Issues Affecting Performance / Breach Reasons	No of Breaches	Summary of Trust Wide / Corporate Improvement Plan	Expected Improvement Timescales*
Stroke Unit Bed Availability	0	Review & update operational policy – include new patient pathways, protocols & SOPs	December 2020
Stroke Staff Availability	0		
Delay in Transfer from ED	4	Advanced Clinical Practitioner role introduced to increase specialist outreach in to ED for early identification of stroke patients	October 2019
Delay - transport BDGH to DRI	0	Qii project to include all stakeholders: • ED / CT / Stroke Team / Site Management	TBC *
Delay at CT Scan	3		
Patient Presentation: secondary / late diagnosis of stroke.	6	Development of intra-cranial haemorrhage pathway to improve early stroke diagnosis	June 2020
Neurosurgery Delay	1	N/A	N/A
Exclude – Hospital Stroke	3	N/A	N/A
Patient Needs	2	N/A	N/A

*All timescales delayed due to Covid 19. Timescales to be set in line with return to BAU. Progress reported at July 2020 Accountability Meeting and CCG CQRG Meeting.

Longest delay for direct admission: 4 days, 16 hours 58 minutes – "Presented at Bassetlaw with head injury as result of a fall. Subdural identified on CT scan and sent to Rehabilitation Unit. Due to patient not eating/drinking, was transferred back to DRI and rescanned. Admitted to Frailty Assessment Unit initially, then transferred to Stroke Unit.

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(H) Cancelled Operations on the Day for Non Clinical Reasons (Theatre & Non Theatre)

National Target – 1%

CCG	Total Activity	No of Cancellations	% Achievement
Trust	**2248**	**4**	0.2%
Doncaster	1517	3	0.2%
Bassetlaw	481	1	0.21%
Other	250	0	0%

Overarching Issues Affecting Performance / Breach Reasons	No of Breaches	Summary of Improvement Plan
Insufficient Time (clinical reasons)	1	All cases planned through theatre planning group using individual consultants pre-agreed nominal timing for each procedure – all captured on Bluespier & all overruns discussed at theatre strategy group.
Equipment	1	Under investigation
Not Written in Diary	1	Under investigation
No Interpreter	1	Under investigation

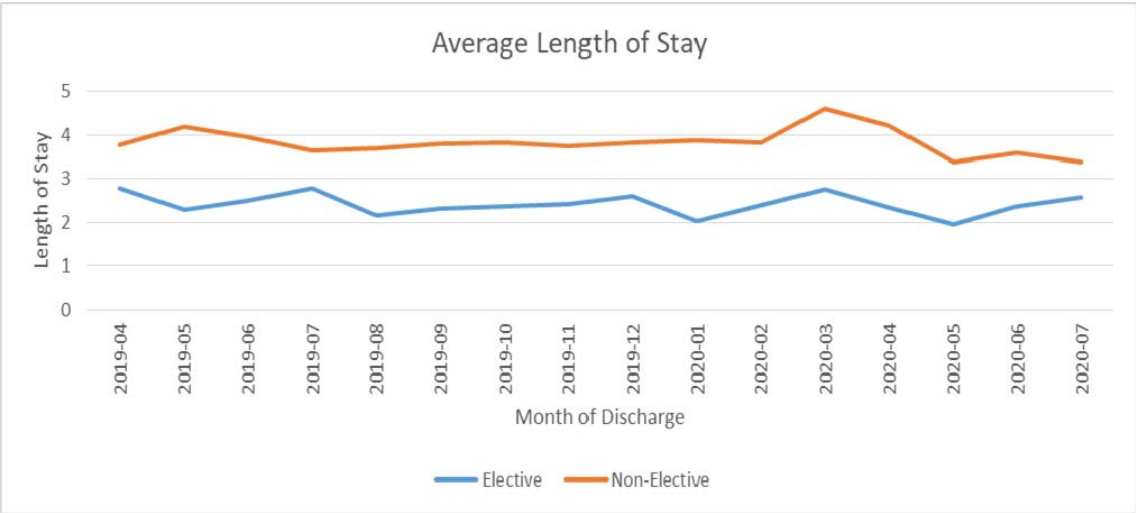
(I) Cancelled Operations – Not Rebooked within 28 Days

National Target – 0

In July 2020 there were no operations cancelled that were not rebooked within 28 days

Length of Stay

Average Length of Stay



Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust
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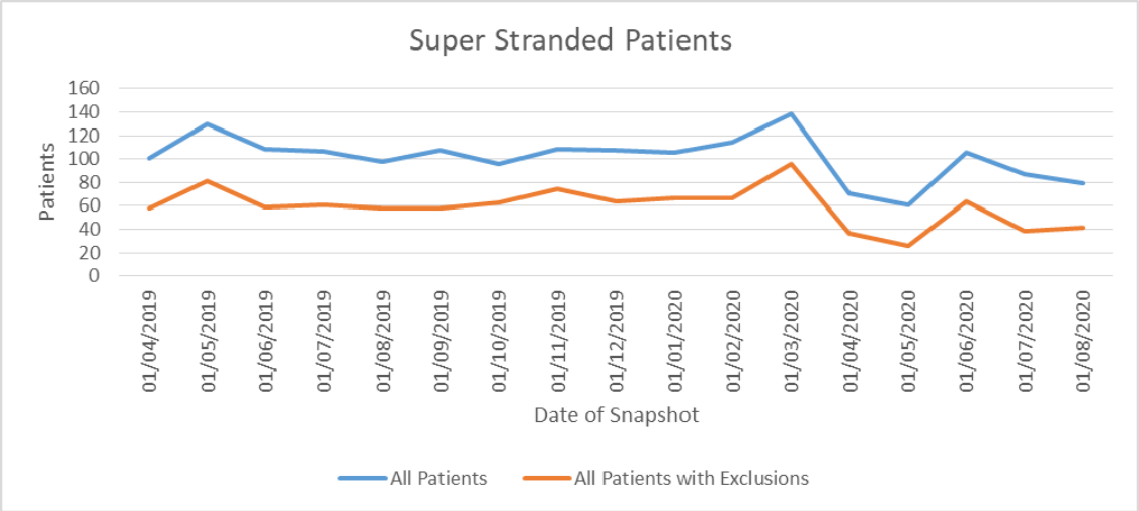
Summary of Main Issues	Summary of Improvement Plan
The main issues with LoS continue to be related to the COVID pandemic and the new pathways introduced. This includes not only delays related to discharges to care homes, but timely swabbing in line with estimated dates of discharge.	**Discharge Planning** As indicated in the last report, Qi methodology is being used to review the discharge pathways from hospital and admission avoidance services in Doncaster from 25th to 28th August 2020 with all partners. The updated national guidance 'Hospital Discharge Service: Policy and Operating Model' was published on 21st August 2020 and although still requires formal review by all partners across Doncaster and Bassetlaw, will not only inform the Qi work in Doncaster but hopefully support the return of the Integrated Discharge Team's social care staff to the wards at Bassetlaw. **Delayed Transfers of Care (DTOC)** The updated national guidance 'Hospital Discharge Service: Policy and Operating Model' advises that the collection and formal reporting of Delayed Transfers Of Care (DTOC) will continue to be suspended and replaced by a data collection tool which will be published in the near future. The tool will continue to report super-stranded patients (21+days) and include 14+ days LOS patients.

Super-Stranded Patients



Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust
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* The exclusions are as follows, based the data available on each snap shot date;
- Any patient who was at Montagu Hospital
- Any patient under the care of Rehabilitation
- Any patient aged under the age of 18
- Any patient on ward PARK, BARL, EPAU, ECL, ED WARD and DIS

Summary of Main Issues	Summary of Improvement Plan
	Super-stranded (21+ days) The number of super-stranded patients reported in July was the lowest recorded to date at 37 patients. It is anticipated that as activity continues to 'normalise', this will increase. The majority of super-stranded patients reported were not medically fit for discharge, with no specific themes related to those patients who were medically fit.

Quality and Experience Report September 2020

Patient Safety

NHS improvement changed the definition of Patient safety in July 2019 to focus on **maximising the things that go right and minimising the things that go wrong.** It is integral to the NHS' definition of quality in healthcare, alongside effectiveness and patient experience.

At DBTH, Patient Safety incidents are subject to initial scoping, investigation and conclusion, therefore the data can sometimes change upon the conclusion of the investigation, once all facts and outcomes are known. The information and data provided in the BIR are accurate at the month end.

Patient Safety

Serious Incidents
There have been three Serious Incidents for care issues reported in August. These are currently being scoped by the patient safety team and are unrelated.

The total number of serious incidents, for care issues, year to date is eight.
A further two incidents are being investigated by HSIB but no not meet the serious incident criteria.

All incidents are thoroughly investigated by appropriately trained investigators and progress monitored through the serious incident panel, which meets every Monday.

Falls
The total number of patients who have fallen, year to date is 465. Of these, nine patients have suffered severe harm and 3 cases have been escalated as serious incidents. Four patients have suffered moderate harm.

All falls are investigated using the Trust Multi-disciplinary Inpatient Falls Investigation Tool (MiFIT). A falls panel now reviews all of the falls with the staff to gain learning.

The falls team are currently reviewing the current strategy, one of the new initiatives being put in place is additional training for bank and agency staff on the needs of patients who require additional supervision.

The quality improvement accreditation for falls was paused for Q1 due to Covid-19 and has now been re-started. Throughout 2019/20 with all surgical wards except one (B6) scored green or blue on the RAG rating. All medical wards except one (C2/CCU) scored green or blue on the RAG for the end of the year.

Hospital Acquired Pressure Ulcers (HAPU)
The total numbers of HAPU (Category two and above) reported, year to date is 296. Of these, one pressure ulcer was a category four and 22 were category three.

In August there was one Category four pressure ulcer and one category three pressure.

Reporting of HAPU Cat 3 is no longer a serious incident, in agreement with the CCG and in line with NRLS reporting. The executive review panel has re-started, using virtual technology to extract learning from these cases.

The quality improvement accreditation for the Skin Integrity Team (SIT) worked well through 2019/20 with all surgical wards except two RAG green or blue. Medical wards have scope for improvement with six out of 18 wards RAG amber or red. SIT accreditation has now re-started after a pause on Q1 due to covid-19.

Infection Prevention and Control

Clostridium difficile

There were eight cases of Clostridium difficile in August. This is split into six cases of hospital associated, hospital acquired (HOHA) and two cases which was community onset, hospital acquired (COHA). This takes the number of cases, year to date to 27. No lapses in care have been identified as yet, with patients appropriately being prescribed antibiotics.

The Cdiff numbers are concerning and are above trajectory

From the post infection review meeting the key findings have been

- Antibiotic usage has been in line with Trust Policy for the treatment of Covid symptoms, though only 3 patients were covid positive. Work is being undertaken with the DIPC and the respiratory consultants to review antibiotic prescribing.
- DBTH rates double the community levels and questions raised in relation to the appropriateness of some admissions as a number are short stay patients, work is continuing with primary care to review a number of the pathways
- Ribo types show no evidence of cross infection.
- A number of samples have been sent to Leeds due to insufficient sample size, of those 2 returned with no infection. A secondary test is being undertaken now on all samples which have insufficient amounts as there is evidence of false positive results on secondary testing, with levels below the expected range for a positive test.
- The IPC team have assessed the knowledge gaps of staff on all wards and undertaken awareness training.
- There has been additional audits undertaken with specific focus on commode and equipment cleaning and hand hygiene compliance.

e-Coli Bacteremia

There have been four cases of eColi bacteremia which are now having a PIR in the same way as Cdiff to establish learning. This takes the number of cases, year to date to 25.

MRSA bacteraemia

There have been no cases of MRSA Bacteremia since March 2020.

MRSA Colonisation

There was one case of MRSA colonisation, leaving the total number of cases, year to date to seven.

The deep clean schedule is almost complete.

The quality improvement accreditation for infection, prevention and control was paused for Q1 due to covid and has now re-started.

Patient Experience

22 formal complaints were received in August, with a year to date figure of 134 formal complaints. Top themes were communication, treatment and competence. There was one complaint relating to Covid-19. There are currently 96 open formal complaints.

The new complaints process commenced in July and is being reviewed at the end of September in the Quality and Effectiveness Committee.

There is no FFT data since March 2020, as this has been paused in line with COVID-19 National Guidance. The Friends and Family Test (FFT), was due to relaunched nationally from 1st April 2020 but this has been deferred until September 2020. Work has continued on developing the new FFT card to allow better feedback about care. PALS team will be collating FFT data once this resumes, and will be focussing on both the quantitative and qualitative aspects of the data. This is being shared with the Divisions in the next few weeks to finalise details in preparation of FFT restarting

Model Ward Programme

As part of the improvement work, we are launching a number of model wards across the Trust. This was initially piloted on the Children's ward at the start of the year but covid temporarily stopped the initiative, which has now recommenced.

The programme aims to improve the wards by

- Providing meaningful information for ward teams to monitor their progress;
- By creating constructive conversations to enhance the team work around improvement;
- Recognising and rewarding success.

There are 5 intended outcomes to improve Quality and safety; Efficiency; Patient experience; Staff experience; Improving.

Each division has identified 3 areas where they feel the programme will add real value. All sites will be included. There is real motivation for this work to be successful and then spread across the organisation.

CQC Compliance

The CQC visited the Trust on the 24th of July to assess compliance with the Board Assurance Framework for IPC.
The CQC assessed the Trusts IPC response to Covid 19 across 11 different areas, the report was received on the 14th of August.
The CQC assessed the Trust as being compliant against all 11 of the criteria, there were no areas for improvement made and several innovations were highlighted as good practice.

These included, the trust taking a system wide approach to infection prevention and control, working with the local authority, clinical commissioning groups and other providers. The trust working with 2 localities to provide education and support to care homes in the region. The trust proactively setting up a drive through facility for staff to be tested. The introduction of the PPE safety officer. The trust ensured that staff were fit tested and the skin integrity team (SIT) worked with staff to minimise skin damage beneath PPE by developing a pathway and producing a video which was shared widely with staff on trust social media platforms and the national tissue viability networks

Serious Incidents - Aug 2020 (Month 5)

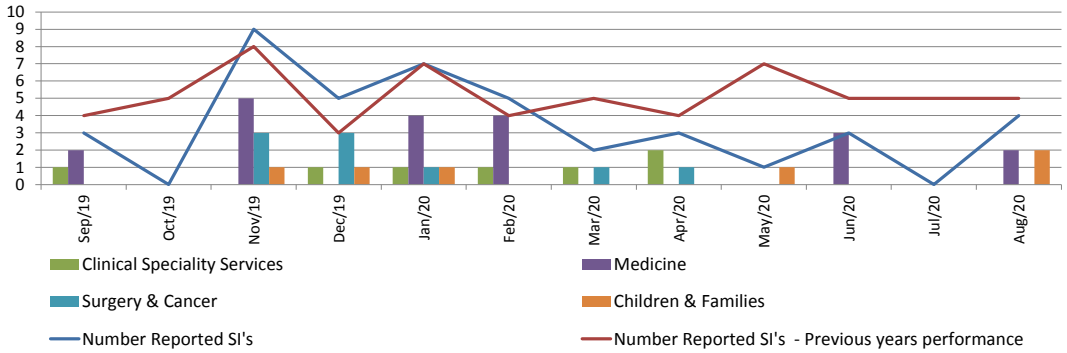
(Data accurate as at 03/09/2020)

Please note: At the time of producing this report the number of serious incidents reported are prior to the RCA process being completed.

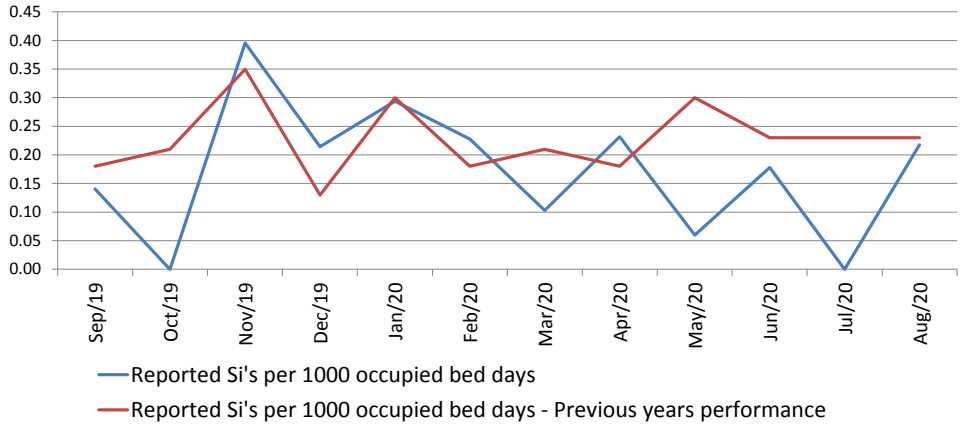
Overall Serious Incidents

Number Serious Incidents Reported

(Trust & Divisions)



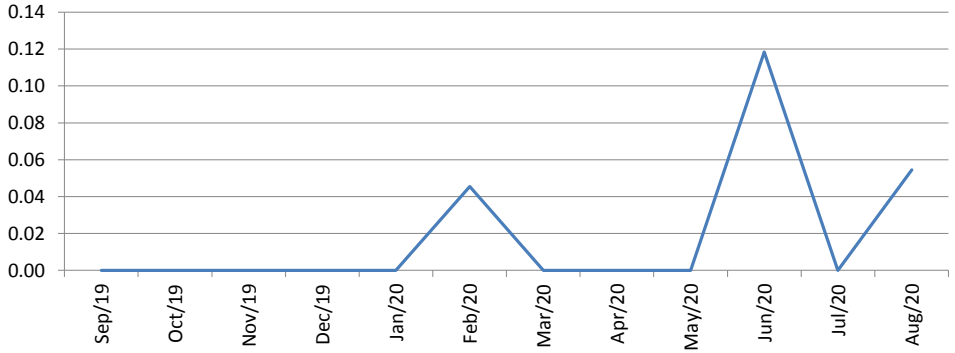
Serious Incidents per 1000 occupied bed days



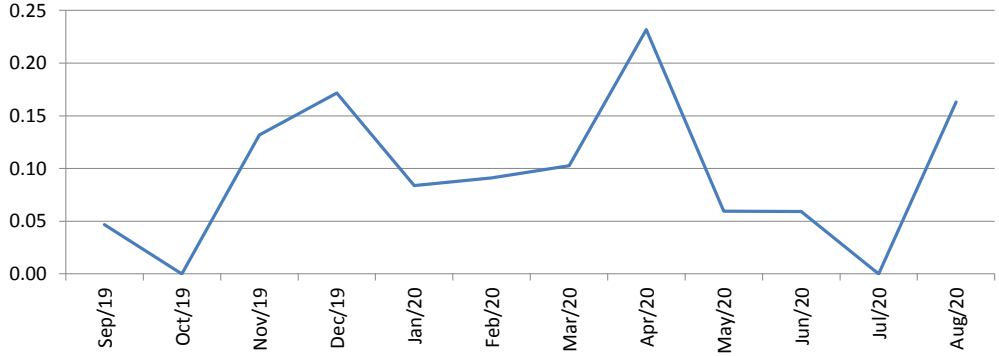
Current YTD reported SI's (April-Jul 20)	11	Number reported SI's (Apr-Jul 19)	26
Current YTD delogged SI's (April-Jul 20)	0	Number delogged SI's (Apr-Jul 19)	3

Themes

Serious Falls per 1000 occupied bed days



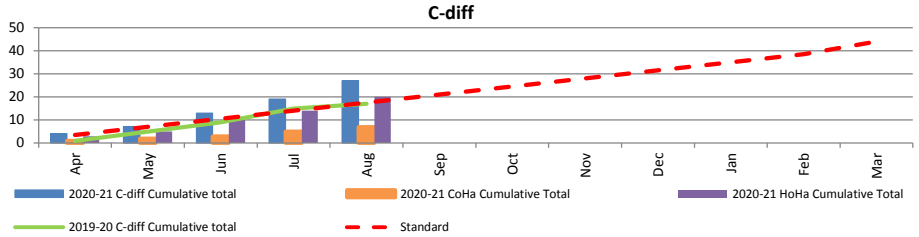
Care Issues per 1000 occupied bed days

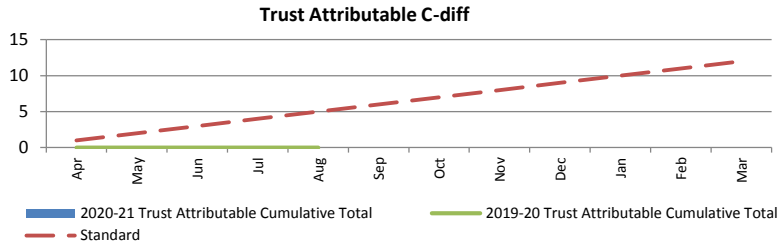


Infection Control C.Diff - August 2020 (Month 5)
(Data accurate as at 03/09/2020)

	Standard	Qtr 1	Apr	May	Jun	Jul	Aug	YTD
2020-21 Infection Control - C-diff	44 Full Year	13	4	3	6	6	8	27
2019-20 Infection Control - C-diff	39 Full Year	9	1	4	4	6	2	17
2020-21 Trust Attributable	12	0	0	0	0	0	0	0
2019-20 Trust Attributable	12	0	0	0	0	0	0	0

	Qtr 1	Apr	May	Jun	Jul	Aug	YTD
HOHA	10	3	2	5	4	6	20
COHA	3	1	1	1	2	2	7

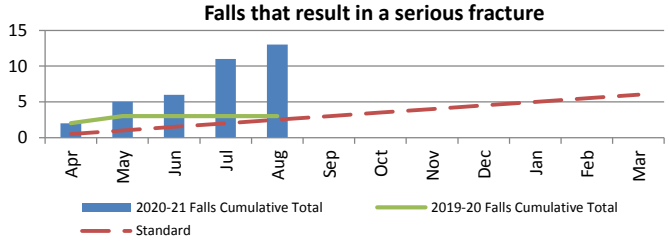




Pressure Ulcers & Falls that result in a serious fracture - August 2020 (Month 5)
(Data accurate as at 03/09/2020)

	Standard	Qtr 1	Apr	May	Jun	Jul	Aug	YTD
2020-21 Serious Falls (moderate/severe harm)	6 Full Year	6	2	3	1	5	2	13
2019-20 Serious Falls	10 Full Year	3	2	1	0	0	0	3

Please note: At the time of producing this report the number of serious falls reported are prior to the RCA process being completed.



	Standard	Qtr 1	Apr	May	Jun	Jul	Aug	YTD
2020-21 Pressure Ulcers	56 Full Year	192	56	70	66	45	59	296
2020-21 Pressure Ulcers (Cat 4)		0	0	0	0	0	1	1
2020-21 Pressure Ulcers (Cat 3)		17	7	5	5	4	1	22
2020-21 Pressure Ulcers (UNS/DTI Low Harm)		20	13	4	3	1	5	26
2020-21 Pressure Ulcers (Cat 2)		155	36	61	58	40	52	247

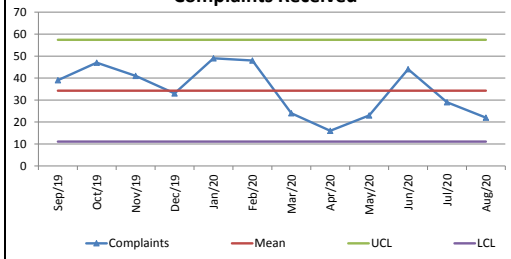
Please note: At the time of producing this report there were 5 PU's awaiting RCA

Complaints & Claims - August 2020 (Month 5)

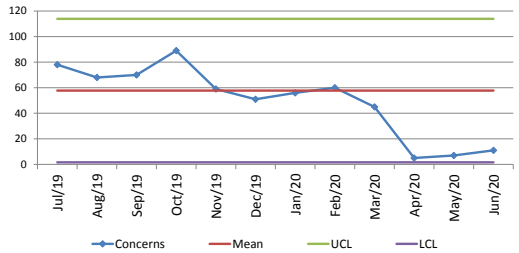
Data accurate as at 03/09/2020

Complaints

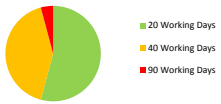
Complaints Received



Concerns Received



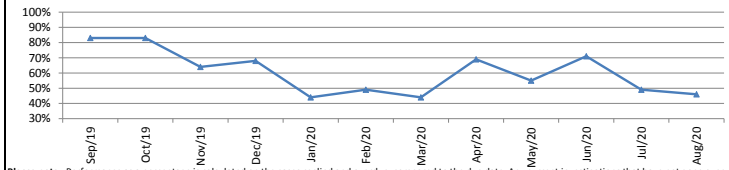
August 2020 Complaints Received Risk Breakdown



Year to Date Complaints Received Risk Breakdown

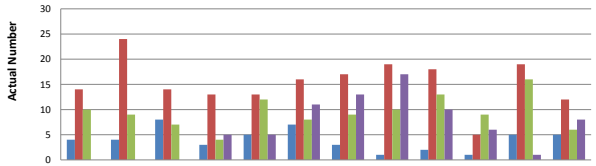
Complaints - Resolution Perfomance *(% achieved resolution within timescales)*
Complaints Closed - Outcome

Complaints Resolution Performance



Please note: Performance as a percentage is calculated on the cases replied and overdue, compared to the due date. Any current investigations that have not gone over deadlines are excluded data.

Closed Complaints - Outcomes



	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
Complaints Upheld	4	4	8	3	5	7	3	1	2	1	5	5
Complaints Partially upheld	14	24	14	13	13	16	17	19	18	5	19	12
Complaints not upheld	10	9	7	4	12	8	9	10	13	9	16	6
Outcome not reported	0	0	0	5	5	11	13	17	10	6	1	8

Parliamentary Health Service Ombusdman (PHSO)

Month	Number of cases referred for investigation	Number Currently Outstanding
Aug-20	1	5

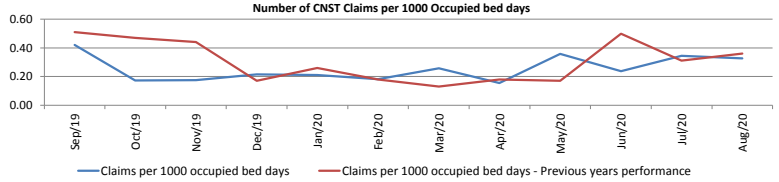
	Number referred for investigation YTD	Outcomes YTD	
2017/18	7	Fully / Partially Upheld	3
		Not Upheld	1
		No further Investigation	0
		Case Withdrawn	0
		Not Investigated	3
		Outstanding	0
2018/19	9	Fully / Partially Upheld	4
		Not Upheld	3
		No further Investigation	0
		Not Investigated	0
		Case Withdrawn	0
		Outstanding	2
2019/20	4	Fully / Partially Upheld	1
		Not Upheld	2
		Outstanding	1
2020/21	0	Outstanding	2

Claims

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Clinical Negligence Scheme for Trusts (CNST) Not including Disclosures	2020/21	2	6	4	6	6								24
	2019/20	4	4	11										90
Liabilities to Third Parties Scheme (LTPS)	2020/21	2	1	2	2	1								8
	2019/20	5	4	0										36

Please note: At the time of producing this report the number of claims reported are provisional and prior to validation

Number of CNST Claims per 1000 Occupied bed days



Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	**Hospital Standardised Mortality Ratio (HSMR)**		
Report to	**Board of Directors**	**Date**	**15.09.2020**
Author	**Dr T J Noble, Medical Director**		

Purpose		Tick one as appropriate
	Decision	
	Assurance	x
	Information	

Executive summary containing key messages and issues

The overall rolling HSMR has risen for the months of May and June and currently stands at 103.38, but remains within the expected range. This is reflected principally in the "non-elective" figures as would be expected given that there was no elective work while the Trust dealt with the Covid pandemic.

The monthly HSMR for March which is in the early part of the Covid outbreak was at 100 but has risen substantially for the months of May and June at 129 and 142 respectively. The monthly HSMR is always three months behind in terms of its production by HED. The monthly HSMR will be influenced both by associated co-morbidities as well as the ratio of deaths to "discharges" and of course the latter (denominator) is reduced in the absence of elective work.

The crude mortality rate increased rapidly in March 2020 at the start of the Pandemic, peaking as would be expected in April (5%) an unprecedented % for this Trust, but since then there has been a consistent downward trend. This reduction in crude mortality is reflected on both sites. However, a close look at the figures for May and June while on the downward part of the curve, were still above levels normally seen in the Trust even for normal peak winter months. The crude mortality for this period relates in the main non-elective work.

As expected, there has been a significant change in overall Trust activity over the covid period mostly due to cancellation of elective work. It is recognised that the HSMR model is designed on the basis of historical deaths over a ten year period and therefore may not be fit for purpose in a situation where there is a sudden rise in deaths nationally. However, while the

interpretation of the HSMR figure needs to be undertaken with caution, given a number of uncertainties introduced as a result of Covid, not least issues with coding variability. Nonetheless, it would still be beneficial to continue to monitor the standard as a way of keeping a focus on mortality within the Trust, and in time a more accurate position will emerge. Preliminary look at the August deaths, shows a significant reduction in the number of deaths (112 deaths compared to the peak April deaths of 231) with no deaths being attributed to Covid for this month. As expected the leading causes remain respiratory and cardiac and predominantly on the DRI site a situation similar to the pre-Covid period. It would therefore seem that a corner has been turned and the HSMR should start to move to reflect that in the next 3 months. This position will be enhanced by the recent gradual introduction of elective work.

During the pandemic the Trust has succeeded in maintaining the Medical Examiner process which has been vital in ensuring oversight of the quality of care delivered. The Trust was one of two Trusts in the region who have maintained this process and this has been recognised. The further Medical Examiner appointments will no doubt enhance this process and has been fully supported in terms of allocation of the resource by the Regional Team.

Key questions posed by the report

The Trust Board can be assured that the actions being taken in respect of Mortality Governance meet the quality objectives for the Trust.

How this report contributes to the delivery of the strategic objectives

This report contributes to True North Objective One and the breakthrough objective for 2020.

How this report impacts on current risks or highlights new risks

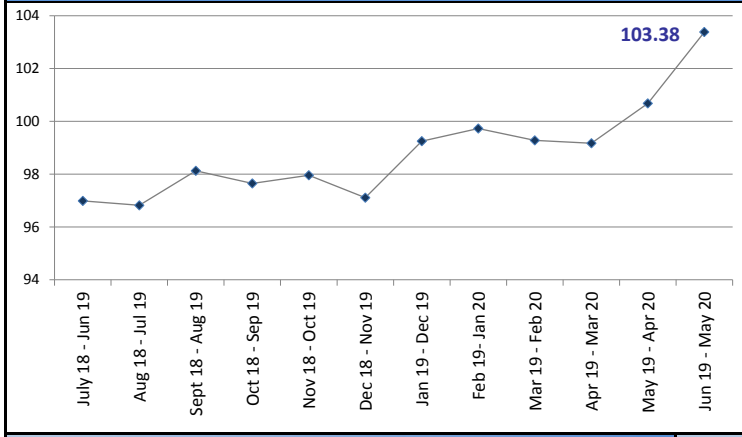
F&P6 Failure to achieve compliance with performance and delivery, CQC and other regulatory standards
Leading to
(i) Negative patient and public reaction towards the Trust
(ii) Impact on reputation

Recommendation(s) and next steps

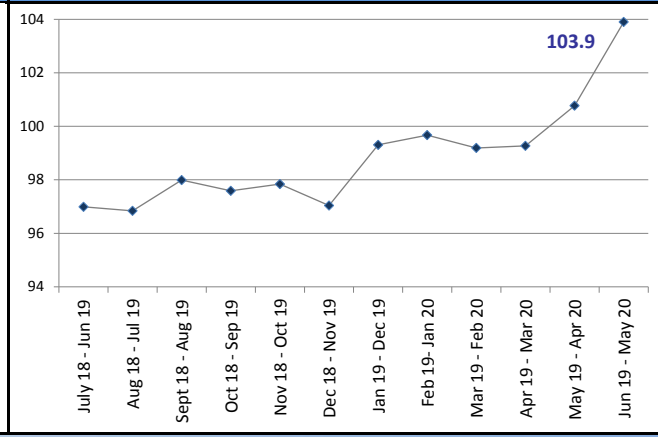
That the report be noted.

Hospital Standardised Mortality Ratio (HSMR) - May 2020 (Month 2)

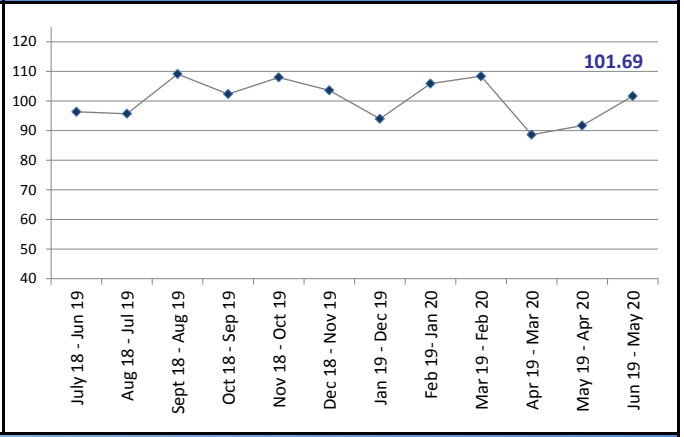
Overall HSMR (Rolling 12 months)



HSMR - Non-elective Admission (Rolling 12 months)



HSMR - Elective Admission (Rolling 12 months)

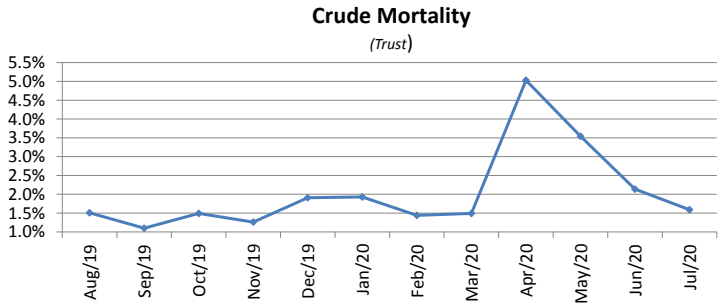


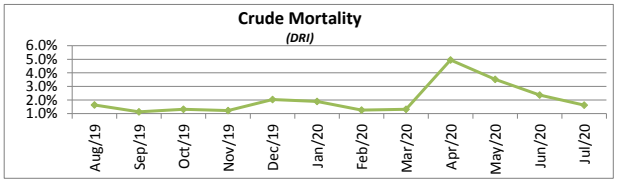
HSMR Trend (monthly)

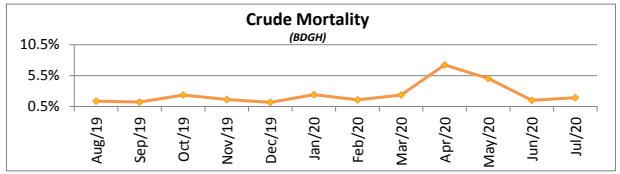
	2016	2017	2018	2019	2020
January	116.80	99.21	94.86	105.78	110.43
February	99.94	97.73	105.44	98.13	92.71
March	90.54	97.37	88.42	101.87	100.60
April	105.91	88.50	98.37	100.70	129.09
May	101.15	96.60	91.20	91.36	142.03
June	80.27	93.67	89.98	98.32	
July	92.56	97.73	107.07	104.77	
August	100.27	87.52	94.65	112.17	
September	90.26	95.34	90.09	83.64	
October	90.29	88.66	96.74	100.24	
November	88.98	82.30	99.04	88.64	
December	82.30	93.52	80.45	103.24	

Crude Mortality (monthly) - June 2020 (Month 3)

(number of deaths/number of patient discharged)







	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20
Trust	1.49%	1.12%	1.49%	1.26%	1.91%	1.93%	1.44%	**1.69%**	**5.03%**	**3.54%**	**2.14%**	**1.59%**
DRI	1.60%	1.15%	1.32%	1.22%	2.04%	1.89%	1.26%	1.76%	4.95%	3.52%	2.37%	1.62%
BDGH	1.36%	1.20%	2.36%	1.64%	1.71%	2.42%	1.57%	1.75%	7.23%	5.05%	1.51%	1.92%

D5

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	People & Organisational Development update		
Report to	Board of Directors	**Date**	September 2020
Author	Karen Barnard, Director of People & OD		
Purpose			*Tick one as appropriate*
	Decision		
	Assurance		✓
	Information		✓

Executive summary containing key messages and issues

The report this month provides an update related to absence and swabbing data; Statutory and Essential training and the Flu immunisation programme.

An update is provided in terms of the absence figures up to July 2020. Data is also provided in relation to the number of staff being swabbed for Covid 19 and the number of positive cases. Numbers have reduced significantly with no positive cases being recorded since 4 July. Absence rates (both covid and non covid) have reduced in July. Staff who were shielding have been returning to work since august following the completion of risk assessments. With regard to risk assessments for all staff the central reporting portal required a further date by 2 September – as a Trust we reported that 95% of all staff have had a risk assessment through the personal circumstance form; that 97% of higher risk staff have had a risk assessment undertaken and 95% of BAME colleagues have had a risk assessment undertaken.

With regard SET we are now in a position to commence reporting to the Board – it is pleasing to note a small reduction in comparison to our compliance rates in January 2020 – currently 84.29% as compared with 87%. Other than manual handling and resuscitation training all other SET topics are no able to be accessed virtually. Wellbeing appraisals have been introduced as an alternative to the usual paperwork in order to ensure that all staff have the opportunity for conversations with their line managers. This data will be reported going forwards.

Flu immunisation programme – the Trust is well underway in planning for all staff and students to have access to the vaccine. The national target is for 100% of frontline staff to be offered the vaccine, however we have taken to decision to purchase sufficient vaccine for all staff to be immunised. As a provider we are also being asked to provide opportunistic immunisation offers to high risk patients attending as in and outpatients together will all pregnant women. These arrangements are being finalised with our Place partners and a verbal update will be provided to the Board at its meeting.

Key questions posed by the report

Do members of the Board feel assured that appropriate actions are taking place to support our staff during the pandemic period and into the recovery period?

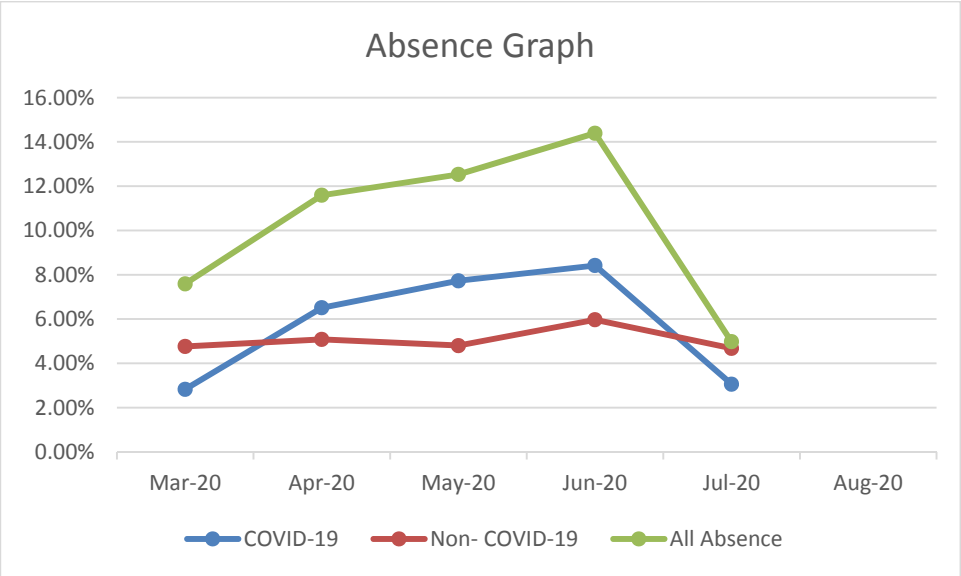
How this report contributes to the delivery of the strategic objectives

People – As a Teaching Hospital we are committed to continuously developing the skills, innovation and leadership of our staff to provide high quality, efficient and effective care

How this report impacts on current risks or highlights new risks
F&P 8 Inability to recruit right staff and have staff with right skills leading to: i) Increase in temporary expenditure ii) Inability to meet FYFV and Trust strategy iii) Inability to provide viable services. Q&E 6 Failure to improve staff morale leading to: i) Recruitment and retention issues ii) Impact on reputation iii) Increased staff sickness levels
Recommendation(s) and next steps
Members are asked to receive this report and note the flu immunization self assessment.

Workforce update

Sickness absence



As can be seen July has seen a significant reduction in absence rates, in particular covid absence which reflects the reduction in staff being tested for covid. August also saw the return of many shielding staff following a risk assessment process which will be reported next month.

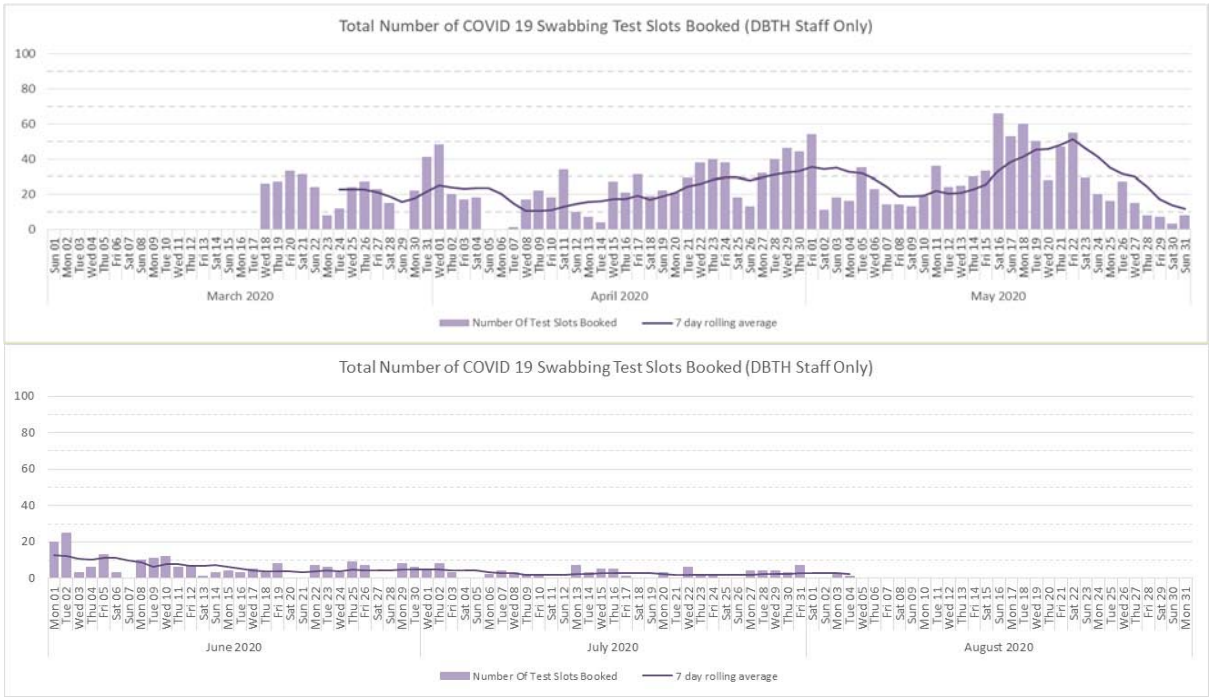
Absence Reason	Total Absences	Have Returned	Have Not Returned	% returned
Carers COVID	153	151	2	99%
COVID-19 Confirmed	299	286	13	96%
COVID-19 Symptoms	554	552	2	100%
Medical Exclusion – COVID Shielding	151	122	29	81%
Medical exclusion Track & Trace W/O COVID sympton	33	33	0	100%
Medical exclusion with Covid 19 confirmed	179	179	0	100%
Medical exclusion with Covid 19 symptoms	981	969	12	99%
Medical exclusion without Covid 19 symptoms	804	773	31	96%
Grand Total	**3154**	**3065**	**89**	**97%**

	COVID-19			COVID-19			COVID-19			COVID-19		
	May-20			Jun-20			Jul-20			Cumulative		
	Absence Occurrences	Days Lost	% Rate	Absence Occurrences	Days Lost	% Rate	Absence Occurrences	Days Lost	% Rate	Absence Occurrences	Days Lost	% Rate
Doncaster & Bassetlaw Teaching Hospitals NHS	**1064.00**	**13672.76**	**7.73%**	**849.00**	**14674.62**	**8.42%**	**411.00**	**5505.23**	**3.06%**	**2837.00**	**39171.54**	**4.49%**
272 COVID-19	6.00	32.00	1.15%	10.00	134.80	2.41%	5.00	32.60	0.58%	17.00	123.20	0.87%
272 Chief Executive Directorate	0.00	0.00	0.00%	0.00	0.00	0.00%	0.00	0.00	0.00%	1.00	12.00	0.40%
272 Children & Families Division	78.00	1236.07	6.58%	73.00	1380.06	7.63%	48.00	593.76	3.20%	268.00	3787.53	4.11%
272 Clinical Specialties Division	252.00	3194.33	7.12%	197.00	3392.42	7.82%	101.00	1449.60	3.23%	665.00	9524.45	4.29%
272 Directorate Of Strategy & Improvement	0.00	0.00	0.00%	0.00	0.00	0.00%	1.00	2.00	0.86%	1.00	2.00	0.17%
272 Doncaster & Bassetlaw HC Services Ltd	0.00	0.00	0.00%	0.00	0.00	0.00%	0.00	0.00	0.00%		0.00	0.00%
272 Education and Research Directorate	6.00	35.60	1.67%	7.00	168.00	8.15%	3.00	39.00	1.83%	29.00	378.23	3.58%
272 Estates & Facilities	103.00	1263.82	8.82%	76.00	1179.92	8.41%	36.00	544.43	3.76%	235.00	3659.29	5.18%
272 Executive Team Board	8.00	95.20	2.83%	3.00	88.50	2.72%	1.00	7.00	0.21%	13.00	118.45	0.71%
272 Finance & Healthcare Contracting Directorate	3.00	65.00	1.52%	7.00	144.07	3.49%	7.00	125.93	3.03%	14.00	298.80	1.44%
272 IT Information & Telecoms Directorate	1.00	2.00	0.09%	1.00	12.00	0.54%	2.00	38.00	1.69%	18.00	177.79	1.60%
272 Medical Director Directorate	1.00	3.41	7.58%	1.00	25.60	58.72%	0.00	0.00	0.00%	1.00	11.95	3.17%
272 Medicine Division	320.00	3947.30	8.77%	245.00	4099.37	9.39%	113.00	1427.82	3.17%	913.00	11931.07	5.39%
272 Nursing Services Directorate	15.00	215.47	8.03%	16.00	252.80	9.57%	3.00	57.80	2.10%	37.00	643.85	4.81%
272 People & Organisational Directorate	0.00	0.00	0.00%	2.00	8.80	0.48%	1.00	3.00	0.16%	8.00	60.45	0.65%
272 Performance Directorate	27.00	265.59	4.75%	27.00	353.97	6.51%	7.00	72.53	1.30%	79.00	660.07	2.39%
272 Surgery and Cancer Division	245.00	3316.98	11.95%	186.00	3434.31	12.78%	85.00	1111.75	3.99%	547.00	7782.42	5.67%

	NON COVID-19			NON COVID-19			NON COVID-19			NON COVID-19		
	May-20			Jun-20			Jul-20			Cumulative		
	Absence Occurrences	Days Lost	% Rate	Absence Occurrences	Days Lost	% Rate	Absence Occurrences	Days Lost	% Rate	Absence Occurrences	Days Lost	% Rate
Doncaster & Bassetlaw Teaching Hospitals NHS	**708.00**	**8491.99**	**4.80%**	**904.00**	**10398.04**	**5.97%**	**945.00**	**8405**	**4.68%**	**3207.00**	**41424.59**	**4.75%**
272 COVID-19	3.00	30.80	1.11%	18.00	112.20	2.01%	17.00	110.71	1.97%	35.00	194.71	1.37%
272 Chief Executive Directorate	0.00	0.00	0.00%	0.00	0.00	0.00%	3.00	4.83	0.79%	7.00	27.13	0.91%
272 Children & Families Division	87.00	1078.80	5.75%	110.00	1492.44	8.26%	91.00	790.62	4.26%	367.00	5272.41	5.72%
272 Clinical Specialties Division	199.00	2292.53	5.11%	233.00	2670.38	6.16%	260.00	2415.68	5.38%	887.00	11181.61	5.04%
272 Directorate Of Strategy & Improvement	0.00	0.00	0.00%	1.00	3.20	1.42%	0.00	0.00	0.00%	2.00	5.20	0.45%
272 Doncaster & Bassetlaw HC Services Ltd	0.00	0.00	0.00%	0.00	0.00	0.00%	6.00	4.00	1.54%	7.00	37.80	3.10%
272 Education and Research Directorate	6.00	88.53	4.16%	5.00	84.20	4.09%	5.00	67.93	3.19%	15.00	377.67	3.58%
272 Estates & Facilities	94.00	950.35	6.63%	100.00	1014.07	7.23%	88.00	725.80	5.01%	322.00	3939.57	5.57%
272 Executive Team Board	1.00	7.00	0.21%	2.00	39.00	1.20%	4.00	37.60	1.10%	14.00	209.20	1.25%
272 Finance & Healthcare Contracting Directorate	4.00	8.60	0.20%	3.00	29.97	0.73%	5.00	44.64	1.07%	15.00	134.60	0.65%
272 IT Information & Telecoms Directorate	2.00	4.80	0.21%	3.00	3.00	0.14%	6.00	19.12	0.85%	29.00	93.35	0.84%
272 Medical Director Directorate	0.00	0.00	0.00%	0.00	0.00	0.00%	0.00	0.00	0.00%		0.00	0.00%
272 Medicine Division	170.00	2108.43	4.68%	239.00	2548.18	5.83%	266.00	2311.63	5.14%	829.00	10666.60	4.83%
272 Nursing Services Directorate	10.00	141.70	5.28%	11.00	143.04	5.42%	19.00	187.05	6.78%	45.00	791.47	5.91%
272 People & Organisational Directorate	2.00	10.13	0.53%	2.00	8.40	0.45%	2.00	25.00	1.31%	11.00	99.53	1.07%
272 Performance Directorate	17.00	215.21	3.85%	20.00	227.51	4.18%	14.00	130.77	2.34%	80.00	868.77	3.14%
272 Surgery and Cancer Division	115.00	1555.11	5.60%	161.00	2022.44	7.52%	159.00	1529.43	5.49%	547.00	7524.97	5.49%

	All Absence			All Absence			All Absence			All Absence		
	May-20			Jun-20			Jul-20			Cumulative		
	Absence Occurrences	Days Lost	% Rate	Absence Occurrences	Days Lost	% Rate	Absence Occurrences	Days Lost	% Rate	Absence Occurrences	Days Lost	% Rate
Doncaster & Bassetlaw Teaching Hospitals NHS	**1772.00**	**22164.75**	**12.53%**	**1753.00**	**25072.66**	**14.39%**	**893.00**	**8958.32**	**4.98%**	**9574.00**	**105820.13**	**5.15%**
272 COVID-19	9.00	62.80	2.25%	28.00	247.00	4.42%	18.00	122.71	2.19%	46.00	418.39	2.40%
272 Chief Executive Directorate	0.00	0.00	0.00%	0.00	0.00	0.00%	2.00	4.00	0.66%	10.00	27.97	0.40%
272 Children & Families Division	165.00	2314.87	12.33%	183.00	2872.50	15.89%	82.00	858.33	4.62%	1041.00	13023.31	5.95%
272 Clinical Specialties Division	451.00	5486.86	12.22%	430.00	6062.80	13.98%	244.00	2574.14	5.73%	2543.00	27401.70	5.17%
272 Directorate Of Strategy & Improvement	0.00	0.00	0.00%	1.00	3.20	1.42%	0.00	0.00	0.00%	9.00	54.20	2.05%
272 Doncaster & Bassetlaw HC Services Ltd	0.00	0.00	0.00%	0.00	0.00	0.00%	6.00	4.00	1.54%	9.00	69.80	2.67%
272 Education and Research Directorate	12.00	124.13	5.84%	12.00	252.20	12.24%	5.00	67.93	3.19%	69.00	961.91	3.81%
272 Estates & Facilities	197.00	2214.16	15.46%	176.00	2193.98	15.65%	86.00	773.35	5.34%	925.00	10376.07	6.24%
272 Executive Team Board	9.00	102.20	3.04%	5.00	127.50	3.91%	4.00	37.60	1.10%	54.00	528.70	1.34%
272 Finance & Healthcare Contracting Directorate	7.00	73.60	1.72%	10.00	174.04	4.22%	7.00	59.64	1.43%	141.00	1442.24	2.90%
272 IT Information & Telecoms Directorate	3.00	6.80	0.30%	4.00	15.00	0.68%	7.00	50.12	2.23%	119.00	687.24	2.66%
272 Medical Director Directorate	1.00	3.41	7.58%	1.00	25.60	58.72%	0.00	0.00	0.00%	1.00	40.95	4.25%
272 Medicine Division	490.00	6055.72	13.45%	484.00	6647.56	15.22%	250.00	2433.90	5.41%	2618.00	28555.21	5.47%
272 Nursing Services Directorate	25.00	357.17	13.31%	27.00	395.84	14.99%	16.00	184.45	6.69%	119.00	1701.77	5.22%
272 People & Organisational Directorate	2.00	10.13	0.53%	4.00	17.20	0.93%	2.00	25.00	1.31%	56.00	572.88	2.59%
272 Performance Directorate	44.00	480.79	8.60%	47.00	581.47	10.69%	13.00	105.97	1.90%	260.00	1997.88	3.01%
272 Surgery and Cancer Division	360.00	4872.09	17.55%	347.00	5456.76	20.30%	151.00	1657.19	5.95%	1574.00	17959.92	5.50%

Total number of Covid 19 swabbing tests (up to end July)



As can be seen there has been a significant reduction in the number of symptomatic staff requiring testing with no positive test results since the 4 July 2020.

Positive COVID 19 Swabbing Test Results

Data Extracted from Absence Management Database 20 August 2020

Count of PKAbsenceID	Column Labels						
Organisation Level	2020/03	2020/04	2020/05	2020/06	2020/07	No Date	Grand Total
⊞	14	22	12	2		2	52
⊞272 Children & Families Division	2	5	5	1			13
⊞272 Clinical Specialties Division	12	17	34	2			65
⊞272 COVID-19			1	1			2
⊞272 Education and Research Directorate	2	2					4
⊞272 Estates & Facilities	3	12	20	5			40
⊞272 Executive Team Board	4	2	1				7
⊞272 Finance & Healthcare Contracting Directorate	1	1			1		3
⊞272 IT Information & Telecoms Directorate		1					1
⊞272 Medicine Division	14	97	49	21	3		184
⊞272 Nursing Services Directorate			2				2
⊞272 Performance Directorate		1	7				8
⊞272 Surgery and Cancer Division	13	37	81	17	4		152
Grand Total	65	197	212	49	8	2	533

Ethnic Origin of Members of Staff with Positive COVID 19 Swabbing Test Results

Data Extracted from Absence Management Database 20 August 2020

Count of PKAbsenceID	Column Labels						
Ethnic Origin	2020/03	2020/04	2020/05	2020/06	2020/07	No Date	Grand Total
A White - British	32	142	170	41	8		393
	14	23	14	3		2	56
H Asian or Asian British - Indian	5	6	9				20
SC Filipino		7	2	1			10
C White - Any other White background	3	2	2	1			8
LK Asian Unspecified	1	2	2				5
L Asian or Asian British - Any other Asian background		2	3				5
D Mixed - White & Black Caribbean	1		2	1			4
N Black or Black British - African	1	1	1	1			4
Z Not Stated	1	1	1	1			4
E Mixed - White & Black African		2	1				3
PC Black Nigerian	1	1					2
J Asian or Asian British - Pakistani	1	1					2
C3 White Unspecified		2					2
F Mixed - White & Asian	1		1				2
LA Asian Mixed		1	1				2
S Any Other Ethnic Group	1	1					2
B White - Irish		1					1
P Black or Black British - Any other Black background		1					1
G Mixed - Any other mixed background			1				1
Unspecified	1						1
SE Other Specified	1						1
CP White Polish			1				1
M Black or Black British - Caribbean		1					1
LF Asian Tamil	1						1
K Asian or Asian British - Bangladeshi			1				1
Grand Total	65	197	212	49	8	2	533

Risk assessments

A further submission has been made to NHS Improvement/England in respect of the number of risk assessments which have been completed. We have reported that 95% of all staff have had risk assessment through the personal circumstance form; that 97% of higher risk staff have had a risk assessment undertaken and 95% of BAME colleagues have had a risk assessment undertaken.

SET compliance

As 'business as usual' activity has commenced the Education team are providing SET compliance data to teams and we are now able to report this data to the Board and committees. Some teams have been able to maintain compliance during the covid pandemic. Following a review of training only manual handing and resuscitation training requires face to face interventions; all other training is delivered through e-learning. It is pleasing to therefore to note that the reduction in compliance rates has not been significant now being at 84.29% (with the last data reported to the Board for January being 87%).

Division/Directorate	Compliance %
272 Chief Executive Directorate	91.09%
272 Children & Families Division	84.55%
272 Clinical Specialties Division	86.55%
272 Directorate Of Strategy & Improvement	95.65%
272 Education and Research Directorate	95.94%
272 Estates & Facilities	82.11%
272 Finance & Healthcare Contracting Directorate	91.52%
272 IT Information & Telecoms Directorate	85.33%
272 Medical Director Directorate	80.00%
272 Medicine Division	82.87%
272 Nursing Services Directorate	86.70%
272 People & Organisational Directorate	91.04%
272 Performance Directorate	87.71%
272 Surgery and Cancer Division	80.40%
272 Doncaster and Bassetlaw NHS Foundation Trust	84.29%

Appraisals

Members of the Board will have seen the recent communications around the introduction of wellbeing appraisals this year as an alternative option to the usual appraisal paperwork. This is to ensure that everyone has a wellbeing conversation with their manager to ensure that they are taking care of themselves. We are hearing anecdotally that a mixture of the two approaches are being used. Appraisal reporting will therefore be included within future reports.

National Flu Immunisation Programme 2020/21

In light of the risk of flu and Covid 19 co-circulating this winter DHSC and PHE have enhanced the national flu immunisation programme with the anticipation of extending the programme to household contacts of those on the NHS Shielded Patient list, year 7 students, health and social care workers employed through personal budgets and subject to vaccine supply to the age group 50-64 years. In order to achieve the required capacity to deliver this enhanced programme DHSC are consulting on the expansion of the workforce who would be able to administer vaccinations. As a Trust we are being asked to offer vaccinations to pregnant women attending maternity appointments and to those clinically at risk eligible patients attending in and outpatient appointments. With regard to pregnant women the PGD has been authorised and plans put in place; discussions continue with Place partners around the opportunistic vaccination of at risk patients and a verbal update will be provided at the Board meeting.

With regard to the Trust's own staff and students a project group has been established as in previous years comprising representatives from the various departments who have a role to play. As in previous years peer vaccinators are being identified in order to ensure that staff in clinical areas have easy access to the vaccine. Clinical staff working in corporate functions together with Occupational Health will provide a service to those areas who do not have their own peer vaccinators.

The Trust has run effective Staff Flu Vaccination programmes for the last few years and last year hit the highest yet coverage of 79.2%. This year there is an expectation that uptake of the vaccine will be higher due to Covid-19, and in response to this we need to ensure our vaccination programme is efficient and quick. Nationally the target set for uptake is ***75% with a 100%*** offer for all front line health care workers.

Communication plans have been developed with a factual themed approach for this year drawing on the recent impact of the global pandemic and planning in weekly updates to celebrate achievements. Key messages for staff are:

a) Flu contributes to unnecessary morbidity and mortality in vulnerable patients
b) Up to 50% of confirmed influenza infections are subclinical (i.e. asymptomatic). Unvaccinated, asymptomatic (but nevertheless infected) staff may pass on the virus to vulnerable patients and colleagues
c) Flu-related staff sickness affects service delivery, impacting on patients and on other staff – recently published evidence suggests a 10% increase in vaccination may be associated with as much as a 10% fall in sickness absence
d) Patients feel safer and are more likely to get vaccinated when they know NHS staff are vaccinated

The national campaign targets front line health care workers, the Trust has in the past targeted this group of staff first, leaving non-frontline workers to be vaccinated once the Trust target has been achieved, this has usually been around the end of November. This year's campaign will aim to vaccinate our non-frontline staff much earlier in the flu season. We have seen the key role that non-front line staff play in delivering our services during Covid 19, and their health and wellbeing should be protected equally. We have therefore ordered sufficient vaccine for all staff and students to have access to the vaccination.

Trusts are asked to complete a self-assessment against a best practice checklist – please find this below. A couple of points to note – the executive team have taken the approach not to offer incentives to staff to have the vaccine but to concentrate on the health reasons for doing so; we are currently running induction programmes virtually and therefore would not be offering vaccinations at that time – should this change we would adapt our approach (the same applies for Board and Governor meetings)

A	**Committed leadership**	**Trust self-Assessment**
A1	Board record commitment to achieving the ambition of vaccinating all frontline healthcare workers	√
A2	Trust has ordered and provided a quadrivalent (QIV) flu vaccine for healthcare workers	√
A3	Board receive an evaluation of the flu programme 2019/20, including data, successes, challenges and lessons learnt	√

A4	Agree on a board champion for flu campaign	√
A5	All board members receive flu vaccination and publicise this	√
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives	√
A7	Flu team to meet regularly from September 2020	√
B	**Communications plan**	
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions	√
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	√
B3	Board and senior managers having their vaccinations to be publicised	√
B4	Flu vaccination programme and access to vaccination on induction programmes	X due to virtual inductions
B5	Programme to be publicised on screensavers, posters and social media	√
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	√
C	**Flexible accessibility**	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	√
C2	Schedule for easy access drop in clinics agreed	√
C3	Schedule for 24 hour mobile vaccinations to be agreed	X
D	**Incentives**	
D1	*Board to agree on incentives and how to publicise this*	X
D2	Success to be celebrated weekly	√

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	NHS People Plan		
Report to	Board of Directors	**Date**	September 2020
Author	Karen Barnard, Director of People & OD		
Purpose			*Tick one as appropriate*
	Decision		
	Assurance		✓
	Information		✓

Executive summary containing key messages and issues

Further to the publication of the interim NHS People Plan the country has experienced the coronavirus pandemic which has resulted in a refresh of said People Plan – it is clear that the impact of covid has influenced the document that was published in July 2020. In the absence of the comprehensive spending review the published plan has the coming 18 months as its focus rather than the planned 5 year period. The plan is intended to capture and build on the NHS response to the pandemic to set a workforce strategy for the coming 18 months and to signal a clear intention to support cultural change within the NHS for many years to come (NHS Providers). Its key focus is for 'more staff, working differently in a compassionate and inclusive culture'. It is anticipated that a further longer term plan will be published in the coming months. Appended to this paper is a set of slides produced by NHSI/E which summarise the key elements of the Plan. Access to the various documents such as the full Plan and easy to read version can be found here: www.england.nhs.uk/ournhspeople

The various sections of the plan are as follows:

- Looking after our people including the NHS People Promise
- Belonging in the NHS
- New ways for working and delivering care
- Growing for the future

Board members will be sighted on our Trust values WE CARE – the Executive team has agreed that now is the opportunity to refresh the statements that form We Care to ensure that they resonate with our staff and align with the People Promise. Discussions will be taking place at Management Board in September before we engage with our wider workforce in order to ensure that our values resonate with our staff and students and form part of our People offer moving forward.

We are also taking the opportunity to reframe Develop Belong Thrive Here, again to ensure that there is context across the range of people priorities. Whilst we do make use of this phrase within our recruitment literature there is much more we can do. Our leadership development offering has programmes linked to Develop, Belong and Thrive with our masterclass programme tied with 'Here'. But we recognise that Develop Belong Thrive Here doesn't yet resonate in the same way as, for example, The Leeds Way does. We will therefore frame our local People Plan (and the chapters of the national plan) around each of those 4 strands. Initial thoughts are:

- Develop – New ways for working and delivering care
- Belong – Belonging in the NHS
- Thrive – Looking After our staff
- Here – Growing for the Future.

The Workforce and Education Committee will debate the local requirements for our People Plan (along with the national expectations) to then determine the workstreams required to implement our People Plan. This local People Plan will then form a key component of the workplan for the newly formed People Committee.

Key questions posed by the report

Is the Board assured of the approach being taken to develop the Trust's local response to the NHS People Plan?

How this report contributes to the delivery of the strategic objectives

People – As a Teaching Hospital we are committed to continuously developing the skills, innovation and leadership of our staff to provide high quality, efficient and effective care

How this report impacts on current risks or highlights new risks

F&P 8 Inability to recruit right staff and have staff with right skills leading to:

i) Increase in temporary expenditure
ii) Inability to meet FYFV and Trust strategy
iii) Inability to provide viable services.

Q&E 6 Failure to improve staff morale leading to:

i) Recruitment and retention issues
ii) Impact on reputation
iii) Increased staff sickness levels.

Recommendation(s) and next steps

Members are asked to receive this report.

NHS People Plan (2020/21)

Further to the publication of the interim NHS People Plan we have experienced the coronavirus pandemic which has resulted in a refresh of said People Plan – it is clear that the impact of covid has influenced the document that was published in July 2020. In the absence of the comprehensive spending review the published plan has the coming 18 months as its focus. The plan is intended to capture and build on the NHS response to the pandemic to set a workforce strategy for the coming 18 months and to signal a clear intention to support cultural change within the NHS for many years to come (NHS Providers). Its key focus is for 'more staff, working differently in a compassionate and inclusive culture'. It is anticipated that a further longer term plan will be published at a later date with a longer term focus.

The various sections of the plan are as follows:

- Looking after our people
    - The People Promise
    - Staff safety
    - Staff physical and mental wellbeing
    - Flexible working
- Belonging in the NHS
    - Promoting inclusivity
    - Ensuring staff have a voice
    - Compassionate and inclusive leadership
- New ways for working and delivering care
    - Making the most of skills in teams
    - Making the most of skills and energy in wider workforce
    - Educating and training people for the future
- Growing for the future
    - Expanding and developing our workforce
    - Focus on recruitment
    - Staff retention
    - Alignment and collaboration across health and care systems

Our NHS People Promise

We are a team

- First and foremost, we are one huge, diverse and growing team, united by a desire to provide the very best care.
- We learn from each other, support each other and take time to celebrate successes.

We work flexibly

- We do not have to sacrifice our family, our friends or our interests for work.
- We have predictable and flexible working patterns - and, if we do need to take time off, we are supported to do so.

We are always learning

- Opportunities to learn and develop are plentiful, and we are all supported to reach our potential.
- We have equal access to opportunities.
- We attract, develop and retain talented people from all backgrounds

We are safe and healthy

- We look after ourselves and each other.
- Wellbeing is our business and our priority - and if we are unwell, we are supported to get the help we need.
- We have what we need to deliver the best possible care - from clean safe spaces to rest in, to the right technology.

We each have a voice that counts

- We all feel safe and confident to speak up. And we take the time to really listen - to understand the hopes and fears that lie behind the words.

We are recognised and rewarded

- A simple thank you for our day-to-day work, formal recognition for our dedication, and fair salary for our contribution.

We are compassionate and inclusive

- We do not tolerate any form of discrimination, bullying or violence.
- We are open and inclusive.
- We make the NHS a place where we all feel we belong.

Board members will be sighted on our Trust values WE CARE – the Executive team has agreed that now is the opportunity to refresh the statements that form We Care to ensure that they resonate with our staff. The current statements are:

- **W**e always put the patient first
- **E**veryone counts – we treat each other with courtesy, honesty, respect and dignity
- **C**ommittee to quality and continuously improving patient experience
- **A**lways caring and compassionate
- **R**esponsible and accountable for our actions - taking pride in our work
- **E**ncouraging and valuing our diverse staff and rewarding ability and innovation

Discussions will be taking place at Management Board in September before we engage with our wider workforce in order to ensure that our values resonate with our staff and students and form part of our People offer moving forward.

We are also taking the opportunity to reframe Develop Belong Thrive Here, again to ensure that there is context across the range of people priorities. Whilst we do make use of this phrase within our recruitment literature there is much more we can do. Our leadership development offering has programmes linked to Develop, Belong and Thrive with our masterclass programme tied with 'Here'. But we recognise that Develop Belong Thrive Here doesn't yet resonate in the same way as, for example, The Leeds Way does.

We will therefore frame our local People Plan (and the chapters of the national plan) around each of those 4 strands – further discussions will take place at the Workforce Education and Research committee in September with an update being shared at QEC at its next meeting. Initial thoughts are:

- Develop – New ways for working and delivering care
- Belong – Belonging in the NHS
- Thrive – Looking After our staff
- Here – Growing for the Future

This will then form part of our local People Plan which will be a key element of the workplan for the People Committee which is being formed.

The NHS People Plan contains a number of actions to be taken forward by Trusts but also by NHS Improvement/England and Health Education England. The actions have been pulled together into a single action plan by NHS Employers using the following headings:

- *Health and Wellbeing* – the health and wellbeing and health and safety committees will review their workplan to ensure that all elements within the action plan have been prioritised.
- *Flexible Working* – following the changes to working practices during the covid pandemic the Trust will review the opportunities for staff to work flexibly and take soundings as to what 'flexible' working means for the various staff groups
- *Equality and Diversity* – the EDI forum will review its workplan in line with the WRES and WDES action plans with the introduction of staff networks
- *Culture and Leadership* – whilst the actions contained in the People Plan have been directed towards NHSI/E and HEE this is a priority area for the Trust to move forward on.
- *New ways of delivering care* – this section refers to using the learning from the innovation introduced during covid and has a clear line of sight for us to our quality improvement programme of work
- *Growing the workforce* – the majority of attention is placed on HEEs role in expanding training numbers; however our attention must be on ensuring we have capacity for clinical placements and sufficient capacity for staff to access CPD and supervision
- *Recruitment* – local action is around continuing to increase numbers of apprenticeships and encouraging former staff to return to practice. There will be a system level focus on lead employers for overseas recruitment
- *Retaining staff* – local focus to be on ensuring staff are sighted on pensions flexibilities but also ensuring staff have access to roles which suit their needs and preferences. We will review the outcome from our previous involvement in the nursing retention programme in order to determine transferability of that work
- *Recruitment and deployment across systems* – the focus here is on engagement with schools etc to attract a diverse range of people into the NHS; this section also refers to the use of bank staff rather than agency staff.

The Workforce and Education Committee will discuss our local priorities for our People Plan (along with the national expectations) and the workstreams required to implement our local Plan and associated groups to support this work. This will then be considered by the newly formed People Committee.

The NHS People Plan

Published July 2020

Background to the plan

- **January 2019** - publication of the NHS Long Term Plan and signal of a workforce development plan
  - **June 2019** Interim NHS people plan
  - a multi year People Plan had been expected in **Spring 2020**
- Our **extensive engagement** agreed our workforce challenge can only be tackled through
    - more staff
    - working differently
    - in a culture that's more compassionate and inclusive

500+
organisations supporting the development of the NHS People Plan

44
professional bodies closely engaged representing breadth of NHS professions

15,000+
contributions to NHS People Plan tweet chats, the biggest NHS tweetchats ever

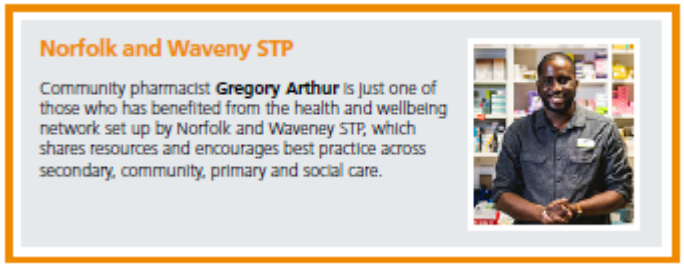
25
2019/2020 fortnightly CPO people plan e-bulletin to wide list of subscribers

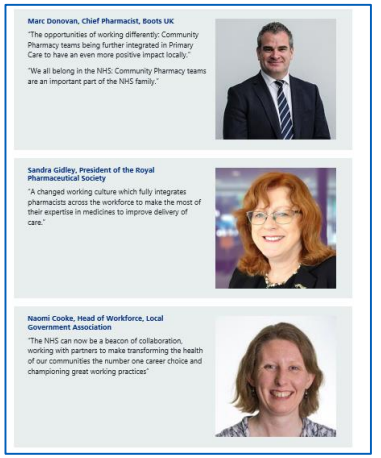
1,000+
crowdsourcing and online engagement contributions from NHS staff

350+
NHS leaders contributing to the NHS People Promise, and NHS Leadership Compact

WE ARE THE NHS:
People Plan for 2020/21 - action for us all

Introducing our publication July 2020…





We are 1.3 million strong. We are all walks of life, all kinds of experiences. We are the NHS.

A practical and ambitious plan that …

- responds to new **challenges and opportunities**
- focuses on the action **NHS people tell us** they need right now
- sets out what NHS people **can expect** from their leaders and each other

…with specific commitments around:

- **Looking after our people**
- **Belonging in the NHS**
- **New ways of working**
- **Growing for the future**

Looking after our people

Sets out our People Promise to everyone who works in the NHS.

This will help make the NHS a better place to work by ensuring staff are:

- **Safe and healthy**
- **Physically and mentally well**
- **Able to work flexibly**

Belonging in the NHS

- Action to ensure the NHS is
  - **inclusive and diverse**
  - a place where discrimination, violence and bullying do not occur
- Includes
  - Overhauling **recruitment practices** to improve representation
  - **Health and wellbeing conversations**
  - Confidence to **speak up** and empowering staff to **use their voice** to inform learning and improvement
  - **Inclusive, compassionate leadership**

New ways of working and delivering care

- COVID-19 compels us to
  - be **flexible**
  - make **best use** of skills and experience
- We will continue to enable working differently
  - **Upskilling** staff
  - Expanding **multi-disciplinary teams**
  - Supporting **volunteers** in the NHS and expanding routes into health and care careers
  - Supporting staff **learning and development**
    - access to CPD
    - greater access to online learning

Growing for the future

- We want to capitalise on
  - **unprecedented interest** in NHS careers
  - higher **numbers of applications** to education and training.
- We will do this through
  - **Recruiting** into entry-level clinical and non-clinical roles
  - **Return to practice**
  - **Training places** in shortage professions
  - **International recruitment**
  - **Retaining more people** in the service

We are 1.3 million strong. We are all walks of life, all kinds of experiences. We are the NHS.

Next steps

- This is **an ongoing conversation** that began with the interim NHS People Plan.
- Coming soon…
  - further health and wellbeing resources for all NHS organisations
  - the leadership values and behaviours we all want to see and experience, in a new Leadership Compact.
  - further action for 2021/22 and beyond expected later in the year.

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Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	**Update on the Nursing Workforce for adult inpatient areas January 2020**		
Report to	**Board of Directors**	**Date**	**September 15th 2020**
Author	**David Purdue, Director of Nursing, Midwifery & Allied Health Professionals** **Cindy Storer, Acting Deputy Director of Nursing, Midwifery & Allied Health Professionals** **Rebecca McCombe, Matron, Surgery**		

Purpose		Tick one as appropriate
	Decision	
	Assurance	√
	Information	√

Executive summary containing key messages and issues

The publication of Developing Workforce Safeguards in October 2018 was designed to help Trust manage common workforce problems, in line with the National Quality Board's (NQB 2013, 2016, 2017) guidance. The aim being to have *the right staff, with the right skills in the right place at the right time*. The three components recommended are;

- Evidenced based tools
- Professional judgement
- Outcomes

To ensure an evidenced based tool is used for effective workforce planning, the licence for use of the Safer Nursing Care Tool (SNCT) at DBTH was signed in 2019. This is for adult inpatient areas, adult assessment areas and children's and young people's inpatient areas. This validated tool demonstrates patient acuity and dependency aligned to staffing resource requirements. The SNCT is run in January and June each year, with the analysis and the results for the January 2020 data included in this report.

In January 2020, the SNCT results demonstrated DBTH having an average skill mix for inpatient areas (excluding critical care) of 54% Registered Nurses: 46% Health Care Assistants (although this includes trainee Nursing Associates and Assistant Practitioners), with a variance of 50 whole time equivalents more than the average SNCT values. This is the same as the previous report presented to the Board in January 2020.

Key questions posed by the report
What actions are taken to ensure the recommendations in the Workforce Safeguards are being met?
How this report contributes to the delivery of the strategic objectives
Patients: Work with patients to continue to develop accessible, high quality and responsive service **People:** As a Teaching Hospital we are committed to continuously developing the skills, innovation and leadership of our staff to provide high quality, efficient and effective care **Performance:** We will ensure our services are high performing, developing and enhancing elective care facilities at Bassetlaw Hospital and Montagu Hospital and ensuring the appropriate capacity for increasing specialist and emergency care at Doncaster Royal Infirmary.
How this report impacts on current risks or highlights new risks
Staffing is one of the Trusts strategic risks highlighted in the Board Assurance Framework (Strategic Aim 5). Inability to recruit right staff and have staff with right skills leading to (i) Increase in temporary expenditure (ii) Inability to meet FYFV and Trust strategy (iii) Inability to provide viable services There are a number of risks relating to staffing on the Trust corporate risk register (F&P8) This paper outlines actions being taken and to take, to mitigate the risks.
Recommendation(s) and next steps
The Board is asked to note the information provide in the paper and the recommendations included in the action plan, along with the timeframe for delivering the next steps.

The purpose of this report is to inform the Board of Directors of the outcomes of the January 2020 assessment of staffing levels for the adult assessment and adult inpatient wards, using the Safer Nursing Care Tool (SNCT), The Shelford Group 2013.

SNCT calculates clinical staffing requirements based on patients' acuity and dependency needs which, together with professional judgement, guides the Associate Directors of Nursing and the Director of Nursing in decisions around their workforce planning.

<u>Evidenced based tools</u>
SNCT is endorsed by NICE and the licensing process is free of charge to NHS organisations in England. DBTH signed the licence agreement in 2019. Data has now been collected in April, September 2019 and January 2020. This is currently for adult inpatient wards, acute assessment units and children and young people's wards in acute hospitals.

In January 2020, the SNCT results demonstrated DBTH has an average skill mix for inpatient areas (excluding critical care) of 54% Registered Nurses: 46% Health Care Assistants (although this includes trainee Nursing Associates and Assistant Practitioners), with a variance of 50 whole time equivalents more than the average SNCT values.

The Director of Nursing has successfully supported the acting Deputy Director of Nursing, Midwifery and AHPs on a place on the Chief Nursing Safe Staffing fellowship programme, which aims to promote broader insights into and develop comprehensive knowledge about existing and new clinical staffing

models across all healthcare settings. This will build specialist knowledge in the Trust with skills to plan and implement evidence-based staffing tools, with the ability to also support local Trusts across the ICS.

The SNCT for emergency departments is expected to launch in 2020, which will help provide a consistent approach to assessing acuity and dependency across departments as well as inpatient wards.

Further developments to include Allied Health Professionals contributions to care delivery are planned, which will help capture the vital input these health care professionals undoubtedly contribute.

Professional judgement

Professional judgement is used when triangulating data and may take into account the layout and geography of the ward areas. One good example is the Trauma and Orthopaedic wards at DRI, which the old nightingale lay out means that there are separate clinical areas within one ward environment, which need to have safe hands per shift. This may appear on paper that the wards are overstaffed, but the establishment cannot be safely reduced due to the planned hands per shift in each area.

The introduction of eObservations across the Trust has also given new data on the acuity of patients. Using the National Early Warning Score (NEWS2), acutely ill patients, including those with sepsis are identified electronically, which will become more valuable data as the evaluation continues.

Outcomes

Patient outcomes are measured on the monthly hard truths quality metrics. In 2019/20, this incorporated patient outcomes measures, sometimes referred to as nurse sensitive indicators. Serious Incidents, falls with moderate harm, falls with severe harm, clostridium difficile, safety thermometer new harms, pressure ulcers above a category 2 & pressure ulcers with severe harm. The hard truths quality metrics is presented at the clinical governance committee, shared with commissioners and displayed in the internal Hive for all Trust staff to see.

How to ensure the right people, with the right skills, are in the right place at the right time.

The National Quality Board (NQB 2013, 2016, 2017) set out 10 expectations and a framework within which organisations and staff should make decisions about staffing that put patients first. Putting people first remains our collective and individual responsibility and is central to the delivery of high quality care that is safe, effective, caring and responsive.

This NQB document recommends that it is vital to have a single, shared goal to maintain and improve quality, to improve health outcomes, and to do this within the financial resources entrusted to the health service.

This means a relentless focus on planning and delivering services in ways that both improve quality and reduce avoidable costs, underpinned by the following three principles:

Right care:

Doing the right thing, first time, in the right setting will ensure patients get the care that is right for them, avoiding unnecessary complications and longer stays in hospital and helping them recover as soon as possible.

Minimising avoidable harm:
A relentless focus on quality, based on understanding the drivers and human factors involved in delivering high quality care, will reduce avoidable harm, prevent the unnecessary cost of treating that harm, and reduce costs associated with litigation.

Maximising the value of available resources:
Providing high quality care to everyone who uses health and care services requires organisations and health economies to use their resources in the most efficient way for the benefit of their community – any waste has an opportunity cost in terms of care that could otherwise be provided.

The Care Quality Commission (CQC) uses this guide in its approach to monitoring, inspecting and rating providers.

Hard Truths commitments regarding the publishing of staffing data

Following the publication of the National Quality Board guidance and Hard Truths: The Journey to Putting Patients First (Department of Health, 2014), guidance was issued to Trusts in relation to publishing staffing data.

- A board report, describing staffing capacity and capability, following an establishment review, using evidenced based tools where possible and to be presented to Board every 6 months.
- A board report with the planned versus actual staffing at ward level every month.
- The monthly Hard Truths quality metrics to be published

The hard Truths quality Metrics is displayed on the Hive and is available for all Trust staff

https://extranet.dbth.nhs.uk/safety-quality/august-hard-truths-quality-metrics-available-now/

Operational productivity and performance

The guideline identifies organisational and managerial factors that are required to support safe staffing and makes recommendations for monitoring and taking action if there are not enough nursing staff available to meet nursing needs of patients on wards. The Trust policy is available on the Hive here file:///H:/Downloads/patps18.pdf

In February 2016, the final report by Lord Carter of Coles on the review commissioned by the Department of Health; Operational productivity and performance in English NHS Hospital; unwarranted variations (2016)and several recommendations relate to optimisation of nursing resource. It highlighted the increased demand for registered nurses, after the publication of the Robert Francis QC's mid Staffordshire report (Francis QC, 2013) and the Hard Truths report (Department of Health, 2014) and the difficulty Trusts experience in the recruitment and retention of staff, together with the reliance on temporary staffing to cover vacancies. The following 3 areas were identified as a focus for nursing

- The recording of nursing and care staff deployment by calculating CHPPD
- The use of eRostering systems to ensure that nursing staff are rostered effectively across the week to meet patient need
- Review the process for enhanced care/supervision (previously known as specialling) for patients needing enhanced therapeutic intervention and close supervision.

CHPPD

Information Relating to CHPPD is reported nationally each month to the model hospital, reported to QEC and is included in this report.

New reporting arrangements advise that nursing associates and allied health professionals should be included in the reporting of CHPPD. The Trust has trainee nursing associates in the nursing establishments, but not yet allied health professionals. Trainee nursing associates have been included in the CHPPD since September 2019.

eRostering

eRostering is in place for nursing and we are working to ensure compliance with the good practice guide for eRostering systems (NHS improvement, 2016).

Enhanced Care

Enhanced supervision (previously known as 1:1, bedwatch or specialing) is an integral part of a therapeutic plan. Enhanced care ensures the safe and sensitive monitoring of the patients' physical and psychological well-being (including their conduct and mental health), whilst at the same time fostering positive therapeutic relationships.

When patients truly need enhanced care, this therapeutic level of supervision and engagement will keep the patient safe while preventing deconditioning. There is evidence that some areas overuse additional staff who have not been trained to give enhanced care, making this low quality use of additional resource.

The current policy at DBTH is being reviewed in conjunction with the falls prevention policy to look at ways of supporting clinical areas, while ensuring appropriate use of resources and quality is maintained.

file:///H:/Downloads/patps20-2.pdf

Safer Nursing Care Tool (SNCT)

During the assessment, daily assessments of patients are undertaken using criteria definitions. Each patient is scored at one of five levels of care. Each level of care has an assigned multiplier, which represents the number of nursing staff required to provide care to the patient over a 24 hour period according to their acuity and dependency.

The scores are then added together to calculate the nursing establishment needed to provide the required level of care to each patient, and collectively for the inpatient area. Housekeepers, ward clerks are not included in the calculation as they do not provide direct nursing care to patients.

The National Quality Board recommends that nurses, midwives and care staff have sufficient time to fulfil responsibilities that are additional to their direct nursing caring duties; therefore staffing establishments should take account of the need to allow nursing, midwifery and care staff the time to undertake continuous professional development and to fulfil mentorship and supervisory roles.

In addition, when planning staffing on wards, there is a need for an allowance to be made for periods of leave to ensure there are sufficient nurses available to provide the planned level of nurse staffing.

At DBTH the level of cover built into ward establishments is 21% per whole time equivalent staff member.

- 15% annual leave
- 3.5% sickness and absence

- 1.5% parenting/other leave
- 1% study leave

Authorised funded establishments also afford staff in leadership roles the time to assume supervisory status, which is evidenced to improve staff engagement, improve patient outcomes, and allow the management of the ward. The SNCT includes an allowance for ward managers to undertake their leadership roles in a supervisory capacity for 40% of their time.

The policy to ensure the use of the SNCT and annual review of the establishment has been published.

Quality Indicators

The hard truths, quality metrics is collated each month and helps to understand the quality outcomes of patient care. For 2019/20, Serious Incidents, falls with moderate harm, falls with severe harm, clostridium difficile, safety thermometer new harms, pressure ulcers above a category 2 & pressure ulcers with severe harm are all reported and updated each month.

Alongside this data, the inpatient Quality Accreditation Tool (iQAT), launched in May 2019 incorporates work the senior leadership team on each ward are doing to improve quality, through accreditations in Infection, prevention and control (IPC), Nutrition, Falls and Skin Integrity. Triangulated, this data gives a view of the SNCT results, outcomes for patients and also the efforts of the ward leadership in the prevention of patient harms. The iQAT measures the following:

iQAT presentation; This is a peer review by a designated senior nurse. This year, each ward manager presented their ward actions to support delivery of the Trust strategy against the 5 Ps. This was usually to a team consisting of a senior nurse and governor, to involve them as an independent assessor. This is a considerable effort on the part of the senior nursing team, however, the benefits mean that there is opportunity to recognise the work of the ward managers that can be hard to quantify in the normal metrics. 11 wards were assessed as good with evidence of excellent leadership and were awarded an additional highly commended, 27 wards were assessed as good. 2 wards were assessed as requiring improvement.

Final Quality Score from the Hard Truths Quality Metrics. This is a NQB (2016) requirement as part of workforce safeguards. The planned staffing levels versus the actual staffing levels are collected along with specific nurse sensitive indicators (falls, pressure ulcers, complaints, serious incidents for care issues). This gives a cumulative score for the whole year and also cross references the overall bed capacity for each ward area. This is emailed out to all ward managers and senior nurses after approval at the CGC and is also stored on the Hive on the new Quality and Safety page. Wards that trigger RED on the Hard Truths Quality Metrics would have a quality summit, with an agreed action plan. 2 wards triggered RED this year (Respiratory and AMU) although only 1 quality summit took place before Covid-19 pressures began.

Nursing Assessment and Accreditation System (NAAS) – this is a quarterly self-assessment by the ward managers, who would input their data onto an internal dashboard, set up to RAG the overall results. The Matrons would be expected to participate in the NAAS and ensure that each ward has an action plan to improve for any areas showing deficits in quality. This was not as sensitive as the other measures as it's a self-assessment but generally ward managers fed back that they liked this as a tool to measure quality in their areas.

Accreditation overall Score; Included in the Hard Truths Quality Metrics are the accreditations for the work to improve care against the highest risks in nursing care. IPC, Nutrition and new for 2019/20 Skin Integrity and Falls. Each accreditation includes elements of a critical mass of staff in post having education and training on the subject matter, audit of compliance in the ward area and a designated ward champion who would attend a quarterly meeting facilitated by subject leads to share learning to bring back to the ward. The subject leads then provided a RAG each quarter to allow ward managers the opportunity to improve throughout the year. At the end of the year, an overall RAG was given to each ward for their accreditation performance. The aim of this was to offer incentive and recognition to wards who were trying to improve patient safety in their area. Individual certificates will be provided by subject leads.

Overall score – from all the above agreed metrics – the overall scores and RAG were validated and agreed at a senior nurse meeting on 7 May 2020. Overall certificates will be provided by the corporate nursing team.

9 wards scored 'Outstanding', 12 wards scored 'Highly Commended Good', 13 wards scored 'Good' and 6 wards scored 'Requires Improvement'

Of the wards rated as Requires Improvement' half had reported shortfalls in the planned versus actual staffing levels in M11, suggesting that a review of vacancy rates and attrition of staff is required for CDS, ward 17 and B6. The other wards did report safe staffing in M11, suggesting an approach to support improvements in the quality accreditations, moving forward (C2/CCU, 24, ATC).

The annual QAT celebration event was planned for 27 May 2020 but has been paused due to social distancing measures in place. Divisions have therefore agreed to manage the messages around the overall iQAT score and will visit each area and discuss with the relevant teams. Wards scoring 'Requires Improvement' at present will need reassessing within 6 months, so that there is a plan to offer support for improvement.

Overall Results

The funded establishment (excluding critical care) in January 2020 was 1043.39 wte. The January SNCT data showed the acuity and dependency to be 997.04 wte (excluding critical care). This added to the last 5 averages shows a value of 993.01, which is a surplus of 50.38 wte across the Trust.

	SNCT Feb 2018	SNCT September 2018	SNCT April 2019	SNCT September 2019	SNCT January 2020	Average Value SNCT	Funded establishment	Total skill mix RN	Funded beds
Total	1047.75	948.0	969.19	949.84	997.04	993.01	1043.39	52.70%	649.6

excluding critical care									0
Total including critical care	1114.79	999.48	1040.73	991.79	1064.06	1052.82	1171.31	93.68%	675.60

The overall skill mix for the Trust (excluding critical care) was 53.59% RN

Medicine average 52.70% RN

Surgery average 54.54% RN

G5 skills mix 65.46 % RN

Department of critical care skill mix 93.68%

This change in skill mix reflects that new roles, to bridge the gap between registered nurse and nursing associate, such as assistant practitioners and trainee nursing associates are included in the unregistered nurse numbers

Care Hours Per Patient Per Day (CHPPD)

CHPPD comparisons using national and ICS peer using Model Hospital show the following trends, with the most recent data available being up to December 2019 (this has not been updated due to Covid-19

This demonstrates overall staffing as under the national average for care hours per patient day. For RN and RM the pattern remains under the national average. For health care support workers, the CHPPD shows above average use of healthcare support workers.

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

E1

Title	**PEOPLE COMMITTEE**		
Report to	**Board of Directors**	**Date**	**15 September 2020**
Author	**Suzy Brain England (Chair), Richard Parker (CEO)**		
Purpose			Tick one as appropriate
	Decision		x
	Assurance		
	Information		

Executive summary containing key messages and issues
The purpose of this paper is to secure formal Board of Director (BOD) agreement to the creation of a subcommittee of the BOD to assure the delivery of the Trusts response to the NHS People Plan. As a formal committee of the BOD the People Committee will be chaired by a nominated Non-Executive Director (NED) supported by other NEDs. Executive Directors will be in attendance to provide assurance on the delivery of the Trust's strategic and Operational Objectives related to the Trust's workforce.
Key questions posed by the report
Is the Board of Directors supportive of the creation of a People Committee with the delegated responsibility for assuring the delivery of the Trust's True North and Breakthrough Objectives and the mitigation of Board Assurance Risks related to the workforce?
How this report contributes to the delivery of the strategic objectives
The People Committee will assure the delivery of appropriate actions to deliver the Trust's True North and Break Through Objectives.
How this report impacts on current risks or highlights new risks
The People Committee will assure the delivery of appropriate actions to mitigate and reduce risks associated with the work force.
Recommendation(s) and next steps
The Board of Directors is asked to confirm approval of the creation of the People Committee.

1. INTRODUCTION

This paper provides information to allow the Board of Directors (BOD) to formally confirm the creation of a committee of the BOD to assure the delivery of all elements the Trust's Human Resources and People and Organisational Development Plans as they develop to deliver a Trust-wide People Plan.

2. BACKGROUND

Team DBTH is currently made up of 6500 people who contribute to the care of the people of Doncaster and Bassetlaw at the best of times, and the worst of times; doing so with skill, compassion and dedication as recently exemplified by the Trust's response to the Covid 19 pandemic. However, the pandemic has also identified that DBTH will need to accelerate the pace of change in the modernisation and transformation of services, and of the contribution that the workforce can make. Delivering this will need a renewed and refreshed approach to the way in which we work with our people and the way in which they work with our patients.

The publication of the NHS People Plan was welcomed as a framework and description of the key issue but the Trust's response to this needs to reflect not only the nationally determined actions, but also the delivery of the Trust's objectives at PLACE and within the Integrated Care System. The complexity, and the governance of this shouldn't be underestimated and requires robust assurance.

Currently the BOD has four sub committees with responsibility for workforce issues split primarily between the Finance and Performance Committee, and the Quality and Effectiveness Committee. While this has served the Trust reasonably well to date the need to move further and faster, and to have a refreshed and invigorated focus on equality, diversity and inclusion, people and organisational development, Living and Learning and new (innovative) ways of working now require a much more robust process for assuring the delivery of the Trust's strategic objectives for its people and through its people our patients.

3. PROPOSAL

It is widely accepted that having a skilled, focused and motivated workforce is the key to success for any organisation and that a failure to pay appropriate attention will, over time, have a negative impact on the delivery of the Strategic Objectives.

As a result the People Committee would, on behalf of the BOD, have a clear focus on the assurance issues related to the Trust's Workforce, including the creation and delivery of the Trust's People Plan which will include, but is not limited to:

The delivery of the Human Resource services – 'Pay and Rations.' and new ways of working;

Equality, Diversity and Inclusion;
Belonging to DBTH - staff feedback and survey results;
People and organisational development; succession planning, stronger teams, effective management, living and learning; and
The health and wellbeing support offer – Freedom to Speak Up.

With the creation of the People Committee the BOD committee structure is shown at appendix 1. This demonstrates that the additional committee allows further alignment of the Trust's Strategic Objectives with the Board Assurance Framework (BAF) and through this the link to the Corporate Risk Register.

4. IMPACT

To ensure that risks to the delivery of the Trust's Strategic Objectives are eliminated, or where this isn't possible mitigated to an appropriate level, the People Committee will assume delegated responsibility for assuring the delivery of actions related to strategic workforce risks and an overall improvement in the way in which all staff feel about working for DBTH and the impact this has on patient care, the way in which partners and regulators assess the Trust's performance towards becoming an outstanding employer.

5. RESOURCE AND FINANICAL IMPLICATIONS

There should be no additional resource and financial implications directly related to the creation of a People Committee, although attention will need to be given to remove any replication of work undertaken in support of current groups such as workforce and education and emerging work on the Teaching Hospital Board. There will also need to be a rationalisation of overlapping responsibilities in areas which are currently considered by the Finance and Performance and Quality and Effectiveness Committees.

Any resource or financial implications from work associated to the delivery of the Trust agreed objectives will continue to be managed through the established business and capital planning processes.

6. RECOMMENDATION

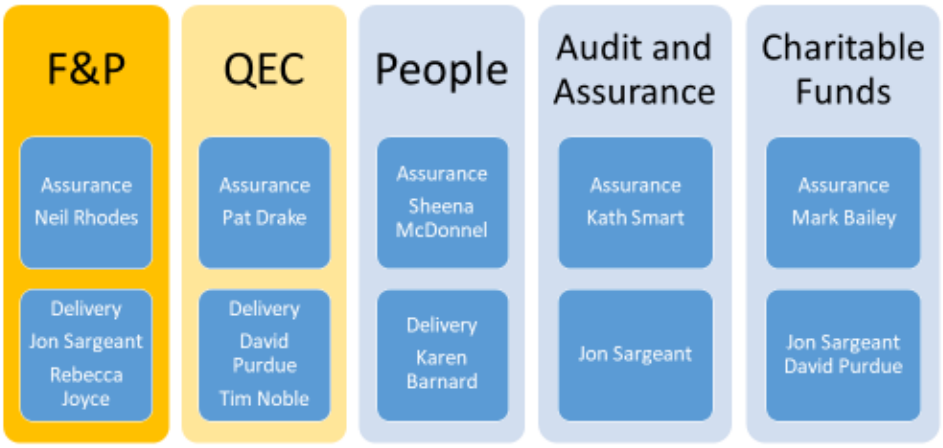
In any organisation the workforce is the greatest asset and following the wide-reaching impact of Covid 19 it is essential that renewed, and vigorous attention is paid to local delivery of the NHS People Plan, ensuring that the Trust's people are supported and enabled to deliver the True North Objective; "The safest Trust in England, Outstanding in all we do."

The Board of Directors is asked to approve the creation of the People Committee to assure this work and identify a Non-Executive Director to Chair the Committee.

APPENDIX 1

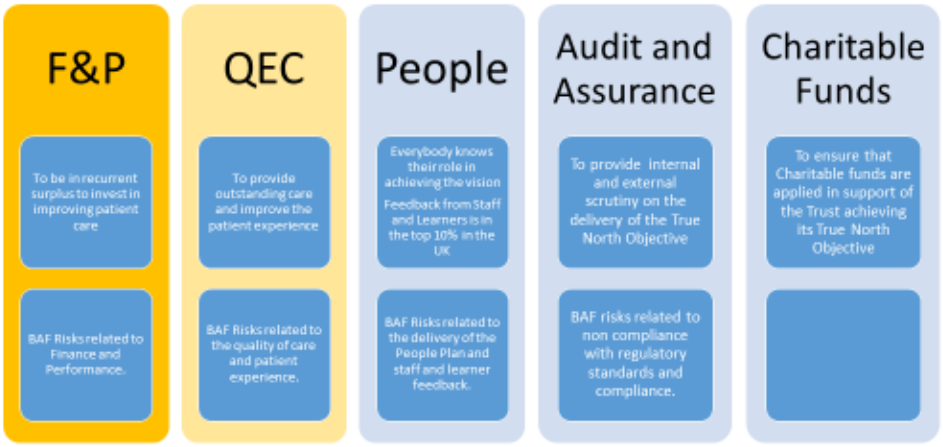
BOARD REPORTING

Strategy and Improvement – Richard Parker/ Marie Purdue



BOARD OF DIRECTORS

To be the safest Trust in England, Outstanding in all we do.



E2

NHS

Doncaster and Bassetlaw Teaching Hospitals

NHS Foundation Trust

Title	Introduction of Associate Non-Executive Director role		
Report to	Board of Directors	**Date**	September 2020
Author	Karen Barnard, Director of People & OD		
Purpose			*Tick one as appropriate*
	Decision		✓
	Assurance		
	Information		

Executive summary containing key messages and issues
Members of the Board will be aware that the Workforce Race and Disability Equality Standards includes an analysis of the proportion of our Board who are from a BAME background and who have a disability. The data related to 31 March 2020 is included in a separate report to the Board this month in readiness for publication. Members will note a lack of representation of Board members from those 2 protected characteristics, although there is some information missing from colleagues' records. You will note in that report a range of actions we have commenced in order to improve representation across all levels of the organisation. In order to build capacity at Non-Executive Director level from diverse groups it is proposed that we introduce the role of Associate Non-Executive Director. This would be a non-voting developmental role and we would be required to ensure they are distinguishable from our Non-Executive Director colleagues at Board and Committee meetings in order to ensure they don't de facto become Board members. It is proposed that appointees would receive an honorarium to cover expenses of £3,000 rather than a level of remuneration. Appointees would have access to a development plan to support any aspirations they may have to become a Non-Executive Director at a future time – it should be noted that an appointment as an Associate NED does not give any preferential access to a future NED role.
Key questions posed by the report
N/A
How this report contributes to the delivery of the strategic objectives
People – As a Teaching Hospital we are committed to continuously developing the skills, innovation and leadership of our staff to provide high quality, efficient and effective care
How this report impacts on current risks or highlights new risks
F&P 8 Inability to recruit right staff and have staff with right skills leading to: i) Increase in temporary expenditure ii) Inability to meet FYFV and Trust strategy iii) Inability to provide viable services. Q&E 6 Failure to improve staff morale leading to: i) Recruitment and retention issues ii) Impact on reputation iii) Increased staff sickness levels
Recommendation(s) and next steps
Members are asked to approve the introduction of the role of Associate Non-Executive Director in order that the recruitment process can commence.

E3

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	Workforce Race Equality Standards (WRES)and Workforce Disability Standards WDES Report and Action Plan		
Report to	Board of Directors	**Date**	September 2020
Author	Karen Barnard Director of People and OD Jayne Collingwood Head of Leadership and OD		
Purpose			Tick one as appropriate
	Decision		
	Assurance		
	Information		✓

Executive summary containing key messages and issues

The following report highlights that we have a legal duty and a moral obligation to understand the needs and challenges of our people, to be able to ensure they are safe at work, cared for and developed. The evidence is clear that the extent to which an organisation values its minority staff is a good barometer of how well patients are likely to feel cared for. As an employer we recognise that having a diverse workforce at all levels is needed and that we want to ensure that we create a fair and inclusive culture where all our people thrive and realise their full potential. This in turn will enable the successful delivery of our vision '*to be the safest Trust in England outstanding in all that we do'.*

The Standard NHS Contract mandates that all NHS provider organisations implement the Workforce Race Equality Standards (WRES) and the Workforce Disability Standards (WDES) which are clearly linked to patient care and safety. All NHS providers are expected to show progress against a number of indicators of workforce equality and disability.

Below are the key messages from our DBTH WRES and WDES data. (for more detail see Appendix 1 and 2)

Key messages

- BAME staff are less likely to enter formal conduct process compared to white staff (0.65)
- Within non-clinical roles the highest numbers of BAME staff are in pay bands 1 and 2. In Clinical roles the majority of BAME staff sit in Bands 2 and Band 5. This would suggest Health Care Assistant roles and Band 5 Registered Nurses roles.
- Consultant and Non Consultant career grade doctors have a much higher representation of BAME groups.

- There are low numbers of applicants shortlisted for jobs from both BAME (142 applicants) and people with a disability (51 applicants)
- Disabled applicants have a 0.33 chance of successful appointment from shortlisting (17 shortlisted applicants in total) compare to 0.77 for non-disabled people.
- BAME applicants have a 27.5% chance of successful appointment from shortlisting. This is a slight improvement as compared to 2019. There was also a rise in the number of applicants shortlisted (107 in 2019 compared to 142 shortlisted applicants in 2020)
- White staff are 1.28 times more likely to be appointed compared to BAME staff
- Across the organisation 93.6% of disabled people are in Band 1 – 7 roles. With 83% of disabled staff in non-clinical roles in bands 1-4 and 90.76% of disabled clinical staff sitting are in bands 2-6.
- Disabled staff are NOT more likely to capability process compared to non-disabled staff. Currently we have no disabled staff in formal capability processes.

The summary findings from both the WRES and WDES suggest that there is room for improvement in the overall representation and experience of our people with protected characteristics and from minority groups. It will be interesting to explore the results of the full staff survey later in the year to identify the experiences of our BAME and Disabled people and identify if their 'lived experiences' in our organisation have improved. It is clear that as an organisation we have more work to do in the area of equality, diversity and inclusion to improve the representation, voice and experience of our people from under-represented groups.

Within the paper is a high level action plan which captures the proactive work we will be focussing on in the next 12 months to make positive strides on this agenda. It is important to note that the '***We are the NHS: People Plan 2020/21 action for us all'*** will be a key enabler for this work with its strong focus on Looking after our people, Belonging to the NHS, New ways of working and delivering care and Growing for the future. The key areas within the action plan are the appointment of an EDI lead with interviews scheduled for 2 October; introduction of staff networks - first meeting of the LGBTQ+ network held in September and discussions held with senior BAME colleagues in August and the identification of a chair for that network; improvement of the data held on colleagues; refresh of EDI training for staff and managers; implementation of the reciprocal mentoring programme and moving forward programme; review of the absence policy and introduction of the Associate NED role.

Our data and action requires publication by the end of September.

Key questions posed by the report

Areas for consideration

- Are the Board supportive of the high level action plan?
- Are there additional actions can we take to ensure that our BAME and Disabled staff are not disadvantaged within our organisation?
- How do we develop Role Models at all levels within the organisation for BAME and Disabled people?
- How do we ensure that we attract and recruit staff, volunteers and governors from diverse backgrounds, cultures and groups into our organisation?

How this report contributes to the delivery of the strategic objectives

People – As a Teaching Hospital we are committed to increasing the diversity of our work force to provide high quality, safe, efficient and effective care.

How this report impacts on current risks or highlights new risks
F&P 8 Inability to recruit right staff and have staff with right skills leading to: i) Increase in temporary expenditure ii) Inability to meet FYFV and Trust strategy iii) Inability to provide viable services. Q&E 6 Failure to improve staff morale leading to: i) Recruitment and retention issues ii) Impact on reputation iii) Increased staff sickness levels iv)
Recommendation(s) and next steps
The Board is asked to receive this report and consider the data in advance of the data and action plan being published later this month.

Context and Background

As an employer we have a legal duty and a moral obligation to understand the needs and challenges of our people to be able to ensure they are safe at work, cared for and developed. The recent pandemic has highlighted how vitally important it is to adequately manage risk and COVID-19 clearly demonstrated that risks or events do not always affect people equally. Many analyses have shown that older age, ethnicity, male sex, BMI and geographical area are associated with the risk of getting the infection, experiencing more severe symptoms and higher rates of death. Therefore it is vital that we are able to thoroughly map the diversity of our workforce and address areas of difference, risk and disadvantage appropriately.

The evidence is clear that the extent to which an organisation values its minority staff is a good barometer of how well patients are likely to feel cared for. As an employer we recognise that having a diverse workforce at all levels is needed and that we want to ensure that we create a fair and inclusive culture where all our people thrive and realise their full potential. We want no one group of people to be disadvantaged in terms of personal and psychological safety, risk, encounter unfair barriers to career progression, professional or personal growth. A diverse workforce that reflects the community it serves has better outcomes for the quality of patient care, patient safety and our people experience.

As an employer we recognise that having a diverse workforce at all levels is needed and that we want to ensure that we create a fair and inclusive culture where all our people develop, belong, thrive and realise their full potential. A proactive approach to developing and supporting a richly diverse workforce will assist us on our journey transform our organisation into a safe, outstanding modern, people centred employer.

About the Standards

The Standard NHS Contract mandates that all NHS provider organisations implement the Workforce Race Equality Standards (WRES) and the Workforce Disability Standards (WDES). Both sets of standards are important because studies show that the extent to which an organisation values its minority staff is a good barometer of how well patients are likely to feel cared for. All NHS providers are expected to show progress against a number of indicators of workforce equality and disability.

*****Please note that in this report we have used BAME which reflects Black, Asian and minority ethnic people instead of BME which stands for Black and minority ethnic people. It is important to point out that both terms have their limitations. As they imply that BME/BAME individuals are a homogeneous group or can be perceived as convenient labels. However in this context BAME is used to refer only to non-white people, and does not consider white minority ethnic groups.

The following report pulls together an overview of the 2018/2019/2020 Workforce Race Equality Standards (WRES) data for DBTH alongside the Workforce Disability Equality Standards (WDES) data 2019/2020 which has been collated for the second year.

Results

Our People - WRES

The data presented in the table below reflects that we have in the workforce of 9.22% of BAME staff. It is positive that we have slightly increased the number of BAME staff appointed to roles within our organisation. However this increase in of 66 BAME people across a workforce of 6829 is small. We have 6.79% of staff with ethnicity unknown, however this is an improvement on 2018 and 2019 which were 8% and 7.64% respectively.

DBTH Staff	White 2018	White 2019	White 2020	BAME 2018	BAME 2019	BAME 2020	Ethnicity Unknown 2018	Ethnicity Unknown 2019	Ethnicity unknown 2020
Headcount	**5809**	**5732**	**5838**	**564**	**575**	**641**	**551**	**522**	**472**
% of total workforce	**83.9%**	**83.9%**	**83.99%**	**8.1%**	**8.4%**	**9.22%**	**8%**	**7.6%**	**6.79%**

It is positive that we are closing the 'ethnicity unknown' % gap but there is still work to do, to improve our data capture and quality. It is important that our leaders, managers and people understand the importance of capturing this information and how it is used to influence organisational development, safely manage risk and inform improvement.

Our Trust Board - WRES

Board Members	White 2018	White 2019	White 2020	BAME 2018	BAME 2019	BAME 2020	Unknown 2018	Unknown 2019	Unknown 2020
Headcount	10	12	12	1	2	1	1	0	0
Exec Boards Members	4	4	6	1	1	1	1	0	0
Exec board members by % ethnicity	66.7%	66.7%	85.7%	16.7%	16.7%	14.2%	16.7%	0%	0%
Non-Exec Board members	6	8	6	0	2	1	0	0	0
Non-Exec board members by % ethnicity	100%	80%	85.7%	0%	20%	14.29%	0%	0	0

The make-up of Trust board reflects there has been reduction in the representation of BAME staff within the Non-Executive Director roles. However our Chair of the Trust board is actively exploring news ways of ensuring the BAME voice is heard at board level through an Associate NED model approach. We have no Trust Board members that have an unknown ethnicity status. It should be noted that this data was based on our workforce as at 31 March 2020 and as such following the retirement of the previous Medical Director we no longer have BAME representation at our Board.

Our People - WDES

At DBTH we currently employ 2.8% people with a declared disability, which is a slight improvement upon last year.

2020 Criteria	Headcount 2020	2020%
Non-disabled staff	5522	82.7%
Disabled	187	2.8%
Not Known	963	14.4%
2019 Criteria	Headcount 2019	2019 %
Non-disabled staff	5144	79.1% (declared status)

Disabled	174	2.7% (declared status)
Not Known	1183	18.2% (not known)

However we have 14.4% of staff with a Disability status not recorded, which is significantly higher than the Ethnicity 'unknown' data. Again here it is important that our leaders, managers and people understand how this information is used and applied to organisational development and facilitate reasonable adjustments to enable our people to work effectively and thrive within their roles.

Appendix 1 and 2 in this report present the detailed data from the WRES and WDES but for ease of interpretation the key highlights are bulleted below.

Key messages for the Organisation

- There are significant gaps in the data we hold regarding Ethnicity of staff (6.79% not known) and Disability status (14.4% not known)
- There are low numbers of applicants shortlisted for jobs from both BAME (142 applicants) and people with a disability (51 applicants)
- Disabled applicants have a 0.33 chance of successful appointment from shortlisting (17 shortlisted applicants in total) compare to 0.77 for non-disabled people.
- BAME applicants have a 27.5% chance of successful appointment from shortlisting. This is a slight improvement compared to 2019 when it was 25.7%. There was also a rise in the number of applicants shortlisted (107 in 2019 compared to 142 shortlisted applicants in 2020)
- White staff are 1.28 times more likely to be appointed compared to BAME staff
- BAME staff less likely to be in a formal conduct process compared to white staff
- Within non-clinical roles the highest numbers of BAME staff are in pay bands 1 and 2. In Clinical roles the majority of BAME staff sit in Bands 2 and Band 5. This would suggest Health Care Assistant roles and Band 5 Registered Nurses roles.
- Across the organisation 93.6% of disabled people are in Band 1 – 7 roles. With 83% of disabled staff in non-clinical roles in bands 1-4 and 90.76% of disabled clinical staff sitting are in bands 2-6.
- Consultant and Non Consultant career grade doctors have a much higher representation of BAME groups.
- BAME staff are slightly less likely to access non-mandatory training that white staff
- Disabled staff are NOT more likely to be in a capability process compared to non-disabled staff. Currently we have no disabled staff in formal capability processes.

The summary findings from the WRES and WDES suggest that there is room for improvement in our WRES and WDES performance to improve the overall representation and experience of our people with protected characteristics. It will be interesting to explore the results of the full staff survey later in the year to identify the experiences of our BAME and disabled people and identify if their lived experiences in our organisation has improved. It is clear that as an organisation with a vision to be Outstanding in all that we do, we have more work to do in the area of diversity and inclusion.

Action Plan

The following high level action plan captures the proactive work we will be focussing on in the next 12 months to make positive strides on this agenda. It is important to note that much of the work and activity is on-going as it is about sustaining and embedding long term culture change.

Action	Area it will address	Timescales
Appointment of a strategic EDI Lead to champion the EDI agenda within our organisation and across the system	Investment in the capacity, capability and expertise to deliver the EDI work	Interviews 2nd October – start dependent upon notice period
Creation of the space to listen to people from under-represented groups in our patient experience work and through our staff networks	Embed EDI in people and patient work streams	Following the appointment of the EDI lead
Improve the representation of BAME and Disabled people at our Board and committees	Ensure BAME and Disabled voice at Trust Board level	November 2020
Improve the quality of the data we hold about our staff to close the 'unknown' gap	Improvements in the data which informs actions and decisions making	Ongoing
Improve and support the engagement and outputs from our staff support networks through the BAME network and the LGBTQ+ network	Ensure people voice and influence through to executive level	LGBT?+ network ongoing BAME network launch October
Promote Equality and Diversity Training for managers and	Raise awareness around unconscious bias and develop inclusive leadership behaviors	Ongoing throughout the year
Improve the number of staff recruited from BAME networks	Be more diverse and inclusive as an employer and also more representative of our local community	Ongoing through manager education and development
Embed 'Speaking Up' as the way we do things around here	Ensure an open and transparent culture	Ongoing education and roadshows
Implement the Reciprocal Mentoring Programme	Changing and challenging senior leaders to look through a different lens	November – Year long programme
Help our people realise their full potential by removing obstacles to career progression through 'Maximising Potential Conversations'	Ensure all our people have access to career conversations	Ongoing through Soundbites and Coaching service
Implement the Moving Forward Programme	Develop our talent and remove obstacles to career progression	Start February 2021
Review the sickness policy to ensure fitness for purpose and to ensure staff with a disability are not unfairly impacted	Ensure we have a Fair policy and process	March 2021

Appendix 1 WRES Data

Data Tables - Comparison data 2018 /2019/2020

Table 1 - Non Clinical Staff

Staff Group Non Clinical Band	Total Number of white staff 2018	Total Number of white staff 2019	Total Number of white staff 2020	Total Number of BAME staff 2018	Total Number of BAME staff 2019	Total Number of BAME 2020	Number of staff without declared status 2018	Number of staff without declared status 2019	Number of staff without declared status 2020
Under Band 1	12	16	14	1	1	1	1	3	0
Band 1	561	495	167	9	11	2	25	21	10
Band 2	552	364	795	14	12	23	26	9	16
Band 3	412	362	365	2	3	3	14	8	7
Band 4	149	139	153	3	3	3	6	4	5
Band 5	51	53	49	1	0	0	1	1	0
Band 6	52	65	70	2	2	1	1	2	2
Band 7	58	44	48	3	3	4	1	2	2
Band 8a	39	42	44	0	0	1	0	0	0
Band 8b	13	17	18	0	0	0	0	0	0
Band 8c	16	14	19	0	0	0	0	0	0
Band 8d	7	9	8	0	0	0	0	0	0
Band 9	0	0	0	0	0	0	0	0	0
VSM	7	8	7	0	0	0	7	0	0

Table 2 - Clinical Staff

Staff Group Clinical workforce Band	Total Number of white staff 2018	Total Number of white staff 2019	Total Number of white staff 2020	Total Number of BAME staff 2018	Total Number of BAME staff 2019	Total Number BAME 2020	Number of staff without declared status 2019	Number of staff without declared status 2020
Under Band 1	10	3	2	0	0	0	0	0
Band 1	3	50	18	0	0	0	3	0
Band 2	956	1135	1089	28	32	33	34	32
Band 3	239	285	331	2	3	16	6	6
Band 4	94	90	94	2	1	2	5	4
Band 5	1104	1055	1004	128	121	134	34	32
Band 6	779	772	797	24	28	34	26	26
Band 7	371	377	406	12	9	9	8	8
Band 8a	79	74	79	7	7	7	2	1

Band 8b	12	12	12	0	2	2	0	0
Band 8c	13	13	13	0	0	0	0	0
Band 8d	2	3	3	0	0	0	0	0
Band 9	1	1	1	1	1	1	1	1
VSM	0	7	7	1	2	1	1	0

Table 3 – Senior Medical Staff

Staff Group	Total Number of white staff 2018	Total Number of white staff 2019	Total Number of white staff 2020	Total Number of BAME staff 2018	Total Number of BAME staff 2019	Total Number of BAME staff 2020	Total staff without declared status 2018	Total staff without declared status 2019	Total staff without declared status 2020
Consultants	109	105	2	160	148	156	329	335	300
Senior Medical Manager	0	0	18	1	1	0	0	0	0
Non-consultant career grade	70	22	1089	147	170	24	19	2	2
Trainee Grades	38	100	331	17	16	96	5	15	18
Other	0	0	94	0	0	0	0	0	0

Table 4 - Recruitment and Selection

Recruitment and Selection	White 2018	White 2019	White 2020	BAME 2018	BAME 2019	BAME 2020	Ethnicity unknown 2018	Ethnicity unknown 2019	Ethnicity unknown 2020
Number of shortlisted applicants	592	533	1145	102	70	142	329	6	61
Number appointed from shortlisting	277	266	403	45	18	39	2	0	30
Relative likelihood of appointment from shortlisting	46%	49.9%	35.2%	44%	25.7%	27.5%	20%	0%	49.2%
Relative likelihood of white staff being appointed compared to BAME staff	1.06	1.94	1.28						

Table 5 - Capability

Capability	White 2018	White 2019	White 2020	BAME 2018	BAME 2019	BAME 2020	Unknown 2018	Unknown 2019	Unknown 2020
Number in workforce	5809	5732	5838	564	575	641	551	533	472
Number of staff entering the formal capability process	54	55	56	2	4	4	2	1	2
Likelihood of staff entering the formal capability process	0.009	0.01	0.01	0.003	0.007	0.006	0.003	0.0009	0.O04
Relative likelihood of BAME staff entering the formal capability process compared to White staff				0.38	0.72	0.65			

Table 6 - Non-Mandatory training

	White 2018	White 2019	White 2020	Unknown 2020
Number of staff in workforce	5809	5732	5565	472
Number of staff accessing non-mandatory training CPD	5529	5534	5565	203
Relative likelihood of white staff accessing non-mandatory training CPD	0.95	1.09	1.08	

Appendix 2 – WDES Data 2020

Table 1

Staff Group (Clusters)	Total Number of staff with declared status 2019	Total Number of staff with declared status 2020	Total Number of Disabled staff 2019	Total Number of Disabled staff 2020	% Disabled ratio 2019	% Disabled staff ratio 2020	Number of staff without declared status 2019	Number of staff without declared status 2020	% staff without declared status 2019	% staff without declared status 2020
Cluster Bands 1 -4 non-clinical	1408	1374	55	50	3%	3.2%	247	190	18%	12.1%
Cluster Bands 5 -7 non-clinical	2431	1405	7	50	3%	3.1%	496	193	20%	12.1%
Cluster8a – 8b Non clinical	96	1325	0	48	2%	3.2%	13	167	14%	11.2%
Cluster 8c – 9 VSM non clinical	21	637	1	21	0%	2.9%	2	75	10%	10.5
Cluster Bands 1 -4 clinical	1394	48	36	48	3%	2.9%	1125	0	16%	14.37
Cluster Bands 5 -7 clinical	2372	81	67	81	3%	2.9%	1968	423	11%	15.13%
Cluster 8a – 8b Clinical	2429	108	2	108	2%	2.97%	81	564	!7%	15.52%
Cluster 8c – 9 VSM clinical	2439	73	0	73	0%	2.51%	18	464	19%	15.98%
Cluster 5 Med and Dental, Cons	258	2212	4	70	2%	2.65%	194	425	23%	16.12%
Cluster 6 Medical and Dental Non-consultant career grade	266	2142	2	70	1%	2.74%	201	409	24%	16.03
Cluster 7 Medical and Dental trainee grades	64	1164	0	38	0%	2.73%	64	220	0%	15.78%

Recruitment and Selection

Table 2 and 3

Criteria	Headcount Number of Disabled 2019	Headcount Number of disabled 2020	Total number of applicants Shortlisted 2019	Total number of applicants Shortlisted 2020
Number of shortlisted applicants	20	51	706	1337
Number appointed from shortlisting	10	17	273	472

Criteria	2019	2020
Relative likelihood of disabled staff shortlisted and appointed	0.50 (50%)	0.33 (33%)
Relative likelihood of nondisabled staff being appointed compared to disabled	0.77 (77%)	1.08

Table 4 - Capability

Criteria	Headcount Disabled 2019	Headcount Disabled 2020	Non-Disabled	Non-disabled 2020
Number in workforce	174	187	5144	5552
Number of staff entering the formal capability process	17	*0	340	13
Likelihood of staff entering the formal capability process	0.10	-	0.07	
Relative likelihood of Disabled staff entering the formal capability process compared to Non-Disabled staff 2019	1.48			
Relative likelihood of Disabled staff entering the formal capability process compared to Non-Disabled staff 2020	0.00			

*Note due to the way the data was collected in 2019 it was not possible to separate out capability in relation to sickness and true capability. This has now been resolved and it is evident that 0 disabled people have entered formal capability in 2020.

F2

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	**Estates Return Information Collection (ERIC) 2019/2020**		
Report to	**Board of Directors**	**Date**	**15th September 2020**
Author	**Kirsty Edmondson-Jones, Director of Estates and Facilities**		
Purpose			Tick one as appropriate
	Decision		
	Assurance		X
	Information		

Executive summary containing key messages and issues

This Estates Return Information Collection (ERIC) forms the central collection of Estates and Facilities data from all NHS organisations in England providing NHS funded secondary care during the fiscal year ending 31st March 2020. ERIC data provides the Government with essential information relating to the safety, quality, running costs and activity related to the NHS estates and also supports work to improve efficiency. It is therefore critical that the data provided is of the highest quality in terms of its accuracy as well as being consistent with other Trusts to deliver full confidence in the data submitted, which is used to:

- Populate the Model Hospital and provide accurate benchmarks for NHS Trusts;
- Support the Secretary of State's accountability to Parliament for the funds allocated to the NHS (which includes the running of the estate); and
- Develop strategic plans for individual NHS estates.

The ERIC return for 2019/2020 has received approval from the Standardisation Committee for Care Information (SCCI) and is a mandatory requirement to ensure compliance under the terms of section 259 of the Health and Social Care Act 2012. In addition, the Standard Contract requires the data to be collected in accordance with specific reporting criteria at Trust and Site level to ensure information provided is meaningful, usable and transparent.

ERIC collects information relating to the costs of providing, maintaining and servicing the NHS estate used in the delivery of patient care. This includes the costs of providing certain patient-focused services such as food, laundry and cleaning. In addition, the collection includes a

number of non-financial aspects of the operation of buildings, such as information relating to fire safety and an organisation's progress in meeting carbon reduction targets.

Lord Carters final report (February 2016) raised concerns about the quality of some Trusts' returns to the ERIC database as not being as accurate as they could be, leading to a recommendation for Trusts to improve governance through additional local assurance of the data return. To ensure the quality of data and approval by the Board of Directors and the Director of Finance prior to submission, attached is the ERIC return report for 2019/2020 including:

- Appendix 1: ERIC 2019/2020 Variation Report and Updates;
- Appendix 2: ERIC 2019/2020 Backlog Cost Review

Key questions posed by the report

N/A

How this report contributes to the delivery of the strategic objectives

Patients
People
Performance
Partners
Prevention

- Contributes to the Trusts' strategic objectives, particularly around the ability to provide the safest most effective care possible whilst controlling and reducing the cost of healthcare provision.
- The data collected through ERIC enables the Trust to benchmark against other trusts to determine our relative levels of efficiency, safety and quality.
- The ERIC data is used for local investment planning, contract negotiation and service management, enabling the Trust to provide efficient and cost effective services, ensuring the delivery of better value healthcare and quality patient services.

How this report impacts on current risks or highlights new risks

a. Resource – The report provides accurate data for the Trusts' functional space and quality of buildings highlighting costs for current risks:

- Cost to eradicate high risk backlog
- Cost to eradicate significant risk backlog
- Cost to eradicate moderate risk backlog
- Cost to eradicate low risk backlog

b. Governance – The data reported is accurate and consistent with that published in the Trust's Annual Report and Final accounts for the reporting year of 2019/2020
c. PR and Communications – No known issues or risks.
d. Patient, Public and Member Involvement – No known issues or risks.

Recommendation(s) and next steps
The Director of Finance is assured through internal audit that data provided is complete, accurate and up-to-date. Board of Directors Approve the information enclosed on the ERIC 2019/2020 submission which is required to be committed through EFM Information, HSCIC (NHS DIGITAL) on 04/09/2020 and released into the public domain in October 2020.

Trust Data Report

Name	DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST
ODS Code	RP5
Type	ACUTE - TEACHING

Trust Profile	Unit	Value
Number of sites - General acute hospital	No.	3
Number of sites - Mixed service hospital	No.	0
Number of sites - Specialist hospital (acute only)	No.	0
Number of sites - Non inpatient	No.	1
Number of sites - Other inpatient	No.	0
Number of sites - Support facilities	No.	0
Total number of sites	No.	4
Number of sites - Community hospital (with inpatient beds)	No.	0
Sites included above that are unreported	No.	0
Number of sites - Mental Health (including Specialist services)	No.	0
Number of sites - Learning Disabilities	No.	0
Number of sites - Mental Health and Learning Disabilities	No.	0
Sites occupied without charges	No.	0
Sites leased from NHS Property Services	No.	1
Notes		
Strategies, Policies and Sustainability	**Unit**	**Value**
Does the trust have a waste manager	Yes/No	Yes
Estates Development Strategy	Yes/No	Yes
Does the trust have a waste reuse scheme	Yes/No	Yes
Green energy usage	Yes/No	No
WEEE waste cost	£	1,734
WEEE waste volume	Tonnes	59.00
Notes		
Finance	**Unit**	**Value**
Investment to reduce backlog maintenance	£	7,361,000
Capital investment for new build	£	3,250,000
Capital investment for improving existing buildings	£	8,361,000
Capital investment for equipment	£	5,659,000
Private Sector investment	£	0
Public sector investment	£	16,754,000
Charity and/or grant investment	£	516,000
Energy efficient schemes costs	£	0
Number of energy efficient schemes	No	0
Notes		
Contribution to costs	**Unit**	**Value**
Contribution to expenditure from areas leased out for retail sales	£	314,292
Contribution to expenditure from non NHS organisations	£	604,684
Income from car parking - patients and visitors	£	1,055,138
Income from car parking - staff	£	646,827

Contribution to expenditure from NHS organisations	£	711,398
Contribution to expenditure from local authorities	£	0
Notes		
Safety	**Unit**	**Value**
RIDDOR incidents	No.	6
Clinical service incidents caused by estates and infrastructure failure	No.	1
Estates and facilities related incidents	No.	9
Overheating occurrences triggering a risk assessment	No.	11
Notes		
Fire Safety	**Unit**	**Value**
Fires recorded	No.	4
Deaths resulted from fires	No.	0
Injuries resulting from fires	No.	0
Patients sustaining injuries during evacuation	No.	0
False alarms - No call out	No.	83
False alarms - Call out	No.	22
Notes		
Medical Records	**Unit**	**Value**
Medical Records cost - Onsite	£	2,357,219
Medical Records cost - Offsite	£	0
Type of Medical Records	Select	1. Paper
Medical Records service provision	Select	Other
Notes		

Facilities Management (FM) Services	Unit	BASSETLAW DISTRICT GENERAL HOSPITAL RP5BA	DONCASTER ROYAL INFIRMARY RP5DR	MONTAGU HOSPITAL RP5MM	OTHER REPORTABLE SITES RP5ORS
Depreciation	£	1,795,038	4,331,106	622,857	0
PDC	£	777,699	1,876,449	269,852	0
Leases and rent	£	24,511	40,268	12,255	8,754
Rates	£	682,788	1,157,938	212,759	361,815
Interest on Capital	£	104,527	252,204	36,269	0
Other Estates and Facilities finance costs	£	0	0	0	0
Indirect accommodation subsidies	£				0
Estates and property maintenance	£	891,110	2,719,798	241,352	0
Grounds and gardens maintenance	£	17,404	49,766	1,425	0
Electro Bio Medical Equipment maintenance	£	188,093	1,180,837	500	200
Other Hard FM (Estates) costs	£	483,408	704,836	106,188	0
Other Soft FM (Hotel Services) costs	£	935,563	2,831,508	336,951	0
Management (Hard and Soft FM) costs	£	238,379	923,982	102,395	0
Relevant occupied floor area	m²				2,352
Notes					

Areas	Unit	BASSETLAW DISTRICT GENERAL HOSPITAL RP5BA	DONCASTER ROYAL INFIRMARY RP5DR	MONTAGU HOSPITAL RP5MM	OTHER REPORTABLE SITES RP5ORS
Gross internal floor area	m²	37,785	107,758	14,261	2,352
NHS estate occupied floor area	%	100.00	100.00	100.00	0.00
Site heated volume	m³	112,825	279,155	36,427	6,626
Land area owned	Hectares	10.70	11.24	3.30	
Land area not delivering services	Hectares	1.60	0.23	0.64	
Private patient	m²	0	0	0	0
Pathology	m²	372	3,068	33	0
Clinical Sterile Services Dept. (CSSD)	m²	0	1,011	0	0
Clinical space - other	m²	24,591	65,003	9,622	2,352
Medical records	m²	500	1,316	256	0
Human Resources	m²	18	469	0	0
Information Technology	m²	313	373	29	0
General Administration	m²	722	2,956	519	0
Restaurants	m²	1,061	1,369	429	0
Staff Accommodation	m²	1,637	5,623	53	0
Non-clinical space - other	m²	7,904	26,214	2,943	0

Retail sales area	m²	0	356	0	0
Clinical space	m²	24,963	69,082	9,655	2,352
Non-clinical space	m²	12,155	38,320	4,229	0
Occupied floor area	m²	37,118	107,758	13,884	2,352
Occupied floor area per gross internal floor area	%	98.23	100.00	97.36	100.00
Clinical space per occupied floor area	%	67.25	64.11	69.54	100.00
Non-clinical space area per occupied floor area	%	32.75	35.56	30.46	0.00
Heated volume per gross internal floor area	m	2.986	2.591	2.554	2.817
Notes					
Function and Space	**Unit**	**BASSETLAW DISTRICT GENERAL HOSPITAL RP5BA**	**DONCASTER ROYAL INFIRMARY RP5DR**	**MONTAGU HOSPITAL RP5MM**	**OTHER REPORTABLE SITES RP5ORS**
Not functionally suitable - occupied floor area	%	29.00	39.00	24.00	0.00
Not functionally suitable - clinical space	%	27.00	29.00	24.00	0.00
Floor area - empty	%	0.00	0.00	0.00	0.00
Floor area - under used	%	12.00	2.00	7.00	0.00
Single bedrooms for patients with en-suite facilities	No.	26	115	23	0
Single bedrooms for patients without en-suite facilities	No.	23	92	6	0
Isolation rooms	No.	0	6	0	0
Notes					
Quality of Buildings	**Unit**	**BASSETLAW DISTRICT GENERAL HOSPITAL RP5BA**	**DONCASTER ROYAL INFIRMARY RP5DR**	**MONTAGU HOSPITAL RP5MM**	**OTHER REPORTABLE SITES RP5ORS**
Cost to eradicate high risk backlog	£	4,055,000	10,754,614	0	0
Cost to eradicate significant risk backlog	£	2,110,490	42,936,307	1,334,700	0
Cost to eradicate moderate risk backlog	£	11,022,400	5,327,753	1,619,000	0
Cost to eradicate low risk backlog	£	471,500	1,906,065	119,300	0
Relevant occupied floor area	m²				0
Notes					
Age Profile	**Unit**	**BASSETLAW DISTRICT GENERAL HOSPITAL RP5BA**	**DONCASTER ROYAL INFIRMARY RP5DR**	**MONTAGU HOSPITAL RP5MM**	**OTHER REPORTABLE SITES RP5ORS**
Age profile - 2015 to 2024	%	0.00	0.10	0.00	0.00

Age profile - 2005 to 2014	%	6.60	0.10	11.80	0.00
Age profile - 1995 to 2004	%	13.60	2.10	28.00	23.30
Age profile - 1985 to 1994	%	39.20	9.50	24.70	0.00
Age profile - 1975 to 1984	%	25.00	0.00	0.00	0.00
Age profile - 1965 to 1974	%	3.10	50.50	17.20	64.10
Age profile - 1955 to 1964	%	1.90	24.40	3.30	0.00
Age profile - 1948 to 1954	%	0.00	0.00	0.00	0.00
Age profile - pre 1948	%	10.60	13.30	15.00	12.60
Age profile - total (must equal 100%)	%	100.00	100.00	100.00	100.00
Notes					

CHP	Unit	BASSETLAW DISTRICT GENERAL HOSPITAL RP5BA	DONCASTER ROYAL INFIRMARY RP5DR	MONTAGU HOSPITAL RP5MM	OTHER REPORTABLE SITES RP5ORS
CHP units operated on the site	No.	0	1	1	0
CHP unit/s size - electrical	watts		1,150,000	110,000	
CHP unit/s size - thermal	watts		4,900,000	177,000	
CHP unit/s efficiency	%		84	81	
Fossil energy input to CHP system/s	kWh		27,187,000	1,920,000	
Thermal energy output of CHP system/s	kWh		22,450,000	955,000	
Electrical energy output of CHP system/s	kWh		408,000	593,000	
Exported electricity	kWh		0	0	
Exported thermal energy	kWh		0	0	
Have you dumped/discharged energy in the last year	Yes/No		No	No	
How many kWh were discharged to waste	kWh				
Notes					

Energy	Unit	BASSETLAW DISTRICT GENERAL HOSPITAL RP5BA	DONCASTER ROYAL INFIRMARY RP5DR	MONTAGU HOSPITAL RP5MM	OTHER REPORTABLE SITES RP5ORS
Electricity costs	£	828,177	1,880,229	145,555	0
Electricity consumed	kWh	5,355,157	8,896,800	977,998	0
Gas costs	£	322,749	1,045,617	205,753	0
Gas consumed	kWh	8,734,243	34,329,598	6,255,927	0
Oil costs	£	0	0	0	0
Oil consumed	kWh	0	0	0	0
Coal costs	£	0	0	0	0
Coal consumed	kWh	0	0	0	0

Electricity costs - green energy tariff	£	0	0	0	0
Electricity consumed - green energy tariff	kWh	0	0	0	0
Electricity costs - third party owned renewable	£	0	0	0	0
Electricity consumed - third party owned renewable	kWh	0	0	0	0
Non-fossil fuel costs - renewable	£	0	0	0	0
Non-fossil fuel consumed - renewable	kWh	0	0	0	0
Other energy costs	£	7,103	165,050	15,306	0
Steam consumed	kWh	0	0	0	0
Hot water consumed	kWh	0	0	0	0
Electrical energy output of owned onsite renewables	kWh	0	0	0	0
Relevant occupied floor area	m²				0
Energy costs (all energy supplies)	£	1,158,029	3,090,896	366,614	0
Energy cost per occupied floor area	£/m²	31.20	28.68	26.41	0.00
Renewable energy consumption per occupied floor area	kWh/m²	0.00	0.00	0.00	0.00
Notes					
Water Services	**Unit**	**BASSETLAW DISTRICT GENERAL HOSPITAL RP5BA**	**DONCASTER ROYAL INFIRMARY RP5DR**	**MONTAGU HOSPITAL RP5MM**	**OTHER REPORTABLE SITES RP5ORS**
Water and sewerage cost	£	121,176	286,633	65,918	0
Water volume (including borehole)	m³	46,347	114,595	25,316	0
Relevant occupied floor area	m²				0
Water and sewage cost per total water volume	£/m³	2.61	2.50	2.60	
Water and sewage cost per occupied floor area	£/m²	3.26	2.66	4.75	0.00
Water volume per occupied floor area	m³/m²	1.25	1.06	1.82	0.00
Notes					
Waste	**Unit**	**BASSETLAW DISTRICT GENERAL HOSPITAL RP5BA**	**DONCASTER ROYAL INFIRMARY RP5DR**	**MONTAGU HOSPITAL RP5MM**	**OTHER REPORTABLE SITES RP5ORS**
Incineration (clinical waste) cost	£	13,409	49,042	2,436	765
Incineration (clinical waste) volume	Tonnes	22.22	79.51	3.24	0.69
Alternative Treatment (clinical waste) cost	£	21,386	98,078	4,312	0
Alternative Treatment (clinical waste) volume	Tonnes	61.99	284.28	12.50	0.00
Offensive waste cost	£	23,867	80,493	9,476	2,030
Offensive waste volume	Tonnes	82.76	279.10	32.86	4.14

Clinical waste processed on site cost	£	0	0	0	0
Clinical waste processed on site volume	Tonnes	0.00	0.00	0.00	0.00
Domestic waste (landfill) cost	£	0	0	0	0
Domestic waste (landfill) volume	Tonnes	0.00	0.00	0.00	0.00
Domestic waste (recycling) cost	£	5,529	2,231	1,361	0
Domestic waste (recycling) volume	Tonnes	23.30	9.08	3.95	0.00
Domestic waste (food) cost	£	0	44,724	0	0
Domestic waste (food) volume	Tonnes	0.00	30.61	0.00	0.00
Domestic waste (textiles) cost	£	0	0	0	0
Domestic waste (textiles) volume	Tonnes	0.00	0.00	0.00	0.00
Domestic waste (incineration) cost	£	33,494	87,950	5,290	0
Domestic waste (incineration) volume	Tonnes	166.93	645.20	37.83	0.00
Domestic waste processed on site cost	£	0	0	0	0
Domestic waste processed on site volume	Tonnes	0.00	0.00	0.00	0.00
Confidential waste cost	£	9,175	22,615	1,912	0
Confidential waste volume	Tonnes	30.20	87.00	8.64	0.00
Other waste costs	£	84,444.00	248,751.00	24,617.00	315.00
Relevant occupied floor area	m²				2,352
Total waste cost	£	191,304	633,884	49,404	3,110
Total waste volume	Tonnes	387.40	1,414.78	99.02	4.83
Waste cost per waste volume	£/tonne	493.82	448.04	498.93	643.89
Waste cost per occupied floor area	£/m²	5.15	5.88	3.56	1.32
Incineration CO2 Emissions	kgCO2e	5,333.89	19,086.29	777.76	165.63
Alternative Treatment (clinical waste) CO2 Emissions	kgCO2e	14,880.63	68,241.10	3,000.61	0.00
Offensive waste CO2 Emissions	kgCO2e	19,866.45	66,997.65	7,888.01	993.80
Clinical waste processed on site CO2 Emissions	kgCO2e	0.00	0.00	0.00	0.00
Domestic waste (landfill) CO2 Emissions	kgCO2e	0.00	0.00	0.00	0.00
Domestic waste (recycling) CO2 Emissions	kgCO2e	497.55	193.89	84.35	0.00
Domestic waste (food) CO2 Emissions	kgCO2e	0.00	312.34	0.00	0.00
Domestic waste (textiles) CO2 Emissions	kgCO2e	0.00	0.00	0.00	0.00
Domestic waste (incineration) CO2 Emissions	kgCO2e	58,559.04	226,336.16	13,270.76	0.00
Domestic waste processed on site CO2 Emissions	kgCO2e	0.00	0.00	0.00	0.00
Confidential waste CO2 Emissions	kgCO2e	644.89	1,857.80	184.50	0.00
Waste - CO2 Emissions	kgCO2e	99,782.45	383,025.23	25,205.99	1,159.43
Waste - CO2 emission per volume	kgCO2e/m²	257.57	270.73	254.55	240.05
Notes					

Car Parking	Unit	BASSETLAW DISTRICT GENERAL HOSPITAL RP5BA	DONCASTER ROYAL INFIRMARY RP5DR	MONTAGU HOSPITAL RP5MM	OTHER REPORTABLE SITES RP5ORS
Car parking services cost	£	44,630	353,568	27,981	0
Parking spaces available	No.	766	1,620	339	0
Designated disabled parking spaces	No.	39	57	34	0
Electric vehicle charging points	No.	0	0	0	0
Average fee charged per hour for patient/visitor parking	£	1.40	1.40	1.40	0.00
Average fee charged per hour for staff parking	£	0.12	0.12	0.12	0.00
Is there a charge for disabled parking	Yes/No/None	No	No	No	No
Notes					

Cleanliness	Unit	BASSETLAW DISTRICT GENERAL HOSPITAL RP5BA	DONCASTER ROYAL INFIRMARY RP5DR	MONTAGU HOSPITAL RP5MM	OTHER REPORTABLE SITES RP5ORS
Cleaning service cost	£	1,097,801	4,037,868	493,875	0
Cleaning staff	WTE	50.28	138.75	22.54	0.00
Relevant occupied floor area	m²				0
Cleaning service cost per occupied floor area	£/m²	29.58	37.47	35.57	0.00
Cleaning service cost per WTE	£/WTE	21,833.75	29,101.75	21,911.05	
Notes					

Inpatient Food Services	Unit	BASSETLAW DISTRICT GENERAL HOSPITAL RP5BA	DONCASTER ROYAL INFIRMARY RP5DR	MONTAGU HOSPITAL RP5MM	OTHER REPORTABLE SITES RP5ORS
Inpatient food service cost	£	1,014,551	2,586,279	238,540	0
Inpatient main meals requested	No.	207,393	611,538	51,342	0
Hostess meal service	Select	No hostess	No hostess	No hostess	No hostess
In-patient food services cost per main meals requested (cost per in-patient meal)	£/meal	4.89	4.23	4.65	
Notes					

Laundry & Linen	Unit	BASSETLAW DISTRICT GENERAL HOSPITAL RP5BA	DONCASTER ROYAL INFIRMARY RP5DR	MONTAGU HOSPITAL RP5MM	OTHER REPORTABLE SITES RP5ORS
Laundry and linen service used	Select	1. Contracted – Full service	1. Contracted – Full service	1. Contracted – Full service	1. Contracted – Full service
Laundry service cost	£	236,586	860,162	89,004	744
Linen service cost	£				

Laundered pieces per annum	No.	802,475	2,417,478	193,298	3,780
Onsite laundry	Select	No	No	No	No
Relevant occupied floor area	m²				2,045
Laundry and linen service cost per occupied floor area	£/m²	6.37	7.98	6.41	0.36
Laundry and linen service cost per item	£/item	0.29	0.36	0.46	0.20
Notes					
Portering Services	**Unit**	**BASSETLAW DISTRICT GENERAL HOSPITAL RP5BA**	**DONCASTER ROYAL INFIRMARY RP5DR**	**MONTAGU HOSPITAL RP5MM**	**OTHER REPORTABLE SITES RP5ORS**
Portering service cost	£	526,029	1,542,827	189,030	0
Portering staff	WTE	15.70	60.80	4.50	0.00
Relevant occupied floor area	m²				0
Portering service cost per occupied floor area	£/m²	14.17	14.32	13.61	0.00
Portering service cost per WTE	£/WTE	33,505.03	25,375.44	42,006.67	
Occupied floor area per WTE	m²/WTE	2,364.20	1,772.34	3,085.33	
Notes					

Appendix 1: ERIC Report 2019/2020 – Variance Report

Introduction

The report provides explanations for the main variance detailed within the EFM INFORMATION Hscic (NHS Digital) validation spreadsheet for Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH) ERIC report for 2019/2020 and previous 2018/2019 report. The information presented, delivers assurance against the data provided.

Report

The report is categorised as follows:

1. Trust Level - T03 Finance
2. Site Level - S01 Facilities Management Services
3. Site Level - S09 Waste
4. Site Level - S08 Water Services
5. Site Level – S10 Car Parking
6. Site Level - S12 In Patient Food Services

1. Trust Level – T03 Finance

RP5 (DBTH) – T03 Finance Changes to ERIC Definitions from previous return rationale:

The ERIC 2018/2019 definition metric asked for the sum of Capital investment for new build (T03_01) + Capital investment for improving existing buildings (T03_02) + Capital investment for equipment (T03_03) + Private Sector investment (T03_04) + Public sector investment (T03_05) + Charity and/or grant investment (T03_06) – Illustrated in Table 1:

Table 1: Eric T03 Finance 2018/2019

T03_01 Capital investment for new build	847,826
T03_02 Capital investment for improving existing buildings	4,623,510
T03_03 Capital investment for equipment	5,217,135
T03_04 Private sector investment	0
T03_05 Public sector investment	209,890
T03_06 Charity and/or grant investment	283,768
Total capital investment for 2018/19	**11,182,129**

The ERIC 2019/2020 definition metric asks for the sum of Capital investment for new build (T03_01) + Capital investment for improving existing buildings (T03_02) + Capital investment for equipment (T03_03) **= The sum of Private Sector investment (T03_04) + Public sector investment (T03_05) + Charity and/or grant investment (T03_06)** – Illustrated in Table 2:

Table 2: Eric T03 Finance 2019/2020

T03_01 Capital investment for new build	3,250,000
T03_02 Capital investment for improving existing buildings	8,361,000
T03_03 Capital investment for equipment	5,659,000
Total capital investment for 2019/2020	**17,270,000**
T03_04 Private sector investment	0
T03_05 Public sector investment	16,754,000
T03_06 Charity and/or grant investment	516,000
Total capital investment for 2019/2020	**17,270,000**

Financial information and evidence provided from financial ledger for 2019/2020 – DBTH Capital Finance department

2. Site Level – S01 Facilities Management Costs

RP5 – RP5DR (DRI), RP5BA (BDGH) and RP5MM (MMH) Changes to ERIC Definitions from previous return rationale:

Eric 2018/2019 definition metric S01_03 only included Leases: Specifically asking for Trust site lease charges for land buildings and equipment relevant to the built environment.

The new Eric 2019/2020 definition S01_03 now includes Leases and Rent:

Eric 2018/2019 definition metric was: S01_04: Rent and Rates: asking for Trust site specific rent and rates charges.

The new Eric 2019/2020 definition metric S01_04 now asks for Rates: and includes the amount payable for rates and/or council tax charges. The full costs attributable to the trust site's operations should be entered; any other income received should not be used to net off costs, but should be captured in the relevant 'Contribution to costs' section (Trust - T04) of the ERIC report.

There is one new Facilities Management cost definition metric included within the 2019/2020 ERIC return and is as follows:

New definition metric: S01_13: Management (Hard and Soft FM) costs: This requires all Management costs (all pay bands) that have not been included within the pay and non-pay costs provided in sections Energy, Water services, Waste, Car parking, Cleanliness, Inpatient food services, Laundry & linen and Portering services to be included within this section and must include;

- Director costs;
- Senior management costs and
- Contract support costs/fees.

Management costs are no longer to be apportioned and included within the pay costs of the individual metrics.

Financial information and evidence provided from financial ledger for 2019/2020 – DBTH Finance department and relevant Facilities responsible person

3. <u>Site Level - S08 Water Services</u>

RP5MM – For reporting year 2019/2020 there has been an increase in water consumption (volumes), data taken from water meter readings both manually and from AMR (automatic meter readings over GSM) correlation between the two. This relates to increase in consumption from increased clinical activity and the impact of an increased legionella water flushing regime.

Financial information and evidence provided from financial ledger for 2019/2020 – DBTH Finance department and relevant Estates responsible person

4. <u>Site Level - S09 Waste</u>

RP5 – RP5DR, RP5BA and RP5MM For the reporting year 2019/2020 identified increase and decrease in both costs and volumes including rationale are provided in in Table 3 for the relevant definitions. Overall waste costs have increased by £80,702 due to increased general and sharps waste volumes and major repair to the DRI waste compactor.

There are two new waste definition metrics included within the 2019/2020 ERIC return and are as follows:

New definition metric: S09_21: Confidential waste cost: The invoicable costs of confidential waste disposal via dedicated services including any costs accrued as liabilities. Confidential waste includes waste containing patient/person identifiable data and/or sensitive business information, in any format including paper, digital data (e.g. hard drives) and uniforms.

New definition metric: S09_22: Confidential waste volume: The volume of confidential waste disposed of via dedicated services including any costs accrued as liabilities. Confidential waste includes waste containing patient/person identifiable data and/or sensitive business information, in any format including paper, digital data (e.g. hard drives) and uniforms.

Financial information and evidence provided from financial ledger for 2019/2020 – DBTH Finance department and relevant Facilities responsible person

Table 3: S09 Waste Increase/decrease in costs and volumes for 2019/2020

S09 Waste Increase/decrease in costs and volumes for 2019/2020		
RP5 BDG – Bassetlaw Hospital		
Domestic waste (recycling) cost	Confidential waste removed from recycling, documented separately.	-61.56%
Domestic waste (recycling) volume	Confidential waste removed from recycling, documented separately.	-73.09%
Other waste costs	Consignment note costs included here, may have been included within the cost per tonne of waste previously. £4.1k. Sharpsmart rental figures included here, usage of the system has increased.	52.49%
Waste cost per waste volume	Cost per tonne is a contracted rate which has not increased.	37.00%
RP5 DRI – Doncaster Royal Infirmary		
Domestic waste (landfill) cost	No waste sent to landfill, green waste sent for recovery and EfW.	-100.00%
Domestic waste (landfill) volume	No waste sent to landfill, green waste sent for recovery and EfW.	-100.00%
Domestic waste (recycling) cost	Confidential waste removed from recycling, documented separately.	-90.85%
Domestic waste (recycling) volume	Confidential waste removed from recycling, documented separately.	-87.99%
Other waste costs	Rental costs from Sharpsmart included here, £130k.	480.74%
Total waste cost	All costs confirmed from the ledger, PO and Non PO costs.	59.12%
Waste cost per waste volume	Cost per tonne is a contracted rate which has not increased.	52.69%
RP5 MMH – Montagu Hospital		
Domestic waste (landfill) cost	No waste sent to landfill, green waste sent for recovery and EfW.	-100.00%
Domestic waste (landfill) volume	No waste sent to landfill, green waste sent for recovery and EfW.	-100.00%
Domestic waste (recycling) cost	Confidential waste removed from recycling, documented separately.	-57.40%
Domestic waste (recycling) volume	Confidential waste removed from recycling, documented separately.	-70.84%
Other waste costs	Rental costs from Sharpsmart included here, £8k.	866.13%
Total waste cost	All costs confirmed from the ledger, PO and Non PO costs.	76.27%
Waste cost per waste volume	Cost per tonne is a contracted rate which has not increased.	85.07%

5. Site Level - S10 Car Parking

RP5 – RP5BA, RP5DR and RP5MM – For reporting year 2019/2020 there has been decrease in Car parking services cost due to definition/apportionment changes.

The Security element of the Car parking, security and smoking enforcement contract has been removed and included within the Facilities Management costs section under definition metric S01_12 Other Soft FM (Hotel Services) costs and relevant management costs included within the new definition metric S01_13: Management (Hard and Soft FM) costs. The Saba contract has then been apportioned across all three Trust sites.

Financial information and evidence provided from financial ledger for 2019/2020 – DBTH Finance department and relevant Facilities responsible person

6. Site Level - S12 In Patient Food Services

RP5 – RP5BA, RP5DR and RP5MM – For reporting year 2019/2020 there has been increase in spend due to definition/apportionment changes.

The reason for the varying costs at each site is as follows;

Costs relating to the production/provision of food, beverages and special diets up to the delivery/collection and beverage rounds;

DRI meals are delivered to the ward areas by Sodexo. BDGH and MMH are delivered by Trust staff; this has been apportioned and included from Service Assistant pay.

There has been a proportion included from Service Assistant pay to contribute to meals service (at BDGH which ceased part year) beverage service and also for hydration (water jugs) which reduced the service assistant input during the year as part of the rehydration initiative.

There is one new In Patient Food Services definition metric included within the 2019/2020 ERIC returns;

New definition metric: S12_03: Hostess meal service: The type of hostess meal service provided;

1. Complete meal service
2. Partial meal service (not a fully comprehensive meal service)
3. No meal service

Finally Table 4 illustrates the main variances from the Trust ERIC report 2019/2020 followed by changes and updates within the ERIC definitions for the reporting period.

Table 4: RP5 ERIC Variance 2019/2020

ERIC Variance Report 2019/2020		
RP5 BDG – Bassetlaw Hospital		
FM Services: S01	Other Hard FM (Estates) costs	-25.72% (£483,408)
FM Services: S01	Other Soft FM (Hotel Services) costs	36.93% (£935,563)
Car Parking: S06	Car parking services costs	-46.56% (£44,630)
In-Patient Food Service S12	Inpatient food service cost	40.15% (£1,014,551)
In-Patient Food Service S12	In-patient food services cost per main meals requested (cost per in-patient meal)	39.31% (£4.89)
RP5 DRI – Doncaster Royal Infirmary		
FM Services: S01	Other Hard FM (Estates) costs	-33.32% (£704,836)
FM Services: S01	Other Soft FM (Hotel Services) costs	-17.63% (£2,831,508)
Car Parking: S06	Car parking services costs	-17.61% (£353,568)
In-Patient Food Service S12	Inpatient food service cost	24.51% (£2,586,279)
In-Patient Food Service S12	In-patient food services cost per main meals requested (cost per in-patient meal)	20.51% (£4.23)
RP5 MMH – Montagu Hospital		
FM Services: S01	Other Soft FM (Hotel Services) costs	26.66% (£336,951)
Water: S08	Water Cost	51.6% (£65,918)
Water: S08	Water volume	34.93% (25,316)
Car Parking: S06	Car parking services costs	-31.43% (£27,981)
In-Patient Food Service S12	Inpatient food service cost	32.19% (£238,540)
In-Patient Food Service S12	In-patient food services cost per main meals requested (cost per in-patient meal)	32.47% (£4.65)

ERIC Return Data Updates for the 2019/2020 Collection

Covid 19

All costs related to COVID-19 incurred during the reporting year should be included wherever applicable.

Trust Level - Trust Profile

T02_02- Green energy usage

T02_05 - WEE waste cost

T02_05 - WEE waste volume

Trust Level - Contribution to Costs

T04_01 - Contribution to costs from areas leased out for retail sales
T04_02 - Contribution to costs from non NHS organisations
T04_03 - Contribution to costs from NHS organisations
T04_04 - Contribution to costs from local authorities

Site Level - Facilities Management (FM) Services

S01_04 - Rates
S01_13 - Management (Hard and Soft FM) costs

Site Level - Areas

S02_10 - Clinical space – Other
S02_17 - Non-clinical space – Other
S02_19 - S02_32 – Is required for completion by Ambulance services only

Site Level - Function and Space

S03_02 - Not Functionally suitable – clinical space

Site Level - Age Profile

S05_01 – Age profile by built date
S05_01 – 2015 to 2024
S05_01 – 2005 to 2014
S05_01 – 1995 to 2004
S05_01 – 1985 to 1994
S05_01 – 1975 to 1984
S05_01 – 1965 to 1974
S05_01 – 1955 to 1964
S05_01 – 1948 to 1954
S05_01 – pre 1948

Site Level - CHP

S06_02 - CHP unit/s size - electrical
S06_03 - CHP unit/s size – thermal
S06_11 - How many kWh were discharged to use
S06_12 - How many kWh were discharged to waste

Site Level - Energy

S06_01 - Electricity costs
S06_05 - Gas costs
S06_07 - Coal costs
S06_09 - Electricity costs - green energy tariff
S06_11 - Electricity costs - third party owned renewable
S06_13 - Other energy costs

Site Level - Waste

S09_21 - Confidential waste cost
S09_22 - Confidential waste volume

Site Level - Inpatient Food Services

S012_ 03 - Hostess meal service

Site Level - Laundry and Linen

S013_ 02 - Linen service cost
S013_ 03 - Laundered pieces per annum

Appendix 2: ERIC Report 2019/2020 – Backlog Cost Review

Introduction

This report details the annual review and update of backlog defects and costs and identified backlog investment as defined in DOH EFM standards document 'A risk-based methodology for establishing and managing backlog' as part of the ERIC return for 2019/2020 for DBTH.

Within routine estate management the assets forming the built environment are routinely assessed for physical condition and compliance and ranked A to D. Where an asset is ranked un-satisfactory, below rank B, then this is risk assessed and defects/costs identified to bring this up to rank B.

Report

The Trust has identified and maintains backlog defects and costs from the following sources:

- 2014 - Quarter 3 - DRI NIFES 6 Facet Surveys
- 2015 - Quarter 3 - SDA Plant Room Survey - DRI
- 2016 - Quarter 2 - Asbestos Investment Review
- 2016 - Quarter 2 - Estates Operational Risk Assessments
- 2016 - Quarter 2 - Planned Invest Review
- 2016 - Quarter 2 - DRI Main Theatres Invest Review
- 2017 - Quarter 1 - Planned Invest Review
- 2018 - Quarter 1 - D Block Review
- 2018 - Quarter 1 - Estates Operational Risk Assessments Review
- 2018 - Quarter 1 - Planned Invest Review
- 2018/19 - Quarter 4 – Completed Internal Investment Review
- 2019/20 - Quarter 4 - Estates Risk Escalation Review
- 2019/20 - Quarter 4 - Completed Internal Investment Review
- 2019/20 - Quarter 4 - BDGH OAKLEAF 6 Facet Survey
- 2019/20 - Quarter 4 - MMH OAKLEAF 6 Facet Survey

Backlog Costs are expressed as work costs excluding additional costs for project solutions such as fees, VAT, decanting and temporary work. Where source costs have been expressed as investment these have been reduced to backlog costs, normally at 35% uplift.

All costs are reviewed annually as part of the ERIC return and increased for inflation using BCIS PUBSEC Tender Price Index of Public Sector Building Non-Housing, in accordance with ERIC data definitions and completion notes for S04_Quality of Buildings

Table 1 - Current Backlog Costs

Backlog Costs (£)	2019	2020	Increase/decrease
High Risk Backlog	14,099,714	14,809,614	(5%)
Significant Risk Backlog	50,263,763	46,381,497	(-8%)
Moderate Risk Backlog	6,953,678	17,969,153	(154%)
Low Risk Backlog	2,421,406	2,496,865	(3%)
Trust Total	**73,738,561**	**81,657,129**	**(10%)**

This delivers an increase in Backlog Cost to B of **£7, 918,568** consisting of:

- Increase in BCIS PUBSEC Indices for inflation at index 265
- Increase in Backlog through 2020 OAKLEAF 6 Facet surveys at BDGH and MMH
- Investment in completed defects (Table 2)

BCIS Public Sector (PUBSEC) Price and Cost Indices

Backlog costs for the DRI site were adjusted in line with PUBSEC indices for inflation at index 265 appropriate to the end of 31st March 2020, which has led to an increase of £7,055,564 in current DRI site backlog cost.

Table 2 - Annual Backlog Review and Update Summary 2019/2020

Category	Element	Item	Backlog Cost Completed at Q4 2019/2020
Fire Safety	Compartmentation	DRI23 - Phase 2a Central Core	£143,288.14
Fire Safety	Compartmentation	DRI09 - Phase 1b Central Core	£728,562.22
Fire Safety	Compartmentation	DRI09 - Phase 1c Central Core	£45,040
Fire Safety	Compartmentation	DRI23 - Phase 2b Central Core	£76,794.81
Fire Safety	Comp/F Alarm/F Doors	DRI09 - Phase 1a Staff Accommodation	£98,173.33
Fire Safety	Comp/F Alarm/F Doors	Fire Miscellaneous	£94,407.40
Electrical	Systems/Services	DRI - Phase 3 Electrical Enhancement	£998,378.51
Mechanical	Fixed Plant & Equipment	Renal Water Plant Dialysis	£110,330.37
Electrical	Electrical Systems	Nurse Call Replace Obsolete Systems	£45,389.62
Building	External Fabric	DRI15 - Brickwork repairs	£137,138.51
Mechanical	Med Gas Pipeline	DRI09 - Medical Air Compressors Replacement	£2,743.70
Mechanical	Ventilation Systems	DRI17 – Aseptic Suite	£185,185.18
Building	Miscellaneous	TRUST - CQC (PLACE: PATIENT ENVIRONMENT)	£44,444.44
Building	Miscellaneous	DRI14 - Silks Reconfiguration (Research)	£69,512.59
Building	Miscellaneous	DRI27 - General Office Reconfiguration	£39,800
Mechanical	Fixed Plant & Equipment	DRI17 - Mortuary Refrigerant Replacement	£40,911.11
Building	Miscellaneous	DRI15/18 - ED Expansion	£140,974.07
Mechanical	Control of Legionellae	TRUST - Control of Legionellae	£74,491.11
Building	Internal Fabric & Fixtures	DRI25 - Sterile Services - Delivery Locations	£11,974.07
Building	Internal Fabric & Fixtures	DRI23 - Main Entrance & PALS	£4,245.18
Building	Internal Fabric & Fixtures	DRI23 - One Stop Prostate	£5,925.92
Total Backlog Cost Completed			**£3,097,710**

Table 3 - Backlog Maintenance, Critical Infrastructure and Investment, 5 year Summary

	2015-16	2016-17	2017-18	2018-19	2019-2020
Total Backlog Maintenance	£49,725,178	£51,423,602	£79,630,004	£73,738,561	£81,657,129
Critical Infrastructure Risk Backlog Maintenance	£41,526,074	£42,661,334	£69,371,855	£64,363,477	£61,191,111
Investment in Backlog Maintenance	£701,850	£1,681,574	£2,319,162	£4,090,000	£3,097,710

F3

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	**Award Recommendation Report**		
Report to	**Trust Board**	**Date**	**15 September 2020**
Author	**Alex Crickmar – Deputy Director of Finance** **Jon Sargeant - Director of Finance**		

Purpose		Tick one as appropriate
	Decision	
	Assurance	
	Information	X

Executive summary containing key messages and issues
A procurement process has been undertaken in partnership with Trusts across the ICS, to tender the contract for providing multidisciplinary healthcare personnel for Yorkshire and Lincolnshire (see attached). The procurement process had been undertaken in line with Trust policies and the Crown Commercial Service. As agreed at the previous Board meeting this went to Finance and Performance Committee where after review and discussion it was supported to be signed off by the Chief Executive and Chair of the Board and Council of Governors.
Key questions posed by the report
N/A
How this report contributes to the delivery of the strategic objectives
This report relates to strategic aims 2 and 4 and the following areas as identified in the Trust's BAF and CRR. • F&P 1 - Failure to achieve compliance with financial performance and achieve financial plan and subsequent cash implications
How this report impacts on current risks or highlights new risks
N/A
Recommendation(s) and next steps
The Board is asked to note the attached.

AWARD RECOMMENDATION REPORT - STAGE 2

MULTIDISCIPLINARY TEMPORARY HEALTHCARE PERSONNEL FOR YORKSHIRE AND LINCOLNSHIRE NHS TRUSTS

CONTRACT REFERENCE: CCHR20A15

CONTRACT FOR

DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION (LEAD TRUST)
NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST
UNITED LINCOLNSHIRE HOSPITALS NHS TRUST
THE ROTHERHAM NHS FOUNDATION TRUST
SHEFFIELD TEACHING HOSPITAL NHS FOUNDATION TRUST
SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST

Award Recommendation Report – Stage 2
Multidisciplinary Temporary Healthcare Personnel for Yorkshire and Lincolnshire NHS Trusts
Contract Reference: CCHR20A15

1. EXECUTIVE SUMMARY

Contracting Authority	Richard Somerset Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (Lead Trust)
Procurement Route:	Competition via RM3711 Multidisciplinary Temporary Healthcare Personnel Lot 1
Contract Term:	The contract will be for a 2 year period from 1st November 2020 – 31st October 2022 with the option to extend for 2 years in yearly increments. (2+1+1).
Contract Value:	The total estimated contract value including any extensions (ex VAT) is £327,089,801.00 This is the total value of the 9 Contracts. Each Trust will enter into its own Contract. At present only 6 Trusts have committed to contract with the winning bidder. The total value of the 6 contracts included in this report is £282,523,838.00.
Budget:	£327,089,801.00
Savings:	Reduction in rates against current contract charges with an estimated saving of £350,000.00 per annum across the 6 confirmed Trusts.

2. INTRODUCTION

2.1. The purpose of this document is to describe the stage 2 element of the procurement event and inform the Contracting Authorities of the results. In addition, this report makes a recommendation and seeks approval for formal award of contracts.

2.1.1. Contracts to be awarded are as follows;

Contracting Authority	Contract Value (including any extension options)

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	£62,493,776.00
Northern Lincolnshire and Goole NHS Foundation Trust	£67,890,843.00
United Lincolnshire Hospitals NHS Trust	£97,952,298.00
The Rotherham NHS Foundation Trust	£26,649,701.00
Sheffield Teaching Hospital NHS Foundation Trust	£22,282,402.00
Sheffield Children's NHS Foundation Trust	£5,254,818.00

2.2. Crown Commercial Service (CCS) acted as the 'Agent' in undertaking a procurement event for the Contracting Authority to source a Supplier to fulfil the requirement.

2.3. This procurement event was conducted as per CCS Standard Operating Procedures (SOPs).This process included the following steps;

2.3.1. Evaluation of Stage 2 Bids

2.4. Please refer to Annex K - Stage 1 Recommendation Report for further details.

3. STAGE 2 EVALUATION PROCESS

3.1. As per the Bid Pack and the recommendation detailed in the Stage 1 Recommendation Report, all the Potential Bidders within 10% of the highest scoring Potential Bidder at the end of Stage 1 were invited to progress to Stage 2 of the procurement and respond to the final questions via a presentation.

3.2. The stage 2 evaluation took place on 14 July 2020.

3.3. Following the presentation, an evaluation took place and a consensus score and feedback for each Potential Bidder was agreed.

3.4. The evaluation panel have confirmed that the feedback captured accurately represents the evaluation.

3.5. A summary of the final scores for the Stage 2 Potential Bidders are as follows:

Potential Bidder	Q4 – Service Delivery 28%	Q5 – Experience 8%	Q6 – Implementation 14%	Price (Stage 1) 40%	Q8 - Case Study Presentation 10%	Total Weighted Score
Holt Doctors Ltd	23.10	8.00	11.90	39.16	7.50	89.66
Medacs Healthcare PLC	18.20	6.00	9.45	40.00	5.00	78.65

3.6. The detailed scores and feedback can be found at Annex I – Stage 2 Consensus Evaluation.

4. STAGE 2 RISKS AND ISSUES

4.1. All Contracting Authorities will need to obtain approval before we can proceed to issue the intent to award and standstill.

4.2. As previously outlined, whilst there is interest from nine Trusts, only six have committed at this stage. This will impact on the total contract spend indicated in in the Executive Summary. If any of the other Trusts would like CCS to award a contract to the winning supplier on their behalf as part of this procurement award they will need to confirm this, obtain internal approval and provide the relevant information for the Contract Order Form by the 3rd August in order for us to prepare the documents.

4.3. The duration of the Contracts will differ from that outlined in the Procurement Strategy Report and Attachment 1 of the Bid Pack issued to Suppliers. The Trusts were originally seeking a 2+1+1 years Contract term, however as the RM3711 Commercial Agreement was due to expire 7 August 2020 the final year extension option could only run up to 7 August 2024, 4 years after the Framework expiry date. As the Commercial Agreement has been extended since the launch of this procurement, the last year of any extension option will be able to run for

the full 12 months. Therefore, the term of Contract awarded will be adjusted accordingly. Given the reason for the reduced extension term was outlined in the original documents this change is reasonable.

4.4. Details of pricing elements not included in the price evaluation are included in Annex J –Holt Doctors Ltd Price Schedule. This will be included in the Contracts.

5. STAGE 2 - AWARD RECOMMENDATION

5.1. Following an open and fair procurement competition, it is recommended that the award is made to Holt Doctors Ltd for the provision of this requirement.

5.2. The recommended Supplier's submission has met the requirement and demonstrated 'Value for Money' by providing the most advantageous tender and savings on current commission rates charged to the Trusts.

5.3. The procurement is expected to take a total of 120 days, which is more the original targeted days. This is due to extensions to the procurement timetable for bid submissions and evaluation. Full details are in the Stage 1 Recommendation Report Stage 1. Target duration is based on the achievement of the dates set at 6.1.

6. TIMETABLE OF NEXT ACTIONS

6.1. Award Timetable

6.1.1. The table below sets out the timetable for the further actions required to ensure a contract is placed with the recommended Supplier. Any delay to these stages will impact on the ability to place the contract by the required date. In addition, the post award actions are detailed below.

Activity	Deadline
Award Recommendation Report approved	7 August 2020
Intent to Award Letters issued	10 August 2020
Standstill Period Ends	Midnight 20 August 2020

Award and Contract Issued to Supplier	21 August 2020
Contract agreed with supplier and Contracting Authority	25 August 2020
Transparency (including redactions)	25 September 2020

7. STAGE 2 APPROVALS

7.1. By authorising this document, the Contracting Authorities confirm that all necessary approvals are in place to proceed with award of the contract.

7.2. By authorising this document, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation (Lead Trust) confirm that they have obtained approval from all Trusts named on this report.

Activity	Name	Signature	Date
Agreed By (Contracting Authority)			

Annex I - Stage 2 Consensus Evaluation

CCHR20A15 Stage 2 Consensus Evaluation

Annex J – Holt Doctors Ltd Price Schedule

Annex J - Holt Doctors Price Schedul

Annex K – Stage 1 Award Recommendation Report

Signed Award Recommendation Rep

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	**Trust Board Annual Declaration of Interests.**		
Report to	**Board of Directors**	**Date**	**15 September 2020**
Author	**Fiona Dunn – Company Secretary**		
Purpose	To provide assurance to the Board on its statutory and regulatory requirements		Tick one as appropriate
	Decision		
	Assurance		x
	Information		

Executive summary containing key messages and issues
The NHS Code of Accountability and NHS England's guidance on managing conflicts of interest in the NHS requires Board Directors to declare any interests which are relevant and material to the Board. This includes any interest that could conflict with the impartial discharge of their duties and which could cause conflict between their private interests and their NHS duties. The Register for the Board was updated as at 1st August 2020 and is attached. This information will be made publicly available on the Trust website following the meeting. All Board members have completed the annual "fit and proper persons" declaration as required by Trust policy. In addition to this annual declaration, at each meeting of the Board of Directors and its Committees, members are asked to declare any further interests since the date of the last declaration and to notify the Chair of any conflicts of interest in relation to the agenda items for discussion (for which they may need to abstain). Any such declaration is recorded in the minutes
Key questions posed by the report
Is the Trust Board assured that the actions being undertaken are meeting the quality objectives for the Trust
How this report contributes to the delivery of the strategic objectives

This report contributes to True North Strategic Objective two for 2020.
How this report impacts on current risks or highlights new risks
F&P6 Failure to achieve compliance with performance and delivery, CQC and other regulatory standards Leading to (i) Negative patient and public reaction towards the Trust (ii) Impact on reputation
Recommendation(s) and next steps
The Board is asked to receive and approve the Register of Interests.

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust
Register of Directors' Interests and 'Fit and 'Proper Person' Declarations

Register of Interests

Suzy Brain England, Chair of the Board

Chair at DBTH
Chair at Keep Britain Tidy
Co-opted Board member Doncaster Chamber of Commerce
Trustee of NHS Providers
Lay Representative Health Education England
Founder and Chair of Cloud Talking, Aspirational Mentoring
Lead Examiner for Chartered Director by the Institute of Directors

Kath Smart, Non-Executive Director

Independent Audit Committee Member – Doncaster Metropolitan Borough Council
Non-Executive Director & Audit Committee Chair – Acis Group, Gainsborough (Housing provider)
Court Secretary – Foresters Friendly Society, Sheffield
Trust Associate Manager (TAM – or 'Hospital Manager' under the Mental Health Act) – Rotherham, Doncaster & South Humber NHS FT

Neil Rhodes, Non-Executive Director

Chair, Doncaster and Bassetlaw Healthcare Services
Non-Executive Director at the Disclosure and Barring Service

Patricia Drake, Non-Executive Director

Governor of Calderdale FE College
Magistrate (Supplemental)
Member of Locala Community Partnerships
Member of Yorkshire Ambulance Service

Sheena McDonnell, Non-Executive Director

Director of Sheena McDonnell Consultancy

Jon Sargeant, Director of Finance

Non-Executive Director, Doncaster and Bassetlaw Healthcare Services

The following have no relevant interests to declare:

Karen Barnard	Director of People & Organisational Development
Rebecca Joyce	Chief Operating Officer
Tim Noble	Medical Director
Richard Parker	Chief Executive
David Purdue	Deputy Chief Executive / Director of Nursing, Midwifery and Allied Health Professionals
Mark Bailey	Non-Executive Director

Fit and Proper Person Declarations 2020

The Trust can confirm that every director currently in post has declared that they:

(i) am not an undischarged bankrupt or a person whose estate has had sequestration awarded in respect of it and who has not been discharged;

(ii) am not the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland;

(iii) **am not** a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986;

(iv) have not made a composition or arrangement with, or granted a trust deed for, my creditors and not been discharged in respect of it;

(v) have not within the preceding five years been convicted in the British Islands of any offence and a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on me;

(vi) am not subject to an unexpired disqualification order made under the Company Directors' Disqualification Act 1986;

(vii) have the qualifications, competence, skills and experience which are necessary for the relevant office or position or the work for which I am employed;

(viii) am able by reason of my health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the office or position for which I am appointed or to the work for which I am employed;

(ix) have not been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity;

(x) am not included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland; and

(xi) am not prohibited from holding the relevant office or position, or in the case of an individual from carrying on the regulated activity, by or under any enactment.

Directors are requested to note the above and to declare any changes to their position as appropriate in order to keep their declaration up to date.

BOARD OF DIRECTORS – 15 SEPTEMBER 2020
CHAIR'S ASSURANCE REPORT
FINANCE AND PERFORMANCE COMMITTEE – 28 JULY 2020

Overview

The meeting took place by teleconference owing to the Covid 19 critical incident being managed across the Trust. All normal attendees took part. The main part of the meeting and principal business was a workshop looking at our approach to post COVID emergency phase stabilisation and service recovery.

Performance/operational delivery

The Board will receive a separate performance overview report in addition to this Chair's Log Following on from the previous F+P meeting where we held a workshop to discuss parameters for performance metrics in a new situation, post the COVID emergency, on this occasion we devoted over two hours to understanding performance proposals and the operational stabilisation plan they were to throw light upon.

Detailed slides were presented by the Director of Finance and Chief Operating Officer supported by the Julie Thornton, Performance Head. Extensive questioning and discussion took place throughout the presentation.

The committee was reassured that the proposals were comprehensive, detailed and well thought through. The amber grading below represents the scale of the challenge and the early part of the journey rather than any reflection upon what is essentially a strong plan. It simply needs to be deployed now. Importantly, the presentation covered not only the operational challenges, but also the financial issues and plans that needed to be considered alongside them.

Board will receive a summary of the plan, together with a contemporaneous update, when it meets next in September.

Finance

The committee also received the normal finance report, a precis of which will be presented to Board with any interim update information that becomes available.

Currently the government's top up arrangements enable books to be balanced despite the inadequacy of block payments in properly funding the trust and the consequent structural monthly gap (circa £2m).

The Trust's deficit for month 3 (June2020) was £449,000 before the retrospective top up. The top up arrangements are likely to continue until August. After which monies are likely to be made available, factored through the ICS and shared between constituent trusts. We anticipate this will mean the Director of Finance being required to become involved in important negotiations on our behalf.

We remain hopeful of a positive announcement in relation to our bid to government for a new hospital. The committee noted and approved the decision to set up a project board in relation to this. In addition, we received a progress report on work around the Bassetlaw emergency village, which will involve the upgrading of the emergency care services.

The committee considered and agreed an urgent request to recommend to the Chair and Chief Executive the signature of a contract following procurement tender for the future provision of supply agency cover for medical staff. This will be continue to be provided by our current providers Holt but with a reduced cost for the Trust.

The contract was a joint one for six trusts in total with three other trusts named and potentially able to join this arrangement in the future.

Capital expenditure is slightly ahead of the plan agreed in May, but progressing well.

The cash position continues to be strong, with significant prepayment of block funds held in Trust accounts.

People

The workforce report again included a comprehensive update from Karen Barnard as to activity to best profile staff skills and availability against need, and how those staff were being supported, gaining assurance as to the efforts being made in this area.

The committee received a report updating them in relation to COVID-19 data, in addition to the three-month report on vacancy levels and agency use.

The key areas of focus in relation to COVID-19 was swabbing data and the level of absence associated with COVID-19.

Bank and agency spend is at a lower level than this time last year largely owing to the fact that ward closures and staff redeployment has been necessary. It is anticipated that, as activity returns and staff are returned to their substantive areas, this expenditure will start to rise. It was noted that the level of infection has reduced significantly during June. In relation to vacancy levels, the employment of student nurses comprise the majority of new appointments.

Risk

The relevant risks were considered actively with each paper received at the meeting. The meeting received and agreed a format for the future presentation of risks, which had previously been considered at the main trust board..

AGENDA ITEM / ISSUE	COMMITTEE UPDATE	NEXT ACTION	LEAD	TIMESCALE
Minutes and Actions from previous meetings	The Committee approved the minutes from the previous meeting and noted progress on actions being assured that all were appropriately tracked	None	N/A	N/A
Integrated performance report and workshop session	The Committee was assured by the report and workshop session, detailing the stabilisation and service recovery phase plans for future months, but notes the challenging position faced.	None	N/A	N/A
Financial performance	The Committee was assured by the report, but noted the continuing uncertainty in relation to the block grant funding stream and ad hoc monthly top-ups, coupled with the suggestion of a role to play for the ICS in future distribution of funds.	None	N/A	N/A
Workforce Management	The Committee was assured by the report	Cost benefits of recruitment would be added to the Recruitment and Selection Quarter 2 Report.	KB	September 2020
Corporate Risk Register / Board Assurance Framework	The Committee noted continuing progress with the preparation of an updated risk register.	None	FD	September 2020
Contract award re medical agency support	The Committee supported the recommendation to award the contract to the named company and made that recommendation accordingly to the Chair and Chief Executive	None	N/A	N/A
Information Items	The meeting also received and noted the minutes of a number of sub-committees and approved the minutes of its last meeting.	The Company Secretary would liaise with the Director of Finance following the receipt of the national planning guidance to decide if a catch-up meeting was required prior to the pre-meet on 8th September 2020.	FD	September 2020

No escalations were received by the Committee and there were no escalations to the Board

KEY	
CLOSED	PARTIALLY ASSURED / SOME ACTION TO TAKE
ASSURED	NOT ASSURED / ACTION REQUIRED

KEY

ASSURED AND CLOSED
ASSURED
PARTIALLY ASSURED / SOME ACTION TO TAKE
NOT ASSURED / ACTION REQUIRED

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Chair's Assurance Report for Board of Directors September 2020

Quality and Effectiveness Committee – 28 July 2020– Pat Drake

The meeting had a very full agenda attempting to get back on track with the work plan which continues to be a live document.

There was a discussion regarding the quality and workforce standards which will be measured and evidenced via the committee to achieve the Breakthrough Objectives. All directors were asked to progress this and add to the Integrated Quality and Performance Report currently under development.

There will be an additional agenda item for the Medical Director going forward providing a report from the Ethical Committee and the completed QPIA's under the heading Stabilisation and Recovery.

There has already been a significant amount of work undertaken across the Trust to progress the implementation of the Accessible Information Standard. This is a statutory obligation that should have been completed a few years ago but as with many other trusts it has not been fully implemented. CQC raised this with us last year and given the need to promote inclusion it does need to be progressed. However there are many examples of good work in this area the external website being one.

The emergency CQC arrangements were discussed and the committee were assured on the IPC Board assurance framework that was launched by NHSE/I in May2020 with the Trusts' responses submitted to CQC. A report will be received from CQC in August to confirm our compliance with the guidance and the excellent work undertaken by the IPC team during the pandemic.

#	AGENDA ITEM / ISSUE	COMMITTEE UPDATE	NEXT ACTION	LEAD	TIMESCALE
1	Actions from previous meetings	The Chair noted progress on actions and was assured that all were being appropriately tracked.			
2	QEC Annual Report for Board	The Chair was assured by the Annual Report that will go to the Board of Directors in September 2020.		FD	September 2020
3	Breakthrough Objectives	The Chair was partially assured by the report. All directors to progress.	All directors to progress.	MP	September 2020
4	Stabilisation and Recovery – Safety & Governance	The Chair was assured by the Governance and Structure of the plan but required the reporting to be provided at the September's meeting for full assurance.	Update to Septembers QEC.	TN	September 2020
5	Quality Assurance Report	The Chair was assured by the report including the Nosocomial Infection update. The work that has been done to get the Clinical Governance Meetings back up and running has been noted and E-Obs and Sepsis in Children will continue to be monitored through Clinical Governance.		TN	2020
6	Safer Staffing Update	The Chair was assured by the report.			
7	Complaints Update	The Chair was partially assured by the verbal update, Complaints remains to be a focus point within the Trust and expects to see the new process up and running and a Complaints deep dive at the September meeting. .	To be added to Septembers 2020 Agenda	DP/LB	September 2020

KEY
ASSURED AND CLOSED
ASSURED
PARTIALLY ASSURED / SOME ACTION TO TAKE
NOT ASSURED / ACTION REQUIRED

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

#	AGENDA ITEM / ISSUE	COMMITTEE UPDATE	NEXT ACTION	LEAD	TIMESCALE
8	Workforce Assurance Report	The Chair was assured by the report. The BAME risk assessments will be reported to Management Board and an update in the Septembers Meeting.	To be added to Septembers 2020 Agenda	KB	September 2020
9	Education and Research Assurance Report	The Chair was partially assured by the report, it was noted that SET compliance may deteriorate due to staff now requiring further updates because of the gap in delivery.	To be added to Septembers 2020 Agenda	DP/AS	September 2020
10	CQC and Regulatory Compliance	The Chair was partially assured by the detailed CQC action plan due to the gap in continuity because of the focus on the COVID19 pandemic response. The action plan compliance will be reviewed at every QEC Meeting.	Update to Septembers QEC.	FD	September 2020
11	Corporate Risk Register	The Chair was partially assured due to the new by the updated model only just being agreed by the Board on 21/7/2020 .	Update to Septembers QEC.	FD	September 2020
12	BAF – Board Assurance Framework	The Chair was partially assured due to the new by the updated model only just being agreed by the Board on 21/7/2020 .	Update to Septembers QEC.	FD	September 2020
13	Accessible Information Standard	The Chair was not assured by the update. This is a complex and difficult area to address but further progress needs to be made due to its statutory nature. This forms part of the CQC action plan.	Significant action and developments need to be made by the September meeting.	LB/CS	November 2020
14	Infection Prevention and Control	The Chair was assured by the IPC update.			
15	Quality Improvement (QI)	The Chair was assured but the QI update.			
16	Learning from Incidents	The Chair was partially assured by the report. An appropriate assurance report needs to be provided on a quarterly basis, this will be due in September.	Full assurance paper for Septembers QEC.	DP	September 2020

No escalations were received by the Committee and there were no escalations to the Board

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

FINANCE AND PERFORMANCE COMMITTEE ANNUAL REPORT 2019 20

DATE:	**30 June 2020**
PREPARED BY:	**Neil Rhodes, Chair of Finance and Performance Committee**

1	**INTRODUCTION**
1.1	The Finance and Performance Committee was established in June 2017 as a committee of the Board of Directors, replacing the Financial Oversight Committee. The remit of the Committee is to provide assurance on the systems of control and governance specifically in relation to operational performance, workforce and financial planning and reporting. The work plan is continually reviewed at each committee as a standing item. The purpose of this report is to provide the Board of Directors with a summary of the work of the Finance and Performance Committee ("the committee") for the year 2019/20 including: a) providing detailed scrutiny of financial matters and operational performance in order to provide assurance and raise concerns to the Board of Directors; b) making recommendations, as appropriate, on financial and performance matters to the Board of Directors; c) reviewing and challenging significant business cases before submission to the Trust Board; d) providing Governors with assurance that the NEDs are holding the Executive Team to account for delivery of the Trust's strategic plan in particular financial and operational performance, and to make recommendations of any changes for the year 2019/20.
1.2	This report summarises the key information required against last year's recommendations and each of four elements namely:

	a) The role and the main responsibilities of the Committee; b) Membership of the Committee; c) Number of meetings and attendance.
2	**STRATEGIC CONTEXT**
2.1	The Finance and Performance Committee (F&P) is one of the four Board Committees (Quality and Effectiveness Committee, Audit and Risk Committee and Charitable Funds Committee) and is responsible for providing assurance to the Board of Directors on the standards of financial and operation performance; and the assurance of the achievement of the key performance indicators relating to the workforce within the Trust. The Committee is responsible for assisting the Board in identifying and potential or actual risks to financial and operational performance and ensuring that any risks identified are robustly addressed.
2.2	Alongside the Quality and Effectiveness Committee (QEC) and Audit and Risk Committee (ARC), F&P is responsible for ensuring that there are adequate and appropriate financial and operational governance structures, processes and controls in place throughout the Trust to ensure financial security and excellent operational performance.
3	**THE ROLES AND MAIN RESPONSIBILITIES OF THE COMMITTEE**
3.1	The main purpose of the Committee is to: a) Provide detailed scrutiny of financial matters and operational performance in order to provide assurance and raise concerns to the Board of Directors; b) Provide detailed scrutiny against the reported performance of workforce management data and internal key performance indicators, and to provide assurance and raise concerns to the Board of Directors; c) Make recommendations, as appropriate, on financial and performance matters to the Board of Directors.
4	**MAIN ACTIVITIES**
4.1	During 2019/20 the Committee has delivered its key responsibilities and duties as outlined in its Terms of Reference. Meetings have been held in accordance with the agreed schedule.

4.2	All issues for escalation have been continuously reported upwards to the Board of Directors with relevant information being shared with QEC and ARC.
4.3	Through monthly review and scrutiny of the Trust's Integrated Performance Report, the Committee has been able to provide the Board of Directors with the assurance that performance is being monitored on a monthly basis. Throughout the year the Committee has continuously scrutinised and challenged the accuracy and robustness of the information being reported, ensuring that financial and operational improvements are being made and organisational learning is being implemented.
4.4	The main areas reviewed over the year can be summarised as: a) Financial matters – the Committee reviewed financial performance as a key part of its monthly meetings; b) Performance Management – the Committee reviewed performance management as a key part of its monthly meetings; c) Workforce Management – the Committee reviewed management data relating to the management of the workforce as a key part of its monthly meetings; d) Contract negotiation and performance – the Committee reviewed contracts periodically as contracts are due for renewal; e) Risk management and internal control – the Committee considered this as a key part of its monthly meetings.
4.5	Specific areas covered during 2019/20 on behalf of the Board were: **Performance** • Plans and processes for the implementation of Effectiveness and Efficiency Improvement plans; • Undertaking deep dives into key service areas, effectiveness and efficiency plans and areas of performance;

- Delivery of the RTT recovery plan;
- Internal Audit Review of Information Department;
- Revised operational performance reported through the Integrated Performance Report;
- Continued to manage the ongoing performance of Sodexo catering service;
- Reviewed Portering risks and supported recommended changes.

Finance

- Financial forecasts, budgets and plans in light of trends and operational expectations;
- Budget setting and annual planning;
- Cost Improvement Project (CIP) proposal and governance;
- Supported the establishment of a wholly owned subsidiary to provide the trust's outpatient pharmacy service;
- Discussed and supported the business case for the increase in staffing in the Emergency Department;
- A review of reference costing for patient level information and costing system to NHSI in August 2019.
- Reviewed and recommended to the Board the Trust draft accounts for 2019/20 before submission to external audit and the DoH in draft format;
- Reviewed and recommended to the Trust Board the accounting policies for the Trust;
- The 5 Year Plan submitted to the ICS and NHSI/E;
- Approved the write off of the historical sales invoices totalling £169,712.76;

- Through its work the Committee supported the Trust to deliver its financial control total, which was a break even financial position. This meant that we qualified for bonus payments from NHS England/Improvement (known as Financial Recovery Fund or FRF) which equated to £0.4m, resulting in the second consecutive surplus year end position.

Workforce

- Reviewed Recruitment timescales and supported measured to reduce them;
- Discussed and supported progress measures implemented to improve the retention of the workforce and the reduction on agency staff required;
- Received a deep dive on Workforce Planning for 2019-20.

Governance

- Any specific risks in the Board Assurance Framework relevant to the Committee.

5 REPORTING

5.1 Minutes of each of the meetings were formally presented to a subsequent meeting of the Board of Directors, with the Committee Chair drawing any key issues to the attention of the Board.

5.2 Assurance was provided to the Board of Directors through a Chair's Log after each Committee meeting. Board was given the opportunity to question the Chair of the Committee.

5.3 The Chair of Finance and Performance Committee attended Council of Governors to answer questions and provide assurance to governors.

6 MEETINGS AND MEMBERSHIP

6.1 The Committee met on 12 occasions during 2019/20 and the Committee's membership and attendance has been as follows:

Name	Role	Meeting attendance
Neil Rhodes – Chair	Non-executive Director	11 of 11
Karen Barnard	Director of People and Organisational Development	10 of 11

	David Purdue	Deputy Chief Executive (from 1 January 2018) and Chief Operating Officer (until 12 September 2019)	1 of 5
	Jon Sargeant	Director of Finance	11 of 11
	Rebecca Joyce	Chief Operating Officer (from 3 June 2019)	9 of 10
	Pat Drake	Non-executive Director	11 of 11
	Kath Smart	Non-executive Director	10 of 11

7	**SUB COMMITTEES**
7.1	The committee has the following sub-committee: • Cash Committee • Capital Monitoring Group • Workforce Education & Research Committee • Effectiveness and Efficiency Committee Minutes of the sub-committees are presented to each meeting of the Committee for information. The Committee receives information and assurances from the Trust's internal management and operational committees as required. During 2019/20 this included Corporate Investment Group, Capital Monitoring Group, Workforce Education & Research Committee and Effectiveness and Efficiency Committee.
8	**WORK PLAN**
8.1	The Committee's work was largely dictated by its work-plan that was reviewed at each committee and at pre-meetings that took place approximately two weeks before the Committee.
9	**COMMITTEE EFFECTIVENESS**
9.1	The committee has not conducted a committee effectiveness review since 2018/19 however a comprehensive effectiveness review would be undertaken during 2020/21.
10	**CONCLUSION AND RECOMMENDATIONS**
10.1	In conclusion, the Committee delivered well against its key objectives during 2019/20.

11	**WORK FOR 2020/21**
11.1	Work to progress in 2020/21 includes: a) ToR approval; b) Continued development of the F&P work plan ensuring all issues are covered to clearly track matters going forward; c) A Committee Effectiveness Review; d) Continue the monitoring of Operational Performance during the return to normal business post Covid19; e) Continue the monitoring of Financial Performance during the return to normal business post Covid19; f) Continue the monitoring of Workforce data during the return to normal business post Covid19.

Quality and Effectiveness Committee – Annual Report 2019/2020

DATE:	**28 July 2020**
PREPARED BY:	**Pat Drake, Chair of Quality and Effectiveness Committee**

1 INTRODUCTION

1.1 The Quality and Effectiveness Committee (QEC) was established in June 2017 as a sub-committee of the Board of Directors, replacing the Clinical Governance Oversight Committee and with a wider remit. The remit of the Committee is to provide assurance on the systems of control and governance specifically in relation to clinical quality, governance and organisational effectiveness.
The committee agenda is developed against the work plan. This plan is reviewed regularly by the Chair in conjunction with the Trust Clinical Governance Committee to ensure alignment of reporting.

The purpose of this report is to provide the Board of Directors with a summary of the work of the Quality and Effectiveness Committee ("the committee") for the year 2019/20 including:

a) Providing Governors with assurance that the Non-Executive Directors (NEDs) are holding the Executive Team to account for delivery of the Trust's strategic plan in particular assurance and compliance with CQC regulations and clinical activity within the Trust.

b) Assuring that the Trust strategies in relation to clinical site development, patient experience and person centred care, clinical governance, research and development, quality improvement and innovation, people and workforce development, communications and engagement are fit for purpose.

c) Undertaking strategic discussions and deep dives into quality, governance and workforce related issues.

d) Ensuring that the Trust has reliable, up-to-date information on patient experience as care is administered throughout the Trust.

e) Reviews updates provided on internal audit recommendations relevant to QEC from the Internal Auditors.

Assurance is provided to the Board of Directors through a Chair's Log after each Committee meeting. The Board is given the opportunity to question the Chair of the Committee.

The Chair of the Committee also attends Council of Governors to answer questions and provide assurance to governors.

1.2	This report summarises the key information required against last year's recommendations and each of four elements namely: a) The role and the main responsibilities of the Committee; b) Membership of the Committee; c) Number of meetings and attendance.
2	**STRATEGIC CONTEXT**
2.1	The Quality and Effectiveness Committee (QEC) is one of the four Board Committees (Finance and Performance Committee, Audit and Risk Committee and Charitable Funds Committee) and is responsible for providing assurance to the Board of Directors on the clinical quality and governance and organisational effectiveness. The committee works with each of the member Executives to ensure that the Trust governance and clinical quality measures are providing assurance by reviewing systems of control and that each Division is staffed and trained effectively to provide full coverage in each portfolio. The committee also seeks assurance against CQC compliance and other regulatory compliance. This is managed by Clinical Governance committees and other working groups within the Trust.
3	**THE ROLES AND MAIN RESPONSIBILITIES OF THE COMMITTEE**
3.1	The main purpose of the committee is to: a) Provide assurance and detailed scrutiny of clinical quality and effectiveness b) Make recommendations, as appropriate, on quality and effectiveness matters to the Board of Directors c) Support the development of the workforce and ensure there is a safe staffing and organizational development programme in place.
4	**MAIN ACTIVITIES**
4.1	During 2019/20 the Committee has delivered its key responsibilities and duties as outlined in its Terms of Reference. Meetings have been held in accordance with the agreed schedule.
4.2	All issues for escalation have been continuously reported upwards to the Board of Directors with relevant information being shared with the Audit and Risk Committee (ARC) and Finance and Performance Committee (F&P).
4.3	Throughout the year the Committee has continuously scrutinised and challenged the accuracy and robustness of the information being reported, ensuring that learning is being implemented from clinical incidents and complaints and that examples of good practice are shared.
4.4	The committee has ensured that the Trust has reliable, up-to-date information about what it is like being a patient experiencing care administered by the Trust. Deep dives have been performed in all of the patient safety and experience areas eg. Complaints process, serious incidents, claims

4.5	Through the Clinical Governance Committee, the Committee has obtained assurance that clinical governance strategies and plans are embedded and that the clinical governance function is adequately resourced and has appropriate staffing.
4.6	Reviewed the outcome from the recent CQC Inspection and ensured the essential standards of quality and safety have been monitored and supported the safe and efficient completion of the CQC action plan supporting sub committees in doing this.
4.7	Reviewed key risks on the Trust's corporate risk register and Board Assurance Framework which were relevant to the Committee
4.8	Ensured the QPIA process for Efficiency and Effectiveness Improvement Plans was robust for the number of work streams/schemes within the CIP Programme for 2019/20
4.9	Monitored the HSMR reporting trends for the past year with a review undertaken in January 2020 to explore the reasons behind the rise in elective HSMR and to provide assurance with respect to the quality of care delivered.
4.10	Gained assurance that DBTH wants to be recognised as an employer of choice by attracting, training and retaining a sustainable workforce capable of providing safe, compassionate and effective care. Reviewed all workforce matters including workforce planning, staff engagement and experience, training, education and development, staff wellbeing , equality and diversity, employee relations and HR and OD systems and processes
5	**REPORTING**
5.1	Minutes of each of the meetings were formally presented to a subsequent meeting of the Board of Directors, with the QEC Committee Chair drawing any key issues to the attention of the Board.
5.2	Assurance was provided to the Board of Directors through a Chair's Log after each Committee meeting. Board was given the opportunity to question the Chair of the Committee.
5.3	The Chair of Quality and Effectiveness Committee has attended Council of Governors to answer questions and provide assurance to governors where required.
6	**MEETINGS AND MEMBERSHIP**
6.1	The Committee met on 6 occasions during 2019/20 and the Committee's membership and attendance has been as follows: Name — Role — Meeting attendance Linn Phipps – Chair — Non-executive Director (left on 30 April 2019) — 1 of 1 Pat Drake – Chair — Non-executive Director — 6 of 6 Sheena McDonnell — Non-executive Director — 5 of 6

	Karen Barnard	Director of People & Organisational Development	6 of 6
	Moira Hardy	Director of Nursing, Midwifery & AH Professionals (left the on 31 July 2019)	1 of 2
	David Purdue	Director of Nursing, Midwifery & AHProfessionals (from 12 September 2019)	3 of 3
	Sewa Singh	Medical Director (until 31.03.20)	3 of 6

7	**SUB COMMITTEES**
7.1	The committee has the following sub-committees: • Workforce Education & Research Committee (WERC) • Clinical Governance Committee (CGC) Minutes of each of the sub-committees are presented at each QEC for information. The committee receives information and assurances from the Trust's internal management and operational committees as required. During 2019/20 we have received, reviewed and noted minutes from the Clinical Governance sub committees: • Infection Prevention and Control • Risk Management Report • Children and Families Board • Infection Prevention and Control • Patient Engagement Experience Committee • Drug and Therapeutics Committee • Strategic Safeguarding Board During 2020/21 the following CGC and WERC sub committees will be submitting minutes to be noted by the committee: • Audit and Effectiveness (Inc. NICE Guidance) • Equality & Diversity and Inclusion These minutes will provide assurance that outcomes of the committee meetings are being cascaded down to the staff to support improvement and development.
8	**WORK PLAN**
8.1	The committee's agendas were dictated largely by the QEC work plan which is reviewed regularly by the Chair and the committee.
8.2	The committee held regular pre meets for agenda planning as per the terms of reference one month before the committee meeting.
8.3	Any areas that were flagged in the Trust as a concern or required a deep dive were added to the work plan when required by the Chair for a full review and discussion with the committee.

9	**COMMITTEE EFFECTIVENESS**
9.1	The committee has not conducted a committee effectiveness review since 2018/19 however a comprehensive effectiveness review would be undertaken during 2020/21.
10	**CONCLUSION AND RECOMMENDATIONS**
10.1	In conclusion, the Committee delivered well against its key objectives during 2019/20.
11	**WORK FOR 2020/21**
11.1	Work to progress in 2020/21 includes: a) Continued development of the QEC work plan ensuring all issues are covered to clearly track matters going forward; b) A Committee Effectiveness Review; c) Continue the review of Quality and Effectiveness during the return to normal business post Covid19; d) Continue reviewing the CQC action plan during the return to normal business post Covid19; e) Continue the monitoring and review of Workforce education and staffing to maintain safe staffing levels during the return to normal business post Covid19 including staff survey results; f) Continue the monitoring of improvement within the patient engagement and experience team in relation to incidents and complaints; g) Support the development of the True North Objectives within the Divisions in relation to Corporate Risks and Board Assurance Frame Work; h) Support the progress of Divisional presentations from September 2020; i) Support the development of the Patient Safety Strategy for the Trust; j) Ensure the sub-committee Terms of Reference are up to date and are in date.

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	**Review of DBTH NHS Foundation Trust Constitution**		
Report to	**Board of Directors**	**Date**	**15 September 2020**
Author	**Fiona Dunn – Company Secretary**		
Purpose	To provide assurance to the Board on its statutory and regulatory requirements		Tick one as appropriate
	Decision		x
	Assurance		
	Information		

Executive summary containing key messages and issues

The Trust is required to have a constitution which sets out how it is constituted, how it makes decisions and to whom it is accountable. It is based on NHSE/I core constitution statutory guidance issued in 2014. Some of the provisions are required by law while some are discretionary.

The Constitution is required to be reviewed in full every three years. The last review was in January 2018.
Since then, a number of changes have been discussed in various fora including informal and formal governors meetings.

The key changes to the documents are highlighted in yellow.
Please note that other changes that have not been highlighted in yellow were typographically or layout changes and include:

- "He" being changed to "s/he" throughout the documents
- "board of Governors" changed to "Council of Governors"
- Incorrect "section" cross references amended
- Deletion of repeated paragraphs where applicable.

Please note that the changes made to the Constitution are minor and generally clarification type changes as the nature of this document is that it is not designed to cover every eventually.

In reviewing the documents, comments raised at previous meetings have been considered along with reference to the statutory guidance given by NHSI/E.
A review of examples of good practice documents from other Trusts has also been undertaken.

The draft document has previously been circulated to Board members and the Council of Governors prior to this submission for formal approval.

Amendments to the Constitution are required to be approved by both Board of Directors (on 15th September) and by Board of Governors (on 24 September) and then notified to NHSI.

Key questions posed by the report

Will the Trust Board and Council of Governors approve the changes proposed to the Constitution.

How this report contributes to the delivery of the strategic objectives

The documents support the delivery of the strategic aims by providing a clear, accountable and transparent governance platform through which decisions can be made.

How this report impacts on current risks or highlights new risks

The report mitigates risks relating to sound and effective corporate governance.
F&P6 Failure to achieve compliance with performance and delivery, CQC and other regulatory standards
Leading to;
(i) Negative patient and public reaction towards the Trust
(ii) Impact on reputation

Recommendation(s) and next steps

Board of Directors and Board of Governors are asked to APPROVE the proposed amendments to the Constitution.

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST

CONSTITUTION

Name and title of author/reviewer:	Fiona Dunn, Company Secretary
Approved by The Board of Directors:	+ new date
Approved by The Council of Governors:	+ new date
Date Issued:	30 September 2020
Date of Next Review:	September 2023

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1. INTERPRETATION AND DEFINITIONS

In this Constitution:

“the 2006 Act”	means the National Health Service Act 2006 as amended from time to time;
“the 2012 Act”	means the Health and Social Care Act 2012 as amended from time to time;
"Accounting Officer"	means the person who from time to time discharges the functions specified in paragraph 25(5) of Schedule 7 to the 2006 Act;
“Annual Members’ Meeting”	means the annual members’ meeting of the Trust as defined in paragraph 10 of this Constitution.
"Appointed Governors"	means the Partner Governors;
“Area of the Trust”	means the areas of Bassetlaw District and the Metropolitan Borough of Doncaster (specified in Annex 1 as areas of the public constituency);
“Board of Directors”	means the board of directors as constituted in accordance with this Constitution;
“CCG Governor”	means each member of the Council of Governors appointed in accordance with the provisions of this Constitution by each of the Clinical Commissioning Groups specified in Annex 3;
“Chair”	means the chair of the Trust appointed in accordance with paragraph 25 of this Constitution;
“Chief Executive”	means the chief executive officer of the Trust appointed in accordance with the terms of this Constitution;
"Constitution"	means this Constitution and all annexes to it;
“Council of Governors”	means the Council of Governors as constituted in accordance with this Constitution, which has the same meaning as the council of governors in the 2006 Act and the 2012 Act;
"Deputy Chair"	means the Non-Executive Director appointed as deputy chair of the Trust in accordance with paragraph 26 of this Constitution;
“Director”	means an Executive Director or a Non-Executive Director on the Board of Directors;
"Elected Governor"	means the Public Governors and the Staff Governors;

"Election Scheme"	means the election scheme set out in Annex 4;
"Executive Director"	means an executive director of the Trust;
"Financial Year"	means a period of 12 months beginning on 1st April in a calendar year and ending on 31st March in the following calendar year;
"Governor"	means a Governor on the Council of Governors and being either an Elected Governor or an Appointed Governor;
"Health Service Body"	means a body which is a health service body for the purpose of section 9(4) of the 2006 Act;
"Lead Governor"	means a Governor elected by the Council of Governors to fulfil the statutory role originally set out by Monitor (now NHS England/NHS Improvement) and to Chair any meetings of Governors when the Chair or Deputy Chair are absent, for whatever reason;
"Local Authority"	means the local authorities specified in Annex 3, which are local authorities for an area which includes the whole or part of the area of the Trust;
"Local Authority Governor"	means a member of the Council of Governors appointed by a Local Authority in accordance with the provisions of this Constitution and as specified in Annex 3;
"Member"	means a member of the Trust;
"Membership	means membership of the Trust as determined in accordance with the provisions of this Constitution and as specified in Annex 3;
"Monitor"	means the body corporate known as Monitor, as provided by Section 61 of the 2012 Act; incorporated into NHS Improvement in 2016, itself now operating jointly with NHS England
"Model Election Rules"	means the model form rules for the conduct of elections published from time to time by the Department of Health and as currently set out in Annex 4;
"Non-Executive Director"	means a non-executive director of the Trust;
"Partner Governor"	means a member of the Council of Governors appointed by a Partnership Organisation specified in Annex 3;
"Partner Organisation"	means those organisations designated as Partnership Organisations for the purposes of this Constitution specified in Annex 3;
"Public Constituencies"	means a public constituency as defined in Annex 1;
"Public Governor"	means a member of the Council of Governors elected by the

	Members of the Public Constituency;
"Secretary"	means the Trust Board Secretary or any other person appointed to perform the duties of the secretary to the Board, including a joint, assistant or deputy secretary;
"Senior Independent Director"	means the Non-Executive Director appointed by the Board as the senior independent director of the Trust;
"Staff Class"	means a class of Membership within the Staff Constituency as provided for in Schedule 7 to the 2006 Act and as set out in Annex 2;
"Staff Constituency"	means the part of the Trust's Membership consisting of the staff of the Trust and which is divided into the classes as specified in Annex 2;
"Staff Governor"	means a member of the Council of Governors elected by a Staff Class in accordance with the provisions of this Constitution;
"the Trust"	means Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust;

1.1 Unless the contrary intention appears or the context otherwise requires, words or expressions contained in this Constitution bear the same meaning as in the 2006 Act as amended by the Health and Social Care Act 2012.

1.2 References in this Constitution to legislation include all amendments, replacements, or re-enactments made, and all regulations, statutory guidance or directions.

1.3 Headings are for ease of reference only and are not to affect interpretation.

1.4 References in this Constitution to paragraphs are to paragraphs in the Constitution.

2. NAME

2.1 The name of the foundation trust is Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust.

3. PRINCIPAL PURPOSE

3.1 The principal purpose of the Trust is the provision of goods and services for the purposes of the health service in England.

3.2 The Trust does not fulfil its principal purpose unless, in each financial year, its total income from the provision of goods and services for the purposes of the health service in England is greater than its total income from the provision of goods and services for any other purposes.

3.3 The Trust may provide goods and services for any purposes related to:

3.3.1 the provision of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness, and

3.3.2 the promotion and protection of public health.

3.4 The Trust may also carry on activities other than those mentioned in the above paragraph for the purpose of making additional income available in order better to carry on its principal purpose.

4. POWERS

4.1 The powers of the Trust are set out in the 2006 Act, and amended by the Health and Social Care Act 2012.

4.2 All the powers of the Trust shall be exercised by the Board of Directors on behalf of the Trust.

4.3 Any of these powers may be delegated to a committee of directors or to an executive director.

4.4 Without prejudice to the generality of paragraph 4.1, the Trust may:

4.4.1 provide hospital and other accommodation for the purposes of any of its activities;

4.4.2 provide the services of medical, dental, midwifery and nursing staff, other health care professionals, other staff and volunteers;

4.4.3 provide such other facilities for the care of expectant and nursing mothers and young children as it considers appropriate;

4.4.4 provide such facilities for the prevention of illness, the care of persons suffering from illness and the aftercare of persons who have suffered from illness as it considers appropriate;

4.4.5 provide such other services as it considers are required for the diagnosis and treatment of illness and the care of those suffering from illness;

4.4.6 conduct, or assist by grants or otherwise any person to conduct, research into any matters relating to the causation, prevention, diagnosis or treatment of illness and into any such other matters connected with any service provided by the Trust as it considers appropriate and publish the results of such research;

4.4.7 educate and train its own staff and students and those from other organisations or educational establishments in any trade, profession or other occupation relevant or related to any part of the Trust's functions and collaborate with other organisations in the provision of such education and training;

4.4.8 in fulfilling its statutory duty to co-operate with another body, provide to that body, and receive from it, goods and services on

such terms as the Trust considers appropriate, including terms under which the goods or services are provided for are received free of charge;

4.4.9 provide goods and services outside England;

4.4.10 provide, or assist in providing, information, training and support to voluntary and community bodies within the area of the Trust or providing services within the area of the Trust;

4.4.11 raise charitable funds and, in so doing, appeal for any contributions, donation, grant or gift of money or property;

4.4.12 insure the property of the Trust against any foreseeable risk and take out other insurance policies to protect the Trust when required or enter into arrangements which have a similar effect;

4.4.13 insure the Governors, Directors, volunteer and any employee of the Trust against the cost of a defence to a criminal prosecution brought against them in their capacity as such or against personal liability incurred in respect of any act or omission which is, or is alleged to be, a breach of trust or a breach of duty, unless the Governor, Director, volunteer or employee concerned knew that, or was reckless whether, the act or omission was a breach of trust or a breach of duty or enter into arrangements which have a similar effect;

4.4.14 provide and participate in external quality assurance schemes; and

4.4.15 carry out investigations into any aspect of the activities of the Trust.

5. MEMBERSHIP AND CONSTITUENCIES

5.1 The Trust shall have Members, each of whom shall be a Member of one of the following constituencies:

5.1.1 a Public Constituency; or

5.1.2 a Staff Constituency.

5.2 An individual who is eligible to become a Member of the Trust may do so on application to the Trust.

6. PUBLIC CONSTITUENCY

6.1 The Public Constituency comprises three areas as set out in Annex 1. Each area of the Public Constituency is to be known by the name listed in Annex 1.

6.2 An individual who lives in an area specified in Annex 1 as an area for a public constituency may become or continue as a Member of the Trust provided that:

6.2.1 they have made an application for Membership to the Trust; and

6.2.2 they are not eligible to become a Member of the Staff Constituency; and

6.2.3 they are not otherwise disqualified from Membership under paragraph 4 or paragraph 2 of Annex 6.

6.3 Those individuals who live in an area specified for a Public Constituency are referred to collectively as the Public Constituency.

6.4 The minimum number of Members in each area for the Public Constituency is specified in Annex 1.

7. STAFF CONSTITUENCY

7.1 An individual who is employed by the Trust under a contract of employment with the Trust may become or continue as a Member of the Trust provided that:

7.1.1 they are employed by the Trust under a contract of employment which has no fixed term or has a fixed term of at least 12 months; or

7.1.2 they have been continuously employed by the Trust under a contract of employment for at least 12 months.

7.2 Those individuals who are eligible for Membership of the Trust by reason of paragraph 7.1 are referred to collectively as the Staff Constituency.

7.3 The Staff Constituency shall be divided into four classes of individuals who are eligible for Membership of the Staff Constituency, each class of individuals being specified within Annex 2 and being referred to as a class within the Staff Constituency.

7.4 The minimum number of Members in each class of the Staff Constituency is specified in Annex 2.

8. AUTOMATIC MEMBERSHIP BY DEFAULT AND BY APPLICATION – STAFF

8.1 An individual who:

8.1.1 is eligible to become a Member of the Staff Constituency pursuant to paragraph 7.1 above, and

8.1.2 invited by the Trust to become a Member of the Staff Constituency and a Member of the appropriate Staff Class within the Staff Constituency,

shall become a Member of the Trust as a Member of the Staff Constituency and appropriate Staff Class within the Staff Constituency without an application being made, unless s/he informs the Trust that s/he does not wish to do so.

8.2 The process by which an individual shall be invited or shall apply to become a Member of the Staff Constituency shall be in accordance with the provisions of Annex 6.

9. RESTRICTION ON MEMBERSHIP

9.1 An individual who is a Member of a constituency, or of a class within a constituency, may not while Membership of that constituency or class continues, be a Member of any other constituency or class.

9.2 An individual who satisfies the criteria for Membership of the Staff Constituency may not become or continue as a Member of any constituency other than the Staff Constituency.

9.3 An individual must be at least 16 years old at the date of his/her application or invitation (as the case may be) to become a Member of the Trust.

9.4 Further provisions as to the circumstances in which an individual may not become or continue as a Member of the Trust are set out in Annex 6.

10. ANNUAL MEMBERS' MEETING

10.1 The Trust shall hold an annual meeting of its members ('Annual Members' Meeting'). The Annual Members' Meeting shall be open to members of the public.

10.2 Further provisions about the Annual Members' Meeting are set out in Annex 7 – Annual Members' Meeting.

11. COUNCIL OF GOVERNORS - COMPOSITION

11.1 The Trust is to have a Council of Governors, which shall comprise both Elected and Appointed Governors and the Chair of the Trust.

11.2 The composition of the Council of Governors is specified in Annex 3.

11.3 The members of the Council of Governors, other than the appointed members, shall be chosen by election by their Constituency or, where there are classes within a constituency, by their class within that Constituency. The number of Governors to be elected by each Constituency, or, where appropriate, by each class of each Constituency, is specified in Annex 3.

12. COUNCIL OF GOVERNORS - ELECTION OF GOVERNORS

12.1 Elections for elected members of the Council of Governors shall be conducted in accordance with the Model Election Rules.

12.2 The Model Election Rules as may be varied from time to time, form part of this Constitution and are attached at Annex 4.

12.3 A subsequent variation of the Model Election Rules by the Department of Health & Social Care shall not constitute a variation of the terms of this Constitution for the purposes of paragraph 42 of the Constitution (amendment of the Constitution).

12.4 An election, if contested, shall be by secret ballot.

12.5 In the event that a vacancy is not filled by election, or a vacancy arises, the Council of Governors, by agreement at a meeting, may co-opt to that vacancy for an agreed period of time but the co-optee must be from the same constituency as the vacancy.

13. COUNCIL OF GOVERNORS - TENURE

13.1 An Elected Governor may hold office for a period of up to 3 years.

13.2 An Elected Governor shall cease to hold office if s/he ceases to be a Member of the Constituency or class by which s/he was elected.

13.3 An Elected Governor shall be eligible for re-election at the end of his/her term but no Elected Governor may hold office for more than nine years. An Elected Governor may not stand for election again on completion of the maximum nine years. An Elected Governor who does not complete the maximum nine-year term may stand for re-election but only for the remaining years to achieve nine years in total.

13.4 An Appointed Governor may hold office for a period of 3 years.

13.5 An Appointed Governor shall cease to hold office if the appointing organisation withdraws its sponsorship of him/her. Or if the appointed governor loses or has no opportunity to report into the appointing organisation.

13.6 An Appointed Governor shall be eligible for re-appointment at the end of his/her term but no Appointed Governor may hold office for more than nine years.

13.7 Service by a current or previous governor as at 26 October 2017 will count towards the maximum time period specified in paragraphs 13.3 and 13.6 above.

13.8 Governors in post on 26 October 2017 that have exceeded nine years' service may complete the remaining portion of their existing term but are not eligible for re-election or re-appointment.

14. COUNCIL OF GOVERNORS – DISQUALIFICATION AND REMOVAL

14.1 The following may not become or continue as a member of the Council of Governors:

14.1.1 a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged;

14.1.2 a person who has made a composition or arrangement with, or granted a trust deed for, his creditors and has not been discharged in respect of it;

14.1.3 a person who within the preceding five years has been convicted in the British Islands of any offence if a sentence of imprisonment

(whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him/her

14.1.4 A governor, who is the subject of a conduct/disciplinary investigation, will be suspended from governor duties pending the outcome of the investigation.

14.1.5 A governor, who makes a formal written complaint about another governor, non-executive director, director, member of staff, or volunteer, may be requested to stand down as a governor while the complaint is investigated, pending the outcome of the investigation.

14.2 Governors must be at least 16 years of age at the date they are nominated for election or appointment.

14.3 Further provisions as to the circumstances in which an individual may not become or continue as a member of the Council of Governors are set out in Annex 5.

14.4 Provisions for the removal of governors are set out in Annex 5 and the Standing Orders of the Council of Governors.

15. COUNCIL OF GOVERNORS – DUTIES OF GOVERNORS

15.1 The general duties of the Council of Governors are:

15.1.1 to hold the non-executive directors individually and collectively to account for the performance of the Board of Directors; and

15.1.2 to represent the interests of the members of the Trust as a whole and the interests of the public.

15.2 The Trust must take steps to secure that the governors are equipped with the skills and knowledge they require in their capacity as such.

15.3 Governors must take up the opportunities that the Trust offers to provide them with these skills and knowledge. Refusal to take up a reasonable request for training and development will be a breach of the Governor Code of Conduct.

15.4 As much of the Trust's business e.g. Board meetings and Committees, is carried out electronically, governors must have a working knowledge of commonly used IT platforms, and the equipment to access them.

16. COUNCIL OF GOVERNORS – MEETINGS OF GOVERNORS

16.1 The Chair of the Trust (i.e. the Chair of the Board of Directors, appointed in accordance with the provisions of paragraph 25 below) or, in his/her absence, the Deputy Chair (appointed in accordance with the provisions of paragraph 26 below), shall preside at meetings of the Council of Governors save that if the Chair and Deputy Chair are unable to preside whether for reasons of absence, conflict of interest or otherwise the Senior Independent Director or Lead Governor shall preside.

16.2 The Lead Governor shall be a Public Governor and shall be elected by a majority of the Council of Governors in a secret ballot for a term of up to 3 years. The provisions of paragraph 8 of Annex 5 shall also apply.

16.3 Meetings of the Council of Governors shall be open to members of the public save that members of the public may be excluded from a meeting on the grounds of the confidential nature of the business to be transacted, or for other special reasons stated in the resolution.

16.4 For the purposes of obtaining information about the Trust's performance of its functions or the directors' performance of their duties, and to be able to hold the non-executive directors to account for the performance of the Board, the Council of Governors may require one or more of the non-executive directors to attend a meeting.

16.5 *In extremis*, where the circumstances are beyond the Trust's control, meetings of members and the Council of Governors may be suspended until the circumstances that have caused the cessation of governors' meetings and activities have passed. The Chair is responsible for ceasing or re-starting governors' meetings.

16.6 There may be times and reasons why Council of Governors meetings are held "virtually online" and not in person. The Chair will decide these times in consultation with the Lead Governor

16.7 Members of the public or representatives of Council of Governors are not permitted to record proceedings in any manner unless with the express prior agreement of the Chair (or Deputy Chair). Where permission has been granted, the Chair (or Deputy Chair) retains the right to give directions to halt recording of proceedings at any point during the meeting. For the avoidance of doubt, "recording" refers to any audio or visual recording, including still photography, including use of social media.

17. COUNCIL OF GOVERNORS – STANDING ORDERS

17.1 The Council of Governors shall adopt its own standing orders, as may be varied from time to time, for its practice and procedure, in particular for its procedure at meetings.

18. COUNCIL OF GOVERNORS - CONFLICTS OF INTEREST OF GOVERNORS

18.1 Governors are required to declare any pecuniary, personal or family interest on nomination for election and on appointment as a governor.

18.2 In addition, governors should declare interests, whether that interest is actual or potential and whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be considered by the Council of Governors. The governor shall disclose that interest to the members of the Council of Governors as soon as s/he becomes aware of it.

18.3 The Standing Orders for the Council of Governors shall make provision for the disclosure of interests and arrangements for the exclusion of a Governor declaring any interest from any discussion or consideration of the matter in respect of which an interest has been disclosed. The Chair of the meeting decides on exclusion on the facts.

18.4 See also Annex 5, section 7 for declarations of interest.

19. COUNCIL OF GOVERNORS – TRAVEL EXPENSES

19.1 The Trust may pay travelling and other expenses to members of the Council of Governors at rates determined by the Trust.

20. COUNCIL OF GOVERNORS – FURTHER PROVISIONS

20.1 Further provisions with respect to the Council of Governors are set out in Annex 5.

21. BOARD OF DIRECTORS – COMPOSITION

21.1 The Trust is to have a Board of Directors, which shall comprise both Executive and Non-Executive Directors.

21.2 The Board of Directors should include an appropriate combination of executive and non-executive directors (and in particular, independent non-executive directors) such that no individual or small group of individuals can dominate the board's decision taking.

21.3 All directors should be able to exercise one full vote, with the chairperson having a second or casting vote on occasions where voting is tied.

21.4 The Board of Directors is to comprise:

21.4.1 a non-executive Chair

21.4.2 up to 6 other Non-Executive Directors (one of which may be nominated by the Board, and noted by the Council of Governors, as the Senior Independent Director); and

21.4.3 up to 6 Executive Directors.

21.5 One of the Executive Directors shall be the Chief Executive.

21.6 The Chief Executive shall be the Accounting Officer.

21.7 One of the Executive Directors shall be the Finance Director.

21.8 One of the Executive Directors is to be a registered medical practitioner or a registered dentist (within the meaning of the Dentists Act 1984).

21.9 One of the Executive Directors is to be a registered nurse or a registered midwife.

21.10 One of the Non-executive Directors is to be, or have been in the past, a registered medical practitioner, registered dentist, registered nurse, registered midwife, registered pharmacist or other healthcare professional registered with the Health and Care Professions Council.

22. BOARD OF DIRECTORS – GENERAL DUTY

22.1 The general duty of the Board of Directors and of each director individually, is to act with a view to promoting the success of the Trust so as to maximise the benefits for the members of the Trust as a whole and for the public.

23. BOARD OF DIRECTORS – QUALIFICATION FOR APPOINTMENT AS A NON-EXECUTIVE DIRECTOR

23.1 A person may be appointed as a Non-Executive Director only if:

23.1.1 s/he is a Member of the Public Constituency; and

23.1.2 s/he is not disqualified by virtue of paragraph 28 below.

24. BOARD OF DIRECTORS – APPOINTMENT AND REMOVAL OF CHAIR AND OTHER NON-EXECUTIVE DIRECTORS

24.1 The Chair and Non-Executive Directors are appointed for a term of up to three years. This may be extended by a further term of up to three years if the needs of the organisation so determine. The Chair and Non-Executive Directors may not usually serve for more than six years, unless it considers such an extension is in the best interests of the Trust.

24.2 The Council of Governors at a general meeting of the Council of Governors shall appoint or remove the Chair and the other Non-Executive Directors.

24.3 Removal of the Chair or another Non-Executive Director shall require the approval of three-quarters of the members of the Council of Governors attending the meeting.

24.4 The provisions of paragraph 9 of Annex 5 and paragraph 6 of Annex 6 shall also apply.

25. BOARD OF DIRECTORS – APPOINTMENT OF DEPUTY CHAIR

25.1 The Board of Directors shall appoint one of the Non-Executive Directors as a Deputy Chair. The Deputy Chair will also be Deputy Chair of the Council of Governors.

25.2 The Deputy Chair shall be appointed for a term of 3 years and shall be eligible for re-appointment at the end of that term but may not serve as Deputy Chair for more than a total of 6 years.

26. BOARD OF DIRECTORS - APPOINTMENT AND REMOVAL OF THE CHIEF EXECUTIVE AND OTHER EXECUTIVE DIRECTORS

26.1 The Non-Executive Directors shall appoint or remove the Chief Executive.

26.2 The appointment of the Chief Executive shall require the approval of the Council of Governors.

26.3 A committee consisting of the Chair, the Chief Executive and the other Non-Executive Directors shall appoint or remove the other Executive Directors.

27. BOARD OF DIRECTORS – DISQUALIFICATION

27.1 The following may not become or continue as a member of the Board of Directors:

27.1.1 a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged;

27.1.2 a person who has made a composition or arrangement with, or granted a trust deed for, his/her creditors and has not been discharged in respect of it;

27.1.3 a person who within the preceding five years has been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him/her;

27.1.4 a person who does not satisfy all of the 'fit and proper person' requirements set out in regulation 5(3) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; or

27.1.5 a person who falls within the further grounds for disqualification set out in Annex 6.

28. BOARD OF DIRECTORS – MEETINGS

28.1 Meetings of the Board of Directors are meetings held in public and shall, therefore, be open to members of the public as observers. Members of the public may be excluded from a meeting for special reasons. Members of the public may not participate in Board meetings.

28.2 Before holding a meeting, the Board of Directors must make available the agenda of the meeting to the Council of Governors. As soon as practicable after holding a meeting, the Board of Directors must make available the approved minutes of the meeting to the Council of Governors.

28.3 The Chair (or Deputy Chair) shall give such directions as s/he thinks fit in regard to the arrangements for meetings and accommodation of the public such as to ensure that business shall be conducted without interruption and disruption.

28.4 There may be times and reasons why the Board of Directors meetings are held "virtually online" and not in person. The Chair will decide these times in consultation with the Chief Executive Officer.

28.5 Members of the public or representatives of the press are not permitted to record proceedings in any manner unless with the express prior agreement of the Chair (or Deputy Chair). Where permission has been granted, the Chair (or Deputy Chair) retains the right to give directions to halt recording of proceedings at any point during the meeting. For the avoidance of doubt, "recording" refers to any audio or visual recording, including still photography, including use of social media.

29. BOARD OF DIRECTORS – STANDING ORDERS

29.1 The Board of Directors shall adopt its own standing orders, as may be varied from time to time, for its practice and procedure, in particular for its procedure at meetings.

30. BOARD OF DIRECTORS - CONFLICTS OF INTEREST OF DIRECTORS

30.1 The duties that a director of the Trust has by virtue of being a director include in particular:

30.1.1 A duty to avoid a situation in which the director has (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the Trust.

30.1.2 A duty not to accept a benefit from a third party by reason of being a director or doing (or not doing) anything in that capacity.

30.2 The duty referred to in sub-paragraph 30.1.1 is not infringed if:

30.2.1 The situation cannot reasonably be regarded as likely to give rise to a conflict of interest, or

30.2.2 The matter has been authorized in accordance with the constitution.

30.3 The duty referred to in sub-paragraph 30.1.2 is not infringed if acceptance of the benefit cannot reasonably be regarded as likely to give rise to a conflict of interest.

30.4 In sub-paragraph 30.1.2, "third party" means a person other than –

30.4.1 The Trust, or

30.4.2 A person acting on its behalf.

30.5 If a director of the Trust has in any way a direct or indirect interest in a proposed transaction or, arrangement with the Trust, the director must declare the nature and extent of that interest to the other directors.

30.6 If a declaration under this paragraph proves to be, or becomes, inaccurate or incomplete, a further declaration must be made.

30.7 Any declaration required by this paragraph must be made before the Trust enters into the transaction or arrangement.

30.8 This paragraph does not require a declaration of an interest of which the director is not aware or where the director is not aware of the transaction or arrangement in question.

30.9 A director need not declare an interest –

30.9.1 if it cannot reasonably be regarded as likely to give rise to a conflict of interest;

30.9.2 if, or to the extent that, the directors are already aware of it;

30.9.3 if, or to the extent that, it concerns terms of the director's appointment that have been or are to be considered –

(a) By a meeting of the Board of Directors, or

(b) By a committee of the directors appointed for the purpose under the constitution.

30.10 The Standing Orders for the Board of Directors shall make provision for the disclosure of interests and arrangements for the exclusion of a director declaring any interest from any discussion or consideration of the matter in respect of which an interest has been disclosed.

30.11 The Standing Orders for the Board of Directors shall make provision for the Board of Directors to determine whether a situation may reasonably be regarded as likely to give rise to a conflict of interest.

30.12 The Standing Orders for the Board of Directors shall make provision for the authorisation of a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the Trust.

30.13 Where a Non-executive Director has declared a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the Trust, the Board of Directors will disclose details of this to the Council of Governors following any action it takes in accordance with paragraphs 31.1 and 31.2. The Council of Governors may then take further action in accordance with its powers under this Constitution.

31. BOARD OF DIRECTORS – REMUNERATION AND TERMS OF OFFICE

31.1 The Council of Governors shall appoint members to form a Nomination & Remuneration Committee. This Committee shall agree the remuneration and allowances, and the other terms and conditions of office, of the Chair and the other Non-Executive Directors. The Committee will ask a general meeting of the Council of Governors to approve its recommendations. The provisions of paragraph 6 of Annex 6 shall also apply.

31.2 A committee of Non-Executive Directors shall be established to decide the remuneration and allowances, and the other terms and conditions of office, of the Chief Executive and other Executive Directors.

32. REGISTERS

32.1 The Trust shall have:

32.1.1 a register of Members showing, in respect of each Member, the constituency to which s/he belongs and, where there are classes within it, the class to which s/he belongs;

32.1.2 a register of members of the Council of Governors;

32.1.3 a register of interests of Governors;

32.1.4 a register of Directors; and

32.1.5 a register of interests of the Directors.

32.2 The process of admission to and removal from the registers shall be as set out in Annex 6.

33. REGISTERS – INSPECTION AND COPIES

33.1 The Trust shall make the registers specified in paragraph 32 above available for inspection by members of the public, except in the circumstances set out below or as otherwise prescribed by regulations.

33.2 The Trust shall not make any part of its registers available for inspection by members of the public which shows details of any member of the Trust, if the member so requests.

33.3 So far as the registers are required to be made available:

33.3.1 they are to be available for inspection online and free of charge at all reasonable times; and

33.3.2 a person who requests a copy of or extract from the registers is to be provided with a copy or extract.

33.4 If the person requesting a copy or extract is not a Member of the Trust, the Trust may impose a reasonable charge for doing so.

34. DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION

34.1 The Trust shall make the following documents available for inspection by members of the public free of charge on the website:

34.1.1 a copy of the current Constitution;

34.1.2 a copy of the latest annual accounts and of any report of the auditor on them;

34.1.3 a copy of the latest annual report and quality accounts;

34.1.4 a copy of the latest Care Quality Commissioning report.

34.2 The Trust shall also make the following documents relating to a special administration of the Trust available for inspection by members of the public free of charge on the website at all reasonable times:

34.2.1 a copy of any order made under section 65D (appointment of trust special administrator), 65J (power to extend time), 65KC (action following Secretary of State's rejection of final report), 65L (trusts coming out of administration) or 65LA (trusts to be dissolved) of the 2006 Act.

34.2.2 a copy of any report laid under section 65D (appointment of trust special administrator) of the 2006 Act.

34.2.3 a copy of any information published under section 65D (appointment of trust special administrator) of the 2006 Act.

34.2.4 a copy of any draft report published under section 65F (administrator's draft report) of the 2006 Act.

34.2.5 a copy of any statement provided under section 65F (administrator's draft report) of the 2006 Act.

34.2.6 a copy of any notice published under section 65F (administrator's draft report), 65G (consultation plan), 65H (consultation requirements), 65J (power to extend time), 65KA (Monitor's or successor body decision), 65KB (Secretary of State's response to Monitor's decision), 65KC (action following Secretary of State's rejection of final report) or 65KD (Secretary of State's response to re-submitted final report) of the 2006 Act.

34.2.7 a copy of any statement published or provided under section 65G (consultation plan) of the 2006 Act.

34.2.8 a copy of any final report published under section 65I (administrator's final report),

34.2.9 a copy of any statement published under section 65J (power to extend time) or 65KC (action following Secretary of State's rejection of final report) of the 2006 Act.

34.2.10 a copy of any information published under section 65M (replacement of trust special administrator) of the 2006 Act.

34.3 Any person who requests a copy of or extract from any of the above documents is to be provided with access to the extract or document online.

34.4 If the person requesting access to a copy or extract is not a Member of the Trust, the Trust may impose a reasonable charge for doing so.

35. AUDITOR

35.1 The Trust shall have an auditor.

35.2 The Council of Governors shall appoint or remove the auditor at a general meeting of the Council of Governors.

35.3 The provisions of paragraph 11 of Annex 6 shall apply.

36. AUDIT AND RISK COMMITTEE

36.1 The Trust shall establish a committee of Non-Executive Directors as an audit and risk committee to perform such monitoring, reviewing and other functions as are appropriate. The Council of Governors may appoint up to two governors as observers.

37. ACCOUNTS

37.1 The Trust must keep proper accounts and proper records in relation to the accounts.

37.2 NHS Improvement/England may with the approval of the Secretary of State give directions to the Trust as to the content and form of its accounts.

37.3 The accounts are to be audited by the Trust's auditor.

37.4 The Trust shall prepare in respect of each financial year annual accounts in such form as NHS Improvement/England may with the approval of the Secretary of State direct.

37.5 The functions of the Trust with respect to the preparation of the annual accounts as set out in paragraph 25 of Schedule 7 of the 2006 Act, shall be delegated to the Accounting Officer.

37.6 The provisions of paragraph 12 of Annex 6 shall apply.

38. ANNUAL REPORT, FORWARD PLANS AND NON-NHS WORK

38.1 The Trust shall prepare an Annual Report and send it to NHS Improvement/England.

38.2 The Trust shall give information as to its forward planning in respect of each financial year to NHS Improvement/England.

38.3 The document containing the information with respect to forward planning (referred to above) shall be prepared by the directors.

38.4 In preparing the document, the directors shall have regard to the views of the Council of Governors.

38.5 Each forward plan must include information about:

38.5.1 the activities other than the provision of goods and services for the purposes of the health service in England that the Trust proposes to carry on, and

38.5.2 the income it expects to receive from doing so.

38.6 Where a forward plan contains a proposal that the Trust carry on an activity of a kind mentioned in sub-paragraph 38.5.1 the Council of Governors must:

38.6.1 determine whether it is satisfied that the carrying on of the activity will not to any significant extent interfere with the fulfilment by the Trust of its principal purpose or the performance of its other functions, and

38.6.2 notify the directors of the Trust and its determination.

38.7 A trust which proposes to increase by 5% or more the proportion of its total income in any financial year attributable to activities other than the provision of goods and services for the purposes of health service in England may implement the proposal only if more than half of the members of the Council of Governors of the Trust voting approve its implementation.

39. PRESENTATION OF THE ANNUAL ACCOUNTS AND REPORTS TO THE GOVERNORS AND MEMBERS

39.1 The following documents are to be presented to the Council of Governors at a general meeting of the Council of Governors.

39.1.1 the annual accounts;

39.1.2 any report of the auditor on them; and

39.1.3 the annual report.

39.2 The documents shall also be presented to the members of the Trust at the Annual Members' Meeting by at least one member of the Board of Directors in attendance.

39.3 The Trust may combine a meeting of the Council of Governors convened for the purposes of sub-paragraph39.1 with the Annual Members' Meeting.

40. INSTRUMENTS

40.1 The Trust shall have a seal.

40.2 The seal shall not be affixed except under the authority of the Board of Directors.

41. AMENDMENT OF THE CONSTITUTION

41.1 The Trust may make amendments to its Constitution only if:

41.1.1 more than half of the members of the Council of Governors voting at a meeting approve the amendments; and

41.1.2 more than half of the members of the Board of Directors voting at a meeting approve the amendments.

41.2 The Constitution shall be formally reviewed by the Council of Governors and Board of Directors every 3 years.

41.3 Amendments made under paragraph 42.1 take effect as soon as the conditions in that paragraph are satisfied, but the amendment has no effect in so far as the Constitution would, as a result of the amendment, not accord with schedule 7 of the 2006 Act.

41.4 Where an amendment is made to the Constitution in relation to the powers or duties of the Council of Governors (or otherwise with respect to the role that the Council of Governors has as part of the Trust):

41.4.1 At least one member of the Council of Governors most likely the Lead Governor must attend the next Annual Members' Meeting and present the amendment, and

41.4.2 The Trust must give the members an opportunity to vote on whether they approve the amendment.

41.5 If more than half of the members present and voting approve the amendment, the amendment continues to have effect; otherwise, it ceases to have effect and the Trust must take such steps as are necessary as a result.

41.6 Amendments by the Trust of its Constitution are to be notified to NHS Improvement/England. For the avoidance of doubt, NHS Improvement/England's functions do not include a power or duty to determine whether or not the Constitution, as a result of the amendments, accords with Schedule 7 of the 2006 Act.

42. MERGERS ETC. AND SIGNIFICANT TRANSACTIONS

42.1 The Trust may only apply for a merger, acquisition, separation or dissolution with the approval of more than half of the members of the Council of Governors voting at a general meeting.

42.2 The Trust may enter into a significant transaction only if more than half of the members of the Council of Governors of the Trust voting approve entering into the transaction, voting at a general meeting.

42.3 For the purpose of paragraph 42.2, "significant transaction" means a transaction which meets any one of the following criteria:

42.3.1 where the gross assets subject to the transaction are greater than or equal to 25% of the gross assets of the Trust;

42.3.2 where the income attributable to the assets or the contract associated with the transaction is greater than or equal to 25% of the income of the Trust;

42.3.3 where the gross capital of the company or business being acquired or divested, or the effects on the total capital of the Trust resulting from a transaction, is greater than or equal to 25% of the total capital of the Trust following completion of the transaction.

ANNEX 1 – THE PUBLIC CONSTITUENCY

Table 1

1	2	3	4
Name of the Public Constituency	**Area of the Public Constituency (as defined by Local Authority boundaries)**	**Minimum Number of Members**	**Number of Governors to be Elected**
Bassetlaw	Bassetlaw District Council	300	5
Doncaster	Doncaster Metropolitan Borough Council	470	13
Rest of England & Wales	Any other electoral area in England and Wales with the exception of the above	50	2

ANNEX 2 – THE STAFF CONSTITUENCY

Table 1

Staff Class	Minimum Number of Members	Number of Governors to be elected
Medical and Dental Practitioners Staff Class	75	1
Nurses and Midwives Staff Class	450	2
Other Healthcare Professionals Staff Class	100	1
Non Clinical Staff Class	375	2
TOTAL	1000	6

1. CLASSES OF THE STAFF CONSTITUENCY

1.1 The Staff Constituency shall be divided into four classes as follows:

1.1.1 Medical and Dental Practitioners Staff Class;

1.1.2 Nurses and Midwives Staff Class;

1.1.3 Other Healthcare Professionals Staff Class; and

1.1.4 Non-Clinical Staff Class.

1.2 Medical and Dental Practitioners Staff Class

1.2.1 The Members of the Medical and Dental Staff Class are individuals who are Members of Staff Constituency who:

(a) are fully registered persons within the meaning of the Medicines Act 1956 or the Dentists Act 1984 (as the case may be) and who are otherwise fully authorised and licensed to practise in England and Wales or who are otherwise designated by the Trust from time to time as eligible to be Members of this Staff Class for the purposes of this paragraph having regard to the usual definitions applicable at that time for persons carrying on the professions of medical practitioner or dentist; and

(b) who are employed by the Trust in that capacity at the date of their invitation or application under paragraph 7 of the Constitution to become a Member in accordance with the

provisions of Annex 6 and at all times thereafter remain employed by the Trust in that capacity.

1.3 Nurses and Midwives Staff Class

1.3.1 The Members of the Nurses and Midwives Staff Class are individuals who:

(a) are registered under the Nurses, Midwifes and Health Visitors Act 1997 and who are otherwise fully authorised and licensed to practise in England and Wales or are otherwise designated by the Trust from time to time as eligible to be Members of the Staff Class for the purposes of this paragraph, having regard to the usual definitions applicable at that time for persons carrying on the profession of registered nurse or registered midwife and individuals who are health care assistants; and

(b) who are employed by the Trust in that capacity at the date of their invitation or application under paragraph 7 of the Constitution to become a Member in accordance with the provisions of Annex 6 and at all times thereafter remain employed by the Trust in that capacity.

1.4 Other Healthcare Professionals Staff Class

Members of the Other Healthcare Professionals Staff Class are clinical staff who do not fall within paragraphs 1.2 or 1.3 of this Annex 2, including clinical therapists, scientists and technical staff, who are employed by the Trust in that capacity at the date of their invitation or application under paragraph 7 of the Constitution to become a Member in accordance with the provisions of Annex 6 and at all times thereafter remain employed by the Trust in that capacity.

1.5 Non-Clinical Staff Class

Members of the Non Clinical Staff Class are Members of the Staff Constituency who do not come within paragraphs 1.2, 1.3 or 1.4 of this Annex 2.

2. MINIMUM NUMBERS AND NUMBERS OF GOVERNORS

2.1 The minimum number of Members in each Staff Class and the number of Governors to be elected by each such Staff Class are given in Table 1.

3. CONTINUOUS EMPLOYMENT

3.1 For the purposes of paragraph 7.1.2 of the Constitution, Chapter 1 of Part 14 of the Employment Rights Act 1996 shall apply for the purposes of determining whether an individual has been continuously employed by the Trust or has continuously exercised functions for the purposes of the Trust.

ANNEX 3 – COMPOSITION OF COUNCIL OF GOVERNORS

1. INTRODUCTION

1.1 The Council of Governors shall comprise:

1.1.1 The Chair of the Trust

1.1.2 Governors who are:

(a) elected by the respective Constituencies in accordance with the provisions of this Constitution; or

(b) appointed in accordance with paragraph 2 below.

1.2 The Council of Governors shall at all times be constituted so that more than half the Council of Governors shall consist of Governors who are elected by Members of the Public Constituency.

2. BODIES ENTITLED TO APPOINT A MEMBER TO THE COUNCIL OF GOVERNORS

2.1 The following bodies in this paragraph 2 shall be entitled to appoint a Governor or Governors (as the case may be) to the Council of Governors as provided for in this paragraph 2.

2.2 Clinical Commissioning Group Governors

2.2.1 Bassetlaw Clinical Commissioning Group and Doncaster Clinical Commissioning Group shall each be entitled to appoint a Governor in accordance with a process of appointment agreed by each of them with the Trust. The absence of any such agreed process shall not preclude the said Clinical Commissioning Group from appointing its Governors provided the appointment is duly made in accordance with the Clinical Commissioning Group 's own internal processes.

2.2.2 If a Clinical Commissioning Group named in paragraphs 2.2.1 above declines or fails to appoint its Governors within three months of being requested to do so by the Trust, the Trust shall in its absolute discretion be entitled to extend an invitation to any of those other Clinical Commissioning Groups to whom it provides goods and services to appoint Governors in substitution for the Clinical Commissioning Group which has failed or declined to do so. The Trust shall give notice of that invitation to NHS Improvement/England.

2.2.3 If the invitation referred to in paragraph 2.2.2 above is accepted by a Clinical Commissioning Group, that Clinical Commissioning Group shall appoint a Governor and the Clinical Commissioning Group which has previously failed to appoint a Governor shall cease to be entitled to do so, subject to the provisions of paragraph 2.2.7 below.

2.2.4 Subject to paragraph 2.2.6 below, if the invitation is not accepted within a reasonable period or such period as may have been specified in the invitation the Trust shall extend an invitation to any other such Clinical Commissioning Group until the invitation, is accepted and a Governor is appointed.

2.2.5 The Trust shall give notice forthwith to NHS Improvement/England of all invitations the Trust may extend under the preceding paragraph and of any acceptances.

2.2.6 Any Governor appointed under paragraphs 2.2.3 and 2.2.4 above shall serve on the Council of Governors for the period stipulated in Annex 5. At the end of that period the Trust shall in its absolute discretion decide whether to permit that Clinical Commissioning Group which had first failed or declined to appoint a Governor to do so for the next period of office or to invite that Clinical Commissioning Group which had appointed a Governor in substitution to do so.

2.3 Local Authority Governors

2.3.1 Doncaster Metropolitan Borough Council shall be entitled to appoint one Governor in accordance with a process of appointment agreed by it with the Trust.

2.3.2 Bassetlaw District Council and Nottinghamshire County Council shall each be entitled to appoint one Governor in accordance with a process of appointment agreed by each of them with the Trust.

2.3.3 The absence of any agreed process of appointment as referred to in paragraphs 2.3.1 and 2.3.2 above shall not preclude the said local authority from appointing its Governor(s).

2.3.4 If the local authority named in paragraphs 2.3.1 or 2.3.2 above declines or fails to appoint a Governor within three months of being requested to do so by the Trust, the Trust shall consult each local authority whose area includes the whole or part of the area of the Trust and the Trust in its absolute discretion may extend an invitation to any of those local authorities to appoint a Governor in substitution for the local authority which has failed or declined to do so.

2.3.5 A Governor appointed under this paragraph 2.3 shall then serve on the Council of Governors for the period stipulated in Annex 5. At the end of that period the Trust shall in its absolute discretion decide whether to permit the local authority which had failed or declined to appoint a Governor to appoint a Governor for the next period of office (provided it remains eligible to do so) or to invite the local authority which had appointed a Governor in substitution to do so.

2.4 Partner Governors

2.4.1 In addition to the organisation listed in 2.2 and 2.3, other organisations designated as Partner Organisations by the Trust for the purposes of this Constitution are:

(a) Bassetlaw Council for Voluntary Service;

(b) University of Sheffield;

(c) Sheffield Hallam University;

(d) Doncaster College;

(e) Doncaster Deaf Trust;

3. COMPOSITION OF THE COUNCIL OF GOVERNORS

	Electing / Appointing Body	Number of Governors	Total
1.	**Public Constituencies**		**20**
	1.1 Bassetlaw District	5	
	1.2 Metropolitan Doncaster	13	
	1.3 Rest of England and Wales	2	
2.	**Staff Constituency**		**6**
	2.1 Medical and Dental Practitioners Staff Class	1	
	2.2 Nurses and Midwives Staff Class	2	
	2.3 Other Healthcare Professionals Staff Class	1	
	2.4 Non-Clinical Staff Class	2	
3.	**Appointed Governors**		**10**
	3.1 Doncaster Clinical Commissioning Group	1	
	3.2 Bassetlaw Clinical Commissioning Group	1	
	3.3 Doncaster Metropolitan Borough Council	1	
	3.4 Bassetlaw District Council	1	
	3.5 Nottinghamshire County Council	1	
	3.6 University of Sheffield	1	
	3.7 Sheffield Hallam University	1	
	3.8 Bassetlaw Council for Voluntary Service	1	
	3.9 Doncaster College	1	
	3.10 Doncaster Deaf Trust	1	
	Total Number of Governors		**36**

4. FURTHER PROVISIONS

4.1 Further provisions relating to the composition of the Council of Governors are at Annex 6.

ANNEX 4 – THE MODEL ELECTION RULES

The poll

Procedure for receipt of envelopes, internet votes, telephone vote and text message votes

PART 6: COUNTING THE VOTES

PART 7: FINAL PROCEEDINGS IN CONTESTED AND UNCONTESTED ELECTIONS

PART 8: DISPOSAL OF DOCUMENTS

PART 9: DEATH OF A CANDIDATE DURING A CONTESTED ELECTION

PART 10: ELECTION EXPENSES AND PUBLICITY

Expenses

Publicity

PART 11: QUESTIONING ELECTIONS AND IRREGULARITIES

PART 12: MISCELLANEOUS

PART 1: INTERPRETATION

1. Interpretation

1.1 In these rules, unless the context otherwise requires:

"*2006 Act*" means the National Health Service Act 2006;

"*corporation*" means the public benefit corporation subject to this Constitution;

"*Council of Governors*" means the Council of Governors of the corporation;

"*declaration of identity*" has the meaning set out in rule 21.1;

"*election*" means an election by a constituency, or by a class within a constituency, to fill a vacancy among one or more posts on the Council of Governors;

"*e-voting*" means voting using either the internet, telephone or text message;

"*e-voting information*" has the meaning set out in rule 24.2;

"*ID declaration form*" has the meaning set out in Rule 21.1; "internet voting record" has the meaning set out in rule 26.4(d);

"*internet voting system*" means such computer hardware and software, data other equipment and services as may be provided by the returning officer for the purpose of enabling voters to cast their votes using the internet;

"*lead governor*" means the governor elected by the Council of Governors to fulfil the role described in Appendix B to The NHS Foundation Trust Code of Governance (Monitor, December 2013) or any later version of such code.

"*list of eligible voters*" means the list referred to in rule 22.1, containing the information in rule 22.2;

"*method of polling*" means a method of casting a vote in a poll, which may be by post, internet, text message or telephone;

"*Monitor*" means the corporate body known as Monitor as provided by section 61 of the 2012 Act (since 2016 known as NHS Improvement/England);

"*numerical voting code*" has the meaning set out in rule 64.2(b)

"*polling website*" has the meaning set out in rule 26.1;

"*postal voting information*" has the meaning set out in rule 24.1;

"*telephone short code"* means a short telephone number used for the purposes of submitting a vote by text message;

"*telephone voting facility*" has the meaning set out in rule 26.2;

"*telephone voting record*" has the meaning set out in rule 26.5 (d);

"*text message voting facility*" has the meaning set out in rule 26.3;

"*text voting record*" has the meaning set out in rule 26.6 (d);

"*the telephone voting system*" means such telephone voting facility as may be provided by the returning officer for the purpose of enabling voters to cast their votes by telephone;

"*the text message voting system*" means such text messaging voting facility as may

be provided by the returning officer for the purpose of enabling voters to cast their votes by text message;

"*voter ID number*" means a unique, randomly generated numeric identifier allocated to each voter by the Returning Officer for the purpose of e-voting,

"*voting information*" means postal voting information and/or e-voting information

1.2 Other expressions used in these rules and in Schedule 7 to the NHS Act 2006 have the same meaning in these rules as in that Schedule.

PART 2: TIMETABLE FOR ELECTION

2. Timetable

2.1 The proceedings at an election shall be conducted in accordance with the following timetable:

Proceeding	**Time**
Publication of notice of election	Not later than the fortieth day before the day of the close of the poll.
Final day for delivery of nomination forms to returning officer	Not later than the twenty eighth day before the day of the close of the poll.
Publication of statement of nominated candidates	Not later than the twenty seventh day before the day of the close of the poll.
Final day for delivery of notices of withdrawals by candidates from election	Not later than twenty fifth day before the day of the close of the poll.
Notice of the poll	Not later than the fifteenth day before the day of the close of the poll.
Close of the poll	By 5.00pm on the final day of the election.

3. Computation of time

3.1 In computing any period of time for the purposes of the timetable:

(a) a Saturday or Sunday;
(b) Christmas day, Good Friday, or a bank holiday, or
(c) a day appointed for public thanksgiving or mourning,

shall be disregarded, and any such day shall not be treated as a day for the purpose of any proceedings up to the completion of the poll, nor shall the returning officer be obliged to proceed with the counting of votes on such a day.

3.2 In this rule, "bank holiday" means a day which is a bank holiday under the Banking and Financial Dealings Act 1971 in England and Wales.

PART 3: RETURNING OFFICER

4. Returning Officer

4.1 Subject to rule 69, the returning officer for an election is to be appointed by the corporation.

4.2 Where two or more elections are to be held concurrently, the same returning officer may be appointed for all those elections.

5. Staff

5.1 Subject to rule 69, the returning officer may appoint and pay such staff, including such technical advisers, as he or she considers necessary for the purposes of the election.

6. Expenditure

6.1 The corporation is to pay the returning officer:

(a) any expenses incurred by that officer in the exercise of his or her functions under these rules,
(b) such remuneration and other expenses as the corporation may determine.

7. Duty of co-operation

7.1 The corporation is to co-operate with the returning officer in the exercise of his or her functions under these rules.

PART 4: STAGES COMMON TO CONTESTED AND UNCONTESTED ELECTIONS

8. Notice of election

8.1 The returning officer is to publish a notice of the election stating:

(a) the constituency, or class within a constituency, for which the election is being held,

(b) the number of members of the Council of Governors to be elected from that constituency, or class within that constituency,

(c) the details of any nomination committee that has been established by the corporation,

(d) the address and times at which nomination forms may be obtained;

(e) the address for return of nomination forms (including, where the return of nomination forms in an electronic format will be permitted, the e-mail address for such return) and the date and time by which they must be received by the returning officer,

(f) the date and time by which any notice of withdrawal must be received by the returning officer

(g) the contact details of the returning officer

(h) the date and time of the close of the poll in the event of a contest.

9. Nomination of candidates

9.1 Subject to rule 9.2, each candidate must nominate themselves on a single nomination form.

9.2 The returning officer:

(a) is to supply any member of the corporation with a nomination form, and
(b) is to prepare a nomination form for signature at the request of any member of the corporation,

but it is not necessary for a nomination to be on a form supplied by the returning officer and a nomination can, subject to rule 13, be in an electronic format.

10. Candidate's particulars

10.1 The nomination form must state the candidate's:

(a) full name,
(b) contact address in full (which should be a postal address although an e-mail address may also be provided for the purposes of electronic communication), and
(c) constituency, or class within a constituency, of which the candidate is a member.

11. Declaration of interests

11.1 The nomination form must state:

(a) any financial interest that the candidate has in the corporation, and
(b) whether the candidate is a member of a political party or pressure group, and if so, which party or pressure group, and if the candidate has no such interests, the paper must include a statement to that effect.

The Trust has guidance available on the types of interest to be declared at nomination.

12. Declaration of eligibility

12.1 The nomination form must include a declaration made by the candidate:

(a) that s/he or she is not prevented from being a member of the Council of Governors by paragraph 8 of Schedule 7 of the 2006 Act or by any provision of the Constitution; and,
(b) for a member of the public constituency, of the particulars of his or her qualification to vote as a member of that constituency, or class within that constituency, for which the election is being held.

13. Signature of candidate

13.1 The nomination form must be signed and dated by the candidate, in a manner prescribed by the returning officer, indicating that:

(a) they wish to stand as a candidate,
(b) their declaration of interests as required under rule 11, is true and correct, and
(c) their declaration of eligibility, as required under rule 12, is true and correct.

13.2 Where the return of nomination forms in an electronic format is permitted, the returning officer shall specify the particular signature formalities (if any) that will need to be complied with by the candidate.

14. Decisions as to the validity of nomination

14.1 Where a nomination form is received by the returning officer in accordance with these rules, the candidate is deemed to stand for election unless and until the returning officer:

(a) decides that the candidate is not eligible to stand,
(b) decides that the nomination form is invalid,
(c) receives satisfactory proof that the candidate has died, or
(d) receives a written request by the candidate of their withdrawal from candidacy.

14.2 The returning officer is entitled to decide that a nomination form is invalid only on one of the following grounds:

(a) that the paper is not received on or before the final time and date for return of nomination forms, as specified in the notice of the election,
(b) that the paper does not contain the candidate's particulars, as required by rule 10;
(c) that the paper does not contain a declaration of the interests of the candidate, as required by rule 11,
(d) that the paper does not include a declaration of eligibility as required by rule 12, or
(e) that the paper is not signed and dated by the candidate, if required by rule 13.

14.3 The returning officer is to examine each nomination form as soon as is practicable after he or she has received it, and decide whether the candidate has been validly nominated.

14.4 Where the returning officer decides that a nomination is invalid, the returning officer must endorse this on the nomination form, stating the reasons for their decision.

14.5 The returning officer is to send notice of the decision as to whether a nomination is valid or invalid to the candidate at the contact address given in the candidate's nomination form. If an e-mail address has been given in the candidate's nomination form (in addition to the candidate's postal address), the returning officer may send notice of the decision to that address.

15. Publication of statement of candidates

15.1 The returning officer is to prepare and publish a statement showing the candidates who are standing for election.

15.2 The statement must show:

(a) the name, contact address (which shall be the candidate's postal address), and constituency or class within a constituency of each candidate standing, and
(b) the declared interests of each candidate standing,

as given in their nomination form.

15.3 The statement must list the candidates standing for election in alphabetical order by surname.

15.4 The returning officer must send a copy of the statement of candidates and copies of the nomination forms to the corporation as soon as is practicable after publishing the statement.

16. Inspection of statement of nominated candidates and nomination forms

16.1 The corporation is to make the statement of the candidates and the nomination forms supplied by the returning officer under rule 15.4 available for inspection by members of the corporation free of charge at all reasonable times.

16.2 If a member of the corporation requests a copy or extract of the statement of candidates or their nomination forms, the corporation is to provide that member with the copy or extract free of charge.

17. Withdrawal of candidates

17.1 A candidate may withdraw from election on or before the date and time for withdrawal by candidates, by providing to the returning officer a written notice of withdrawal which is signed by the candidate and attested by a witness.

18. Method of election

18.1 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is greater than the number of members to be elected to the Council of Governors, a poll is to be taken in accordance with Parts 5 and 6 of these rules.

18.2 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is equal to the number of members to be elected to the Council of Governors, those candidates are to be declared elected in accordance with Part 7 of these rules.

18.3 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is less than the number of members to be elected to be Council of Governors, then:

(a) the candidates who remain validly nominated are to be declared elected in accordance with Part 7 of these rules, and

(b) the returning officer may order a new election to fill any vacancy which remains unfilled, on a day appointed by him/her in consultation with the corporation unless the Council of Governors at a meeting agrees to co-option.

PART 5: CONTESTED ELECTIONS

19. Poll to be taken by ballot

19.1 The votes at the poll must be given by secret ballot.

19.2 The votes are to be counted and the result of the poll determined in accordance with Part 6 of these rules.

19.3 The corporation may decide that voters within a constituency or class within a constituency, may, subject to rule 19.4, cast their votes at the poll using such different methods of polling in any combination as the corporation may determine.

19.4 The corporation may decide that voters within a constituency or class within a constituency for whom an e-mail address is included in the list of eligible voters may only cast their votes at the poll using an e-voting method of polling.

19.5 Before the corporation decides, in accordance with rule 19.3 that one or more e-voting methods of polling will be made available for the purposes of the poll, the corporation must satisfy itself that:

(a) if internet voting is to be a method of polling, the internet voting system to be used for the purpose of the election is:

(i) configured in accordance with these rules; and
(ii) will create an accurate internet voting record in respect of any voter who casts his or her vote using the internet voting system;

(b) if telephone voting to be a method of polling, the telephone voting system to be used for the purpose of the election is:

(i) configured in accordance with these rules; and
(ii) will create an accurate telephone voting record in respect of any voter who casts his or her vote using the telephone voting system;

(c) if text message voting is to be a method of polling, the text message voting system to be used for the purpose of the election is:

(i) configured in accordance with these rules; and
(ii) will create an accurate text voting record in respect of any voter who casts his or her vote using the text message voting system.

20. The ballot paper

20.1 The ballot of each voter (including a voter who casts his or her ballot by an e-voting

method of polling) is to consist of a ballot paper with the persons remaining validly nominated for an election after any withdrawals under these rules, and no others, inserted in the paper.

20.2 Every ballot paper must specify:

(a) the name of the corporation,
(b) the constituency, or class within a constituency, for which the election is being held,
(c) the number of members of the Council of Governors to be elected from that constituency, or class within that constituency,
(d) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,
(e) instructions on how to vote by all available methods of polling, including the relevant voter's voter ID number if one or more e-voting methods of polling are available,
(f) if the ballot paper is to be returned by post, the address for its return and the date and time of the close of the poll, and
(g) the contact details of the returning officer.

20.3 Each ballot paper must have a unique identifier.

20.4 Each ballot paper must have features incorporated into it to prevent it from being reproduced.

21. The declaration of identity (public constituency)

21.1 The corporation shall require each voter who participates in an election for a public constituency to make a declaration confirming:

(a) that the voter is the person:
(i) to whom the ballot paper was addressed, and/or

(ii) to whom the voter ID number contained within the e-voting information was allocated,

(b) that he or she has not marked or returned any other voting information in the election, and

(c) the particulars of his or her qualification to vote as a member of the constituency or class within the constituency for which the election is being held,

("declaration of identity")

and the corporation shall make such arrangements as it considers appropriate to facilitate the making and the return of a declaration of identity by each voter, whether by the completion of a paper form ("ID declaration form") or the use of an electronic method.

21.2 The voter must be required to return his or her declaration of identity with his or her ballot.

21.3 The voting information shall caution the voter that if the declaration of identity is not duly returned or is returned without having been made correctly, any vote cast by the voter may be declared invalid.

Action to be taken before the poll

22. List of eligible voters

22.1 The corporation is to provide the returning officer with a list of the members of the constituency or class within a constituency for which the election is being held who are eligible to vote by virtue of rule 27 as soon as is reasonably practicable after the final date for the delivery of notices of withdrawals by candidates from an election.

22.2 The list is to include, for each member:

(a) a postal address; and,

(b) the member's e-mail address, if this has been provided

to which his or her voting information may, subject to rule 22.3, be sent.

22.3 The corporation may decide that the e-voting information is to be sent only by e-mail to those members in the list of eligible voters for whom an e-mail address is included in that list.

23. Notice of poll

23.1 The returning officer is to publish a notice of the poll stating:

(a) the name of the corporation,
(b) the constituency, or class within a constituency, for which the election is being held,
(c) the number of members of the Council of Governors to be elected from that constituency, or class with that constituency,
(d) the names, contact addresses, and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,
(e) that the ballot papers for the election are to be issued and returned, if appropriate, by post,
(f) the methods of polling by which votes may be cast at the election by voters in a constituency or class within a constituency, as determined by the corporation in accordance with rule 19.3,
(g) the address for return of the ballot papers,
(h) the uniform resource locator (url) where, if internet voting is a method of polling, the polling website is located;
(i) the telephone number where, if telephone voting is a method of polling, the telephone voting facility is located,
(j) the telephone number or telephone short code where, if text message voting is a method of polling, the text message voting facility is located,
(k) the date and time of the close of the poll,

(l) the address and final dates for applications for replacement voting information, and
(m) the contact details of the returning officer.

24. Issue of voting information by returning officer

24.1 Subject to rules 24.3 and 24.4, as soon as is reasonably practicable on or after the publication of the notice of the poll, the returning officer is to send the following information by e-mail and/ or by post to each member of the corporation named in the list of eligible voters whom the corporation determines in accordance with rule 19.3 and/ or rule 19.4 may cast his or her vote by an e-voting method of polling:

(a) instructions on how to vote and how to make a declaration of identity (if required),
(b) the voter's voter ID number,
(c) information about each candidate standing for election, pursuant to rule 64 of these rules, or details of where this information is readily available on the internet or available in such other formats as the Returning Officer thinks appropriate, (d) contact details of the returning officer,

("e-voting information").

24.2 Subject to rule 24.3, as soon as is reasonably practicable on or after the publication of the notice of the poll, the returning officer is to send the following information by post to each member of the corporation named in the list of eligible voters:

(a) a ballot paper and ballot paper envelope,
(b) the ID declaration form (if required),
(c) information about each candidate standing for election, pursuant to rule 61 of these rules, and
(d) a covering envelope;

("postal voting information").

24.3 The corporation may determine that any member of the corporation shall:

(a) only be sent e-voting information; or
(b) only be sent postal voting information; or
(c) be sent both postal voting information (only if no e-mail) and e-voting information;

for the purposes of the poll.

24.4 If the corporation determines, in accordance with rule 22.3, that the e-voting information is to be sent only by e-mail to those members in the list of eligible voters for whom an e-mail address is included in that list, then the returning officer shall only send that information by e-mail.

24.5 The voting information is to be sent to the postal address and/ or e-mail address for each member, as specified in the list of eligible voters.

25. Ballot paper envelope and covering envelope

25.1 The ballot paper envelope must have clear instructions to the voter printed on it, instructing the voter to seal the ballot paper inside the envelope once the ballot paper has been marked.

25.2 The covering envelope is to have:

(a) the address for return of the ballot paper printed on it, and
(b) pre-paid postage for return to that address.

25.3 There should be clear instructions, either printed on the covering envelope or elsewhere, instructing the voter to seal the following documents inside the covering envelope and return it to the returning officer –
(a) the completed ID declaration form if required, and
(b) the ballot paper envelope, with the ballot paper sealed inside it.

26. E-voting systems

26.1 If internet voting is a method of polling for the relevant election then the returning officer must provide a website for the purpose of voting over the internet (in these rules referred to as "the polling website").

26.2 If telephone voting is a method of polling for the relevant election then the returning officer must provide an automated telephone system for the purpose of voting by the use of a touch-tone telephone (in these rules referred to as “the telephone voting facility”).

26.3 If text message voting is a method of polling for the relevant election then the returning officer must provide an automated text messaging system for the purpose of voting by text message (in these rules referred to as “the text message voting facility”).

26.4 The returning officer shall ensure that the polling website and internet voting system provided will:

(a) require a voter to:
  (i) enter his or her voter ID number; and
  (ii) where the election is for a public constituency, make a declaration of identity;
  in order to be able to cast his or her vote;

(b) specify:
  (i) the name of the corporation,
  (ii) the constituency, or class within a constituency, for which the election is being held,
  (iii) the number of members of the Council of Governors to be elected from that constituency, or class within that constituency,
  (iv) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,

(v) instructions on how to vote and how to make a declaration of identity,
(vi) the date and time of the close of the poll, and
(vii) the contact details of the returning officer;

(c) prevent a voter from voting for more candidates than he or she is entitled to at the election;

(d) create a record ("internet voting record") that is stored in the internet voting system in respect of each vote cast by a voter using the internet that comprises of-
(i) the voter's voter ID number;
(ii) the voter's declaration of identity (where required);
(iii) the candidate or candidates for whom the voter has voted; and
(iv) the date and time of the voter's vote,

(e) if the voter's vote has been duly cast and recorded, provide the voter with confirmation of this; and

(f) prevent any voter from voting after the close of poll.

26.5 The returning officer shall ensure that the telephone voting facility and telephone voting system provided will:

(a) require a voter to
(i) enter his or her voter ID number in order to be able to cast his or her vote; and
(ii) where the election is for a public constituency, make a declaration of identity;

(b) specify:
(i) the name of the corporation,
(ii) the constituency, or class within a constituency, for which the election is being held,
(iii) the number of members of the Council of Governors to be elected from that constituency, or class within that constituency,
(iv) instructions on how to vote and how to make a declaration of identity,
(v) the date and time of the close of the poll, and
(vi) the contact details of the returning officer;

(c) prevent a voter from voting for more candidates than he or she is entitled to at the election;

(d) create a record ("telephone voting record") that is stored in the telephone voting system in respect of each vote cast by a voter using the telephone that comprises of:
(i) the voter's voter ID number;
(ii) the voter's declaration of identity (where required);
(iii) the candidate or candidates for whom the voter has voted; and
(iv) the date and time of the voter's vote

(e) if the voter's vote has been duly cast and recorded, provide the voter with confirmation of this;

(f) prevent any voter from voting after the close of poll.

26.6 The returning officer shall ensure that the text message voting facility and text messaging voting system provided will:

(a) require a voter to:
  (i) provide his or her voter ID number; and
  (ii) where the election is for a public constituency, make a declaration of identity;

  in order to be able to cast his or her vote;

(b) prevent a voter from voting for more candidates than he or she is entitled to at the election;

(c) create a record ("text voting record") that is stored in the text messaging voting system in respect of each vote cast by a voter by text message that comprises of:
  (i) the voter's voter ID number;
  (ii) the voter's declaration of identity (where required);
  (ii) the candidate or candidates for whom the voter has voted; and
  (iii) the date and time of the voter's vote

(d) if the voter's vote has been duly cast and recorded, provide the voter with confirmation of this;

(e) prevent any voter from voting after the close of poll.

The poll

27. Eligibility to vote

27.1 An individual who becomes a member of the corporation on or before the closing date for the receipt of nominations by candidates for the election, is eligible to vote in that election.

28. Voting by persons who require assistance

28.1 The returning officer is to put in place arrangements to enable requests for assistance to vote to be made.

28.2 Where the returning officer receives a request from a voter who requires assistance to vote, the returning officer is to make such arrangements as he or she considers necessary to enable that voter to vote.

29. Spoilt ballot papers and spoilt text message votes

29.1 If a voter has dealt with his or her ballot paper in such a manner that it cannot be

accepted as a ballot paper (referred to as a "spoilt ballot paper"), that voter may apply to the returning officer for a replacement ballot paper.

29.2 On receiving an application, the returning officer is to obtain the details of the unique identifier on the spoilt ballot paper, if he or she can obtain it.

29.3 The returning officer may not issue a replacement ballot paper for a spoilt ballot paper unless he or she:

(a) is satisfied as to the voter's identity; and

(b) has ensured that the completed ID declaration form, if required, has not been returned.

29.4 After issuing a replacement ballot paper for a spoilt ballot paper, the returning officer shall enter on a list ("the list of spoilt ballot papers"):

(a) the name of the voter, and

(b) the details of the unique identifier of the spoilt ballot paper (if that officer was able to obtain it), and

(c) the details of the unique identifier of the replacement ballot paper.

29.5 If a voter has dealt with his or her text message vote in such a manner that it cannot be accepted as a vote (referred to as a "spoilt text message vote"), that voter may apply to the returning officer for a replacement voter ID number.

29.6 On receiving an application, the returning officer is to obtain the details of the voter ID number on the spoilt text message vote, if he or she can obtain it.

29.7 The returning officer may not issue a replacement voter ID number in respect of a spoilt text message vote unless he or she is satisfied as to the voter's identity.

29.8 After issuing a replacement voter ID number in respect of a spoilt text message vote, the returning officer shall enter on a list ("the list of spoilt text message votes"):

(a) the name of the voter, and

(b) the details of the voter ID number on the spoilt text message vote (if that officer was able to obtain it), and

(d) the details of the replacement voter ID number issued to the voter.

30. Lost voting information

30.1 Where a voter has not received his or her voting information by the tenth day before the close of the poll, that voter may apply to the returning officer for replacement voting information.

30.2 The returning officer may not issue replacement voting information in respect of lost voting information unless he or she:

(a) is satisfied as to the voter's identity,
(b) has no reason to doubt that the voter did not receive the original voting information,
(c) has ensured that no declaration of identity, if required, has been returned.

30.3 After issuing replacement voting information in respect of lost voting information, the returning officer shall enter on a list ("the list of lost ballot documents"):

(a) the name of the voter
(b) the details of the unique identifier of the replacement ballot paper, if applicable, and
(c) the voter ID number of the voter.

31. Issue of replacement voting information

31.1 If a person applies for replacement voting information under rule 29 or 30 and a declaration of identity has already been received by the returning officer in the name of that voter, the returning officer may not issue replacement voting information unless, in addition to the requirements imposed by rule 29.3 or 30.2, he or she is also satisfied that that person has not already voted in the election, notwithstanding the fact that a declaration of identity if required has already been received by the returning officer in the name of that voter.

31.2 After issuing replacement voting information under this rule, the returning officer shall enter on a list ("the list of tendered voting information"):

(a) the name of the voter,
(b) the unique identifier of any replacement ballot paper issued under this rule;
(c) the voter ID number of the voter.

32. ID declaration form for replacement ballot papers (public constituency)

32.1 In respect of an election for a public constituency an ID declaration form must be issued with each replacement ballot paper requiring the voter to make a declaration of identity.

Polling by internet, telephone or text

33. Procedure for remote voting by internet

33.1 To cast his or her vote using the internet, a voter will need to gain access to the polling website by keying in the url of the polling website provided in the voting information.

33.2 When prompted to do so, the voter will need to enter his or her voter ID number.

33.3 If the internet voting system authenticates the voter ID number, the system will give the voter access to the polling website for the election in which the voter is eligible to vote.

33.4 To cast his or her vote, the voter will need to key in a mark on the screen opposite

the particulars of the candidate or candidates for whom he or she wishes to cast his or her vote.

33.5 The voter will not be able to access the internet voting system for an election once his or her vote at that election has been cast.

34. Voting procedure for remote voting by telephone

34.1 To cast his or her vote by telephone, the voter will need to gain access to the telephone voting facility by calling the designated telephone number provided in the voter information using a telephone with a touch-tone keypad.

34.2 When prompted to do so, the voter will need to enter his or her voter ID number using the keypad.

34.3 If the telephone voting facility authenticates the voter ID number, the voter will be prompted to vote in the election.

34.4 When prompted to do so the voter may then cast his or her vote by keying in the numerical voting code of the candidate or candidates, for whom he or she wishes to vote.

34.5 The voter will not be able to access the telephone voting facility for an election once his or her vote at that election has been cast.

35. Voting procedure for remote voting by text message

35.1 To cast his or her vote by text message the voter will need to gain access to the text message voting facility by sending a text message to the designated telephone number or telephone short code provided in the voter information.

35.2 The text message sent by the voter must contain his or her voter ID number and the numerical voting code for the candidate or candidates, for whom he or she wishes to vote.

35.3 The text message sent by the voter will need to be structured in accordance with the instructions on how to vote contained in the voter information, otherwise the vote will not be cast.

Procedure for receipt of envelopes, internet votes, telephone votes and text message votes

36. Receipt of voting documents

36.1 Where the returning officer receives:

(a) a covering envelope, or
(b) any other envelope containing an ID declaration form if required, a ballot paper envelope, or a ballot paper,

before the close of the poll, that officer is to open it as soon as is practicable; and rules 37 and 38 are to apply.

36.2 The returning officer may open any covering envelope or any ballot paper envelope for the purposes of rules 37 and 38, but must make arrangements to ensure that no person obtains or communicates information as to:

(a) the candidate for whom a voter has voted, or
(b) the unique identifier on a ballot paper.

36.3 The returning officer must make arrangements to ensure the safety and security of the ballot papers and other documents.

37. Validity of votes

37.1 A ballot paper shall not be taken to be duly returned unless the returning officer is satisfied that it has been received by the returning officer before the close of the poll, with an ID declaration form if required that has been correctly completed, signed and dated.

37.2 Where the returning officer is satisfied that rule 37.1 has been fulfilled, he or she is to:

(a) put the ID declaration form if required in a separate packet, and
(b) put the ballot paper aside for counting after the close of the poll.

37.3 Where the returning officer is not satisfied that rule 37.1 has been fulfilled, he or she is to:

(a) mark the ballot paper "disqualified",
(b) if there is an ID declaration form accompanying the ballot paper, mark it "disqualified" and attach it to the ballot paper,
(c) record the unique identifier on the ballot paper on a list of disqualified documents (the "list of disqualified documents"); and
(d) place the document or documents in a separate packet.

37.4 An internet, telephone or text message vote shall not be taken to be duly returned unless the returning officer is satisfied that the internet voting record, telephone voting record or text voting record (as applicable) has been received by the returning officer before the close of the poll, with a declaration of identity if required that has been correctly made.

37.5 Where the returning officer is satisfied that rule 37.4 has been fulfilled, he or she is to put the internet voting record, telephone voting record or text voting record (as applicable) aside for counting after the close of the poll.

37.6 Where the returning officer is not satisfied that rule 37.4 has been fulfilled, he or she is to:

(a) mark the internet voting record, telephone voting record or text voting record (as applicable) "disqualified",
(b) record the voter ID number on the internet voting record, telephone voting record or text voting record (as applicable) on the list of disqualified

documents; and

(c) place the document or documents in a separate packet.

38. Declaration of identity but no ballot paper (public constituency)[1]

38.1 Where the returning officer receives an ID declaration form if required but no ballot paper, the returning officer is to:

(a) mark the ID declaration form "disqualified",
(b) record the name of the voter in the list of disqualified documents, indicating that a declaration of identity was received from the voter without a ballot paper, and
(c) place the ID declaration form in a separate packet.

39. De-duplication of votes

39.1 Where different methods of polling are being used in an election, the returning officer shall examine all votes cast to ascertain if a voter ID number has been used more than once to cast a vote in the election.

39.2 If the returning officer ascertains that a voter ID number has been used more than once to cast a vote in the election he or she shall:

(a) only accept as duly returned the first vote received that was cast using the relevant voter ID number; and
(b) mark as "disqualified" all other votes that were cast using the relevant voter ID number

39.3 Where a ballot paper is disqualified under this rule the returning officer shall:

(a) mark the ballot paper "disqualified",
(b) if there is an ID declaration form accompanying the ballot paper, mark it "disqualified" and attach it to the ballot paper,
(c) record the unique identifier and the voter ID number on the ballot paper on the list of disqualified documents;
(d) place the document or documents in a separate packet; and
(e) disregard the ballot paper when counting the votes in accordance with these rules.

39.4 Where an internet voting record, telephone voting record or text voting record is disqualified under this rule the returning officer shall:

(a) mark the internet voting record, telephone voting record or text voting record (as applicable) "disqualified",
(b) record the voter ID number on the internet voting record, telephone voting record or text voting record (as applicable) on the list of disqualified documents;
(c) place the internet voting record, telephone voting record or text voting record (as applicable) in a separate packet, and

[1] It should not be possible, technically, to make a declaration of identity electronically without also submitting a vote.

(d) disregard the internet voting record, telephone voting record or text voting record (as applicable) when counting the votes in accordance with these rules.

40. Sealing of packets

40.1 As soon as is possible after the close of the poll and after the completion of the procedure under rules 37 and 38, the returning officer is to seal the packets containing:

(a) the disqualified documents, together with the list of disqualified documents inside it,
(b) the ID declaration forms, if required,
(c) the list of spoilt ballot papers and the list of spoilt text message votes,
(d) the list of lost ballot documents,
(e) the list of eligible voters, and
(f) the list of tendered voting information

and ensure that complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 are held in a device suitable for the purpose of storage.

PART 6: COUNTING THE VOTES

STV41. Interpretation of Part 6

STV41.1 In Part 6 of these rules:

"*ballot document*" means a ballot paper, internet voting record, telephone voting record or text voting record.

"*continuing candidate*" means any candidate not deemed to be elected, and not excluded,

"*count*" means all the operations involved in counting of the first preferences recorded for candidates, the transfer of the surpluses of elected candidates, and the transfer of the votes of the excluded candidates,

"*deemed to be elected*" means deemed to be elected for the purposes of counting of votes but without prejudice to the declaration of the result of the poll,

"*mark*" means a figure, an identifiable written word, or a mark such as "X",

"*non-transferable vote*" means a ballot document:

(a) on which no second or subsequent preference is recorded for a continuing candidate, or

(b) which is excluded by the returning officer under rule STV49,

"*preference*" as used in the following contexts has the meaning assigned below:

(a) "first preference" means the figure "1" or any mark or word which clearly indicates a first (or only) preference,

(b) "next available preference" means a preference which is the second, or as the case may be, subsequent preference recorded in consecutive order for a continuing candidate (any candidate who is deemed to be elected or is excluded thereby being ignored); and

(c) in this context, a "second preference" is shown by the figure "2" or any mark or word which clearly indicates a second preference, and a third preference by the figure "3" or any mark or word which clearly indicates a third preference, and so on,

"*quota*" means the number calculated in accordance with rule STV46,

"*surplus*" means the number of votes by which the total number of votes for any candidate (whether first preference or transferred votes, or a combination of both) exceeds the quota; but references in these rules to the transfer of the surplus means the transfer (at a transfer value) of all transferable ballot documents from the candidate who has the surplus,

"*stage of the count*" means:

(a) the determination of the first preference vote of each candidate,
(b) the transfer of a surplus of a candidate deemed to be elected, or
(c) the exclusion of one or more candidates at any given time,

"*transferable vote*" means a ballot document on which, following a first preference, a second or subsequent preference is recorded in consecutive numerical order for a continuing candidate,

"*transferred vote*" means a vote derived from a ballot document on which a second or subsequent preference is recorded for the candidate to whom that ballot document has been transferred, and

"*transfer value*" means the value of a transferred vote calculated in accordance with rules STV47.4 or STV47.7.

42. Arrangements for counting of the votes

42.1 The returning officer is to make arrangements for counting the votes as soon as is practicable after the close of the poll.

42.2 The returning officer may make arrangements for any votes to be counted using vote counting software where:

(a) the Board of Directors and the Council of Governors of the corporation have approved:
    (i) the use of such software for the purpose of counting votes in the relevant election, and

(ii) a policy governing the use of such software, and

(b) the corporation and the returning officer are satisfied that the use of such software will produce an accurate result.

(c) by contracting an independent election service serves as organisation approval of the counting systems used

43. The count

43.1 The returning officer is to:

(a) count and record the number of:

(iii) ballot papers that have been returned; and

(iv) the number of internet voting records, telephone voting records and/or text voting records that have been created, and

(b) count the votes according to the provisions in this Part of the rules and/or the provisions of any policy approved pursuant to rule 42.2(ii) where vote counting software is being used.

43.2 The returning officer, while counting and recording the number of ballot papers, internet voting records, telephone voting records and/or text voting records and counting the votes, must make arrangements to ensure that no person obtains or communicates information as to the unique identifier on a ballot paper or the voter ID number on an internet voting record, telephone voting record or text voting record.

43.3 The returning officer is to proceed continuously with counting the votes as far as is practicable.

STV44. Rejected ballot papers and rejected text voting records

STV44.1 Any ballot paper:

(a) which does not bear the features that have been incorporated into the other ballot papers to prevent them from being reproduced,

(b) on which the figure "1" standing alone is not placed so as to indicate a first preference for any candidate,

(c) on which anything is written or marked by which the voter can be identified except the unique identifier, or

(d) which is unmarked or rejected because of uncertainty,

shall be rejected and not counted, but the ballot paper shall not be rejected by reason only of carrying the words "one", "two", "three" and so on, or any other mark instead of a figure if, in the opinion of the returning officer, the word or mark clearly indicates a preference or preferences.

STV44.2 The returning officer is to endorse the word "rejected" on any ballot paper which under this rule is not to be counted.

STV44.3 Any text voting record:

(a) on which the figure "1" standing alone is not placed so as to indicate a first preference for any candidate,
(b) on which anything is written or marked by which the voter can be identified except the unique identifier, or
(c) which is unmarked or rejected because of uncertainty,

shall be rejected and not counted, but the text voting record shall not be rejected by reason only of carrying the words "one", "two", "three" and so on, or any other mark instead of a figure if, in the opinion of the returning officer, the word or mark clearly indicates a preference or preferences.

STV44.4 The returning officer is to endorse the word "rejected" on any text voting record which under this rule is not to be counted.

STV44.5 The returning officer is to draw up a statement showing the number of ballot papers rejected by him/her under each of the subparagraphs (a) to (d) of rule STV44.1 and the number of text voting records rejected by him/her under each of the sub-paragraphs (a) to (c) of rule STV44.3.

STV45. First stage

STV45.1 The returning officer is to sort the ballot documents into parcels according to the candidates for whom the first preference votes are given.

STV45.2 The returning officer is to then count the number of first preference votes given on ballot documents for each candidate, and is to record those numbers.

STV45.3 The returning officer is to also ascertain and record the number of valid ballot documents.

STV46. The quota

STV46.1 The returning officer is to divide the number of valid ballot documents by a number exceeding by one the number of members to be elected.

STV46.2 The result, increased by one, of the division under rule STV46.1 (any fraction being disregarded) shall be the number of votes sufficient to secure the election of a candidate (in these rules referred to as "the quota").

STV46.3 At any stage of the count a candidate whose total votes equals or exceeds the quota shall be deemed to be elected, except that any election where there is only one vacancy a candidate shall not be deemed to be elected until the procedure set out in rules STV47.1 to STV47.3 has been complied with.

STV47. Transfer of votes

STV47.1 Where the number of first preference votes for any candidate exceeds the quota, the returning officer is to sort all the ballot documents on which first preference votes are given for that candidate into sub- parcels so that they are grouped:

(a) according to next available preference given on those ballot documents for any continuing candidate, or
(b) where no such preference is given, as the sub-parcel of non-transferable votes.

STV47.2 The returning officer is to count the number of ballot documents in each parcel referred to in rule STV47.1.

STV47.3 The returning officer is, in accordance with this rule and rule STV48, to transfer each sub-parcel of ballot documents referred to in rule STV47.1(a) to the candidate for whom the next available preference is given on those ballot documents.

STV47.4 The vote on each ballot document transferred under rule STV47.3 shall be at a value ("the transfer value") which:

(a) reduces the value of each vote transferred so that the total value of all such votes does not exceed the surplus, and
(b) is calculated by dividing the surplus of the candidate from whom the votes are being transferred by the total number of the ballot documents on which those votes are given, the calculation being made to two decimal places (ignoring the remainder if any).

STV47.5 Where at the end of any stage of the count involving the transfer of ballot documents, the number of votes for any candidate exceeds the quota, the returning officer is to sort the ballot documents in the sub-parcel of transferred votes which was last received by that candidate into separate sub-parcels so that they are grouped:

(a) according to the next available preference given on those ballot documents for any continuing candidate, or
(b) where no such preference is given, as the sub-parcel of non-transferable votes.

STV47.6 The returning officer is, in accordance with this rule and rule STV48, to transfer each sub-parcel of ballot documents referred to in rule STV47.5(a) to the candidate for whom the next available preference is given on those ballot documents.

STV47.7 The vote on each ballot document transferred under rule STV47.6 shall be at:

(a) a transfer value calculated as set out in rule STV47.4(b), or
(b) at the value at which that vote was received by the candidate from whom it is now being transferred,

whichever is the less.

STV47.8 Each transfer of a surplus constitutes a stage in the count.

STV47.9 Subject to rule STV47.10, the returning officer shall proceed to transfer transferable ballot documents until no candidate who is deemed to be elected has a surplus or all the vacancies have been filled.

STV47.10 Transferable ballot documents shall not be liable to be transferred where any surplus or surpluses which, at a particular stage of the count, have not already been

transferred, are:

(a) less than the difference between the total vote then credited to the continuing candidate with the lowest recorded vote and the vote of the candidate with the next lowest recorded vote, or
(b) less than the difference between the total votes of the two or more continuing candidates, credited at that stage of the count with the lowest recorded total numbers of votes and the candidate next above such candidates.

STV47.11 This rule does not apply at an election where there is only one vacancy.

STV48. Supplementary provisions on transfer

STV48.1 If, at any stage of the count, two or more candidates have surpluses, the transferable ballot documents of the candidate with the highest surplus shall be transferred first, and if:

(a) The surpluses determined in respect of two or more candidates are equal, the transferable ballot documents of the candidate who had the highest recorded vote at the earliest preceding stage at which they had unequal votes shall be transferred first, and
(b) the votes credited to two or more candidates were equal at all stages of the count, the returning officer shall decide between those candidates by lot, and the transferable ballot documents of the candidate on whom the lot falls shall be transferred first.

STV48.2 The returning officer shall, on each transfer of transferable ballot documents under rule STV47:

(a) record the total value of the votes transferred to each candidate,
(b) add that value to the previous total of votes recorded for each candidate and record the new total,
(c) record as non-transferable votes the difference between the surplus and the total transfer value of the transferred votes and add that difference to the previously recorded total of non-transferable votes, and
(d) compare:
    (i) the total number of votes then recorded for all of the candidates, together with the total number of non-transferable votes, with
    (ii) the recorded total of valid first preference votes.

STV48.3 All ballot documents transferred under rule STV47 or STV49 shall be clearly marked, either individually or as a sub-parcel, so as to indicate the transfer value recorded at that time to each vote on that ballot document or, as the case may be, all the ballot documents in that sub-parcel.

STV48.4 Where a ballot document is so marked that it is unclear to the returning officer at any stage of the count under rule STV47 or STV49 for which candidate the next preference is recorded, the returning officer shall treat any vote on that ballot document as a non-transferable vote; and votes on a ballot document shall be so treated where, for example, the names of two or more candidates (whether continuing candidates or not) are so marked that, in the opinion of the returning

officer, the same order of preference is indicated or the numerical sequence is broken.

STV49. Exclusion of candidates

STV49.1 If:

(a) all transferable ballot documents which under the provisions of rule STV47 (including that rule as applied by rule STV49.11) and this rule are required to be transferred, have been transferred, and
(b) subject to rule STV50, one or more vacancies remain to be filled,

the returning officer shall exclude from the election at that stage the candidate with the then lowest vote (or, where rule STV49.12 applies, the candidates with the then lowest votes).

STV9.2 The returning officer shall sort all the ballot documents on which first preference votes are given for the candidate or candidates excluded under rule STV49.1 into two sub-parcels so that they are grouped as:

(a) ballot documents on which a next available preference is given, and
(b) ballot documents on which no such preference is given (thereby including ballot documents on which preferences are given only for candidates who are deemed to be elected or are excluded).

STV49.3 The returning officer shall, in accordance with this rule and rule STV48, transfer each sub-parcel of ballot documents referred to in rule STV49.2 to the candidate for whom the next available preference is given on those ballot documents.

STV49.4 The exclusion of a candidate, or of two or more candidates together, constitutes a further stage of the count.

STV49.5 If, subject to rule STV50, one or more vacancies still remain to be filled, the returning officer shall then sort the transferable ballot documents, if any, which had been transferred to any candidate excluded under rule STV49.1 into sub- parcels according to their transfer value.

STV49.6 The returning officer shall transfer those ballot documents in the sub-parcel of transferable ballot documents with the highest transfer value to the continuing candidates in accordance with the next available preferences given on those ballot documents (thereby passing over candidates who are deemed to be elected or are excluded).

STV49.7 The vote on each transferable ballot document transferred under rule STV49.6 shall be at the value at which that vote was received by the candidate excluded under rule STV49.1.

STV9.8 Any ballot documents on which no next available preferences have been expressed shall be set aside as non-transferable votes.

STV49.9 After the returning officer has completed the transfer of the ballot documents in the

sub-parcel of ballot documents with the highest transfer value he or she shall proceed to transfer in the same way the sub-parcel of ballot documents with the next highest value and so on until he has dealt with each sub-parcel of a candidate excluded under rule STV49.1.

STV49.10 The returning officer shall after each stage of the count completed under this rule:

(a) record:
  (i) the total value of votes, or
  (ii) the total transfer value of votes transferred to each candidate,
(b) add that total to the previous total of votes recorded for each candidate and record the new total,
(c) record the value of non-transferable votes and add that value to the previous non-transferable votes total, and
(d) compare:
  (i) the total number of votes then recorded for each candidate together with the total number of non-transferable votes, with
  (ii) the recorded total of valid first preference votes.

STV49.11 If after a transfer of votes under any provision of this rule, a candidate has a surplus, that surplus shall be dealt with in accordance with rules STV47.5 to STV47.10 and rule STV48.

STV49.12 Where the total of the votes of the two or more lowest candidates, together with any surpluses not transferred, is less than the number of votes credited to the next lowest candidate, the returning officer shall in one operation exclude such two or more candidates.

STV49.13 If when a candidate has to be excluded under this rule, two or more candidates each have the same number of votes and are lowest:

(a) regard shall be had to the total number of votes credited to those candidates at the earliest stage of the count at which they had an unequal number of votes and the candidate with the lowest number of votes at that stage shall be excluded, and
(b) where the number of votes credited to those candidates was equal at all stages, the returning officer shall decide between the candidates by lot and the candidate on whom the lot falls shall be excluded.

STV50. Filling of last vacancies

STV50.1 Where the number of continuing candidates is equal to the number of vacancies remaining unfilled the continuing candidates shall thereupon be deemed to be elected.

STV50.2 Where only one vacancy remains unfilled and the votes of any one continuing candidate are equal to or greater than the total of votes credited to other continuing candidates together with any surplus not transferred, the candidate shall thereupon be deemed to be elected.

STV50.3 Where the last vacancies can be filled under this rule, no further transfer of votes shall be made.

STV51. Order of election of candidates

STV51.1 The order in which candidates whose votes equal or exceed the quota are deemed to be elected shall be the order in which their respective surpluses were transferred, or would have been transferred but for rule STV47.10.

STV51.2 A candidate credited with a number of votes equal to, and not greater than, the quota shall, for the purposes of this rule, be regarded as having had the smallest surplus at the stage of the count at which he obtained the quota.

STV51.3 Where the surpluses of two or more candidates are equal and are not required to be transferred, regard shall be had to the total number of votes credited to such candidates at the earliest stage of the count at which they had an unequal number of votes and the surplus of the candidate who had the greatest number of votes at that stage shall be deemed to be the largest.

STV51.4 Where the number of votes credited to two or more candidates were equal at all stages of the count, the returning officer shall decide between them by lot and the candidate on whom the lot falls shall be deemed to have been elected first.

PART 7: FINAL PROCEEDINGS IN CONTESTED AND UNCONTESTED ELECTIONS

Council of Governors

STV52. Declaration of result for contested elections

STV52.1 In a contested election, when the result of the poll has been ascertained, the returning officer is to:

(a) declare the candidates who are deemed to be elected under Part 6 of these rules as elected,
(b) give notice of the name of each candidate who he or she has declared elected:
  (i) where the election is held under a proposed constitution pursuant to powers conferred on the Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust by section 33(4) of the 2006 Act, to the chair of the NHS Trust, or
  (ii) in any other case, to the chair of the corporation, and
(c) give public notice of the name of each candidate who he or she has declared elected.

STV52.2 The returning officer is to make:

(a) the number of first preference votes for each candidate whether elected or not,
(b) any transfer of votes,
(c) the total number of votes for each candidate at each stage of the count at which such transfer took place,
(d) the order in which the successful candidates were elected, and
(e) the number of rejected ballot papers under each of the headings in rule STV44.1,
(f) the number of rejected text voting records under each of the headings in rule

STV44.3,

available on request.

53. Declaration of result for uncontested elections

53.1 In an uncontested election, the returning officer is to as soon as is practicable after final day for the delivery of notices of withdrawals by candidates from the election:

(a) declare the candidate or candidates remaining validly nominated to be elected,

(b) give notice of the name of each candidate who he or she has declared elected to the chair of the corporation, and

(c) give public notice of the name of each candidate who he or she has declared elected.

PART 8: DISPOSAL OF DOCUMENTS

54. Sealing up of documents relating to the poll

54.1 On completion of the counting at a contested election, the returning officer is to seal up the following documents in separate packets:

(a) the counted ballot papers, internet voting records, telephone voting records and text voting records,
(b) the ballot papers and text voting records endorsed with "rejected in part",
(c) the rejected ballot papers and text voting records, and
(d) the statement of rejected ballot papers and the statement of rejected text voting records,

and ensure that complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 are held in a device suitable for the purpose of storage.

54.2 The returning officer must not open the sealed packets of:

(a) the disqualified documents, with the list of disqualified documents inside it,
(b) the list of spoilt ballot papers and the list of spoilt text message votes,
(c) the list of lost ballot documents, and
(d) the list of eligible voters,

or access the complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 and held in a device suitable for the purpose of storage.

54.3 The returning officer must endorse on each packet a description of:

(a) its contents,
(b) the date of the publication of notice of the election,
(c) the name of the corporation to which the election relates, and
(d) the constituency, or class within a constituency, to which the election relates.

55. Delivery of documents

55.1 Once the documents relating to the poll have been sealed up and endorsed pursuant to rule 56, the returning officer is to forward them to the chair of the corporation.

56. Forwarding of documents received after close of the poll

56.1 Where:

(a) any voting documents are received by the returning officer after the close of the poll, or
(b) any envelopes addressed to eligible voters are returned as undelivered too late to be resent, or
(c) any applications for replacement voting information are made too late to enable new voting information to be issued,

the returning officer is to put them in a separate packet, seal it up, and endorse and forward it to the chair of the corporation.

57. Retention and public inspection of documents

57.1 The corporation is to retain the documents relating to an election that are forwarded to the chair by the returning officer under these rules for one year, and then, unless otherwise directed by the board of directors of the corporation, cause them to be destroyed.

57.2 With the exception of the documents listed in rule 58.1, the documents relating to an election that are held by the corporation shall be available for inspection by members of the public at all reasonable times.

57.3 A person may request a copy or extract from the documents relating to an election that are held by the corporation, and the corporation is to provide it, and may impose a reasonable charge for doing so.

58. Application for inspection of certain documents relating to an election

58.1 The corporation may not allow:

(a) the inspection of, or the opening of any sealed packet containing –
  (i) any rejected ballot papers, including ballot papers rejected in part,
  (ii) any rejected text voting records, including text voting records rejected in part,
  (iii) any disqualified documents, or the list of disqualified documents,
  (iv) any counted ballot papers, internet voting records, telephone voting records or text voting records, or
  (v) the list of eligible voters, or
(b) access to or the inspection of the complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 and held in a device suitable for the purpose of

storage,

by any person without the consent of the board of directors of the corporation.

58.2 A person may apply to the board of directors of the corporation to inspect any of the documents listed in rule 58.1, and the board of directors of the corporation may only consent to such inspection if it is satisfied that it is necessary for the purpose of questioning an election pursuant to Part 11.

58.3 The board of directors of the corporation's consent may be on any terms or conditions that it thinks necessary, including conditions as to –

(a) persons,
(b) time,
(c) place and mode of inspection,
(d) production or opening,

and the corporation must only make the documents available for inspection in accordance with those terms and conditions.

58.4 On an application to inspect any of the documents listed in rule 58.1 the board of directors of the corporation must:

(a) in giving its consent, and
(b) in making the documents available for inspection

ensure that the way in which the vote of any particular member has been given shall not be disclosed, until it has been established –

(i) that his or her vote was given, and
(ii) that Monitor (or successor body i.e. NHS Improvement/England) has declared that the vote was invalid.

PART 9: DEATH OF A CANDIDATE DURING A CONTESTED ELECTION

STV59. Countermand or abandonment of poll on death of candidate

STV59.1 If, at a contested election, proof is given to the returning officer's satisfaction before the result of the election is declared that one of the persons named or to be named as a candidate has died, then the returning officer is to:

(a) publish a notice stating that the candidate has died, and
(b) proceed with the counting of the votes as if that candidate had been excluded from the count so that –
    (i) ballot documents which only have a first preference recorded for the candidate that has died, and no preferences for any other candidates, are not to be counted, and
    (ii) ballot documents which have preferences recorded for other candidates are to be counted according to the consecutive order of those preferences, passing over preferences marked for the candidate who has died.

STV59.2 The ballot documents which have preferences recorded for the candidate who has died are to be sealed with the other counted ballot documents pursuant to rule 54.1(a).

PART 10: ELECTION EXPENSES AND PUBLICITY

Election expenses

60. Election expenses

60.1 Any expenses incurred, or payments made, for the purposes of an election which contravene this Part are an electoral irregularity, which may only be questioned in an application made to NHS Improvement/England under Part 11 of these rules.

61. Expenses and payments by candidates

61.1 A candidate may not incur any expenses or make a payment (of whatever nature) for the purposes of an election, other than expenses or payments that relate to:

(a) personal expenses,
(b) travelling expenses, and expenses incurred while living away from home, and
(c) expenses for stationery, postage, telephone, internet (or any similar means of communication) and other petty expenses, to a limit of £100.

62. Election expenses incurred by other persons

62.1 No person may:

(a) incur any expenses or make a payment (of whatever nature) for the purposes of a candidate's election, whether on that candidate's behalf or otherwise, or
(b) give a candidate or his or her family any money or property (whether as a gift, donation, loan, or otherwise) to meet or contribute to expenses incurred by or on behalf of the candidate for the purposes of an election.

62.2 Nothing in this rule is to prevent the corporation from incurring such expenses, and making such payments, as it considers necessary pursuant to rules 63 and 64.

Publicity

63. Publicity about election by the corporation

63.1 The corporation may:

(a) compile and distribute such information about the candidates, and
(b) organise and hold such meetings, whether online or face-to-face, to enable the candidates to speak and respond to questions, or to themselves gain further information.

as it considers necessary.

63.2 Any information provided by the corporation about the candidates, including information compiled by the corporation under rule 64, must be:

(a) objective, balanced and fair,
(b) equivalent in size and content for all candidates,
(c) compiled and distributed in consultation with all of the candidates standing for election, and
(d) must not seek to promote or procure the election of a specific candidate or candidates, at the expense of the electoral prospects of one or more other candidates.

63.3 Where the corporation proposes to hold a meeting (face-to-face or online) to enable the candidates to speak, the corporation must ensure that all of the candidates are invited to attend, and in organising and holding such a meeting, the corporation must not seek to promote or procure the election of a specific candidate or candidates at the expense of the electoral prospects of one or more other candidates.

64. Information about candidates for inclusion with voting information

64.1 The corporation must compile information about the candidates standing for election, to be distributed by the returning officer pursuant to rule 24 of these rules.

64.2 The information must consist of:

(a) a statement submitted by the candidate of no more than 250 words,
(b) if voting by telephone or text message is a method of polling for the election, the numerical voting code allocated by the returning officer to each candidate, for the purpose of recording votes using the telephone voting facility or the text message voting facility ("numerical voting code"), and

65. Meaning of "for the purposes of an election"

65.1 In this Part, the phrase "for the purposes of an election" means with a view to, or otherwise in connection with, promoting or procuring a candidate's election, including the prejudicing of another candidate's electoral prospects; and the phrase "for the purposes of a candidate's election" is to be construed accordingly.

65.2 The provision by any individual of his or her own services voluntarily, in his or her own time, and free of charge is not to be considered an expense for the purposes of this Part.

PART 11: QUESTIONING ELECTIONS AND THE CONSEQUENCE OF IRREGULARITIES

66. Application to question an election

66.1 An application alleging a breach of these rules, including an electoral irregularity under Part 10, may be made to Monitor or successor body (NHS

Improvement/England) for the purpose of seeking a referral to the independent election arbitration panel (IEAP).

66.2 An application may only be made once the outcome of the election has been declared by the returning officer.

66.3 An application may only be made to Monitor or successor body (NHS Improvement/England) by:

(a) a person who voted at the election or who claimed to have had the right to vote, or
(b) a candidate, or a person claiming to have had a right to be elected at the election.

66.4 The application must:

(a) describe the alleged breach of the rules or electoral irregularity, and
(b) be in such a form as the independent panel may require.

66.5 The application must be presented in writing within 21 days of the declaration of the result of the election. Monitor will refer the application to the independent election arbitration panel appointed by Monitor or successor body (NHS Improvement/England).

66.6 If the independent election arbitration panel requests further information from the applicant, then that person must provide it as soon as is reasonably practicable.

66.7 Monitor or successor body (NHS Improvement/England) shall delegate the determination of an application to a person or panel of persons to be nominated for the purpose.

66.8 The determination by the IEAP shall be binding on and shall be given effect by the corporation, the applicant and the members of the constituency (or class within a constituency) including all the candidates for the election to which the application relates.

66.9 The IEAP may prescribe rules of procedure for the determination of an application including costs.

PART 12: MISCELLANEOUS

67. Secrecy

67.1 The following persons:

(a) the returning officer,
(b) the returning officer's staff,

must maintain and aid in maintaining the secrecy of the voting and the counting of the votes, and must not, except for some purpose authorised by law, communicate to any person any information as to:

(i) the name of any member of the corporation who has or has not been given voting information or who has or has not voted,
(ii) the unique identifier on any ballot paper,
(iii) the voter ID number allocated to any voter,
(iv) the candidate(s) for whom any member has voted.

67.2 No person may obtain or attempt to obtain information as to the candidate(s) for whom a voter is about to vote or has voted, or communicate such information to any person at any time, including the unique identifier on a ballot paper given to a voter or the voter ID number allocated to a voter.

67.3 The returning officer is to make such arrangements as he or she thinks fit to ensure that the individuals who are affected by this provision are aware of the duties it imposes.

68. Prohibition of disclosure of vote

68.1 No person who has voted at an election shall, in any legal or other proceedings to question the election, be required to state for whom he or she has voted.

69. Disqualification

69.1 A person may not be appointed as a returning officer, or as staff of the returning officer pursuant to these rules, if that person is:

(a) a member of the corporation,
(b) an employee of the corporation,
(c) a director of the corporation, or
(d) employed by or on behalf of a person who has been nominated for election.

70. Delay in postal service through industrial action or unforeseen event

70.1 If industrial action, or some other unforeseen event, results in a delay in:

(a) the delivery of the documents in rule 24, or
(b) the return of the ballot papers,

the returning officer may extend the time between the publication of the notice of the poll and the close of the poll by such period as he or she considers appropriate.

ANNEX 5 – ADDITIONAL PROVISIONS – COUNCIL OF GOVERNORS

1. Council of Governors: Terms of Office (see also Section 13)

1.1 A Governor:

1.1.1 shall cease to hold office if:

(a) s/he ceases to be a Member of a Trust constituency or, in the case of an Appointed Governor, if the body which appointed him/her withdraws its appointment at any time;

(b) his/her term of office is terminated in accordance with paragraph 3 below and/or s/he is disqualified from or is otherwise ineligible to hold office as a Governor; or

1.1.2 s/he resigns by notice in writing to the Trust.

1.2 Notwithstanding the provisions of paragraph 1.1.1(a) above, a Public Governor elected by a Public Constituency who ceases to be eligible to be a Member of that Public Constituency but who is eligible to be and forthwith becomes a Member of another Public Constituency shall not by virtue of paragraph 1.1.1(a) above cease to hold office but shall continue in office as Public Governor for the Constituency which elected him/her for the remainder of the term for which he was elected.

2. Council of Governors: Removal and Disqualification

2.1 A Governor shall not be eligible to become or continue in office as a Governor if:

2.1.1 s/he ceases to be eligible to be a Member, save in the case of Appointed Governors;

2.1.2 in the case of an Appointed Governor, the appointing organisation withdraws its appointment of him/her;

2.1.3 any of the grounds contained in paragraph 14 of the Constitution apply to him/her;

2.1.4 s/he has within the preceding two years been lawfully dismissed otherwise than by reason of redundancy from any paid employment with a Health Service Body;

2.1.5 s/he is a person whose term of office as the chair or as a member or director of a Health Service Body has been terminated on the grounds that his/her continuance in office is no longer in the best interests of the health service, for non-attendance at meetings or for non-disclosure of a pecuniary interest;

2.1.6 s/he has had his/her name removed by a direction under Section 154 of the 2006 Act from any list prepared under Part 4 of that Act and has not subsequently had his/her name included on such a list;

2.1.7 s/he has failed to make, or has falsely made, any declaration as required to be made under Section 60 of the 2006 Act or has spoken or voted in a meeting on a matter in which they have direct or indirect pecuniary or non-pecuniary interest and s/he is judged to have acted so by a majority of not less than 75% of the Council of Governors at a meeting;

2.1.8 NHS Improvement/England has exercised its powers to remove him/her as a Governor of the Trust or has suspended him/her from office or has disqualified him/her from holding office as a Governor of the Trust for a specified period or NHS Improvement/England has exercised any of those powers in relation to him/her on any other occasion whether in relation to the Trust or some other NHS Foundation Trust;

2.1.9 s/he has received a written warning from the Trust for verbal and/or physical abuse towards Trust staff;

2.1.10 s/he has at any time been placed on the registers of Schedule 1 Offenders pursuant to the Sexual Offences Act 2003 (as amended) and/or the Children and Young Person's Act 1933 to 1969 (as amended);

2.1.11 s/he has within the preceding five years been convicted in the British Islands of any offence, and a sentence of imprisonment (whether suspended or not) for a period of three months or more (without the option of a fine) was imposed on him/her;

2.1.12 his/her term of office is terminated pursuant to paragraph 3 below;

2.1.13 s/he is a Member of a Staff Class and any professional registration relevant to his eligibility to be a Member of that Staff Class has been suspended for a continuous period of more than 6 months;

2.1.14 s/he is incapable by reason of mental disorder, illness or injury in managing and administering his property and/or affairs;

2.1.15 the relevant organisation which s/he represents ceases to exist;

2.1.16 s/he is a member of the UK Parliament;

2.1.17 s/he is a Director of the Trust;

2.2 Where a person has been elected or appointed to be a Governor and s/he becomes disqualified from that appointment s/he shall notify the Company Secretary in writing of such disqualification as soon as practicable and in any event within 14 days of first becoming aware of those matters which rendered him/her disqualified.

2.3 If it comes to the notice of the Trust that a Governor is disqualified, the Trust shall immediately declare him/her disqualified and shall give him/her notice in writing to that effect as soon as practicable.

2.4 Upon the giving of notice under paragraphs 2.2 and 2.3 above, that person's tenure of office as a Governor shall thereupon be terminated and s/he shall cease to be a Governor and his/her name shall be removed from the Register of Governors.

2.5 If a complaint is received against a member of the governing body it shall be referred to the Trust Board Chair;

2.5.1 the Chair shall appoint a suitably experienced person to undertake the role of investigating officer on behalf of the Trust

2.5.2 the investigating officer (IO) shall conduct a short initial investigation into the matter to establish whether there may be a case to answer

2.5.3 if the IO determines the matter does not constitute a viable complaint they shall make such a recommendation, in writing, to the Chair. If the Chair accepts that recommendation the matter ends there

2.5.4 if the IO determines there may be a case then a fuller investigation shall commence. At that point the question as to whether the governor about whom a complaint has been made can continue to operate as a governor in the interim shall be considered. The IO shall examine the facts and circumstances known at that time and make a written recommendation to the Chair.

2.5.5 when considering whether suspension is appropriate there shall be a presumption that the governor will remain in office unless there are factors that, on the balance of probability, make that unacceptable. Suspension is a significant step, not to be taken lightly

2.5.6 factors that shall be considered –

Either -

(a) the investigation of the case may be prejudiced unless the governor is suspended, or

(b) having regard to the nature of the allegation and any other relevant considerations the public interest requires that the governor should be suspended

AND

(c) it is not practicable to restrict the role of the governor in any way that may still enable them to continue in their principal role

(d) for example asking a governor to step down temporarily from committee or meeting attendance, or placing restrictions upon them to prevent routine contact with a complainant.

2.5.7 The Chair upon receipt of the IO's report shall determine whether or not suspension shall be made whilst an investigation takes place.

3. Council of Governors: Termination of Tenure

3.1 A Governor's term of office shall be terminated:

3.1.1 by the Governor giving notice in writing to the Company Secretary of his/her resignation from office at any time during that term of office;

3.1.2 by the Trust if any grounds exist under paragraph 2 above;

3.1.3 by the Council of Governors if s/he has failed to attend two consecutive meetings of the Council of Governors unless within one month of the second meeting, the Council of Governors is satisfied that:

(a) the absence was due to reasonable cause; and

(b) the Governor will resume attendance at meetings of the Council of Governors within such period as it considers reasonable.

3.1.4 if the Council of Governors resolves to terminate his/her term of office for reasonable cause on the grounds that in the reasonable opinion of not less than 75% of the Governors present and voting at a meeting of the Council of Governors convened for that purpose that his/her continuing as a Governor would or would be likely to:

(a) prejudice the ability of the Trust to fulfil its principal purpose or of its purposes under this Constitution or otherwise to discharge its duties and functions; or

(b) prejudice the Trust's work with other persons or body with whom it is engaged or may be engaged in the provision of goods and services; or

(c) adversely affect public confidence in the goods and services provided by the Trust; or

(d) otherwise bring the Trust into disrepute or is detrimental to the interest of the Trust; or

(e) it would not be in the best interests of the Trust for that person to continue in office as a Governor; or

(f) the Governor is a vexatious or persistent litigant or complainant with regard to the Trust's affairs and his/her continuance in office would not be in the best interests of the Trust; or

(g) s/he has failed or refused to undertake and/or satisfactorily complete any training which the Council of Governors has required him/her to undertake in his/her capacity as a Governor by a date six months from the date of his/her election or appointment; or from a date when they have been asked to undertake additional training or development for any reason;

(h) s/he has in his/her conduct as a Governor failed to comply and support in a material way with the values and principles of the National Health Service or the Trust, and the Constitution; or

(i) s/he has committed a material breach of any code of conduct applicable to Governors of the Trust and/or the Governors Standing Orders;

(j) a Governor who has breached a code of conduct and has attended a formal Conduct Committee (*see 6.2*), the outcome and recommendation of which is referred to the Council of Governors, has no means of appeal.

3.2 Upon a Governor resigning under paragraph 3.1.1 above or upon the Council of Governors resolving to terminate a Governor's tenure of office in accordance with the above provisions, that Governor shall cease to be a Governor and his/her name shall be forthwith removed from the Register of Governors.

3.3 The Standing Orders adopted by the Council of Governors may contain provisions governing its procedure for termination under these provisions and for a Governor to appeal against the decision terminating his tenure of office, except in the case of 3.1.4j above.

3.4 A Governor who resigns or whose tenure of office is terminated under this paragraph 3 shall not be eligible to stand for re-election for a period of 3 years from the date of his/her resignation or removal from office or the date upon which any appeal against his/her removal from office is disposed of whichever is the later except by resolution carried by a majority of the Council of Governors present and voting at a general meeting. Any re-election would take into account time served as a Governor so that a maximum term would not exceed nine years.

3.5 Where a Governor's membership of the Council of Governors ceases for one of the reasons set out in paragraph 2 or paragraph 3, Elected Governors shall be replaced in accordance with paragraphs 4.1 to 4.4 below and, in the case of Appointed Governors, the Trust shall invite the relevant appointing body to appoint a new Governor to hold office for the remainder of the term of office in accordance with the processes referred to in Annex 3 within 30 days of the vacancy having arisen.

4. Vacancies – Elected Governors

4.1 In the case of an Elected Governor, where a vacancy arises within 6 months of the election then the candidate who secured the next highest number of votes for that Constituency will be appointed.

4.2 If the vacancy arises during the last 6 months of office, the office will remain vacant until it is filled at the next scheduled election.

4.2.1 If a vacancy arises at any other time it will be filled at the next scheduled election, in accordance with the Election Scheme. The Council of Governors may co-opt a member of the appropriate constituency whose term is just finishing, to fill a vacancy until the next scheduled election, but this shall be reserved for where deemed essential for reasons to ensure the full functional of Council of Governors business (see 4.3 below).

4.3 No defect in the election or appointment of a Governor nor any deficiency in the composition of the Council of Governors shall affect the validity of any act or decision of the Council of Governors.

5. Council of Governors: Role

5.1 The Council of Governors and each Governor shall act in the best interests of the Trust at all times and with proper regard to the provisions of the NHS Foundation Trust Code of Governance and any code of conduct for the Council of Governors.

5.2 Subject to the requirement specified in paragraph 5.1 above, each Governor shall exercise his/her own skill and judgement in his/her conduct of the Trust's affairs and

shall in his/her stewardship of the Trust's affairs bring as appropriate the perspective of the constituency or organisation by which s/he was elected or appointed, as the case may be. Public governors are expected to represent all members and the public, and not to promote a single issue or cause.

5.3 Subject to the further provisions of this Constitution and without in any way derogating from them, the Council of Governors shall;

5.3.1 hold the Non-Executive Directors to account in assisting the Board of Directors in setting the strategic direction of the Trust and targets for the Trust's performance and in monitoring the Trust's performance in terms of achieving those strategic aims and targets which have been set; and

5.3.2 observe the activities of the Trust with the view to ensuring that they are being conducted in a manner consistent with this Constitution.

6. Council of Governors: Meetings

6.1 The Council of Governors shall hold not less than 4 general meetings each financial year. However, in extremis (*see para 16.5*), the Chair may decided to suspend Council of Governors' meetings.

6.2 The Council of Governors may appoint committees or sub-committees, consisting of its members, which are relevant and proportionate, to advise and assist it in the discharge of its functions. The outcomes of such committees will be in the form of recommendations to be presented to the Council of Governors. Recommendations presented to the Council of Governors therefore provide a second layer of oversight on a particular matter of interest by governor peers.

7. Council of Governors: Declarations

7.1 A Member of a Public Constituency standing for election as Governor must make a declaration for the purposes of Section 60 of the 2006 Act in the form specified below stating the particulars of his qualification to vote as a Member and that s/he is not prevented from being a member of the Council of Governors by virtue of any provisions of this Constitution.

7.2 The specified form of declaration shall be set out on the Nomination Form referred to in the Election Scheme and shall state as follows:

"I, the above named candidate, consent to my nomination and agree to stand for election to the Council of Governors in the constituency indicated in Section One of this form. I also declare that I am a member in that constituency. I, the above named candidate, hereby declare that I am not:

a. a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged

b. a person who has made a composition or arrangement with, or granted a trust deed for, his creditors and has not been discharged in respect of it

c. a person who within the preceding 5 years has been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than 3 months (without the option of a fine) was imposed on him/her

d. excluded by any other provision detailed within the Trust's Constitution

e. agree to support the values of the Trust and abide by the Governor Code of Conduct.

I confirm that, to the best of my knowledge, the information provided on (or in connection with) this form is accurate."

8. Council of Governors: Lead Governor

8.1 No person may serve as the Lead Governor for more than a total of nine years.

8.2 A person elected as the Lead Governor shall cease to be eligible to continue serving as the Lead Governor if s/he ceases to be a Governor or Member and the Lead Governor's term of office may be terminated by a majority of not less than 75% of the Governors present and voting at a meeting of the Council of Governors.

9. Council of Governors: Appointment of Senior Independent Director

9.1 A majority of the Governors shall at a general meeting of the Council of Governors agree the appointment of one of the Non-Executive Directors as recommended by the Board of Directors to be the Senior Independent Director for a term of three years. The Senior Independent Director shall be eligible for re-appointment at the end of that term but may not serve as Senior Independent Director for more than a total of six years.

9.2 The Senior Independent Director shall be available to Members and Governors if they have concerns which contact through the normal channels of the Chair, Chief Executive or Finance Director has failed to resolve or for which such contact is inappropriate.

9.3 A person appointed as the Senior Independent Director shall cease to be eligible to continue serving as the Senior Independent Director if s/he ceases to be a Non-Executive Director and the Senior Independent Director's term of office may be terminated by a majority of not less than 75% of the Governors present and voting at a meeting of the Council of Governors on the recommendation of the Chair.

ANNEX 6 – FURTHER PROVISIONS

1. Eligibility for Membership

It is the responsibility of Members to ensure their eligibility and not the Trust, but if the Trust is on notice that a Member may be disqualified from Membership, the Trust shall carry out all reasonable enquiries to establish if this is the case.

2. Public Constituency

2.1 For the purposes of determining whether an individual lives in an area specified as an area for Public Constituency, an individual shall be deemed to do so if:

2.1.1 his/her name appears on the electoral roll at an address within the said area and the Trust has no reasonable cause to conclude that the individual is not living at that address; or

2.1.2 the Trust is otherwise satisfied that the individual lives in the said area.

2.2 An individual who is a Member of the Public Constituency shall cease to be eligible to continue as a Member if s/he ceases to live in the area of the Public Constituency of which s/he is a Member save as may otherwise be provided in this paragraph 2.

2.3 Where a Member of a Public Constituency ceases to live permanently in the area of the Public Constituency of which s/he is a Member s/he shall forthwith advise the Trust that s/he is no longer eligible to continue as a Member and the Trust shall forthwith remove his/her name from the Register of Members unless the Trust is satisfied that the individual concerned lives in some other area of a Public Constituency of the Trust. Where the Trust is satisfied that such an individual continues to live in the area of a Public Constituency of the Trust it shall, if the individual so requests, thereafter treat that individual as a Member of that other Public Constituency and amend the Register of Members accordingly provided the Trust has given that individual not less than 14 days' notice of its intention to do so.

2.4 Where a Member ceases to live temporarily in the area of the Public Constituency of which s/he is a Member, the Trust may permit that individual nonetheless to remain on the Register of Members for that Public Constituency if it is for good cause satisfied that the absence is of a temporary duration only and that the Member will either return to live in the area of that Public Constituency of which s/he is a Member or will live in some other part of the area of the Trust in which case the provisions of paragraph 2.1 shall apply as appropriate.

3. Staff Constituency

3.1 A Member of a Staff Class will cease to be eligible to be a Member of that Staff Class if they no longer meet the eligibility requirements of paragraph 7 of the Constitution and of Annex 2.

3.2 Where an individual is a Member by virtue of their eligibility to be a Member of a Staff Class and they cease to be eligible for Membership of that Staff Class but are eligible for Membership of some other Staff Class then the Trust may give notice to that Member of its intention to transfer him/her to that other Staff Class on the

expiration of a period of time or upon a date specified in the said notice and shall after the expiration of that notice or date amend the Register of Members accordingly.

4. Membership Termination of Tenure

4.1 A Member shall cease to be a Member if:-

4.1.1 they cease to be entitled under this Constitution to be a Member of any of the Public Constituencies or one of the classes of the Staff Constituency;

4.1.2 they resign by notice in writing to the Secretary;

4.1.3 they die;

4.1.4 they are expelled under this Constitution;

4.1.5 if it appears to the Secretary that they no longer wish to be involved in the affairs of the Trust as a Member, and after enquiries made in accordance with a process approved by the Council of Governors they fail to establish that they have a continuing wish to be involved in the affairs of the Trust as a Member.

5. Board of Directors: Disqualification

5.1 In addition to the grounds of disqualification set out in Sections 24 - 26 of the Constitution, a person may also not be or continue as a Director of the Trust if:

5.1.1 in the case of a Non-Executive Director, s/he no longer satisfies the relevant requirements for appointment;

5.1.2 s/he is a person whose tenure of office as a chair or as a director of a Health Service Body has been terminated on the grounds that his/her appointment is not in the interests of public service, or for non-disclosure of a pecuniary interest;

5.1.3 s/he has within the preceding two years been dismissed, otherwise than by reason of redundancy, by the coming to an end of fixed term contract or through ill health, from any paid employment with a Health Service Body;

5.1.4 information revealed by a DBS check is such that it would be inappropriate for him/her to become or continue as a Director on the grounds that this would adversely affect public confidence in the Trust or otherwise bring the Trust into disrepute;

5.1.5 in the case of an Executive Director, s/he is no longer employed by the Trust;

5.1.6 s/he is a person who has had their name removed by a Direction under Section 154 of the 2006 Act from any list prepared under Part 4 of that Act, and have not subsequently had their name included on such a list;

5.1.7 s/he is the subject of a disqualification order made under the Company Directors' Disqualifications Act 1986;

5.1.8 s/he has failed to sign and deliver to the Secretary in the form required by the Board of Directors confirmation that s/he accepts the Trust's Standards of Business Conduct Policy;

5.1.9 s/he has failed or refused to undertake any training which the Board of Directors requires all Directors to undertake;

5.1.10 s/he is a partner or spouse of an existing Director.

6. Governors and Directors: Communication and Conflict

6.1 Summary

This paragraph describes the processes intended to ensure a successful and constructive relationship between the Council of Governors and the Board of Directors. It emphasises the importance of informal and formal communication, and confirms the formal arrangements for communication within the Trust. It suggests an approach to informal communications, and sets out the formal arrangements for resolving conflicts between the Council of Governors and the Board of Directors.

6.2 Informal Communications

6.2.1 Informal and frequent communication between the Lead Governor, Governors and the Directors is an essential feature of a positive and constructive relationship designed to benefit the Trust and the services it provides.

6.2.2 The Chair shall use his/her reasonable endeavours to encourage effective informal methods of communication including:

(a) participation of the Board of Directors in the induction, orientation and training of Governors;

(b) development of special interest relationships between Non-Executive Directors and Governors;

(c) discussions between Governors and the Chair and/or the Chief Executive and/or Directors through the office of the Secretary;

(d) involvement in Membership recruitment and briefing at public events organised by the Trust.

6.2.3 Governors will be given information on to whom they should report operational issues.

6.3 Formal Communication

6.3.1 Some aspects of formal communication are defined by the constitutional roles and responsibilities of the Council of Governors and the Board of Directors respectively.

6.3.2 Formal communications initiated by the Council of Governors and intended for the Board of Directors will be conducted as follows:

(a) specific requests by the Council of Governors will be made through the Company Secretary to the Chair to the Board of Directors;

(b) any Governor has the right to raise specific issues to be put to the Board of Directors at a duly constituted meeting of the Council of Governors through the Chair. Such issues should be raised with the Chair (or, if it involves the Chair then the Deputy Chair) no less than 10 working days before the meeting in order to be included in the agenda. In the event of disagreement, two thirds of the Governors present must approve the request. The Chair will raise the matter with the Board of Directors and provide the response to the Council of Governors;

(c) joint meetings will take place as and when and in the form as, appropriate between the Council of Governors and the Board of Directors.

6.3.3 The Board of Directors may request the Chair to seek the views of the Council of Governors on such matters as the Board of Directors may from time to time determine.

6.3.4 Communications initiated by the Board of Directors and intended for the Council of Governors will be conducted as follows:

(a) request the Chair to seek the view of the Council of Governors on the Board of Directors' proposals for the Strategic Direction and the Annual Plan;

(b) presentation and approval of annual accounts, annual report and auditor's report;

(c) request the Chair to seek the view of the Council of Governors on the Board of Directors' proposals for developments;

(d) request the Chair to seek the view of the Council of Governors on Trust Performance;

(e) request the Chair to seek the view of the Council of Governors for involvement in service reviews and evaluation;

(f) request the Council of Governors to seek views of the Membership on proposed changes, plans and developments.

6.3.5 Formal communications will normally be conducted as follows:

(a) attendance by the Board of Directors at a meeting of the Council of Governors;

(b) formal reports or presentation by non-executive Directors to a meeting of the Council of Governors;

(c) inclusion of minutes for information on the Agenda of a meeting of the Council of Governors;

(d) reporting the views of the Council of Governors to the Board of Directors through the Chair or Lead Governor;

(e) Governors attend meetings in public of the Board of Directors as observers.

6.3.6 Wherever possible and practical, written communications will be conducted by e-mail, and meetings by video-conferencing.

6.4 Resolving Conflict

6.4.1 The Council of Governors and the Board of Directors must be committed to developing and maintaining a constructive and positive relationship. The aim at all times is to resolve any potential or actual differences of view quickly, through discussion and negotiation.

6.4.2 If as the first step, the informal efforts of the Chair do not achieve resolution of a disagreement or a conflict, the Chair will follow the process described in paragraph 7.4.3 below. The aim is to resolve the matter at the first available opportunity, and only to escalate to the next step if the step taken fails to achieve resolution.

6.4.3 In the event of a conflict between the Council of Governors and Board of Directors, the following action will be taken, in the sequence shown:

(a) the Chair will call a Resolution Meeting of the members of the Council of Governors and Board of Directors, to take place as soon as possible, but no later than twenty working days following the date of the request. The meeting must comprise of two thirds of the Membership of the Council of Governors and two thirds of the membership of the Board of Directors. The meeting will be held in private. The Agenda and any papers for the meeting will be issued in accordance with the Standing Orders of the Council of Governors. The aim of the meeting will be to achieve resolution of the conflict. The Chair will have the right to appoint an independent facilitator to assist the process. Every effort must be made to reach agreement;

(b) if a Resolution Meeting of the members of the Council of Governors and Board of Directors fails to resolve a conflict, the Board of Directors will decide the disputed matter;

(c) if, following the formal Resolution Meeting, and the decision of the Board of Directors, the Council of Governors considers that implementation of the decision will result in the Trust failing to comply with its Constitution, the Council of Governors will refer the specific issue of non-compliance to NHS Improvement/England.

6.4.4 The right to call a Resolution Meeting rests with the following, in the sequence of escalation shown:

(a) the Chair;

(b) the Chief Executive;

(c) two thirds of the members of the Council of Governors;

(d) two thirds of the members of the Board of Directors.

7. Indemnity

Members of the Council of Governors and Board of Directors who act honestly and in good faith will not have to meet out of their personal resources any personal civil liability which is

incurred in the execution or purported execution of their Board functions, save where they have acted recklessly. Any reasonable costs arising in this way will be met by the Trust and the Trust shall have the power to purchase suitable insurance or make appropriate arrangements with the National Health Service Litigation Special Health Authority or successor body to cover such costs.

8. Validity of Actions

No defect or deficiency in the appointment or composition of the Council of Governors or the Board of Directors shall affect the validity of any action taken by them.

9. Registers

9.1 The Company Secretary shall be responsible for compiling and maintaining the Registers. Removal from any Register shall be in accordance with the provisions of this Constitution. The Secretary shall update the registers with new or amended information as soon as is practical and in any event within 14 days.

9.2 Register of Members

9.2.1 Members must complete and sign an application in the form prescribed by the Company Secretary; and

9.2.2 the Company Secretary shall maintain the Register of members will be in two parts. Part 1 shall include the name of each Member Registers (see section 32 and 33) and the Constituency or class to which they belong and shall be open to inspection by the public in accordance with paragraph 33 of this Constitution. Part 2 shall contain all the information from the individual's application form and shall not be open to inspection by the public nor may copies or extracts from it be made available to any third party. Notwithstanding this provision, the Trust shall extract such information as it needs in aggregate to satisfy itself that the actual Membership of the Trust is representative of those eligible for Membership.

9.3 Register of Members of the Council of Governors

The Register shall list the names of members of the Council of Governors, their category of Membership of the Board (public, staff or organisation represented) and an address through which they may be contacted which may be the Secretary.

9.4 Register of Interests of the Members of the Council of Governors

Each member of the Council of Governors shall complete and sign a form as prescribed by the Secretary setting out interests to be declared in accordance with the Standing Orders and the register shall contain the names of all members of the Council of Governors and any interests declared including no interests.

9.5 Register of Interests of Directors

The Register shall list the names of Members of the Board of Directors, their capacity on the Board and an address through which they may be contacted which may be the Secretary.

Each Member of the Board of Directors shall complete and sign a form as prescribed by the Company Secretary setting out any interests to be declared in accordance

with the Standing Orders for the Board of Directors and the Register shall contain the names of all members of the Board of Directors and any interests declared including no interests.

10. Auditor

10.1 A person may only be appointed auditor if s/he (or in the case of a firm each of its members) is a member of one or more of the following bodies:

10.1.1 the bodies mentioned in section 3(7)(a) to (e) of the Audit Commission Act 1998; or

10.1.2 any other body of accountants established in the United Kingdom and approved by NHS Improvement/England.

11. Accounts

11.1 The following documents will be made available to the Comptroller and Auditor General for examination at his/her request:

11.1.1 the accounts;

11.1.2 any records relating to them; and

11.1.3 any report of the auditor one them.

11.2 In preparing its annual accounts, the Trust is to comply with any directions given by NHS Improvement/England with the approval of the Treasury as to:

11.2.1 the methods and principles according to which the accounts are to be prepared; and

11.2.2 the information to be given in the accounts.

11.3 The Trust must:

11.3.1 lay a copy of the annual accounts, and any report of the auditor on them, before Parliament; and

11.3.2 once it has done so, send copies of those documents to NHS Improvement/England.

11.4 Annual reports and forward plans

11.4.1 The annual report submitted by the Trust to NHS Improvement/England in accordance with paragraph 39.1 is to give:

(a) information on any steps taken by the Trust to secure that (taken as a whole) the actual Membership of its public constituencies is representative of those eligible for such Membership; and

(b) any other information NHS Improvement/England requires.

11.4.2 The Trust is to comply with any decision NHS Improvement/England makes as to:

11.4.3 the form of the reports;

11.4.4 when the reports are to be sent to it; and

11.4.5 the periods to which the reports are to relate.

ANNEX 7 – ANNUAL MEMBERS' MEETING

1. ANNUAL MEMBERS' MEETING

1.1 The Trust shall publicise and hold an annual meeting of its members ('Annual Members' Meeting') prior to 30 September each year (unless the circumstances of para 16.5 apply).

1.2 The following documents are to be presented to the members and governors of the Trust at the Annual Members' Meeting by at least one member of the Board of Directors in attendance.

1.2.1 the annual accounts;

1.2.2 any report of the auditor on them; and

1.2.3 the annual report.

1.3 There may be times and reasons that the Annual Members' Meeting may be held "virtually online" and not face to face. The Chair will decide these times in consultation with the Lead Governor and Board of Directors.

2. ADMISSION OF THE PUBLIC AND PRESS

2.1 Members, the public and representatives of the press shall be afforded facilities to attend the Annual Members' Meeting.

2.2 The Chair (or Deputy Chair) shall give such directions as s/he thinks fit in regard to the arrangements for meetings and accommodation of members, the public and representatives of the press such as to ensure that business shall be conducted without interruption and disruption.

2.3 Members, the public or representatives of the press are not permitted to record proceedings in any manner unless with the express prior agreement of the Chair (or Deputy Chair). Where permission has been granted, the Chair (or Deputy Chair) retains the right to give directions to halt recording of proceedings at any point during the meeting. For the avoidance of doubt, "recording" refers to any audio or visual recording, including still photography, or use of social media.

3. CHAIR

3.1 The Chair, if present, shall preside at the annual members meeting. If the Chair is absent from the meeting the Deputy Chair shall preside.

3.2 If the Chair is absent from a meeting temporarily on the grounds of a declared conflict of interest the Deputy Chair, if present, shall preside.

4. NOTICE OF MEETING

4.1 The Company Secretary shall give at least fourteen days notice of the date and place of the Annual Members' Meeting to all Governors. Notice will also be published in communications to Trust members and on the Trust's website. The

notice of the meeting will specify the business proposed to be transacted at it, and will be signed by the Chair or Secretary.

4.2 Lack of service of the notice on any Governor shall not affect the validity of a meeting.

4.3 Before the Annual Members' Meeting, a notice of the meeting, specifying the business proposed to be transacted at it, and signed by the Chair or by an officer of the Trust authorised by the Chair to sign on his/her behalf shall be placed on the Trust's website and shall be delivered to every Governor by e-mail or sent by post to the usual place of residence of such Governor if e-mail facility not available, so as to be available to him/her at least three clear days before the meeting.

5. PRESENTATION OF THE ANNUAL ACCOUNTS AND REPORTS

5.1 The following documents are to be presented to the members of the Trust at the Annual Members' Meeting by at least one member of the Board of Directors in attendance.

5.1.1 the annual accounts;

5.1.2 any report of the auditor on them; and

5.1.3 the annual report.

6. AMENDMENT OF THE CONSTITUTION

6.1 Where an amendment is made to the Constitution in relation the powers or duties of the Council of Governors (or otherwise with respect to the role that the Council of Governors has as part of the Trust):

6.1.1 at least one member of the Council of Governors must attend the next Annual Members' Meeting and present the amendment(s), and

6.1.2 the Trust must give the members an opportunity to vote on whether they approve the amendment.

6.2 If more than half of the members present and voting approve the amendment, the amendment continues to have effect; otherwise, it ceases to have effect and the trust must take such steps as are necessary as a result.

7. QUORUM

7.1 20 members of the Trust excluding Directors and governors of the Trust. However, in extremis (*see para 16.5*), the Chair may decide to review the terms of the meeting.

7.2 Where the Annual Members' Meeting is combined with a Council of Governors meeting for the purpose of receiving the annual accounts and reports, the quorum of the Council of Governors shall also apply.

8. VOTING

8.1 Every question at a meeting will be determined by a majority of the votes of the members present and voting on the question and, in the case of an equality of votes, the person presiding shall have a second or casting vote.

8.2 As members, governors may vote at the Annual Members' Meeting except where the matter under consideration is a Constitution amendment regarding the powers or duties of the Council of Governors (or otherwise with respect to the role that the Council of Governors has as part of the Trust).

8.3 With the exception of the Chair, Directors may not vote at the Annual Members' Meeting.

8.4 All questions put to the vote shall, at the discretion of the Chair, be determined by oral expression or by a show of hands.

8.5 If a majority of the members present so request, the voting on any question may be recorded to show how each member present voted or abstained.

8.6 If a member so requests, his/her vote shall be recorded by name upon any vote

8.7 In no circumstances may an absent member vote by proxy. Absence is defined as being absent at the time of the vote.

9. MINUTES

9.1 The names of Governors, Directors and Members present at the meeting shall be recorded.

9.2 The Minutes of the proceedings of a meeting shall be drawn up and maintained as a public record and submitted for final agreement at the next ensuing meeting where they will be signed by the person presiding at it.

9.3 They may be circulated for information prior to the next year's meeting and interim agreement of accuracy acknowledged by the Council of Governors (CoG) .

9.4 Minutes shall be made available to the public in draft (interim CoG accuracy approved) format and then once finally approved at the next AMM.

9.5 No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate. Any amendment to the minutes shall be agreed and recorded.

10. AGENDA

10.1 A governor or member desiring a matter to be included on an agenda shall make his/her request in writing to the Chair at least ten clear days before the meeting is notified to Governors and members. Requests made less than ten days before a meeting is notified to Governors may be included on the agenda at the discretion of the Chair.

11. MOTIONS

11.1 A Governor or member of the Trust desiring to move or amend a motion shall send a written notice thereof at least ten clear days before the meeting is notified to Governors to the Chair, who shall insert in the agenda for the meeting all notices so received subject to the notice being permissible under the appropriate regulations. This paragraph shall not prevent any motion being moved without notice during the meeting, on any business mentioned on the agenda.

11.2 A motion or amendment once moved and seconded may be withdrawn by the proposer with the concurrence of the seconder and the consent of the Chair.

11.3 The mover of a motion shall have a right of reply at the close of any discussion on the motion or any amendment thereto.

11.4 When a motion is under discussion or immediately prior to discussion it shall be open to a Governor or member to move:

(i) An amendment to the motion.

(ii) The adjournment of the discussion or the meeting.

(iii) The appointment of an ad hoc committee to deal with a specific item of business.

(iv) That the meeting proceed to the next business.*

(v) That the motion be now put to a vote.*

In the case of sub-paragraphs denoted by * above, to ensure objectivity motions may only be put by a Governor who has not previously taken part in the debate.

11.5 No amendment to the motion shall be admitted if, in the opinion of the Chair of the meeting, the amendment negates the substance of the motion.

12. CHAIR'S RULING

12.1 Statements of Governors and members shall be relevant to the matter under discussion at the material time and the decision of the Chair of the meeting on questions of order, relevancy, regularity and any other matters shall be observed at the meeting.

H1

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	**Chair and NEDs' Report**		
Report to	**Board of Directors**	**Date**	**15 September 2020**
Author	**Suzy Brain England, Chair of the Board**		
Purpose	Tick one as appropriate		
	Decision		
	Assurance		
	Information		x

Executive summary containing key messages and issues
The report covers the Chair and NEDs' work since the last report presented at Board of Directors in July 2020.
Key questions posed by the report
N/A
How this report contributes to the delivery of the strategic objectives
The report relates to all of the strategic objectives.
How this report impacts on current risks or highlights new risks
N/A
Recommendation(s) and next steps
That the report be noted.

Chair's and NEDs' Report – September 2020

Governors Briefings

Virtual delivery of development and briefing sessions continue for our governors; since the last meeting a total of three sessions have taken place. Governors heard from our Director of Strategy & Transformation, Marie Purdue and Director of Finance, Jon Sargeant, on the trust's approach to the stabilisation, recovery and reset phase necessary to move forward the business following the initial impact of Covid-19. They shared with us the challenges, benefits and innovations and we heard about the plans to harness the learning and restore those services which had been paused, in particular restarting elective activity to address the backlog and reduce waiting lists. They also brought governors up to date with the potential new hospital plans and the Bassetlaw Emergency Village, which will see an upgraded emergency care service at Bassetlaw District General Hospital, appropriately configured and right sized to deliver the highest standards in emergency care.

Last month governors were also briefed on stroke performance by Dr Peter Anderton, Stroke Consultant and Clinical Stroke Lead at DBTH. The session was extremely well received, with Peter clearly demonstrating his wealth of knowledge and passion for the service, continually striving to maintain and improve our strong performance standards

Finally, at the start of this month Dr Alasdair Strachan, Director of Research and Education and his deputy, Dr Sam Debbage, shared with governors an update on all things research. The importance of research and its impact on an organisation's ability to deliver improved care, achieve improved outcomes and improve its use of resources is well recognised and DBTH embraces research at the heart of its business.

Following the introduction of the trust's Research & Development strategy in 2017/18 a marked increase has been noted in the number of approved studies, participants and active specialties. In order to continue to develop as a Teaching Hospital and ultimately to achieve University hospital status a new Education and Research directorate was implemented at the start of 2020 under the executive leadership of David Purdue.

Whilst research had been scaled back since March, the trust has participated in a number of Covid related studies, including the canine study, where dogs are trained to identify Covid positive and asymptomatic carrriers and SIREN which is focused on healthcare workers and looks at whether prior infection with COVID-19 confers future immunity against reinfection.

Council of Governors

July's Council of Governors took place just a few days after our last Board meeting, which was paused in August due to holiday season. The meeting was well attended and took place virtually, via StarLeaf. The meeting followed its usual format and on this occasion Chief Executive, Richard Parker, delivered the opening presentation in which he initially looked back on all we had achieved in the previous financial year, considered our pandemic journey to date and reflected on those patients we had cared for, discharged and sadly lost to the virus. Governors heard of our key achievement during this time, the extensive distribution of PPE, implementation of virtual clinics, redesign of services and changes to patient flow. In recognition of the enormous amount of work undertaken Richard shared plans to hold an event to show our appreciation to DBTH colleagues. Fundraising efforts continued for the memorial rainbow gardens at DRI and BDGH which will create a quiet space to reflect on those who have lost their lives to the virus. Looking forward Richard shared plans to reintroduce elective surgery and gave his thoughts on what the "new normal" may look like.

I shared my commitment to ensure active governor engagement, keeping governors involved and informed during these unprecedented times by the use of virtual meetings. I continue to meet remotely with the Lead and Deputy Lead governors and my non-executive colleagues have now linked with governors who have taken up the opportunity to participate in the NED buddying scheme.

Finally, those non-executive directors responsible for chairing the sub-committees of Board provided an update to governors on their respective business themes, achievements and challenges.

New Partner Governors

Over the last couple of months we have seen some changes to our partner governors, Kathryn Dixon, formerly of Doncaster College & University Centre has now retired, Dr Jackie Hammerton has left Sheffield Hallam University (SHU) to take up a new post out of area and Dr Rupert Suckling stands down from his partner governor role to be replaced by Phil Holmes, Director of Adults, Health & Wellbeing at DMBC. I have shared with all departing governors my appreciation of their time, contribution and professionalism during their terms of office. Tina Harrison, Director of Curriculum and Student Support at Doncaster College will take up Jackie's vacated seat and we await a representative from SHU. I look forward to welcoming our new partner governors in due course.

Governor Effectiveness Survey

Since the last Board meeting the anonymised feedback from the recent governor effectiveness survey has been received. A session facilitated by NHS Providers Member Development Manager, Mark Price and Kim Hutchings, Head of Development & Engagement was held on 5 August with myself, non-exec directors, governors and Trust Board colleagues. The report was shared ahead of the meeting and governors were asked to consider the report and in particular advise if the outcomes were in line with their expectations, to identify the main development areas and consider the actions arising from these from a governor and trust perspective. Specific development areas have now been identified and a programme to address these will be implemented in due course.

Governor Advisory Committee

July's meeting of the Governor Advisory Committee took place by Zoom, the committee, chaired by our Bassetlaw governor, Peter Abell considered the following items:

- Revisions to it's Terms of Reference
- A Q1 progress update of GovernWell and the Governor Support Programme
- National Policy Update from NHS Providers Director of Policy, Miriam Deakin
- An insight into the Governor Focus Conference – now to take place virtually on 3 November 2020. An application to showcase the trust's virtual approach to meetings has been made and a decision is awaited for inclusion in the event
- Approval of changes to GAC election rules ahead of the 2021 election process
- Sharing of local intelligence

Qi Board Process

Work continues to review Board processes, Fiona and the Trust Board office are working closely with Marie Purdue and Martin Howe from NHS Improvement. Initial meetings with both executive and non-executive colleagues have now taken place, in which we consider the current position "state", focus on the future state and determine next steps in the process.

NED Appraisals

Further to my update at July's Board I can now confirm all NED appraisals have been completed. A summary of agreed objectives will be presented to October's Council of Governors meeting.

The organisation has asked me through my appraisal objectives this year to increase our focus on equality, diversity and inclusion. As a result, I have been investigating the trialing of a new

Race Equality Code which we hope to hear more about at the September Board. This will be alongside some proposals to increase the diversity in our board.

Other Meetings

I continue to meet virtually with Richard each week and twice monthly with Hazel Brand and Linda Espey as Lead and Deputy Lead governors. Since my last report I have also had 1:1 discussions with David Purdue, Kirsty Edmondson-Jones, Karen Barnard and have been briefed by Amjid Mohammed on his continuing development of SmartER.

This month I chaired a joint meeting of the Chairs and Chief Executive of the SY&B ICS Acute Federation, where we discussed existing ICS governance arrangements and how we may wish to reshape these in the future. An external governance review is currently underway, led by Attain and feedback via 1:1 discussions with Chairs and Chief Executives is currently being collected.

NHSI/E continue to host a wide selection of virtual events for regional chairs, as do NHS Providers for Chairs and CEOs nationally. At the Chair and Chief Executive Network on 8 September Baroness Dido Harding provided an update for members in her role as Executive Chair of NHS Test and Trace and Chris Hopson, NHS Providers' CEO shared his take on the future of the NHS, it's funding and priorities.

There has been an increase in the number of meetings I attend as a Trustee of NHS Providers. My first three year term is close to an end and elections will soon be held for a wide range of roles on that board.

Linda Pollard, Chair of Leeds Teaching Hospitals has planned a second Yorkshire Chairs event for October 2020.

I continue to represent the wider health economy in Doncaster Chamber of Commerce Board and I am pleased to say they have chosen to honour NHS colleagues in the annual Business Awards.

Annual Members Meting (AMM)

The trust's first virtual AMM will take place next week, colleagues from the Trust Board office and Communications and Engagement are working closely together on the event planning. I will spend time with Comms colleagues on 17th September to film elements of my presentation. I will look forward to updating you on the event in more detail in my next report.

Doncaster CCG also held their virtual AGM on 2 September, reflecting on their achievements in the past financial year.

NED Report

Kath Smart

Kath attended Doncaster CCG's first virtual AGM at the start of September, which reported on key successes and challenges for the health community. She also attended the DBTH NED update meetings and the Council of Governors briefing session on Research delivered by Dr Strachan.

As part of gaining a better understanding of the Trust's quality improvement approach, Kath carried out the Qi Level 1 training day delivered by members of the Qi team which was very interesting, enjoyable and insightful and gave chance to meet other staff also undertaking the training. She also attended the Qi Discharge Pathway "report out" session, which was a multi organisational piece of work to review the arrangements in place for discharge between DBTH, RDaSH and DMBC. The session was very informative with a number of improvements identified across the pathways which need a multiagency approach. The events were built around "Arthur" a fictional patient and mapped out a number of pathways he might need to take and how to make it a seamless, efficient, patient focused process. The actions identified will form part of a project plan and will be reviewed at 30/60/90 days once implemented to track the improvements.

Finally, Kath and Rebecca Joyce resumed their buddying arrangements, meeting in late July to agree the best way forward. Kath also provided a short session on 'Audit Committees in the NHS' to the Corporate Secretariat office to help assist with increased knowledge and understanding.

Pat Drake

Since the last report Pat has attended the Council of Governors meeting and a number of excellent governor briefings. She has attended all her assigned committee meetings, notably Finance and Performance and chaired the Quality and Effectiveness Committee (QEC) and the QEC Planning Group.

The Chair undertook Pat's annual appraisal and her objectives were agreed for the next year. There have been a number of NED meetings over this period to enable a catch up with the Chair and Pat has participated in a Board Workshop to move the Qi agenda for the Board forward.

The Organ Donation Committee which Pat chairs had its first meeting for some time, paused due to Covid, and was attended for the first time by the donor family ambassador. It has also been National Organ Donation Week.

To keep in touch with Pat's assigned Division she has had one to one meetings with the Head of Midwifery and the Head of Paediatrics. Pat has also had a "buddy "session with the Medical Director and one to one meetings with Jane Tute, Speciallist Organ Donation Nurse and Fiona Dunn, Company Secretary.

Sheena McDonnell

Since the last Board meeting in July, Sheena has attended and presented at the Council of Governors, chaired a briefing and development session for governors on the Trust's approach to Research and Education and attended the preparation for and delivery and discussion of the findings from the Governors effectiveness review.

As well as meeting with the Director of People & OD as part of the buddying role, Sheena has been engaged in consultant recruitment in acute medicine and other HR activities.

Sheena has participated in her one to one with the Chair and along with NED colleagues has attended regular NED and Chair catch ups to keep appraised and updated on activity within the Trust.

Mark Bailey

Since the last report, Mark has continued to work virtually and support the work of his nominated Board sub-committees. Along with other NED colleagues, regular catch-ups with the Chair have continued throughout the summer.

As Digital Champion for the Trust, Mark has engaged with executive leadership to gain assurance around the implementation of priority programmes, such as e-observations and virtual out patients and to encourage further development of our digital strategy.

With the opportunity presented by current NED virtual working, Mark has attended as an observer of the West Yorkshire and Harrogate Health and Care Partnership Board and the NHS Chair's Reset Group; both meetings concentrated on system working. Engagement with Divisional Directors continues and support to governor activity in the form of attendance at the Council of Governors, Governor briefing and development sessions and the NHS Provider feedback on trust governance.

At the end of July Mark had his appraisal and was able to reflect on performance since joining the Trust in February 2020, receive initial feedback from Governors and Directors and agree objectives for the coming year.

Finally, at the end of September, Mark will attend the NHS Provider Induction programme for newly appointed NEDs which was previously postponed due to Covid-19.

Neil Rhodes

Since the last Board report Neil has attended and presented at July's Council of Governor meeting in his role of Chair of the Finance & Performance Committee (F&P). He also chaired this committee at the end of July.

He has undertaken an interim stocktake of F&P matters during August with key execs in preparation of this month's committee meeting.

To keep abreast of activities and developments within the Trust he has joined the Chair and his fellow NED colleagues for regular update meetings.

Neil has met with all four of his buddy governors and established routes of communication with them.

Finally, he attended the Qi session to review Board processes.

Chief Executive's Report
September 2020
Prepared by David Purdue, Deputy Chief Executive

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

An update on the Trust's response to Covid-19

As an organisation, we continue to see a steady decline in both new admissions related to Covid-19, and inpatients staying with us. Throughout August and into September, our numbers have consistently stayed below five for our Covid-19 positive bed occupancy, with many days elapsing without patients requiring intensive care, as well as many consecutive days without admitting any further positive individuals.

At the time of writing this report, there are just three patients with the disease at Doncaster Royal Infirmary, and none at Bassetlaw Hospital. We wish those fighting the illness the very best.

As infection rates begin to rise in the country, we will keep a close eye on any potential rises in admissions and we continue to ask our communities to stay safe, sensible and do everything they can to minimise any potential local outbreaks.

Increasing our clinical capacity following the first-wave of Covid-19

Although the number of new infections requiring admission to hospital remains low, it is important we remain vigilant as Covid-19 is still circulating in our communities. As a result, we simply do not have the option of simply restoring everything to as it was in March, before the pandemic. We need to ensure that appropriate safety measures and suitable arrangements are in place so that both our health professionals and patients benefit from high standards of infection control.

While this is entirely the right thing to do given the circumstances, it does reduce the number of procedures or appointments that can be conducted within our clinics, and therefore it will take us longer to work through the backlog which has increased since March 2020.

While those cases defined as emergencies, or clinically urgent (including cancer services) will remain our priority, we are now working through our waiting lists in chronological order, whilst trying to ensure we keep in regular contact with patients so that if anything changes we can review individual plans.

It is also important to highlight that this work is also happening in tandem with a steady increase in attendances to our Emergency Departments and we are now at pre-Covid levels of attendance. With the autumn and winter months now not too far away the number of patients within this service will only continue to grow.

Like all areas of the Trust, the way that emergency care is being delivered has had to fundamentally change, and as one of the busiest services operated by our Trust, we must continue to restrict visitors and ask that patients are accompanied only in the most urgent of scenarios. While unfortunate and difficult, this is to ensure that we can support social distancing within what are fairly constrained clinical environments.

As a Trust, and as a team of health professionals, we have a lot of work ahead of us with the mammoth task of the initial response to Covid-19 only just behind and we hope that the people of

Doncaster and Bassetlaw continue in their efforts to minimise further outbreaks. Thankfully our communities have seen relatively low levels of Covid-19 infection which I believe is due to the pragmatic attitude of local people who have dug deep, listened to the guidance and have done the right thing. This is enabling us to do our best to bring services back to capacity as soon and as safely as we can.

Governor elections

Elections have begun to appoint seven public representatives to our Council of Governors with our members now asked to vote for their preferred candidate.

Public Governors play a vital role in representing the public and influencing how their local hospitals make plans to improve and develop services.

To vote in these elections, you need to be aged 16 or over and a member of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust – apply at http://www.dbth.nhs.uk

Our Rainbow Garden appeal is fully funded

In late March, colleagues from across the Trust suggested that gardens be created in memory of all the local people who have sadly lost their life to the virus, including our beloved colleagues Kevin Smith and Dr Medhat Atalla.

As such, and to help us remember these colleagues, friends and loved ones, we launched our 'Rainbow Garden' appeal in June, asking the people of Doncaster and Bassetlaw to help us raise money to create a pair of beautiful spaces for the benefit of families and colleagues.

I am enormously pleased to announce that we have successfully completed this fundraiser, surpassing out target of £35,000, with kind donations coming from a number of local businesses and individuals, most notably a cheque for £10,000 from Anpario plc, as well £5,000 from Polypipe. We want to thank everyone who has given generously for this worthwhile project.

Work on the Bassetlaw garden will commence in mid-September, and will be completed by the end of the month, with the Doncaster site to be created shortly after. You can still support the Rainbow Garden's appeal you can donate on the Just Giving
Page: https://www.justgiving.com/crowdfunding/doncaster-bassetlaw or contact the fundraising team on 01302 644244.

DBTH flu vaccination programme

Our programme of flu vaccination will begin on 21 September. Every single member of Team DBTH will have the opportunity to have the jab, and we will be encouraging everyone who is medically able to have it, to do so at their earliest convenience.

We will receive stocks of vaccination in batches, with the final delivery in early November. As such we will be prioritising areas and colleagues who have direct patient contact first before moving on to our corporate staff.

This is the most important flu vaccination season we have ever undertaken and we will working hard throughout the next few weeks to ensure our staff are protected against the illness.

Our first virtual Annual Members Meeting

As a Trust, we will host our first ever virtual Annual Members' Meeting this month.

This is an opportunity to hear about the work and achievements of the organisation in 2019/20. The video-format meeting, will take place on Thursday 24 September and will be available for all members to view online from 6pm onwards.

The meeting will be conducted online but it will follow a similar agenda to previous years. There is an option to submit questions beforehand and members wishing to do so should go to dbth.nhs.uk and search 'Annual Members Meeting' to complete an online submission form.

If you wish to tune in to the meeting on 24 September, head to the website dbth.nhs.uk where a watch link will be provided on the homepage.

Supporting Organ Donation Week

This month, colleagues across the Trust have been encouraging local people to talk about organ donation as the country recognises the impact of this service throughout the next few days.

As of this year, all adults are automatically considered for organ donation when they die – with individuals having to specifically opt out if they wish to be excluded from this process. Organ donation is incredibly important – transplants can save or transform the life of a person and it is estimated that just one organ and tissue donor can help transform the lives of more than 10 people.

In support of Organ Donation Week (7 to 13 September), on the evening of Tuesday 8 September, we illuminated our Doncaster site pink in-line with the nationwide campaign, while our Bassetlaw site will change to a similar hue on Thursday evening at the same time.

If you wish to find out more about the work of NHS Blood and Transport, head to https://www.organdonation.nhs.uk/get-involved/organ-donation-campaigns/

Thank you event

As a 'thank you' for the tremendous effort that colleagues have put into caring for our patients and keeping services running during the challenges of Covid-19, I am enormously pleased to say that we have teamed up with the Yorkshire Wildlife Park to host a pair of 'thank you' events, to be enjoyed by our staff, their families and loved ones.

Over the past few months, each member of staff has worked tirelessly to adapt to new ways of working which has allowed us to continue to care for patients throughout the Covid-19 pandemic. A large number of them have also spent a lot of time away from their families and they themselves have had to deal courageously with additional worries and anxieties of having a loved one fighting this disease on the frontline.

Using donations that were given to us for the benefit of colleagues, we have worked with the Yorkshire Wildlife Park to give all of our colleagues' access to a free ticket each. The tickets are to be used on set days when the Wildlife Park is exclusively reserved for staff and their families.

We have chosen to work with the Wildlife Park because, set over 260 acres of land, we believe it is the best place locally which can offer the space, capacity and facilities needed to safely support a large-scale event for all-staff. The days will have phased entry to ensure there are not any

bottlenecks, and, if necessary, a third day will be booked. This event will replace this year's Annual Star Awards.

We will be closely monitoring Government guidance, and will take any necessary steps to ensure that this event adheres to their proscriptions, including rearranging the dates (which are currently scheduled for October) if necessary.

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

FINANCE AND PERFORMANCE COMMITTEE

Minutes of the meeting of the Finance and Performance Committee
Held on Tuesday 30 June 2020 via StarLeaf Videoconferencing

Present:	Neil Rhodes, Non-Executive Director (Chair) Karen Barnard, Director of People & Organisational Development Pat Drake, Non-Executive Director Rebecca Joyce, Chief Operating Officer Jon Sargeant, Director of Finance Kath Smart, Non-Executive Director
In attendance:	Alex Crickmar, Deputy Director of Finance Fiona Dunn, Company Secretary Richard Parker, Chief Executive (Item FP20/06/B3) Marie Purdue, Director of Strategy and Transformation Katie Shepherd, Corporate Governance Officer (Minutes) (KAS)
To Observe:	Suzy Brain England, OBE, Chair of the Board of Directors and Council of Governors Bev Marshall, Governor
Apologies:	None

ACTION

FP20/06/A1 **Welcome and Apologies for Absence (Verbal)**

Neil Rhodes welcomed the Members and attendees. No apologies for absence were noted.

FP20/06/A2 **Conflict of Interest**

No conflicts of interest were declared.

FP20/06/A3 **Action Notes from Previous Meeting (Enclosure A3)**

The following updates were provided;

Action 3 – On the basis that this action was sent to Pat Drake, this action would be closed;

Action 4 – On the basis that this action would be incorporated to Action 7 - FP20/05/D1 – Committee Reports, this action would be closed;

Action 5 – On the basis that information on 52-week breaches would be reported as part of the Integrated Performance Report, this action would be closed;

Action 6 – On the basis that information on cancer service recovery through the Covid19 period would be included in the Integrated Performance Report, this action would be closed;

Action 7 – On the basis that Committee Reports would be discussed as part of Item B3 – Performance Future Focus Workshop, this action would be closed.

The Committee:

- ***Noted the updates and agreed, as above, which actions would be closed.***

Action: Katie Shepherd would update the Action Log. **KAS**

FP20/06/A4 **Request for Any Other Business (Verbal)**

There were no requests for any other business.

FP20/06/B1 **Operational Briefing – Covid-19 (Verbal)**

Rebecca Joyce provided an Operational Update on Covid-19:

There were no new cases of Covid19 confirmed at DBTH since 29 June 2020. There were 31 Covid19 inpatients, including two on ITU. The year-to-date position was a total of 692 Covid19 positive patients had been treated for Covid19, sixty-two of which were treated on ITU, and there had sadly been a total of 223 deaths. As of 29 June 2020 there was one Covid19 positive patient at Bassetlaw Hospital.

Significant conversations had taken place at a regional level regarding the shrinking down of Covid19 services, to have a Covid19 hub for the region that would be only place to treat Covid19 patients and how this would work clinically including that of transferring Covid19 positive patients to the regional hub.

There was emergent guidance on staff swabbing and to what extent the Trust was required to swab elective patients head of surgery. There was lots of working going through the Stabilisation and Recovery Team, and how services would be stepped up. Decisions had been taken in the past few weeks relating to the stepping up of routine outpatient clinics, with a level of the work being undertaken via video and telephone. An initial plan for the step up of Cardiorespiratory was signed off last week, and the first phase of the extension of theatre capacity commenced yesterday. There were several other areas that were being stepped up in Divisions, and a focus would be taken on the clinical governance of this.

Becky Joyce advised that there had been a significant increase in non-Covid19 and non-elective activity, with 344 patients seen in ED yesterday which was on par with business as usual numbers, but not in the business as usual environment, which was challenging. Pubs open this weekend and therefore incident response was in place to deal with this.

Neil Rhodes asked if there was any prediction or fear of what would take place, factoring the change in public behaviour. Becky Joyce advised that an ICS Healthcare Group took place last week with CEOs and COOs on the call, however Becky was on annual leave and had not received any feedback to date.

Jon Sargeant advised the Committee that the Stabilisation and Recovery process was not running as smoothly as anticipated, and noted that the level of engagement had been disappointing. This would be discussed and resolved at the Executive Team meeting that week. A particular area of concern noted was the governance around managing the waiting lists and the acceptance that due to the pandemic the situation was very different. Jon Sargeant noted that this public should be aware that in the step-down of activity and the preparation for the Covid19 outbreak, staff were full of energy, however after three-to-four months of exceptionally difficult times, the stepping up of activity would be tricky. Marie Purdue agreed and noted that it was expected that the stepping up of services was always going to be more difficult that the stepping down of services.

Jon Sargeant highlighted the Leicester lockdown that had been in the media today due to an increase in positive Covid19 cases in the city, and the indication that Doncaster was the next on the list as the quickest rising area for Covid19 positive cases, however this doesn't fit with the information the Trust has, and the number reported in the media don't match that of the Trusts.

Pat Drake noted the patch wide/ICS response to Covid19 going forward however questioned if a contingency plan had been built into this in the event of a local spike in Covid19 cases, particularly with the stepping back up of services and the reduction of ITU beds.

Suzy Brain England reiterated Jon Sargeants question about the media suggestion; and asked if there would be a local authority and/or voluntary sector incident response in Doncaster Town Centre over the weekend due to the reopening of pubs.

Becky Joyce advised that there would be a Place wide response and partnership discussions would take place to coordinate this Pubs would have an earlier closing time of 21:00. Becky Joyce added that a call would be established in the lead up to the weekend so that actions were in place to react quickly to the potential of higher volumes requiring healthcare. Various actions had been undertake internally to get the Emergency Department ready for the higher levels of expected activity over the weekend including robust staffing rota, an extension of the ambulatory care unit and the team were liaising with Trauma and Orthopaedics. A Hub would be set up in Doncaster Town Centre to provide care away from the site. Essentially the Trust was preparing for a response similar to a bank holiday weekend, however noted that this would be more difficult in light on Covid19.

Becky Joyce noted it would be helpful to have oversight of the clinical governance process at the Quality and Effectiveness Committee.

Marie Purdue advised, in response to Pat Drakes question, that each of the Trusts in the SYB region would take part in a scenario work planning session. Each Trust had been given a different scenario with the Trusts being around the response of dealing with a second peak of Covid19. In readiness for this session a meeting had taken place to identify different contingencies that could be put in place in the scenario and what decisions would need to be taken operationally in the eventually of a second spike of Covid19. Marie Purdue noted that she had received a draft copy of the Doncaster Community Outbreak Response paperwork which was centred on prevention,

discussion, rapid assessment, remobilisation and support. Marie would circulate to the Committee once the approved document had been sent.

Suzy Brain England asked what the plan was for returning the business as usual numbers in the Covid19 world, particularly with the threat of a local lockdown was Covid19 cases increase significantly. Becky Joyce advised that the ED Team have reviewed how they can make operational changes to create additional capacity for non-Covid19 patients. David Purdue had been involved in these discussions, however it was noted that there was still some time to plan for the potential increases expected in ED.

Action: ***Marie Purdue would circulate the Doncaster Community Outbreak Response paperwork to the Committee once received.*** **MP**

The Committee:

- ***Noted the verbal Operational Briefing on Covid-19.***

FP20/06/B2 **Phase 2 of Covid-19 Recovery Operational Plan including Outpatients and Dr Dr (Verbal)**

Becky Joyce advised that a plan had been put together to detail by speciality, how they plan to move forward to video or telephone appointments or what plans were in place to increase activity and what could be switched on or off quickly dependant on the situation Dr Doctor would be a significant technical enabler of this. It was agreed that this paper would be presented at the next Finance and Performance Meeting.

Kath Smart highlighted a follow up question from the Board of Directors Meeting that took place on 16 June 2020 relating to fatigue of key staff that were heavily involved in the stepping down of services and would continue to be heavily involves in the stepping up of services and asked what could be done to support them with rest, recovery and motivation. It was mentioned at the Board of Directors meeting that staff were being paid overtime however this doesn't necessarily meant that staff were getting the recovery that they need. Becky Joyce advised from an operational point of view work needed to be undertaken on a shared understanding and commitment to processes and what decisions need to be made at a Divisional and organisational level. Jon Sargeant advised that this discussion would take place at the Executive Team meeting.
Karen Barnard added that there was lots of wellbeing work being undertaken including tips and techniques in ensuring staff were able to take time off, but also to ensure that senior managers have the support to be able to support junior members of staff. Focus groups would be set up to understand how staff have felt throughout the pandemic and the Staff Friends and Family Test was circulated last week and therefore this would provide feedback from staff.
Neil Rhodes noted an understanding of the pressures staff have faced and would continue to face, however advised that if Executives were content to share any problem for discussion and solutions then they were happy to do so.

Pat Drake advised that having been a more junior manager in the past, it was clear guidance that was required for lower level members of staff, otherwise less than optimum operational and clinical decisions may be made. This would include things such as bed management. This was an urgent discussion that should take place.

***Action:* Phase 2 of Covid-19 Recovery Operational Plan including Outpatients and Dr Dr would be presented at the Finance and Performance Committee meeting on July 2020.** **MP**

The Committee:

- ***Noted the Integrated Performance Report – April 2020.***

FP20/06/B3 **Integrated Performance Report – May 2020/Performance Future Focus Workshop (Enclosure B3)**

Integrated Performance Report – May 2020

Rebecca Joyce provided the highlights of the report including:

4 Hour Access

- The Trust delivered 94.7% against a national target of 95%, and a local target of 92% against 4 hour access. This was an improvement from April 2020, however was in light of reduced activity;
- Changes in place within the ED have contributed this this achievement including early senior assessment of patients, a system the ED Team call 'super tracking' which builds on the early senior assessment model; and the use of the Emergency Assessment Unit and establishing additional pathways that go through that unit;
- The ED Team also provide senior leadership cover until 22:00 each day, and a shift system in place to help coach and develop on the group leadership to help manage the flow of patients;
- Sustaining some of the changes recently implemented would be dependent on the wider cultural shift.

Elective

- The Trust delivered 72.3% performance within 18-weeks for May 2020. National guidance on performance monitoring was due to be received in late June 2020, however it had not yet been received;
- The Trust had reported 17 x new 52 week breaches in May 2020, plus an additional 10 carried over from the previous month. All 52-week breaches were category four patients that were not clinically urgent. All breaches were due to Covid19 delays;
- There was a significant capacity and demand piece of work required to understand the theatre capacity and to help shape the plan for the longer-term;
- Cancer performance for April 2020 demonstrated a broadly good performance, with the exception of national 62-day screening reporting where challenges had been seen. There were delays in investigations and some delays from patient choice and treatment changes due to Covid19;
- All Stroke standards were achieved with the exception of 'Direct Admission within 4 Hours', which continued to be an area of focus for the Stroke Unit. The delay of direct admission within 4 hours was due to the late diagnosis of Stroke.

Jon Sargeant noted an internal RTT trajectory of 70.1% in the Integrated Performance Report and asked where this had come from as it demonstrates a 72.3% achievement

against a local trajectory. Becky Joyce advised that she would pick this up with her team to ensure there was consistent narrative to support the achievement of local trajectories within the report.

Neil Rhodes advised that the 'at a glance' chart within the report was looking smarter and tighter, however noted that the usual review of peer benchmarking that was a month behind meant that this data was not as valuable as normal.

Performance Future Focus Workshop

Pat Drake advised that in order for the Committee Non-Executive Directors to be assured, modelling of the capacity and demand was required. It should be known at what point demand would meet capacity to result in a situation where there was no bed availability. Pat Drake noted that the Trust needed to move into a proactive phase whilst factoring in when targets would be breached in areas such as diagnostic two-week wait and cancer services. It was known that there were tertiary issues with cancer services, but there should be a model of what was required to push the services forward. Pat Drake advised that she did not think that the Committee could discuss targets when it wasn't known what the Trust capacity was.

Jon Sargeant advised that the Trust was awaiting on the planning guidance to assist in this work, however it wasn't known when it would be received. There was a central resource available to assist with diagnostics if the extra resource was required. In terms of what the national targets would be, it was expected that Trusts would be asked to undertake extra work as a System, and it would be the System that should produce the plan to achieve this. Becky advised that there would need to be a mix of both national standards and local trajectories so that the Committee can be assured of a wider range of performance.

Neil Rhodes advised the Committee that it was expected that the Committee utilise this meeting to put respective thoughts together in relation to what matters and what would be measured going forward, and not what targets should be set. Marie Purdue noted that it was not expected that the national guidance would be similar to the regional model that was discussed at the last Board meeting.

Karen Barnard reflected that she would be keen to discuss how it was determined what each of the Board Committees need sight of and equally what then feeds into Board form each of those Committees. Karen Barnard advised that in relation to workforce data there were no national indicators, just locally derived ones, which were benchmarked against other organisations however as model hospital was so far behind with the updating of data, this was unable to be done.

Neil Rhodes agreed that there should be clear pathway of what data was received where. Pat Drake advised that the discussion was more operational than assurance based and noted that Executives should had the key discussions then present the modelling to the Non-Executive Directors.

Suzy Brain England noted that it was important that members of staff have time off to recharge; and added that it was quite difficult to keep up to date with the different streams of information received nationally, regionally and locally and therefore advised that planning should be undertaken prior to being presented to the Committees for

assurance. The speed of change was recognised and Suzy Brain England asked if the QI Team could undertake a deeper analysis of what information was received at each Committee meeting to ensure that duplication was avoided, and to ensure that data was received at the right place.

Jon Sargeant agreed that when the metrics were agreed they would need to have the attributes to be SMART and to move the Trust towards its goals, however noted that it was difficult to agree the metrics without having received the planning guidance. Data received in reports needs to be understandable and have monitoring capabilities.

Marie Purdue advised that a balance score card approach be taken to understand the demand, quality and cost which would assist with the planning, however it must be noted that new metrics must be flexible to incorporate new things as they arise as it was an ever-changing environment. Marie Purdue was drafting a paper on the improvement and next steps that would be presented at the next Board of Directors meeting.

Neil Rhodes noted the big challenge presented to the Trust as it starts to unlock the mass of latent demands for services including that of the number of operations that have not been undertaken during the Covid19 pandemic. Neil Rhodes noted that he wanted assurance in the form of a profiled picture of the demand, calibrated and tracked on a monthly basis. Neil Rhodes presented a hand drawn example of a graph which demonstrates month on month trends against activity for different metrics. Becky Joyce noted the helpful graph but advised that there was a lot of data that Information Services produce on a weekly basis that looks like the hand drawn graph which would set the foundation for this type of data required. Jon Sargeant added that although the presentation of data in this format was achievable, it was difficult because of the work it would require to be undertaken in the data warehouse, and advised that if the metrics were changed too frequently it would create copious amounts of work to do so. Jon Sargent suggested that this item be brought back to the Committee for July 2020 with the Information Services Team present so that they could present what they can share to lead to a discussion and agreement of how the data would be presented in the future.

Neil Rhodes noted that the Committee wished to gain assurance on the overview of the biggest issues the Trust was facing presently and suggests that this was done by speciality.

Suzy Brain England expected that the measurements of performance would change significantly from how long a patient had been waiting to a measurement of urgency of care, and therefore an assessment of how the Trust prioritises these patients would be required.

Kath Smart noted that the reason data was published at Board level was because of the requirement in patient charter, and noted that the auditors had made a point that the Trust should reduce the number of ad hoc requests there were for data as the data warehouse was core to ensuring there was adequate reporting the Trust, and therefore asked that it be clarified how this would be monitored internally and how it would then feed into each Committee.

It was agreed that Executive colleagues would advise of what KPIs and delivery points could be measured and monitored for each Division and speciality going forward. This would be discussed at the July 2020 meeting.

Bev Marshall asked if the Trust was preparing for the potential of a local lockdown as it would be interesting to see how the current Leicester lockdown develops and to utilise this as a model for learning from.

Richard Parker, Chief Executive joined the meeting.

Richard Parker advised that that he had spoken to Dr Rupert Suckling, Director of Public Health Doncaster who had confirmed that the article was not consistent with the information discussed at the Public Health Yorkshire meeting that took place the previous week. The information in the media was misleading and in comparison to other local areas we have the least new cases. The Communications and Engagement Team would put out a statement to inform the public of this. The reason for the Leicester lockdown was because they had over half of all new cases in England.

Richard Parker left the meeting.

Action: ***Rebecca Joyce would ensure that there was narrative to support the achievement of local trajectories within the Integrated Performance Report.*** **RJ**

Action: ***Performance Measures would be added to the agenda for discussion in July 2020. Performance Measures would be added to the agenda for a discussion in July 2020. In the interim, Neil Rhodes will meet with Jon Sargeant and Julie Thornton to discuss workshop feedback and how the presentation might be adapted to meet that feedback without significant extra work or duplication.*** **KAS**

The Committee:

- ***Noted the Integrated Performance Report – May 2020.***

FP20/06/B4 **Service Efficiency and Effectiveness - Wheelchairs (Enclosure B4)**

Neil Rhodes noted the report and asked Pat Drake for comments as this was a particular area of interest. Pat Drake advised that this was a good piece of work, and hoped that the patients get to the departments as speedily as they have been, including Theatres. It was agreed that and update on the efficiency and effectiveness of wheelchairs should form part of the Estates and Facility Quarterly Report in the future.

Action: ***The efficiency and effectiveness of the RFID wheelchair service would be incorporated into the Estates and Facilities Quarterly Report.*** **KEJ**

The Committee:

- ***Noted the update on the service efficiency and effectiveness of wheelchairs.***

FP20/06/C1 **Financial Performance – May (Enclosure C1)**

Jon Sargeant provided a detailed update on the financial impact that Covid-19 had on the Trust, which highlighted a small deficit in month of £119k before the retrospective top up, however the Trust had accrued a central retrospective top up payment of £119 in order to report a break even financial position at month 2.

There had been no further contact since Deloittes had been recruited to undertake an audit on Covid19 related spend on NHS organisations.

Jon Sargeant and Alex Crickmar would engage with NHSI to resolve the issue on the block contract, however Jon advised that it would be expected that the block contract would continue post July, however guidance and confirmation had not yet been received. It was expected that North East and Yorkshire would be given a system target which would be delegated to each ICS, and requests for top up payments would be managed by each ICS. Discussions had taken place with the ICS to ensure that there would be a firmer financial grip and to ask that there would be a weekly meeting with Directors of Finance to manage it effectively. The Covid19 Phase 2 Capital bid had been submitted. Kirsty Edmondson-Jones, Director of Estates and Facilities was leading on these meetings and Jon would receive an update shortly. It was noted that the Executive Team would discuss whether CIP (Cost Improvement Programme) schemes would be reintroduced with an indicative figure, however advised it was unknown how this would be delivered.

Jon Sargeant provided the Committee with an update that it was expected that later that day there would be an announcement on the status of the New Build for Doncaster as approved for a budget for the enabling works to take place. Information was requested over the previous weekend from the Department for Health and Social Care and NHSI/E on the scheme. A project group would be created to manage this, including the post of a Programme Director to solely focus on the new build.

Suzy Brain England noted the fantastic news and added that this would be great for Doncaster, where a number of jobs were lost recently due to the Covid19 pandemic.
Suzy Brain England also added that although the new build was in the near future, it would still take several years for it to be built and noted her support in another plea to the Governors and Charitable Funds to support the HSDU development into a new ward to help support a potential second phase of Covid19 and winter pressures.

Marie Purdue asked for an update on the Bassetlaw front door build. Jon Sargeant advised that finance wqere accounted for outside of the capital plan for this year, but an internal decision was made not to go ahead with the work this financial year due to Covid19. David Purdue had relooked at the scheme as in a post Covid19 world there may be slight changes, but Jon was awaiting a response.

Kath Smart asked for clarification on expenditure and income in light of the stepping up of services. Jon Sargeant advised that a paper would go to the Executive Team on how this would go forward but would be reliant on the guidance expected from the centre.

Neil Rhodes handed over to Pat Drake who would continue chairing the meeting in Neils absence. Neil Rhodes and Jon Sargeant left the meeting.

The Committee:

- ***Noted the Financial Performance – May 2020.***

FP20/06/D1 **<u>Workforce Report – May 2020 (Enclosure D1)</u>**

Karen Barnard presented the Workforce Report for May 2020, which highlighted:

Recruitment

The Trust had been asked to return a submission of whether they would be interested in a phase 2 of the Bring Back Staff scheme. The Trust would plan to take part in the second phase, however noted that we would require the appropriately trained nursing staff as there were still gaps in areas.

The second and third year student nurses that were in posts since the start of the pandemic would receive contact from HEE as to when they would return to their student places. The newly-qualified staff would start in post in September 2020. The number of newly qualified midwives starting in post would mean the Trust was at full establishment, excluding the staff that were on maternity leave, sick leave or shielding.

Swabbing

As of 22 June 2020 there had been 513 members of staff test positive for Covid19.

The swabbing capacity had been reduced as the numbers coming through for testing had significantly reduced. Swabbing for staff would no longer take place on a weekend.

The paper presented a report on the numbers of staff within the Trust in relation to their ethnicity and the total percentage of BAME colleagues working in the organisation which was at 9.4%, 13% of which had tested positive for Covid19.

Risk assessments were being pushed to ensure that all colleagues with a risk factor were working safely. The Trust had to submit this data externally with an aim of 100% to be completed within the next four weeks. This would need to be reported internally and on the Board Assurance Framework. An early indication shows that 70% of risk assessments have been undertaken. The risk assessment for forma may be amended, and where necessary those that had undertaken a risk assessment already would had a refresh.

A personal circumstances forms had been created and all staff had been asked to complete one, however Karen Barnard noted that this was not mandatory and some staff had refused to complete the form. The personal circumstances form was in place for managers to understand what the circumstances of each individual was in relation to risk factors associated with Covid19 such as age, ethnicity, and pregnancy. Although some members of staff do not wish to fill out the personal circumstances form, the Trust would demonstrate that 100% of staff have had the opportunity and it was important to make the distinction. The Trust was encouraging all staff to complete a form.

It was anticipated that the Covid19 sickness absence data would demonstrate a reduction for June 2020, however early reports demonstrate that it had not. There would be a review in advance of the next Board of Directors meeting on why this was, as it was understood that the number of Covid19 positive cases had reduced for staff.

Bank and agency spend was lower than reported for May 2019 which was expected but it may increase as staff who were redeployed during the pandemic were returned to their normal roles. Discussions were taking place with NHS Professionals and other agencies to ensure that bank and agency staff minimise movement between Trusts to reduce the risk of transmissions between sites.

Kath Smart asked for clarification why the risk assessment wasn't mandatory, particularly when HSE and display screen equipment risk assessments were mandatory. Karen Barnard advised that there was logic to explain why the risk assessment should be mandatory however it hadn't been confirmed as such. It would be evidenced that conversations had taken place of those that do not wish to undertake a risk assessment to demonstrate that staff had been offered the opportunity to undergo one.
Kath Smart asked if the Trust could triangulate where the indicative issue may be with this and ask how disadvantaged groups feel. Karen Barnard confirmed that the Staff Friends and Family Test had been sent to all staff the previous week asking for open and honest feedback of how they have felt during the pandemic. Focus groups would also be set up which would include BAME colleagues and colleagues that have been shielding to gain insight of their experiences throughout the pandemic.

Bev Marshall asked if the embargo on staff taking annual leave was still in place. Karen Barnard confirmed that this had not been in place for some time and staff had been encouraged to take their leave to get rest and recuperate. The Trust was awaiting on guidance from the Government about the quarantine of citizens upon their return from holidays abroad.
Bev Marshall advised he was aware of a potential problem arising during the summer school holidays as the plans were to close schools and wondered what would happen for hospital staff and key workers during this time and how this would affect the hospital services. Karen Barnard advised that some colleagues may struggle during this time, however they were awaiting of what the guidance would be around lockdown measures as many colleagues rely on grandparents to help out during the holidays. Karen Barnard advised that she would be asking for advice from HR colleagues.

Pat Drake noted that staff who were shielding could go back to work from 1st August 2020 as it would then be deemed safe to do so, however asked how working in a hospital would be a safe place for these individuals. Karen Barnard advised that the Government had issued guidance of what would be a Covid19 safe environment and this would include a risk assessment of the work areas to ensure that they were safe, however the Trust was awaiting further guidance on this.

Suzy Brain England noted that good record keeping of risk assessments was key to ensure that the Trust maintains its duty of care to its employees. This would need to be reciprocated by employees to ensure that they maintain their own personal responsibility for their own safety also.

Suzy Brain England advised that, in relation to bank and agency spend, as the Trusts strategy was to push for zero vacancies that those who were prefer to work as agency or bank should be offered vacancies to minimise the risk of transmission. Karen Barnard advised that in nurse agency there had been discussions take place, and it had been agreed that from July agency staff would not be offered work with the exception of those hard to recruit to areas.

Karen Barnard advised that there were some groups that were reluctant to start in roles during the Covid19 peak due to anxiety and therefore work was required to dispel the worries of those individuals.

Suzy Brain England suggested that the Trust work with Job Centre Plus for non-clinical recruitment as there had been many job losses in Doncaster throughout the pandemic, and to promote working for DBTH as the biggest employer in town with great benefits for employees.

Pat Drake noted the removal of the 'risk of failing to address the effects of the medical agency gap' risk from the Corporate Risk Register and asked if the Trust was being held to account. Karen Barnard advised that any breach of the agency cap would be reported, but the level of risk wasn't high presently. A break glass procedure was in place in which Karen Barnard or Marie Purdue were required to sign off, but work was being undertaken to recruit to medical staff vacancies.

The Trust was in the process of retendering the medical agency supplier and work was being undertaken to standardise the approach across the ICS region.

The Committee:

- ***Noted the Workforce Report for May 2020.***

FP20/06/E1 **Corporate Risk Register (Enclosure E1)**

Fiona Dunn presented the new format of the Corporate Risk Register which was taken to the last Board of Directors meeting. Fiona Dunn added she had been made substantive in the Company Secretary post and therefore advised that, as agreed at Board, that due to changes that had taken place since the start of the Covid19 pandemic, it was an opportune time to refresh toe risks and align them to the True North Objectives of the Trust.

Fiona Dunn had proposed that a meeting take place to focus on this with the Executives and the Senior Responsible Officers for each risk.

The infrastructure would be in place in line with the Corporate Risk Register and Datix with a new Risk Manager coming into post soon. The focus point of view where

The Committee congratulated and welcome Fiona Dunn in her new role as the Company Secretary.

***Action:* A workshop would be planned to align the risk to the True North Objectives.** **FD**

The Committee:

- ***Noted the update on the Corporate Risk Register***

FP20/06/E2 **Draft Committee Annual Report (Enclosure E2)**

Karen Barnard noted that workforce was not mentioned until section 4, and it was therefore agreed that the draft report be reviewed to include this in more detail.

Kath Smart advised that in relation to Section – Committee Effectiveness Review, that the Audit and Risk Committee would undertake a committee effectiveness review and

the same process incorporating the principles and methodology would be aligned to all Committee meetings to maintain a standardised approached.

There were no other comments.

Action: ***Further detail would be included in the draft Committee Annual Report on workforce matters relating to 2019/20.*** **FD**

The Committee:

- ***Agreed to the required amendments to be undertaken by the Company Secretary to include workforce in more detail in the report;***
- ***Noted the Draft Committee Annual Report***

FP20/06/F1 **Escalation (Verbal)**

No issues were identified for escalation to/from:

- F1.1 F&P Sub-Committees;
- F1.2 Board Sub-Committees;
- F1.3 Board of Directors.

FP20/06/G1 **Sub-Committee Meetings (Enclosure F1):**

The Committee:

- ***Noted the minute of the Cash Committee – 15 May 2020.***

FP20/06/G2 **Minutes of the meeting held on 26 May 2020 (Enclosure G2)**

The Committee:

- ***Noted and approved the minutes from the meeting held on 26 May 2020.***

FP20/06/G3 **Committee Work Plan (Enclosure G3)**

The Committee:

- ***Noted the Committee Work Plan.***

FP20/06/G4i **Any Other Business (Verbal)**

None.

FP20/06/G4ii **Date and time of next meeting (Verbal)**

Date: **Tuesday 28 July 2020**
Time: **TBC**
Venue: **Video-Conference**

H4 NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Minutes of the meeting of the Quality and Effectiveness Committee
Held on Tuesday 26 May 2020 via StarLeaf Videoconferencing

Present:
Pat Drake, Non-Executive Director (Chair)
Karen Barnard, Director of People & Organisational Development
Sheena McDonnell, Non-Executive Director
David Purdue, Deputy Chief Executive and Director of Nursing, Midwifery and AHP
Dr Tim Noble, Medical Director
Marie Purdue, Director of Strategy and Transformation

In attendance:
Mark Bailey – Non-Executive Director
Lesley Barnett, Deputy Director of Quality and Governance
Cindy Storer, Acting Deputy Director of Nursing & Midwifery and Allied Health Professionals
Karen Humphries, Clinical Governance & Professional Standards Co-ordinator
Fiona Dunn, Acting Deputy Director Quality Governance / Company Secretary
Rosalyn Wilson, Corporate Governance Officer (Minutes)

To Observe:
Clive Tattley, Partner Governor
Peter Abell, Public Governor

Apologies:
None

ACTION

Q26/05/A1 **Welcome and Apologies for Absence (Verbal)**

Pat Drake welcomed the members and attendees and the apologies for absence were noted.

Q26/05/A2 **Conflict of Interest**

No conflicts of interest were declared.

Q26/05/A3 **Action Notes from Previous Meeting (Enclosure A3)**

Action 1 – Agreed to close due to management through Management Board and Board of Directors.
Action 2 – To come back to July's meeting as action plan should be completed.
Action 3 – Agreed to close Due
Action 4 - Agreed to be on July's agenda
Action 5 - Agreed to be closed
Action 6 – To remain as a standing item on the agenda, update at Julys meeting
Action 7 - Agreed to be closed
Action 8 – Not due until July
Action 9 - Not due until July
Action 10 - Not due until July
Action 11 – Agreed to close as dup0licate to action 6
Action 12 to 20 – Agreed to close
Action 21 - Agreed to be on July's agenda
Action 22 - Agreed to be on July's agenda
Action 23 - Agreed to be on July's agenda
Action 24 - Agreed to be on July's agenda

The Committee:

Noted the updates and agreed, as above, which actions would be closed.

Q26/05/A4 **Request for Any Other Business (Verbal)**

There were no requests for any other business to be discussed.

Q26/05/B1 **Governance Service Plans during COVID-19 (Enclosure B1)**

David Purdue gave an update to the committee regarding the COVID-19 service plans that Marie Purdue and Jon Sargeant were leading on. These plans have previously been presented to the Board of Directors and Clinical Governance Committees.

All services have undertaken risk assessments. Details of these risks have been submitted to the Trust on patients who haven't attended for their appointment, these appointments relate to long term health conditions. There were a large number of specialities reporting a large drop in numbers of patients visiting the hospital.

Dr Tim Noble had worked with the Local Clinical Commissioning Groups to promote DBTH as having procedures in place to ensure patients can be cared for safely during COVID-19. A video was created for social media to promote this.

Any quality and safety issues identified would be managed by the QPIA as standard practice.

Pat Drake asked the committee that all COVID-19 related incidents were managed and recorded on Datix so assurance can be given to Q26/05/ that appropriate responses were provided for lessons learnt.

Lesley Barnett confirmed that Datix had been adapted to accommodate capturing of COVID-19 related incidents.

Any operational risks relating to COVID-19 were taken to Silver Command for daily review.

The Committee:

Noted the Governance Service Plans during COVID-19 update.

Q26/05/B2 **Patient Safety Process during COVID-19 (Enclosure B2)**

Lesley Barnett updated the committee on the areas below:

- Incidents
- Risks
- Inquests
- Serious Incidents and Never Events

Flow charts have been circulated to the committee and updated on how the patient safety team would support the Divisions during the pandemic.

Lesley Barnett advised the committee that additional support would be provided to the Critical Care and Respiratory wards due to their current working environment and pressures relating to COVID-19.

Pat Drake asked Lesley Barnett to give the Public Governors who were observing today's committee, background information on the role of each level of the Command Structure (Bronze, Silver and Gold)

The NHS was currently at a Level 4 Major Incident that requires NHS England National Command and Control to support the NHS response. NHS England coordinates the NHS response in collaboration with local commissioners at the tactical level.

Operational (Bronze) command - refers to those who would manage the main working elements of a response to an incident at ward/department level.

Tactical (Silver) command - was responsible for providing direct management of the response to an incident on behalf of the Trust and ensures that the response taken at the operational level was coordinated, coherent and integrated in order to achieve maximum effectiveness and efficiency.

Strategic (Gold) command - was responsible for determining the overall management, policy and strategy for the incident whilst maintaining the Trusts normal services at an appropriate level. They consider the incident in its wider context to determine longer term and wider impacts / risks with strategic implications.

(wording for above Gold, Silver and Bronze was taken from the NHS Commissioning Board EPRR Operating Model and Command & Control Plan)

The face-to-face in-court Inquests at Doncaster Coroners Court were currently on hold, but the inquests and statements collection for court were still taking place. It was to be noted that Ms. Mundy was looking at the feasibility of holding virtual inquests to be held within the Trust.

Pat Drake felt the update gave assurance on patient safety management.

Sheena McDonnell asked the committee about how the key elements form and the learning from the incidents was cascaded down within the Divisions.
Lesley Barnett advised the committee that all learning was circulated within the governance process within the Divisions.

Mark Bailey asked if there had been a drop in reported incidents. Lesley Barnett advised that numbers were down but this was in line with the reduced activity.

Action: Keep Patient Safety Process during COVID-19 on the agenda, this was to be added to the quality report. **RW/LB**

The Committee:

Noted the Patient Safety Process during COVID-19

Q26/05/B3 **Governance Arrangements during COVID-19**

Discharge Arrangements

The Trust was following the National Guidance for discharge arrangements throughout COVID-19. The guidance was clear on what DBTH had to put in place and on how to discharge patients safely.

The guidance had changed for the Single Point of Access coordination. Doncaster Metropolitan Borough Council (DMBC) were asked to ensure that skeleton staff were based within the Single Point of Access within DMBC to support the safe discharge of patients from Hospital.

During COVID-19 the discharge process had been a negative experience for patients requiring support from other agencies as the guidance states, to be discharged within 2 hours and this had not happened.

There was work being carried out within care homes in Doncaster along with the infection control team to encourage patients back to their own homes, including care homes if this was the permanent residence for the patient.

David Purdue advised the committee that two patients had been re-admitted within 4 hours of discharge.

A new model had been presented to the commissioners and they were keen to move forward with this new model.

Sheena McDonnell asked that if the commissioners were looking at a re-model what timescale were being worked too?

David Purdue advised an independent review had been completed and some steps were being reverted back to how they were completed previously and this process should be prompt to implement.

Information Around Segregation

Pat Drake asked if the Post Implementation Reviews were managing the yellow and blue pathway.

Yes, the Trust was trying to keep Mexborough site a blue site.

David Purdue advised the committee that the Trust currently had positive COVID-19 patients in four areas within the Hospital, and a number of staff who remain off work with confirmed COVID-19.

The Trust was reviewing Gresley and Orthopedic wards facilities as staff were finding it difficult to move patients around and care for them safely.

Guidance had been sent to all NHS Trusts that any patient who had acquired COVID-19 whilst in Hospital must be reported.

Mark Bailey asked about the outbreaks of COVID-19 in the blue areas and what were

the Trust doing about this to prevent any further outbreaks?

David Purdue advised that the Trust had introduced PPE officers and they were initially deployed to support staff in yellow areas. The PPE officers were now in the blue areas supporting staff with PPE queries and ensuring that they were able to safely don and doff PPE. These areas were being managed with Senior Nursing staff on hand to support all staff.

Pat Drake asked for the management of blue/yellow segregation to remain on the agenda for discussion at July's meeting to ensure assurance that it was being managed effectively.

Action: Segregation to be added to the July's agenda. **RW**

Personal Protective Equipment

David Purdue advised the committee that the Education Centre faced many challenges with Fit testing staff for FP3 masks. Over the last three years prior to COVID-19 the Trust had Fit tested 126 staff. During COVID-19 the Trust had Fit tested 4,022 staff in 6 weeks.

Although the Trust was grateful to businesses and members of the public for PPE donations the Trust must check all donations to ensure they comply with governance arrangements and legal requirements.

The Trust were aware of the National supply chain issue with the availability of surgical gowns and this was being managed by Silver Cell. Throughout Yorkshire and Humber there had been lots of mutual aid, and senior staff and the procurement department continue to carry out stock takes in clinical areas on a daily basis.

COVID-19 Testing

Pat Drake asked if there was a strategy going forward for testing?
David Purdue confirmed that patients were tested at the point of care. There were plans in place to manage elective work and admissions from the emergency pathway. Senior Managers and Divisional Directors were working on service plans for how testing could be safely carried out across all sites, although testing was proactive.

The strategy for this was still in progress for COVID-19 testing. Pat Drake asked that this remains an agenda item until a strategy was in place.

Action: Testing to be added to the July agenda. **LB**

Sheena McDonnell asked about the point of care testing for COVID?

David Purdue explained the plans to launch Antibody testing within the Trust and NHS England would approve the testing kit that the Trust would use for an accurate test.

Karen Barnard asked that testing for staff returning from overseas needs to be added to the strategy.

Action: Staff returning from overseas testing to be added to the strategy. **MP**

Consenting

There was a discussion around the need for good patient consent process for patients due to be scheduled for elective work, clearly highlighting the risks around COVID infection/impact on recovery post-surgery.

The Committee:

***Noted the* Governance Arrangements during COVID-19.**

Q26/05/B4 **Mental Capacity Act and DOL during COVID 19**

To be a deep dive at Septembers meeting.

The Committee:

Noted the Mental Capacity Act and DOL during COVID 19 would be at Septembers QEC.

Q26/05/C1 **Clinical Governance Assurance Report (Enclosure C1)**

Incorporating:

- *Medical Examiner – National Guidance – COVID-19/Mortality update*
- *Breast Screening Update*
- *Medical Revalidation during COVID*

Pat Drake praised the Trust for the continuation of the recruitment process of the Medical Examiner for the Trust. It was noted that DBTH and Sheffield Teaching Hospitals were the only Trusts in the Yorkshire and Humber Region who have continued with the Medical Examiner process throughout the COVID-19 Pandemic as the Trust understands the requirement of the post to continue to monitor deaths and support the HSMR.

Post meeting note, it had been confirmed that funding had been secured to provide 8 Medical Examiner sessions for the Trust.

Dr Tim Noble discussed the Trust HSMR position and the overall HSMR (rolling 12 months) for the period January 2019 to December 2019 was 99.86. It was noted that the report included the rebased figures.

In terms of crude mortality, the rise in March 2020 could be Covid-19 related. Elective mortality had been a decrease to 94.27 (for the period January 2019 to December 2019).

In summary, the Trust remains on track in terms of mortality.

Post meeting note, Mr Cuschieri attended a webinar that was held nationally and this provided an update on the data for HSMR it remained unclear nationally on whether the position due to the impact of COVID-19.

Action: HSMR to be added to the July agenda to provide assurance around COVID-19. **RW**

Breast Screening update.

It was recognised that the summary report identified that clinical delivery was good however infrastructure and support could be improved to facilitate key functions.

To provide assurance to CGC and the Quality & Effectiveness Committee, Sara Elliott, Head of Radiology summarised progress. Ms Elliott confirmed that the majority of the recommendations as part of the QA action plan were technical or administrative. One of the main issues highlighted were vacancies within the team and also limited role development. This was also compounded by a high sickness leave across the team.

Support had been given to reduce the sickness rates which were now being seen in a more positive light.

Fiona Dunn gave assurance that a full update would be requested for the June Clinical Governance Meeting and then a further update to QEC in July.

Action: To add deep dive for Breast Screening to the July Agenda and work plan. **RW**

Medical Revalidation

Dr Noble discussed the current position regarding revalidation for Doctors.

In response to the pandemic, revalidation dates for Doctors due to revalidate between 17 March and 30 September 2020 were moved ahead one year.

The Trust's appraisal system had been adapted to reflect the date changes, and although the appraisal process had been put on hold and not currently enforced for the medical staff, but if both appraiser and appraisee were available they were being supported for this still to be undertaken.

Post meeting note – Dr Noble had confirmed that the GMC had taken the decision to further extended revalidation for doctors due between 1 October and 16 March 2021 for a further year.

Sheena McDonnell asked through the revalidation and appraisal process – were the qualitative issues being picked up and monitored if concerns previously noted?

Dr Tim Noble advised that, where there were individual cause to concern these were being managed outside of this process and monitored alongside trust policies and procedures.

ReSPECT

Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) and advanced decisions care plans and pathways were in place and have been for a number of months, the documents were adaptive and patients managed through the flow chart.

Sheena McDonnell asked – The Ethics committee discussed ReSPECT care plans, were these being followed to include patient and relatives and where and how conversations being taken place?

Dr Noble advised yes the care plans were being followed and documented effectively.

Pat Drake asked the committee who would be the best person to provide a deep dive presentation relating to ReSPECT at Septembers Q26/05/.

Action: Lesley Barnett and Cindy Storer to manage the planning for Septembers QEC. **CS/LB**

Action: to add RESPECT deep dive to the workplan. **RW**

Lesley Barnett confirmed that ReSPECT care plans were audited regularly and include MCA and capture any changes during COVID-19.

The Committee:

Noted the Clinical Governance Assurance Report.

Q26/05/C2 **QPIA**

Dr Tim Noble and David Purdue gave the Chair assurance that the QPIA had had been signed off with no exceptions and have given assurance on this process.

The Committee:

Noted the QPIA progress and was assured by the current position.

Q26/05/C3 **Safer Staffing (Enclosure C3)**

The Safer Nursing Care Tools (SNCT) calculates clinical staffing requirements based on patients' needs (acuity and dependency) which, together with professional judgement, guides Directors of Nursing in their safe staffing decisions.

SNCT was endorsed by NICE and the licensing process was free of charge to NHS organisations in England.

A cap of agency expenditure for registered general and specialist nursing staff, midwives and health visitors had been in place since November 2015.

Cindy Storer provided the Quality and Effectiveness Committee with information relating to the Nursing and Midwifery Workforce; highlighting issues which may impact upon the Trusts ability to provide appropriate staffing levels and skill mixes. It also updates on the implementation of Care Hours per Patient Day (CHPPD), which had been a required national return since 01 May 2016 and the data submitted to UNIFY.

On 1 April 2020, due to the on-going response to COVID-19, it was agreed nationally

to pause the rota Fill Rates and CHPPD (Safe Staffing) Collection with immediate effect (including March reporting). This had meant that March and April workforce data had not been collected and there had been no indication nationally when this would be restarted.

62 third year student nurses accepted our offer to have paid placements which translated to individual employment contracts and continuation of clinical learning objectives whilst on placement.

International Nurses

Cohort 1 – 10 nurses from the Philippines all passed their OSCE. Cohort 2- additional 10 nurses (with an additional one - who was a HCA already working with us) were being supported to have a local OSCE.

Cindy Storer advised the committee that the iQAT for 2020 was launched with the wards scoring amber or red were supported with an action plan.

The Committee:

- ***Noted the Safer Staffing Update.***

Q26/05/D1 **Complaints Update - PALS Update during COVID-19**

Lesley Barnett discussed the revised workflow flowcharts with the QEC Committee during COVID-19. The PALS team have reviewed a high number of complaints and concerns and were able to close a large proportion of these with adequate outcomes by supporting the Divisions to keep on top of their complaints.
The PET team took the decision not to pause the planning of the implementation of the new complaints process and anticipate the new process to launch in June or July.

The national patient experience FFT was currently on hold until September 2020 and the Trust would recommence this mid-August.

Sheena McDonnell discussed her interest in FFT and asked if the complainants were satisfied with the outcome of the closed complaints?
Lesley Barnett advised that all the complaints that have been closed were satisfied with the outcome.

Lesley Barnett explained to the committee that all complaints that go beyond red on the flow chart were always responded too. All complaints were RAG rated which helps the investigator negotiate a response time.

Pat Drake asked that a deep dive on complaints was to come to the July QEC for an update on where the team were from 6 months ago.

Action: To add to July Agenda. **RW**
The Committee:

Noted the update on the complaints updated during COVID-19.

Q26/05/E1 **Workforce and Education Assurance report (Enclosure E1)**

Karen Barnard discussed the Workforce assurance report and advised the Committee that benchmarking data was currently being sourced from other Trusts during COVID-19 so a review on the Trusts sickness absence would be reviewed against other Trusts within the area and noted the key areas for the Trust.

- The 'Bring Back Staff' campaign had been disappointing as not many people were offered to the Trust and of those that were, there were many that were not appropriate and required significant training to return to practice;

- The third-year students commenced which had been successful. Some of which were due to start as newly-qualified in September 2020, with others that live locally but had been at universities not local to them;

- The Trust had not planned to invite second-year students as employees as the demand was not high enough, however a national decision had been made that they must be employed in their placement;

- The first cohort of FY1 doctors had started, that were previously due to start in August 2020. The Trust agreed to take on additional placements as there were Trust's in London that were unable to take them, however they would only be able to stay in the Trust for several weeks due to tenancy in local accommodation, and it was therefore considered that this would consist of a lot of work inducting the staff and would therefore be considered for future phases;

- The rotation of junior doctors had been paused during the Covid19 pandemic, however this would start again in August however there might be changes in the rota as the plan was to keep people as local as possible, as some may have previously moved elsewhere;

- As of the 14th May there had been 337 staff tested positive for Covid19, and since then a further 81 had also tested positive. These figures include those of household members living with staff;

- Karen Barnard advised the Committee that there had been 2,000 members of staff off from work due to Covid19 in total, and not at any one point in time. Covid19 absence for April 2020 was much higher than in March;

- A new system had been introduced for the reporting of sickness absence due to previous systems not providing accurate data therefore a new system was introduced in which members of staff were required to contact their manager as normal to report that they were sick, followed by contacting a sickness absence reporting line which had been in place for three-weeks. The new system was being reviewed in conjunction with a new database. The system also includes whether those staff on sick leave were able to work from home or not;

- There were 25% gaps in midwifery which included a combination of sickness leave, vacancies, maternity leave and medical exclusion;

- The HR Team had paused their 'normal' business of work at the start of the pandemic to assist in the coordination of swabbing bookings and pastoral care, however this involvement would be reviewed to see what 'normal' business can start to take place;

- It had been suggested previously that there had been 50% sickness in medical staff, but it was confirmed that this level of sickness was only in specific areas. Overall the medical and dental sickness absence rate was not high, however it should be noted that there were medical staff that were employed by other Trusts but were hosted at ours and therefore this information isn't always received.

- Paula Hill was currently working with Sheffield Teaching Hospitals to develop a risk assessment tool to support BAME colleagues within the workplace to include the 5 key backgrounds. The Risk Assessments would then support Managers implement processes that support their needs.

- The wellbeing team were supporting staff who were absent with a phone call asking if they require support and ensuring those who live alone or with underlying health conditions have the support in place for essential shopping etc. The Rainbow Rooms have proved successful and were used by staff regularly. The H&WB team would look at ways the staff lottery can support the wellbeing of staff across all sites.

Sheena McDonnell noted the Trust had responded well to allow staff to work from home where possible and supporting different ways of working.

Karen Barnard expressed that home working was due to be piloted but COVID-19 meant the Trust had to implement this before the planning was completed.

Mark Bailey wanted to praise the HR team for the work on moving staff where required to support the day to day running of teams but also the Estates team for the building works that have been required to enable this.

Sheena McDonnell asked that if the Pulse Check isn't available in the next couple of weeks can the Trust develop their own.
Karen Barnard responded that this was possible.

Action: A specific report to be provided to Julys QEC in relation to BAME colleagues and COVID-19 and the impact. **KB/PH**

The Committee:

- ***Noted the update on Workforce.***

Q26/05/E2 **<u>Research and Education Assurance report (Enclosure E2)</u>**

Pat Drake welcomed Alasdair Strachan to his first QEC meeting.

Alasdair Strachan updated the committee on the current pressures the research and education teams were facing during COVID-19.

The education team have two key pieces of work they were currently undertaking.

- Upskilling clinical staff to be able to support critical care
- Upskilling non clinical staff to be able to support the wards with key roles such as the feeding of patients.

The Trust had multiple courses running and Doncaster College were supporting this with access to rooms and equipment within the college.

DBTH had recently had 189 new starters and this includes the international nurses.

SET training had been suspended throughout the Trust although Adult and Children's life support had been maintained.

There were currently a number of improvements being made to SET training and the team were looking at incorporating Fire onto the eLearning package. There was a piece of work being undertaken with David Purdue and Tim Noble around freeing up Medics and Clinical staff to complete the SET training.

The CQC raised a point around Resus and the Trust responded that all SET Compliance would be part of the staff appraisal process and if non-medical study leave was requested SET compliance would be considered before signing off.

Pat Drake asked that SET Compliance was included in Julys report.

Action: Alasdair Strachan to include SET compliance in Education report for July. **AS**

Research – Non COVID research had been put on hold where it had been safe to do so. Small number of trials continued where patients were on Drug Trials.

There were currently two national COVID-19 trials ongoing –

Trial number one.

RECOVERY trials - this was currently randomised using different drug treatments and plasma therapy to see if any help the recovery profile of patients.

The staff engagement during this trial had been excellent and the team now had a new Principle Investigator which would help with the communication and further engagement with staff during trials. One medication, Hydroxychloroquine had been under question. The World health Organisation (WHO) suspended their study awaiting further information and guidance due to a health concern. Dr. Strachan had been confirmed that Oxford University and MHRA have looked at the recovery trial and have evaluated data and don't see any need to stop the trial so this had now recommenced.

Trial Number two.

ISARIC WHO observational study – anonymised data collection for all patients admitted with COVID. More than 200 patient datasets sent in so far.

The Committee:

Noted the information on Education and Research.

Q26/05/F1& F2 **Governance and Risk – F1 & F2**

Fiona Dunn advised that the revised Corporate Risk Register would be presented to the Committee in June 2020 as agreed at the last Board of Directors meeting on 21 April 2020.

Fiona Dunn highlighted an addition to the Risk 2472 linked to the shortage of sterile gowns for performing non-urgent surgical procedures. See Risk ID 2489.

The Committee:

Noted the update on the Corporate Risk Register and Board Assurance Framework.

Q26/05/F3 **CQC and Regulatory Compliance (Enclosure F3)**

Fiona Dunn updated the committee that regular engagement meetings with the Trust Lead Inspector and CQC Relationship manager from the CQC and review ongoing incidents, complaints and the CQC action plans.

Pat Drake asked for an update on the MUST action plans and where we were with them.

Fiona Dunn advised that just before the COVID-19 pandemic put the country in lockdown the responses had been sent off and plans to clear the breaches had been accepted. The Divisions have been asked to ensure the actions plans have been updated with the Should actions and these would be continued to be reviewed.

The Colposcopy department were due a QA visit in June but this had been postponed until further notice.

Action: Written report to Julys QEC on the Should actions. **FD**

The Committee:

- ***Noted the update regarding the CQC and Regulatory Compliance update.***

Q26/05/G1 **Quality Improvement (QI) (Enclosure G1)**

Marie Purdue gave the committee a verbal update on QI. Most of the QI team have been redeployed during COVID-19 meaning a number of QI projects have needed to be put on hold.

The strategic vision for 2020 needs work to be done to be realigned to changes in processes during COVID-19 although the PIR process would help develop the plans for 2021 and would support the commencement of the priority QI projects.

The QI team have negotiated a tapered offer to NHSi requesting less support from the

centre this year than what was planned due to the change in circumstances.

Pat Drake asked that for the July meeting the QI team present a headline paper on what projects need to come through QEC for assurance.

Action: Add Headline papers to July agenda. **RW**

The Committee:

- ***Noted the information about the Quality Improvement.***

Q26/05/H1 **Governor Issues for Clarification (Verbal)**

Peter Abell asked that if patients coming into the Hospital from a care home were they discharged back to the care home?

Cindy Storer advised that if the care home was their home and not just respite then the discharge team would support the discharge back to the care home providing appropriate PPE and care support was available within the home, if not then a suitable alternative location would be sought.

Peter Abell expressed a concern regarding a recent event on the above matter with a care home in Bassetlaw. Peter to provide Cindy Storer with the details.

Clive Tattley praised the Trust on the work on the complaints during COVID-19 and the progress made.

Clive Tattley asked for assurance regarding the second and third year nursing students and that the Trust had appropriate comprehensive insurance to cover them for carrying out Nursing Tasks when they remain a student.

Cindy Storer explained to the committee that the students were fully supported during the pandemic so they didn't miss out on training on the job. The third year students were not currently on shift as registered nurses and were employed within the Trust as a Band 4 so were covered as a member of staff with all relevant insurance cover.

The Committee:

- ***Noted the Governor comments raised, and information provided in response.***

Q26/05/I1 **Sub Committee Minutes and Reports (Enc I1)**

The Committee received information from Trust meetings:

- Clinical Governance Committee – 21 Feb 2020 (notes) and 17 Apr2020
- WERC – 13 January 2020
- Safeguarding Report (17 Jan 2020 – CGC)
- Drug and Therapeutics Committee 20 September 2019
- Risk Management Report 23 April 2020

Action: Deep dive presentation to September QEC on Children and Adult **TN**

Safeguarding and response re child death and financial support.

Action: Report for Drug and Therapeutics Committee regarding the 50% increase in Controlled Drug Errors. **TN**

The Committee:

Noted the Sub-Committee minutes and reports.

Q26/05/J1 **Minutes of the meeting held on 28 January 2020 and 31 March 2020 (Enclosure J1)**

The Committee:

Noted and approved the minutes from the meeting held on 28 January and 31 March 2020.

Q26/05/J2 **Committee Work Plan (Enclosure J2)**

The Committee:

Noted the Committee Work Plan and that work needs to be completed to bring it in line with the changes post COVID-19.

Q26/05/J3 **Items to escalate to Board of Directors**

There were no items to raise to Board of Directors.

Q26/05/J4 **Any Other Business (Verbal)**

No other items of business were raised.

Q26/05/J5 **Date and time of next meeting (Verbal)**

Date: 28 July 2020
Time: 14:00
Venue: StarLeaf Videoconferencing

Q26/05/K **Meeting Close**

MB13/07/A – MB13/07/H

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Management Board

Minutes of the meeting of the Management Board held in on Monday 13 July 2020, 2.00pm in the Board Room Doncaster Royal Infirmary via Star leaf Conferencing

Present Via Star leaf: Richard Parker, OBE – Chief Executive
Jon Sargeant – Director of Finance
Karen Barnard – Director People, Organisational Development
Eki Emovon, Divisional Director
Dr Tim Noble, Medical Director
Rebecca Joyce, Chief Operating Officer
Fiona Dunn, Acting Deputy Director of Quality and Governance
Antonia Durham – Hall, Divisional Director, Surgery & Cancer Division
Jochen Seidel, Divisional Director, Clinical Specialties Division
Ken Anderson – Acting Chief Information Officer
Emma Shaheen – Head of Communications and Engagement
Alasdair Strachan – Director of Education and Research
Kirsty Edmondson Jones, Director of Estates and Facilities

In Attendance: Rosalyn Wilson, Corporate Governance Officer (Minutes)
Jodie Roberts, Deputy Chief Operating Officer – Non-Elective

Apologies: David Purdue, Deputy CE and D of N&AHP
Marie Purdue, Director of Transformation and Strategy
Nick Mallaband, Divisional Director, Medicine

ACTION

Richard Parker confirmed that Divisional and Corporate Senior Management Teams were invited to extended Management Board meetings at the beginning of each quarter so that the previous quarters performance and priorities for the next quarter could be discussed.

Richard Parker thanked the teams for their hard work through COVID19 and asked that his appreciation is cascaded through to the teams.

MB13/07/A1

Apologies for absence

The Management Board:

- ***Noted the apologies for absence.***

MB13/07/A2 **Matters Arising / Action Log**

Action 1 – Focus on the recruitment into the post this is a priority for the Clinical Specialities Team.

Action 2 – Agreed to extend target date to September 2020
Action 3 – Not due until August 2020
Action 4 & 5– Agreed to be closed.

Management Board

Noted the actions and confirmed the closed actions.

MB13/07/A3 Conflicts of Interest

None declared.

Management Board

Noted that there were no conflicts of interests to declare at today's meeting.

MB13/07/A4 Request for any Other Business

There were no requests for items of any other business.

MB13/07/B Corporate Issues

MB13/07/B1 Finance Update 2020/21 (Verbal)

Jon Sargeant gave Management Board a verbal update on the Trust Financial Position.

The revised black contract arrangements established to manage the initial Covid 19 response ends at the end of July 2020, it has been confirmed through the ICS that there will be a new finance programme in place to support the delivery of activity but to date it remains unknown what this will be.

Due to COVID-19 and no confirmed contracts in place from 1 August 2020 the CIP cost saving programme remains on hold for the Trust, the ICS will communicate when, what and if any Trusts savings will be required for 20/ 21.

Jochen Seidel asked if the Agency spend had been reduced in the last quarter.

Jon Sargeant advised that the Trust is spending less against the block contract so the Trust is just breaking even.

Jon Sargeant discussed the expenditure for PPE for DBTH and confirmed that costs are being picked up by centrally for push deliveries and that local orders are being managed at a Trust and system level with Sheffield Teaching Hospitals playing an lead role in procuring large PPE contracts.

Richard Somerset advised Management Board that PUSH PPE is no cost to the Trust and does satisfy the day to day need for all Trust Sites.

Richard Parker explained that Sheffield Teaching Hospitals had purchased significant amounts of PPE and that stocks have been stored in Sheffield Arena on behalf of the ICS members. Once Sheffield Arena is required by its owners it's intended that the stock will be moved to a location in Leeds and will continue to be stored and supplied for Winter Pressures.

Although PPE remains in good supply for South Yorkshire, there is a national supply issue with the FFP3 Masks. New UK based suppliers have been sought but as these are different specifications to the kit staff are currently using fit testing will need to be stepped up so that a smooth transition takes place.

Action: PPE to remain on the Executive Agenda and Silver Cell for operational issues. **All**

Jon Sargeant went on to discuss the Trust Capital.

The Trust has a large Capital plan for this financial year, the main areas for spend are:

Bassetlaw Front Door
Rapid Diagnostic Centre
Fire Safety Improvements
Theatres

Since COVID-19 the Trust has had to make changes to the plans, any Capital expenditure now has to go through the central ICS team for approval due to the national overspend on the COVID-19 budget.

To manage the next phase of COVID-19 Recovery the Capital budget has been prioritised towards the response to a potential 2nd wave of Covid infections. It was noted that the HSDU is priority for the Trust, ICS and NHSE. This project has been costed at £2.8 Million and was being progressed at Risk, as the unit is required for Winter Pressures and the potential second wave of COVID-19.

The priority bids submitted by IT and Estates have been approved.

Jon Sargeant was happy that the Trust is ahead on the Capital Plan and this is positive news.

New Build

Jon Sargeant discussed the progress discussions around the New Build for DBTH. The need for a new hospital had been mentioned in the Prime Ministers Question Time (PMQT) last week. The Prime Minster confirmed that there is funding for 40 New NHS hospitals across the country and that the Secretary of State, Matt Hancock will be visiting Doncaster to discuss investment in health care.

Initial discussions have taken place with Doncaster Metropolitan Borough Council (DMBC) on potential locations and the highest ranked location is next to Doncaster College on the water front to create an acute village.

Yorkshire Ambulance Service have also been part of the initial discussions as a new site will impact on their day to day planning.

Richard Parker confirmed that the previously agreed Government £20 Million Bassetlaw Scheme is still expected to be going ahead but was put on hold due to COVID-19.

Management Board

Noted and accepted the Finance Update.

MB13/07/B2 Stabilisation and Recovery Update – COVID-19 (Verbal)

Becky Joyce gave a verbal update to Management Board on where the Trust is with the stabilisation and recovery plans.

The key point for the Divisions to date is that it is more difficult to restart services due to the requirements for Covid secure services' than it was to enter.

The Trust has frameworks in place to move back to the new normal safely. Although, the Trust is awaiting official guidance from the Centre on how services will be funded.

All of the plans have required comprehensive checklists to enable areas to re-open covering staffing, COVID ready waiting areas for patients, water assessments carried out etc. There has been a lot of scrutiny required to ensure all elements have been considered.

The Trust will need to put on extra theatre lists which have been agreed and the plans to reintroduce face to face outpatient clinics, elective, day cases and diagnostics plans have been drawn up to come back online to see patients.

Becky Joyce will be setting up a delivery board and will work to the Department of Health guidance and how the Trust will transition back to business as usual.

Ken Agwuh asked what the plans were for Bassetlaw Surgical Pathway for the Aerosol Generating Procedures as they will require additional PPE. Antonia Durham Hall and Ken Agwuh are due to meet on the 14 July 2020 so will pick this up outside of today's meeting.

Action: Ken Agwuh and Antonia Durham Hall to meet and discuss the AGP at Bassetlaw and what PPE is required to operate safely, to the liaise with Richard Somerset for the availability of PPE. **KA/ADH/RS**

Becky Joyce confirmed that Bassetlaw was being consolidated to a blue site, the Trust has written to East Midland Ambulance Services to seek support to bypass Bassetlaw Hospital if patients are thought to have Covid 19. Across the ICS work continues to move to a single Covid site at the Hallamshire Hospitals.

Richard Parker confirmed that due to staffing challenges support from the CCG, Specialised Commissioners and partners is being sought to allow Maternity Services remain at Doncaster Royal Infirmary until 1 November 2020. At that point the Single Trauma site will be reviewed.

Action: Update on Maternity Services to be discussed at October meeting to go on agenda. **RP/RW**

It is to be noted that Rotherham are currently testing all of its residents due to a high R rate. This is the only area locally that is carrying out all resident testing.

There is also a small COVID-19 outbreak in Worksop at present.

Doncaster's R rate remains the lowest in South Yorkshire.

Management Board

Noted the update on Stabilisation and Recovery COVID-19.

MB13/07/B3 Risk Assessments / BAME (Verbal)

Karen Barnard thanked staff for getting the risk assessment forms completed although submission rates in a number of areas are low. Only 16% of BAME colleagues have completed the Risk Assessments.

It was noted that it was thought that 56% of risk assessments had been completed against an aim of 100% and therefore a push on the completion of these was required. All attendees to Management Board were asked to inform the P&OD team if they were experiencing difficulties on getting the Risk Assessments completed.

Executive Directors would advise their direct reports of the importance and the requirement that all Covid19 risk assessments are completed imminently.

All BAME and high risk colleagues need to have a risk assessment completed and all those who have completed the risk assessments who have scored medium to high risk would need to have individual reviews.

All colleagues who are currently shielding at home will commence completing the risk assessment ensuring adequate support is in place for them to return to work following a long period off work due to COVID-19 and their connected health condition.

The Submission deadline is 17 July 2020.

Richard Parker asked that Divisional Management focus on delivering improvements on Equality & Diversity throughout their division and ensure they are working towards the Trust Equality and Diversity agenda, BAME colleagues are also to be encouraged to attend and support the Equality & Diversity and Inclusion Committee to support the drive for change.

Eki Emovon asked who is responsible for carrying out the Risk Assessments for Trainees and Consultant. Karen Barnard responded that anybody can compete the risk assessment with the member of the team.

Alasdair Strachan advised that in many Divisions Medical Directors have been completing them for Trainees, Tutors have been part of this process and this will be looked at including to the Induction process.

Antonia Durham Hall advised that she has been carrying out a large proportion of the risk assessments in her Division.

Eki Emovon explained that Paediatrics haven't managed to agree who will be completing them yet.

Richard Parker asked that Dr Noble and Karen Barnard work with the Division to complete the risk assessments.

Karen Barnard confirmed that the risk assessment paper work had been revised and an updated form has been circulated and is on the Hive. This should be version 3 and had also been sent out by Dr Nelam Dugar.

Jochen Seidel asked the committee what the process is for considering the risk assessments when completed, should this be a formal Occupational Health referral.

Karen Barnard advised she would check the process. Paula Hill has been carrying out virtual sessions with colleagues although some areas are not accessing the sessions.

Action: BAME risk assessment submission to be on August Agenda. **KB**

Management Board

Noted the update on Risk Assessments and BAME Colleagues.

MB13/07/C **Divisional Issues**

There were no Divisional Issues raised for today's meeting.

MB13/07/D **Information Items to Note, (To be taken as read)**

MB13/07D1 to D4 **Elective Care Steering group – Standing Item**
Meetings Stood Down – COVID-19

CIG Minutes – Standing Item
Meetings Stood Down – COVID-19

Jon Sargeant updated Management Board that any business for CIG will be taken and discussed at the Monday morning Stabilisation and Recovery meetings.

Children and Families Board - Standing Item
No approved minutes – August next meeting

Urgent & Emergency Care Steering Group Standing Item
Meetings Stood Down – COVID-19

Becky Joyce updated Management Board that (DBTH as a member of) the Provider Alliance have been awarded the long term tender Urgent and Emergency Care and with FCMS this will give the Trust an opportunity to shape services moving forward.

Richard Parker advised that FCMS will hold the contract and that DBTH will chair the joint Management Board which will steer change.

Management Board

Noted the verbal updates on CIG and Urgent and Emergency Care Steering Group.

MB13/07/E **Items to Approve**

MB13/07/E1 **Minutes of the Meeting – 8 June 2020**

Management Board

Noted and agreed the minutes from 8 June 2020 as a true copy.

MB13/07/E2 **Replacement of Consultant Anesthetist -** VCF (2493975)

Approved the recruitment of the Consultant Anesthetist.

MB13/07/E3 **Consultant Histopathologist -** VCF (2490776)
This has been approved at VCF.
Approved the recruitment of the Consultant Histopathologist.

MB13/07/E4 **Consultant Community Paediatrician**
Consultant retiring in September, this will be a like for like replacement.

Job plans need to be reviewed.

Action: Eki Emovon to discuss Job Plan with Mr Willay Pillay. **EE/WP**

Approved subject to JD and Job Plan reviewed by Mr Willay Pillay, Deputy Medical Director.

MB13/07/E5 Corporate Risk Register (Verbal)

Fiona Dunn gave a verbal update on the Corporate Risk Register.

The Board of Directors has asked that the Risk Register and Board Assurance Framework is reviewed.

The Board Assurance Framework is now being redesigned and aligned to the Trust True North Objectives to reflect risks against Strategic Objectives.

The Divisional teams are reminded that any risk that scores 16 or over must come to Management Board for discussion, and if the risks are not mitigated for addition to the Corporate Risk Register.

The new Board Assurance Framework will be going to Board and then to the July Committees.

Action: Corporate Risk Register and Board Assurance Framework to remain as a standing agenda item at Management Board. **FD**

MB13/07/F Any Other Business

MB13/07/F1 Any Other Business in Addition to Item A4

Fiona Dunn discussed the IPC Board Assurance Framework, this has been presented to The board of Directors in May 2020.

The CQC are rolling the IPC Board Assurance Framework out across all Trusts to ensure compliance. The Divisions are reminded that any areas with low scores will need to be reviewed to provide assurance to the Quality Effectiveness Committee.

MB13/07/F2 Items for escalation to the Board of Directors

Management Board

There were no items to escalate to The Board of Directors.

MB13/07/F3 Items for escalation from Sub-Committees

- Audit and Risk Committee – No items to escalate.

- Quality and Effectiveness Committee - No items to escalate.
- Finance and Performance Committee - No items to escalate.

Management Board

Noted that there were no items of escalation from the Board Sub Committees.

MB13/07/G **Date and Time of Next Meeting (Verbal)**

MB13/07/G1 **Date –** 10 August 2020

Time – 14:00 via Star Leaf Videoconferencing - The Boardroom – Doncaster Royal Infirmary

MB13/07/H **Close of Meeting (Verbal)**

The Meeting Closed at 15:34

Appendix 1

Extended Invite Attendees

Lois Mellor – Head of Midwifery
Richard Somerset – Head of Procurement
Julie Thornton – Head of Performance
Jayne Collingwood – Head of Leadership & Organisational Development
Paul Mapley – Efficiency Director
Ken Agwuh – Director of Infection & Control
Gill Payne – Deputy Medical Director (Efficiency and Effectiveness)
Rob Mason – Head of Quality Improvement
Ray Cuschieri – Deputy Medical Director (Clinical Standards)
Lesley Hammond – General Manager, Emergency Medicine
Alex Crickmar – Deputy Director of Finance
Willy Pillay – Deputy Medical Director (Workforce and Productivity)
Claire Jenkinson – Deputy Chief Operating Officer (Elective)
Anthony Jones – Deputy Director People, Organisational Development
Simon Brown – Associate Director of Nursing – Clinical Specialties
Lauren Ackroyd – General Manager (O&G) – Children and Families
Laura Fawcett – General Manager, Clinical Specialties
Kate Carvell – Associate Director of Nursing, Medicine
Jodie Roberts – Deputy Chief Operating Officer
Duncan Carratt – Information Service Manager
Stacey Nutt – Lead Caner Nurse, Surgery and Cancer
Dr Khai Shahdan – Emergency Medicine Clinical Director
Mr Srinivasan Balchandra – Breast, Vascular, Urology and Gastro Clinical Director
Mark Brookes – Associate Director of P&OD
Dr Padma Gopal – Anaesthetics Clinical Director.
Karen McAlpine – General Manager, Performance
Anurag Agrawal – Endoscopy and Gastro Clinical Director
Joanne Wright – General Manager, Clinical Specialities
Helen Burroughs – General Manager, Trihealth and Paediatrics
Omar Hussain – ENT, Ophthalmology, OMFS, Dentistry and Audiology Clinical Director

Apologies

Kirsty Clarke – Associate Director of Nursing, Surgery and Cancer
Julie Butler – General Manager, Speciality Medicine
Tracy Crookes, Head of Information, Finance
Anuja Natarajan, Acute Paediatrics Clinical Director
Dr Ian Stott – Speciality Medicine Clinical Director

CG1305-A1 – CG1305-E

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

Minutes of the meeting of the Public Session of the Council of Governors Held on Wednesday 13 May 2020 at 13:30hrs Via StarLeaf Video Conferencing

Present:			
Chair	Pat Drake, Non-Executive Director and Senior Independent Director		
Public Governors Via Starleaf	Peter Abell Michael Addenbrooke Philip Beavers Hazel Brand (Lead Governor) Mark Iain Bright David Cuckson	Linda Espey David Goodhead Dave Harcombe Geoffrey Johnson Lynne Logan Steve Marsh	Beverley Marshall Susan McCreadie David Northwood
Staff Governors	Kay Brown Mandy Tyrell	Duncan Carratt	Vivek Panikkar
Partner Governors	Antony Fitzgerald Sue Shaw	Jackie Hammerton Clive Tattley	Victoria McGregor Riley
In attendance:			
Board Members	Suzy Brain England – Chair Mark Bailey – Non Executive Director Karen Barnard - Director of People and Organisational Development Sheena McDonnell – Non-Executive Director Tim Noble - Medical Director Richard Parker OBE – Chief Executive Neil Rhodes – Non-Executive Director Kath Smart – Non-Executive Director Becky Joyce – Chief Operating Officer		
In attendance:	Fiona Dunn – Acting Deputy Director Quality Governance/Company Secretary Anthony Jones – Deputy Director of People and Organisational Development Katie Shepherd – Corporate Governance Officer Rosalyn Wilson – Corporate Governance Officer (Minutes)		
Apologies:			
Governor Apologies	Karl Bower Ainsley MacDonnell Sheila Walsh	Robert Coleman Lorraine Robinson Steven Wells	Kathryn Dixon Rupert Suckling
Board Member Apologies	David Purdue – Deputy Chief Executive Jon Sargeant – Director of Finance		

ACTION

CG1305-A1 **Welcome and Apologies for Absence (Verbal)**

Suzy Brain England welcomed the Members and attendees to the meeting.

The apologies for absence were noted.

CG1305-A2 **Declaration of Governors' Interests (A2)**

Changes agreed to amend the duplication of David Goodhead and add Mandy Tyrell' declaration.

Action: Changed to be made to Governor Declarations of Interest. **RW**

No conflicts of interest for the meeting were declared.

The Council:

- ***Noted and confirmed the Declaration of Governors' Interests.***

CG1305-A3 **Action from Previous Meetings (Verbal)**

Action 1 – Extensive work is being carried out with Divisions and the Performance team to look at developing performance report to feed into the Finance and Performance Committee;

Action 2 – Governors asked to email the Trust Board Office with suggestions;

Action 3 – On hold until November 2020 due to COVID-19.

The Council:

- ***Note the updates on the outstanding actions.***

CG1305-A4 **Welcome Mark Bailey (Presentation A4)**

Mark Bailey, Non-Executive Director presented a 10 minute presentation to the Council of Governors introducing himself as the new Non-Executive Director within the Trust.

The Council:

- ***Welcomed Mark Bailey to his First Council of Governors and furthermore to the Trust.***

CG1305-B1 **Major Incident Policy – (Presentation B1)**

Becky Joyce, Chief Operating Officer for the Trust updated the Council of Governors on the current policy for Major Incident's the progress made during COVID-19.

Becky Joyce expressed the support that is available to staff when faced with defensible decision making and what training has been made available to staff within the command structure.

The Major Incident Plan defines the Command & Control principles Incident Directors should use:

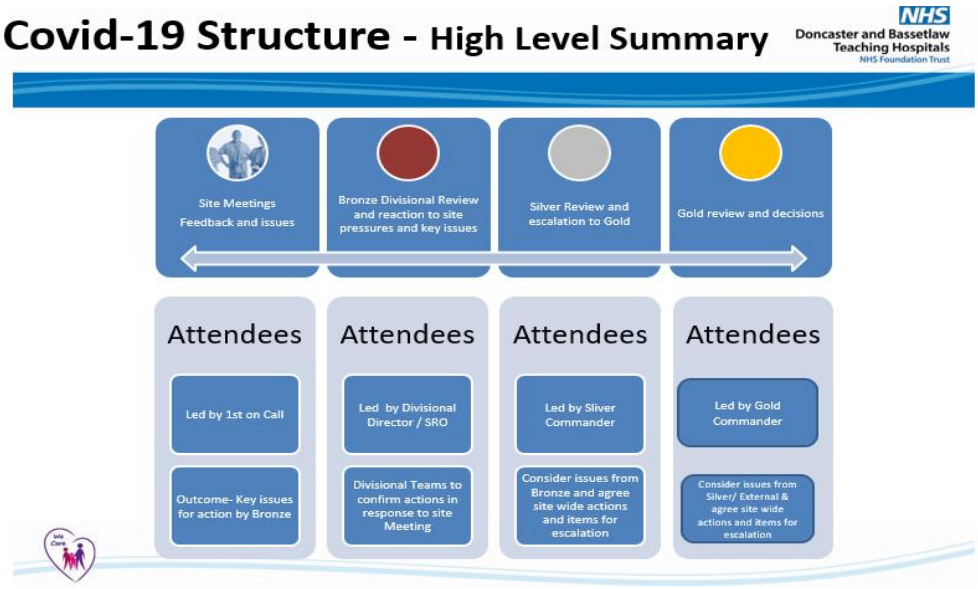
- Command is ensuring that clear direction/instructions are given to ensure that objectives are understood;

- Control is the monitoring and management of staff and resources to efficiently achieve the objectives;

- Coordination is ensuring different teams are working effectively to jointly achieve the overall goals.

Becky Joyce explained what defensible decision making was, *A decision that will withstand 'hindsight scrutiny', should the decision 'go wrong' and negative outcomes occur* ***<u>It does not have to be the right decision.</u>***

The Trust Command Structure operated the Bronze, Silver and Gold approach.



Doncaster and Bassetlaw Teaching Hospital (DBTH) is a As a Category 1 provider, which means DBTH links into the following external command and control structures:

- National NHS Incident Control, DBTH reports via the Regional Incident Coordination Centre to the National Coordination Centre, this in turn reports directly to HM Government via COBRA;

- DBTH is a key partner in the Tactical Coordinating Group for Doncaster via the South Yorkshire Local Resilience Forum (LRF) and for Bassetlaw via the Nottinghamshire County Council LRF. Both bodies report to the respective LRF Strategic Coordinating Group;

- At South Yorkshire and Bassetlaw Integrated Care System level, the DBTH CEO attends the weekly South Yorkshire Strategic Health Coordinating Group, chaired by the ICS Lead. This group has been established to help connect ICS health partners and the national incident response chain of command.

Becky Joyce informed the Council of Governors that the Trust has focus and continual improvements towards Emergency Planning and the core standards would happen over the next six months. Following COVID-19 an evaluation process, the Trust will be making tailored Major Incident planning, learning and delivery for incidents of this nature.

The Council of Governors were given the opportunity to ask Becky Joyce questions.

Q - Where do Care Homes in Bassetlaw fit into the command structure?

A – Care Homes are considered into the Local Resilience Forum in Bassetlaw, systems have worked effectively.

Q - Defensible Decision making, the Government plan states the preparation was focused on Flu.

A – Opinion, COVID-19 Pandemic planning was focused on influenza.

Richard Parker, Chief Executive informed the Council of Governors that any learning from COVID-19 will support winter planning, ensuring the Trust is Safe Fair and Sensible.

Q – Where is the testing for COVID-19 swabs being done?

A – Initially the South Yorkshire stance was to use capacity at Sheffield Teaching Hospitals due to the testing kits and agents that's required to do the testing. However DBTH is currently doing 2000+ tests a day, capacity was at 40% and is therefore able to offer testing to Health and Social Care.

It is to be noted the DBTH was chosen to undertake antibody testing.

Q - How many Trust staff are currently off sick with the Virus and how many are self-isolating due to symptoms also what breakdown?

A – Between 23 March 2020 and current time there were circa 2410 DBTH staff members referred through to the booking team. Of these circa 780 were swabbed of which 337 were positive for COVID-19.

Post Meeting Note, *Karen Barnard advised that a detailed report has been submitted to the Finance and Performance Committee and the following absence data has been made available.*

Absence data

COVID Related Absence and Return to Work Figures

Absence Reason	Total Absences	Have not returned	Have returned	% retu
Carers COVID	83	6	77	92
COVID-19 Confirmed	132	47	85	64
COVID-19 Symptoms	539	32	507	94
Medical Exclusion – COVID Shielding	40	33	7	17
Medical exclusion with Covid 19 confirmed	123	19	104	84
Medical exclusion with Covid 19 symptoms	523	72	451	86
Medical exclusion without Covid 19 symptoms	597	158	439	73
Total COVID related absence	**2037**	**367**	**1670**	**81**

Q – Community and Social Care follow ups following discharge. I know of one patient who has spoken to me that was promised a follow up visit regarding their anxiety follow discharge for COVID-19 and this hasn't happened.

A - Local Councils have suffered loss of staff impacting on staff available to carry out those follow up visits and with patients shielding, social distancing and access to PPE access to patients homes is an issue.

Q – There was a National call for additional nursing and staffing what was the response like for the Trust.

A – The Bring Back Staff initiative was poor for DBTH, with the offer of two Doctors, 14 Nurses and 7 Allied Health Professionals (AHP), six nurses were directed to Join NHS Professionals with one nurse given a fixed term contract and one AHP given a secondment opportunity through DWP. The rest were not suitable for roles.

Post meeting note. *15 May 2020 2 nurses put forward subsequently withdrew their interested and the DWP transferee worked in OH for a week and two days before leaving due to their usual role re-commencing.*

During COVID-19 it is noted that DBTH is still continuing to support the teaching of students and has taken on or due to take on the below staff to support operationally during the pandemic.

Sixty-seven 3rd Year Student Nurses in their final six months have started with the Trust as Band 4 Aspirant Nurse.

Forty-seven 2nd Year Student Nurses are due to start with the Trust and 15 have already started as Band 3 Clinical Support Workers.

Thirty-six Midwives and Paediatric student Nurses also due to start.

Twenty-five Interim Foundation Year 1 (FY1) Doctors are due to start with the Trust.

The Chair thanked the Council of Governors for their questions and the thorough answers given.

The Council:

- ***Noted the update on the Trust Major Incident Policy.***

CG1305-C1 **Information Items**

Any Other Business (Verbal)

Nothing was raised to the Chair.

CG1305-C2 **Minutes of the Previous Meeting – 30 January 2020 (Enclosure C2)**

Amendments received from Kay Brown, Governor title to be changed to Staff Governor.

The Council:

- ***Received and approved the minutes of the Public Council of Governors' meeting held on 30 January 2020, subject to the amendment noted above.***

CG1305-C3 **Items for escalation to the Board of Directors**

There were no items for escalation to the Board of Directors.

The Chair thanked the Council of Governors for their input into today's meeting.

The Council:

- ***Noted the closing remarks.***

CG1305-D **Date and time of next meeting (Verbal)**

Date:	23 July 2020
Time:	15:45
Venue:	Starleaf Video Conferencing

CG1305-E **Meeting Close**

The meeting closed at 14:30.

BOARD OF DIRECTORS – PUBLIC MEETING

Minutes of the meeting of the Trusts Board of Directors held in Public on Tuesday 21 July 2020 at 09:15 via StarLeaf Video Conferencing

Present:
Suzy Brain England OBE - Chair of the Board (In the Chair)
Mark Bailey – Non-Executive Director
Karen Barnard - Director of People and Organisational Development
Pat Drake - Non-Executive Director
Rebecca Joyce – Chief Operating Officer
Sheena McDonnell – Non-Executive Director
Richard Parker OBE – Chief Executive
David Purdue – Deputy CE and Director of Nursing and Allied Clinical Health Professionals (NMAHP)
Neil Rhodes – Non-Executive Director and Deputy Chair
Jon Sargeant – Director of Finance (From Item P20/07/G1)
Kath Smart – Non-Executive Director
Dr T J Noble - Medical Director

In attendance:
Alex Crickmar – Deputy Director of Finance
Fiona Dunn – Company Secretary
Marie Purdue – Director of Strategy and Transformation
Katie Shepherd – Corporate Governance Officer (Minutes)
Emma Shaheen – Head of Communications and Engagement
Rosalyn Wilson – Corporate Governance Officer

Public in attendance:
Hazel Brand – Public Governor – Bassetlaw
Dr Mark Bright – Member of the Public
David Cuckson – Public Member
David Northwood – Public Governor – Doncaster
Clive Tattley – Partner Governor

Apologies: Jon Sargeant – Director of Finance (Until Item P20/07/G1)

The Chair of the Board welcomed all in attendance at the virtual Board of Directors meeting, and extended the welcome to Alex Crickmar, Deputy Director of Finance on behalf of the Director of Finance who would join the meeting later; and the Governors and members of the public in attendance via the audience functionality.

ACTION

P20/07/A1 **Apologies for absence (Verbal)**

No apologies for absence were noted.

P20/07/A2 **Declaration of Interests (Verbal)**

No declarations of interest were declared.

The Board:

- ***Noted the Declaration of Interests pursuant to Section 30 of the Standing Orders.***

P20/07/A3 **Actions from Previous Meetings (Enclosure A3)**

The following updates were provided:

Action 1 - Council Motion on Climate and Biodiversity Emergency – This action was not due until September 2020;

Action 2 - Strategic Director Review Workshop – An update would be provided as part of Item C2;

Action 3 - True North / Breakthrough Objective –This item was added to the Quality and Effectiveness Committee work plan and was therefore closed;

Action 4 - Patient Experience - Item D3 includes a comprehensive update on patient experience, therefore this action was closed;

Action 5 - Clinical Governance Report – This item was added to the Quality and Effectiveness Committee work plan and was therefore closed;

Action 6 - HSMR Narrative – Narrative had been included in Item D4 – Medical Director Update. This action would be closed;

Action 7 - Review of Strategic Risks – A meeting was held on 10/07/2020 to align the strategic risks to the True North Objectives therefore this action would be closed;

Action 8 - Corporate Risk Register Heat Map Indicator – This had been included in the Corporate Risk Register and would therefore would closed;

Action 9 – Mitigation of Risks – This action was not due until August 2020.

The Board:

- ***Noted the updates and agreed which actions would be closed.***

P20/07/C1 **ICS Update (Enclosure C1)**

The Chief Executive advised that the item is comprehensive and provided information on ICS work and asked the Board for any related questions.

Sheena McDonnell asked if there had been learning from the stress testing event that was undertaken. The Chief Executive advised that the exercise was run by the Army and involved limited teams of three. Each team was given a scenario where responses were formulated and stress tested. The outcome demonstrated that all Trusts are facing similar challenges in coming out of the Covid19 pandemic. Learning would be taken forward into the next phase of planning and would inform ICS plans once national guidance was received.

Kath Smart asked for clarification on the Covid testing centres that were introduced during lockdown, such as Doncaster Sheffield Airport. The Chief Executive advised that the testing

arrangements were under review as some of the initial choice of locations would need to change to ensure that there was a robust system in place for the winter period, particularly where outside testing facilities would not be an option. The current capacity for testing was 350,000 tests per day nationally but full testing capacity is not currently being utilised. The Programme Manager for the Pathology Transformation programme, Sarah Bayliss, has been acting as the incident director on the Chief Executives behalf.

Discussions have taken place at an ICS level that sites could recover from the impact of Covid19 quicker if the treatment of the virus could be contained to fewer sites. The Trust had confirmed support to this work when the transfer is in the patient's best interests, or to facilitate the treatment of additional non Covid patients.

The Medical Director noted that the movement of stable patients to a tertiary centre would not provide an enhanced treatment offer.

The Board:

- ***Noted the update from the ICS.***

P20/07/D2 **<u>Stabilisation and Recovery (Enclosure C2)</u>**

Marie Purdue provided an update on the stabilisation, recovery and reset planning phase, which highlighted that the planning inputs and enabling work streams had now been developed and included the ethical framework to guide decision making and the clinical modelling for each site. These had been used to develop a robust framework to guide the development of the detailed delivery plans for: Cancer; Elective and Day case; Emergency Pathways; Critical Care; Diagnostics; Outpatients and Maternity and Children's Services. Supporting governance structures had also been established.

The detailed delivery plans for outpatients, day case and elective, and diagnostics would be ready for implementation between 20 July and 3 August 2020.

Mark Bailey asked if there were any areas that had been difficult to reinstate. The Chief Executive advised that all areas would be difficult to reinstate due to the additional pressures such as the environmental risk assessments, workplace assessments, process flow, and distancing amongst other factors.

Kath Smart asked if it was felt that the communications plan was strong enough to manage the expectations between what the public and patients hear via national media and the pace of capacity and capability; and asked if as services are being reintroduced patient and staff feedback would be factored in. The Head of Communications and Engagement advised that this communications plans was equipped to deal with this, however as time moves on the plan may change as different challenges would be presented and therefore if would be adapted as required. Staff and patient feedback would be factored into the stabilisation, recovery and reset phase. There had been 2,200 responses received from the Staff Family and Friends Test which was based on the Covid19 pandemic. The Trust was awaiting the results of this however the results of this would be incorporated into the plan.

The Chief Executive advised that there had been the expectation amongst employees that services would return to the level of preCovid19 activity, however this would not be the case due to the difficulties of space being significantly reduced due to distancing and the need to ensure that operationally the environment was safe for staff and patients. Other

options such as virtual clinics and patient initiated follow ups were being taken forward to reduce the number of face to face appointments.

The Director of NMAHP noted that listening to staff and patients was a key factor, and advised that the Trust had reintroduced visiting where other Trusts hadn't and was the only Trust in the region that had introduced visiting within Maternity Services although the uptake had not been as expected. Positive comments had since been received on social media because of these changes, so the opportunity of using staff and patient feedback would be included in the planning of the reintroduction of services.

The Chief Operating Officer advised that the public had been engaged with on specific issues related to service reintroduction and Healthwatch Doncaster had been sourced to undertake a media survey which had over 170 responses which had evaluated well. Extensive liaison with both internal and external stakeholders had been undertaken including weekly meetings with Doncaster CCG and Bassetlaw CCG, and GP Leaders to ensure that communication was effective.

Pat Drake noted the amount of work that had been put into the recovery phase and advised that patients would have increased expectations as it had been portrayed in the media that business would return to normal. With the number of attendance and referrals increasing Pat sough assurance that there was a governance framework around clinical decision making.

The Medical Director advised that there was a governance framework in place for this and assurance of this would be provided to the Quality and Effectiveness Committee and to Board. Standard operating procedures were in place for the risk stratification of patients and the need to prioritise several months work of backlog in a sensible order of clinical priority. This would be undertaken at specialist level and weekly performance meetings would be held to assess progress. A Risk stratification and Assurance Group would meet fortnightly to review the scheme in which Deputy Medical Directors and Speciality Governance Leads be in attendance. If complex ethical issues arise, this would input into the Ethical Advisory Group.

The Chief Executive noted that the flow of prioritisation of patients would be the same as it had been since the start of the pandemic: emergency care followed by clinically urgent care, in which cancer care sits, followed by the date of referral. The Medical Director would ensure that this flow was followed for the foreseeable future.

The Board:

- ***Noted the information received on the Stabilisation and Recovery process.***

P20/07/C3 **UEC Procurement (Verbal)**

Marie Purdue informed the Board that following the recent procurement for the Urgent and Emergency Care provision in Doncaster that the Doncaster Provider Collaborative tender had been successful and would continue to provide the front door assessment in conjunction with partners FCMS.

The Board:

- ***Noted the update provided on the procurement of Urgent and Emergency Care Services.***

P20/07/D1 **Finance Update – June 2020 (Enclosure D1)**

The Deputy Director of Finance presented the Finance Update for June 2020 which highlighted:

- The deficit for month 3 (June 2020) was £449k before the retrospective top up (the month 1-2 average financial position was a £286k deficit before retrospective top up). The main movement in month was an increase in pay costs relating to Covid19 for junior doctors, student nurses and enhancements for shielding staff;
- The year to date financial position was a £1,021k deficit before the retrospective top up;
- Challenges would be faced when delivery plans are implemented and as activity levels increase. Increases had been seen in elective surgery and in the Emergency Department which would continue into month 4. The Trust was waiting for further national guidance on the financial regime for the rest of 2020/21;
- Capital spend was on plan and the cash balance continued to remain high as the Trust had been paid upfront one-month in advance.

Neil Rhodes advised the Board that financial performance would be interrogated further at the Finance and Performance Committee to be held 28 July 2020, however noted that the indicators within the Finance Update Report were favourable due to the current climate and this could change. Neil Rhodes asked if the Trust had prepared for this change. The Deputy Director of Finance advised that this was the case and that it was expected that the block contract be extended for the remainder of the year via an ICS model of financial management. The Chief Executive advised that once further detailed guidance had been received budgets would be reissued to Divisions and Directorates.

The Board:

- ***Noted the Finance Update for June 2020.***

P20/07/D2 **Performance Update – May 2020 (Enclosure D2)**

The Chief Operating Officer informed the Board that the performance report would change over the coming months and new national indicators were expected soon.

An ongoing focus would be taken on the backlog of activity and also in areas like the 111 'talk before you walk' model which would move non-urgent care to a booked system which the Trust would pilot. A second area of focus would be the Covid19 operational measures to identify the key indicators to ensure patients are safe.

A decision had been taken to pilot a clinical advisory service in gastroenterology which would be a virtual assessment of patients which would commence at the end of July 2020. The Trust was utilising telephone and video for appointments and 54% of appointments had been undertaken virtually. It was expected that this model would continue however it may differ by specialty.

Restoration plans were in place for diagnostics, with all appointments face to face. There would be a roll out of drive-by phlebotomy services at Bassetlaw to protect vulnerable and immunocompromised patients.

There would be a step up of theatre capacity starting in September 2020, however it was noted that this would be less productive than pre-Covid19 activity due to the Covid issues already discussed.

It was noted that alternative pathways may be sought for long waiters with a consideration of how they could be managed by primary care.

There had been a 20% increase in demand for two-week wait cancer referrals. There was a new focus on 62-day and 104-day cancer waiters which was presenting issues that hadn't been previously faced. It was noted that the Trust was performing well against other providers in the ICS, but the waits still needed to be reduced.

Continued partnership working with Park Hill would be sought as this facility had been successfully utilised during since April 2020 for the use of cancer services and vulnerable patients.

Attendance within the Emergency Department was 20% below normal expected attendance but daily attendances are now rising to pre Covid levels.

The Chief Operating Officer presented the Performance Report for May 2020, which highlighted:

- The Trust achieved 94.64% against a national target of 95% for 4-hour access. The main drivers were the implementation of a new model for emergency assessment unit, including the support of Trauma and Orthopaedics who have managed the Minor Injuries Unit since the start of the Covid19 pandemic. Senior Leadership had also extended their presence to 10pm each evening;

- There were challenges in performance against ambulance handover in less than 15 minutes at Bassetlaw and therefore work was required in the pathway;

- An achievement of 72.3% against a national target of 92% for RTT;

- A reported figure of 28.37% performance in diagnostic tests within 6-weeks, with urodynamic diagnostics performing at 3.23% which was attributed to the redeployment of those staff to other urgent areas;

- All cancer performance targets were achieved with the exception of 62-day target, which was narrowly missed. The Chief Operating Officer commended the Cancer Services Team for this performance during a difficult period;

- The Trust achieved 62.9% against a national target of direct admission within 4 hours for Stroke performance of 75%.

The Board noted the hard work and focus on performance given the recent challenges. Sheena McDonnell asked for further information about the investment in culture change in the Emergency Department. Helpful organisational development work had been undertaken earlier in the year to understand the issues, work had been progressed but it was noted that further work is needed to ensure better team working is sustained.

The Board accepted that there would be further 52-week breaches due to the effect that Covid19 had on services but requested an understanding of the length of the 52-week wait

challenge split by speciality. This was to be presented to the Finance and Performance Committee. It was also requested that there be a spotlight on diagnostics for assurance on two-week waits.

Kath Smart advised that the referral to hospital (data quality) audit was considered as partially assured as reported at the Audit and Risk Committee on 16 July 2020, and asked if this had been reviewed. It was advised that this presented an opportunity whilst resetting services to give administrative teams the right level of training and understanding of the hospital access policy to ensure that the Trust was adhering to standards. The Chief Operating Officer advised that the outstanding admin programme was a major focus for the Trust, and improvements had been seen in the specialities this had been rolled out to be with feedback. The Trust was on top of the typing backlog previously reported to Board which was important for quality outcomes for patients.

The Chief Executive advised the Board that patients would be treated on a basis of priority of emergency care followed by clinically urgent care, in which cancer care sits, followed by the date of referral and these expectation would be managed through the challenging times ahead.

Neil Rhodes shared that he had met with the Director of Finance and Head of Performance and advised that the amount of working taking place behind the scenes was very encouraging.

Action:* An understanding of the length of the 52-week wait challenge split by speciality would be reported to the Finance and Performance Committee.** ***RJ

Action:* Assurance would be provided to the Finance and Performance Committee on diagnostic two-week waits due to underperformance due to Covid19.** ***RJ

The Board:

- ***Noted the Performance Update.***

P20/07/D3 **Nursing, Midwifery and Allied Health Professional Update, including Patient Survey Results (Enclosure D3)**

The Director of Nursing, Midwifery and Allied Health Professional informed the Board that the report this month was slightly different to what had been previously received as it was now aligned to the Board Assurance Framework and True North Objectives.

Falls

Falls during Quarter 1 presented a disappointing picture and therefore the falls strategy would be reviewed later in the month due to some issues around a lack of encouragement of getting out of bed due to the environment and social distancing, however this had now been rectified. Face masks were also presenting as an issue as a communication barrier with patients. A small supply of transparent masks had been sought to assist with communication with dementia patients.

Clostridium Difficile

Six cases of clostridium difficile were recorded in June; five cases of hospital acquired and one case which was community onset. The high number of cases has, through the post

incident review process of Covid19, identified that the administration and stewardship of antibiotics had shown to be a theme related to the treatment of Covid19, and was one of the most common causes of clostridium difficile.

Nosocomial Infections

Guidance was updated on the 12 June 2020 relating to reducing infection rates within hospital settings. The guidance was in place across all sites. Any outbreaks involving five patients, or staff, are reported to Public Health England.

The outbreaks which had been recorded had related to both staff and patients and had occurred generally in the ward areas with the oldest environments. The learning from these outbreaks had been communicated across the Trust sites. The key message included:

- The need to maintain social distancing at all times
- The need to ensure that PPE is worn correctly
- The need to ensure hand hygiene compliance
- The need to reduce numbers in locations on the ward with visitors to the ward therapists etc.
- The need to ensure that equipment is subject to regular planned cleaning e.g. telephone, computers
- The need to reduce temporary staffing.

Mortality Rates from Day 8 Following Admission

The Trust had been identified as an outlier for patients who had died following an initial negative swab, and then became Covid19 positive whilst an inpatient. This was for deaths from the 1 May 2020 to 28 May 2020 and at a point where the Trust did not routinely swab all emergency admissions, therefore, although the patients were swabbed after admission, it was believed that some may have already been exposed to the virus before admission.

The Medical Director advised the Board that the report stating the Trust was an outlier for mortality rates from day 8 following admission had undergone a detailed review however was reassured that the Trust was not an outlier. The full report would go to the Quality and Effectiveness Committee on 28 July 2020.

CQC Compliance

The CQC were currently focusing on the compliance against the IPC Board Assurance Framework, which was launched by NHSE/I in May 2020. This document was reviewed in May 2020 by the Board. The CQC had reviewed the document and the supporting risk assessments and are meeting with the Trust on the 29 July 2020 to review our compliance.

Patient Experience

There had been 505 responses from DBTH inpatients to the 2019 CWC Adult Inpatient Survey, which was a response rate of 42.01%. The Trust achieved better results than most Trusts for one question, worse results than other Trusts for one question and were about the same as other Trusts for 61 questions.

National Cancer Patient Experience Survey

The National Cancer Patient Experience Survey results had been published and the results for the Trust continued to demonstrate further improvement. This was the first year that Picker had conducted the survey on the Trusts behalf and therefore it was difficult to directly compare a lot of questions with previous ones. In the national league table by provider, DBTH ranked joint 42nd out of 145.

Pat Drake asked for comparative data for falls and hospital acquired pressure ulcers for last year. Data would be provided on which pressure ulcers were hospital acquired and which were not.

Face masks with a Perspex element to them had been piloted for use with deaf patients, however they steam up quickly and therefore other options were being reviewed.

It was noted that more complaints had been received in month which may be a catch up due to the reduction of complaints during the Covid19 pandemic. The process for monitoring complaints had changed to be managed via Datix and each would provide a learning aspect to it so that delivery of plans can be audited.

More work would be undertaken to engage patients in how the Trust plans its services and it was noted that the annual patient experience survey would be report to the Quality and Effectiveness Committee to understand what the focus would be.

Kath Smart asked for a reminder on the strategy for Covid19 testing of asymptomatic staff. It was advised that all staff had been tested in areas where there had been an outbreak. When this testing had been undertaken there had been between 11-12% of asymptomatic staff that had tested positive for Covid19.

Action: The Director of Nursing, Midwifery and Allied Health Professionals would provide comparative data on falls and hospital acquired pressure ulcers in the next report to Board, including that of which acquired pressure ulcers were hospital acquired or from a community setting. **DP**

The Board:

- ***Noted the information in the Nursing, Midwifery and Allied Health Professional Update;***
- ***Noted the patient survey results.***

P20/07/D4 **Medical Director Update (Enclosure D4)**

The Medical Director update focused on mortality and HSMR. The monthly HSMR for March which was in the early part of the Covid19 outbreak was at 100. The monthly HSMR was always three months behind in terms of its production by HED.

The crude mortality rate increased rapidly in March 2020 at the start of the Pandemic, peaking as would be expected in April and since then there had been a consistent downward trend. This reduction in crude mortality was reflected on both sites.

As expected there had been a significant change in overall Trust activity in part due to cancellation of elective work. It was recognised that the HSMR model was designed on the

basis of historical deaths over a ten-year period and therefore may not be fit for purpose in a situation where there was a sudden rise in deaths nationally.

However, it would still be beneficial to monitor the standard as a way of keeping a focus on mortality within the Trust, and in time a more accurate position would emerge.

DBTH was one of the few Trusts to maintain the medical examiner process throughout the Covid19 pandemic.

Trials had been undertaken with Coroners to appear via videoconference so that evidence can be given from the Trust. This would also offer the opportunity for teaching.

Revalidation had been pushed forward by a total of 12-months however it was noted that there would be two-years' worth of revalidation to undertaken over a 12-month period. The rules on this had been relaxed therefore Trusts could undertake revalidations should they wish to do so. It was noted that the Trust would undertake revalidations soon, along with medical appraisals.

The Trust Medical Committee would change to become a Medical Advisory Group to enhance engagement between Consultants and SAS doctors.

The Medical Director advised that Covid19 had been present since the beginning of his tenure and advised that his previous post of Deputy Medical Director had not yet been replaced. Models of the Medical Director Office at other Trusts were being reviewed to look at options before a decision was made on how the department would be structured.

Pat Drake congratulated the Medical Examiner Team as one of the few Trusts that continued to undertake this role through the Covid19 pandemic.

The Board:

- ***Noted the Medical Director Update***

P20/07/D5 **<u>People and Organisational Development Update (Enclosure D5)</u>**

<u>Equality, Diversity and Inclusion</u>

The Director of People and Organisational Development advised that recent events had brought to the forefront of our attention the important contribution all Trust colleagues make regardless of their gender, ethnicity, disability etc.

The staff survey results earlier this year continued to show disproportionate views of both BAME and disabled colleagues despite our overall improvements. Evidence during the Covid19 pandemic had indicated that there was a disproportionate impact of Covid19 on BAME colleagues together with males. The risk assessment process had been developed within the Trust to ensure that those with more risk factors are safe to work and to understand what level of PPE would be required. There was an expectation that the Trust was 100% compliant with the undertaking of risk assessments. Work was being undertaken to ensure that risk assessments would be carried out and support would be given to managers to do so.

A reciprocal mentoring scheme would be presented to the Executive Team which would provide the opportunity for junior BAME colleagues to undertake reciprocal mentoring to provide an opportunity to progress into more senior roles.

An Equality, Diversity and Inclusion Lead would be recruited.
It had proved difficult to instigate a BAME staff network, and therefore QI methodology would be used to demonstrate the Trusts commitment to take action to improve the working lives of BAME colleagues. A LGBTQ+ staff network would be re-launched in September 2020, amongst many other schemes being implemented to support equality, diversity and inclusion across the organisation.

Freedom to Speak Up

The Trust saw an increase in the FTSU index rating, moving from 76% to 78.7%. The average for Acute Trusts was 77.9% which the Trust benchmarks favourably against. Further detail would be provided to the Quality and Effectiveness Committee on 28 July 2020.

There were twelve cases raised during Quarter 1 compared with ten reported for Q4 of 2019/20. The twelve cases consisted of both single and multiple matters.

Absence

Risk assessments were being undertaken on a number of staff that had been shielding to identify if they could return to work.

Between 4th July and 14th July there had been no staff test positive for Covid19, however since then there had been two in separate areas.

There was an expectation that 100% of staff are vaccinated for flu. The Trust was awaiting confirmation of delivery of vaccinations.

There had been a 34% response rate from the Staff Friends and Family Test which took a focus on Covid19 and health and wellbeing. The response rate was higher than normal. The Trust was awaiting the results of the test.

The NHS Staff Survey would go ahead and the Trust was awaiting the questions which would be received at the end of August 2020.

A further survey had been disseminated to those staff that had worked from home during the pandemic to understand how they have felt during this time.

Various focus groups had been set up and advertised in Buzz aimed at targeting certain staff groups.

Reporting on SET had restarted and at the end of May 2020 SET was reported at approximately 80% compliant with Equality, Diversity and Inclusion reported at 98%. The Equality, Diversity and Inclusion training materials would be reviewed across the region to include patient stories. All SET training would be undertaken via eLearning with the exception of Resuscitation Training and Manual Handling Training, however an action plan would be implemented to ensure that the Trust retains compliance rates.

Appraisal season had been postposed however some areas had continued to undertake them throughout the pandemic. The appraisal process had been revised to a wellbeing appraisal to be undertaken by 1 October 2020 in readiness for winter pressures.

Pat Drake noted that the appointment of an Equality, Diversity and Inclusion Lead was required and a positive step. It was noted that the Trust should ensure it includes caring for patients in a cultural and diverse way, including religion. Pat Drake asked if feedback had been sought from the Pilipino nurses that had been recruited prior to Covid19. The Director of Nursing advised that the Pilipino nurses had continued to be supported and had sent personal messages to them to ensure that they were coping throughout the pandemic. It was noted that internal OSCEs had been undertaken as the national OSCE centre had closed during the pandemic. They had all passed and were being paid at band 3 level. There had been issues with accommodation and the understanding of social distancing as they lived as a family in the accommodation block resulting in them being relocated to a hotel to undertake self-isolation.

Mark Bailey advised it was good to see the FTSU data and asked if there had been any cases related to diversity and inclusion. The Director of People and Organisational Development advised that she couldn't recall the specific cases and therefore would provide this was further detail at the Quality and Effectiveness Committee on 28 July 2020. Mark Bailey found the listening events encouraging and supported an approach that would include all levels of the organisation to be involved to share experiences.

Sheena McDonnell noted that there was a danger that the Trust would get lost on the detail from the feedback from surveys and feedback sessions and advised that there were simple things that could be undertaken to improve the culture such as cultural awareness and unconscious bias training which with an expectation that people participate in the training. The Board should also participate in this.

The Chief Executive advised that the majority of BAME colleagues are the highest paid staff in clinical roles and therefore any action taken in request of equality, diversity and inclusion must reflect that of all levels of staff. It was acknowledged that the senior profile of the Trust had changed and was of a white British background, and therefore it was important that measures be implemented and the offer of two Associate Non-Executive Directors from a BAME or other protected characteristics background, to ensure that support was given to colleagues in their development.

The Chair noted that equality and fairness should be built into policies and procedures so that the Board can be assured that processes are in place and are being adhered to. There would be a role of the Audit and Risk Committee to ensure that policies in place would give the equality and fairness that the Trust seeks.

Action: Detail of if any of the FTSU cases related to diversity concerns during Quarter 1 would be reported to the Quality and Effectiveness Committee on 28 July 2020. **KB**

The Board:

- ***Noted the information in the Corporate Risk Register.***

P20/07/G1 **Board Assurance Framework and Corporate Risk Register Update (Enclosure G1)**

The Company Secretary presented to the Board an update on the Board Assurance Framework and Corporate Risk Register which included the refreshed risks aligned to the

True North Objectives. The proposed outline plan had been summarised in the paper which included examples of suggested layouts.

The work had been picked up with Strategy and Improvement on the Qi review of the Board process, which would incorporate a new pilot project of digital Board Leadership being facilitated by NHS Providers.

Kath Smart asked for the timescale on the three work streams presented. The Chief Executive advised that this work would be completed by the next Board meeting on 15 September 2020.

Neil Rhodes noted that the Company Secretary would require support to sustain the Board Assurance Framework following the refresh. The Chief Executive advised that the Trust Board Office now had more resource than at any point but that due to the impact of temporary posts, and Covid work needed to be undertaken to ensure that the changes were bedded in before it would be reasonable to conclude that further resource was needed.

The Director of Nursing, Midwifery and Allied Health Professionals advised that the work undertaken was a significant improvement, but more work was required on the risk appetite and a discussion would be required to discussion the Board Assurance Framework and CQC.

Sheena McDonnell noted that one area to be reviewed was how it links to outstanding care and improving patient experience as the CQC challenged the Trust on this and therefore the Board should ensure that this was reflected in the Board Assurance Framework. The Chief Executive advised that the appointment of Data Quality Officers would ensure that quality was demonstrated in data and would reflect the True North Objective statement.

Action: The refinement of the Board Assurance Framework would be fully complete for the next Board meeting on 15 September 2020. **FD**

The Board:

- ***Noted and were assured by the update on the Board Assurance Framework and Corporate Risk Register.***

P20/07/G2 **Chairs' Assurance Logs for Board Committees (Enclosure G2)**

Finance and Performance Committee – 30 June 2020

No questions were raised.

Charitable Funds Committee – 16 June 2020

No questions were raised.

Audit and Risk Committee Year-End – 16 July 2020

No questions were raised.

The Board:

- ***Noted the update from the:***

- ***Finance and Performance Committee on 30 June 2020***

- ***Quality and Effectiveness Committee – 16 June 2020***

- ***Audit and Risk Committee Year-End – 16 July 2020***

P20/07/G3 Standing Financial Instructions, Standing Orders and Scheme of Delegation (Enclosure G3)

The Standing Financial Instructions, Standing Orders and Scheme of Delegation had been reviewed and updated in line with best practice and up to date practices in the Trust. A summary of these changes include:

- An update to names for Committees and Corporate Structures;

- Reference to Prudential Borrowing Limit removed (PBL removed April 2013);

- Update in legislation references to include post Brexit legislation;

- Update in references to "Estate code"(now "The efficient management of healthcare estates and facilities");

- Update references to NHSLA (now "NHS Resolution");

- Updating references to NHSI/NHSE.

The documents were reviewed at Audit & Risk Committee on 16th July 2020 and were recommended to the Board.

The Board:

- ***Approved the Standing Financial Instructions, Standing Orders and Scheme of Delegation***

P20/07/G4 Information Governance Assurance Framework (IGAF) (Enclosure G4)

The Acting Chief Information Officer joined the meeting to present the updated Information Governance Assurance Framework to include the legal requirements of GDPR 2019 and Data Protection Act 2018. This would be implemented over the following 12-months to be included in governance training and that there was an awareness of information and business continuity plans to ensure that the Trust was compliant with the NHS Digital Data Protection Toolkit which would be revised on 30 September 2020.

The Board:

- ***Approved the Information Governance Assurance Framework.***

P20/07/H1 -H9 Information Items (Enclosures H1 – H8)

The Board noted:

- ***The Chair and NEDs Report;***
- ***The Chief Executives Report;***
- ***Minutes of the Finance and Performance Committee – 26 May 2020;***
- ***Minutes of the Charitable Funds Committee – 17 March 2020;***
- ***Minutes of the Management Board Meeting – 8 June 2020;***
- ***SYB Integrated Care Partnership Bulletin;***
- ***Healthwatch Doncaster Annual Report 2019-20;***
- ***Noted the Board work plan;***
- ***Noted the Minutes of the Audit and Risk Committee Year-End Meeting – 4 June 2020.***

P20/07/I1 **Minutes of the Meeting held on 16 June 2020 (Enclosure I1)**

The Board:

- ***Received and Approved the Minutes of the Public Meeting held on 16 June 2020.***

P20/07/I2 **Any Other Business (Verbal)**

None

P20/07/I3 **Governor Questions Regarding the Business of the Meeting (Verbal)**

P20/07/I3(i) Hazel Brand

The Lead Governor asked, on behalf of the Council of Governors what the timeframe was to improve the waiting list figures as they were below the national target and could the Non-Executive Directors be closely involved with the monitoring of this data provide assurance that every effort was made to improve on these figures.

The Chief Executive advised that no Trusts would reach the national performance standards for waiting lists for some time and added that the same process for recording these figures would not likely continue. It was important that Governors understood that the size of the waiting list was affected because during the pandemic there were very minimal referrals to the Trust, resulting in a spike in referrals since the end of lockdown. This would be the same for other performance measures such as 4-hour access and diagnostics. It was reiterated that patients would be seen in the order of emergency care followed by clinically urgent care, in which cancer care sits, followed by the date of referral.

The Chair advised that assurance would be provided to Governors through the presentations delivered at the Council of Governors meeting to take place on 23 July 2020.

It was agreed that the Governor Briefing and Development session to be delivered to provide an update on the complaints process would include an update on when things don't go to plan with complaints.

Action: The Governor Briefing and Development Session – Update on Complaints would include information on what happens when things don't go as planned. **DP**

The Board:

- ***Noted the comments raised, and information provided in response.***

P20/07/I4 **Date and Time of Next meeting (Verbal)**

Date: Tuesday 15 September 2020
Time: TBC
Venue: Star Leaf Videoconferencing

The Board:

- ***Noted the date of the next meeting.***

P20/07/I5 **Withdrawal of Press and Public (Verbal)**

The Board:

- ***Resolved 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.***

P20/07/J **Close of meeting (Verbal)**

The meeting closed at 11:55.

Suzy Brain England **Date**
Chair of the Board **17 August 2020**