

**Board of Directors Meeting Held in Public
To be held on Tuesday 19 January 2021 09:30
Via StarLeaf Videoconferencing**

AGENDA

		LEAD	ACTION	TIME / ENC	TIME/ MINS
A	MEETING BUSINESS				09:30
A1	Apologies for absence	SBE	Note	Verbal	15
A2	Declarations of Interest	SBE	Note	Verbal	
<p>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.</p>					
A3	Actions from previous meeting	SBE	Review	A3	
B	QUALITY AND EFFECTIVENESS				09:45
B1	Chief Nurse Update	DP	Note	B1	10
B2	Medical Director Update	TN	Note	B2	10
C	PEOPLE AND ORGANISATIONAL DEVELOPMENT				10:05
C1	Our People Update	KB	Note	C1	10
D	PERFORMANCE AND FINANCE				10:15
D1	Covid19 Operational Update	RJ	Note	Present	10
D2	Performance Update – November 2020	RJ	Note	D2	10
BREAK 10:35 – 10:45					
D3	Finance Update – December 2020	JS	Note	D3	10
D3	EU Exit Update	RJ	Note	D4	10
E	STRATEGY AND ASSURANCE				11:05
E1	Chairs Assurance Logs for Board Committees:		Note	E1	5
	i) People Committee – 12 January 2021	SM			

F GOVERNANCE AND ASSURANCE						11:10
F1	Corporate Risk Register	FD	Note	F1	15	
F2	Board and Committee Effectiveness Review Process	FD	Note	Verbal	5	
G INFORMATION ITEMS (To be taken as read)						11:30
G1	Chair and NEDs Report	SBE	Note	G1	5	
G2	Chief Executives Report	RP	Note	G2		
G3	ICS Update	RP	Note	G3		
G4	Minutes of the People Committee i) 3 November 2020 ii) 1 December 2020	SM	Note	G4		
G5	Minutes of the Management Board Meeting i) 9 November 2020 ii) 14 December 2020	RP	Note	G5		
H OTHER ITEMS						11:35
H1	Minutes of the meeting held on 15 December 2020 (pre-approved by the Board of Directors)	SBE	Note	H1		
H2	Any other business (to be agreed with the Chair prior to the meeting)	SBE	Note	Verbal		
	- ICS Wide Partnership Business Case	JS	Note	Verbal	10	
H3	Governor questions regarding the business of the meeting (10 minutes)*	SBE	Note	Verbal	10	
H4	Date and time of next meeting: Date: Tuesday 19 January 2021 Time: 09:30 Venue: StarLeaf Videoconferencing	SBE	Note	Verbal		
H5	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		
I MEETING CLOSE						11:55

***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:
Updated:

Katie Shepherd
15 December 2020



**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

Action Log

A3

Meeting:	Public Board of Directors	KEY	
Date of latest meeting:	15 December 2020	Completed	On Track
		In progress, some issues	Issues causing progress to stall/stop

No.	Minute No.	Action	Lead	Target Date	Update
1.	P20/12/B1	Learning from Serious Incidents – A report would be provided to the Board in March 2021, on the effectiveness of learning from serious incidents, over the previous 18-months. This would be in the context of a changed landscape due to the Covid19 pandemic.	DP	March 2021	Closed – Added to the Board work plan.
2.	P20/12/B1	Ockenden Report Action Plan – The Quality and Effectiveness Committee would be in receipt of the initial action plan identified from the gap analysis against the Ockenden Report on 2 February 2021. The final action plan would be reported to the Quality and Effectiveness Committee on 6 th April 2021 and to the Board of Directors on 18 th May 2021.	DP	QEC: February 2021 & April 2021 Board: May 2021	Closed – Added to the QEC and the Board work plan.

Action notes prepared by:

Katie Shepherd

Updated:

15 December 2020

No.	Minute No.	Action	Lead	Target Date	Update
3.	P20/12/B1 and P20/12/D1	<p>Communications with the Public - The Chair asked that the Communications and Engagement Team continue to spread good news stories including that of the great work undertaken within Maternity Services.</p> <p>The Chair asked that the Communications and Engagement Team continue to spread the message to members of the public to keep their appointment or to cancel ahead if unable to attend. To include measures taken to keep them safe whilst at their appointment.</p>	ES	Dec-20	Closed – The Communications and Engagement Team continue to share positive news stories as part of their strategy and continue to advise the public to keep their appointments, or cancel ahead.
4.	P20/12/B2	Clinical Audit and Effectiveness Update – The Board would receive an update on clinical audit and effectiveness following the receipt of the annual clinical audit report at the Quality and Effectiveness Committee on 6 th April 2021.	TN	April 2021	Closed – Added to the Board work plan.
5.	P20/12/C1	Appraisal Data Review – The People Committee would consider and review why the appraisal rate was lower than anticipated.	KB	Jan 2021	Closed – Added to the People Committee work plan as part of the Workforce Assurance Report.
6.	P20/12/D1	Trolley Waits – Further detail on trolley waits be provided to the Finance and Performance Committee on 26 January 2021.	RJ	January 2021	Closed – Added to the Finance and Performance Committee work plan.
7.	P20/12/D1	Outliers – Further detail and assurance would be provided on outliers at the next Board meeting.	DP	January 2021	Closed – Added to the Board work plan to be included as part of the Chief Nurse report.
8.	P20/12/D4	EU Exit Risk – The overall risk of the EU Exit would be added to the Corporate Risk Register.	RJ	December 2020	Closed – This has been added to the Corporate Risk Register.
9.	P20/12/F2	Board and Committee Effectiveness Review - An update would be received at the Board meeting on 19 January 2021 on the Board and Committee effectiveness review process to be implemented by April 2021.	FD	January 2021	Closed – Added to the January 2021 agenda.

Action notes prepared by:
Updated:

Katie Shepherd
15 December 2020



**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

Title	Nursing, Midwifery and AHP Report		
Report to	Board of Directors	Date	19.01.2021
Author	David Purdue, Chief Nurse		
Purpose		Tick one as appropriate	
	Decision		
	Assurance	X	
	Information		

Executive summary containing key messages and issues

In July 2019, NHS improvement changed the definition of Patient safety to be about **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. It is essential that we listen and learn from our patients, visitors and staff to ensure we deliver our aim to be an outstanding organisation.

This report highlights the key patient safety, quality and experience performance against the Trusts outcome measures in December 2020

The report includes a review of nurse staffing for December.

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 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.

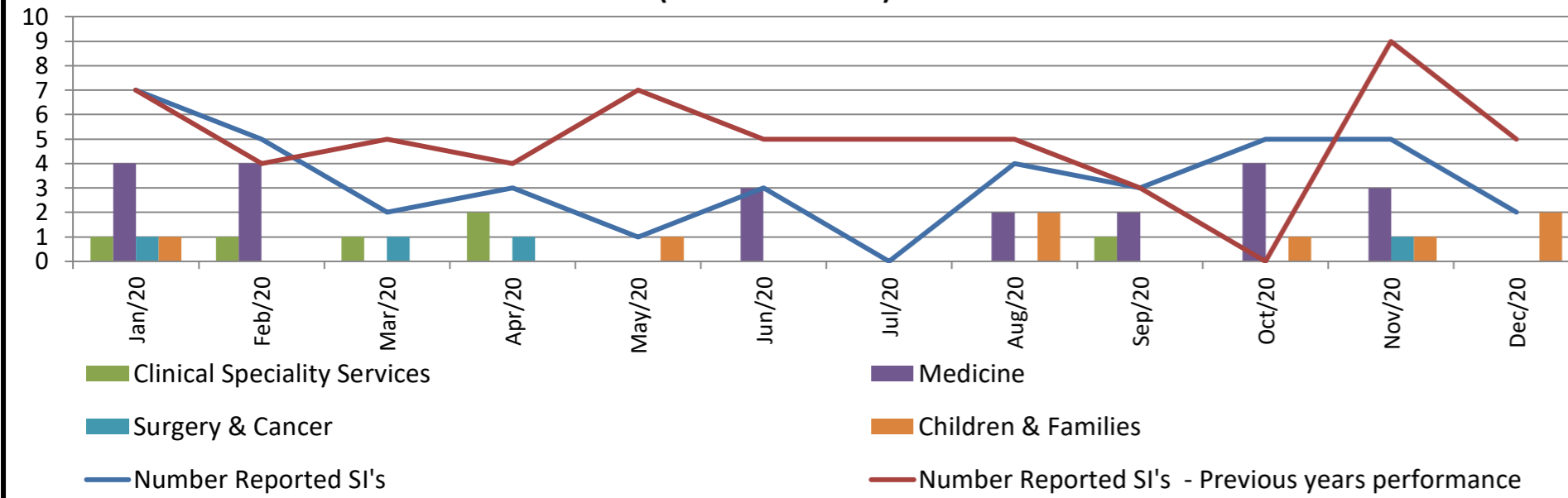
Serious Incidents - December 2020 (Month 9)

(Data accurate as at 08/01/2021)

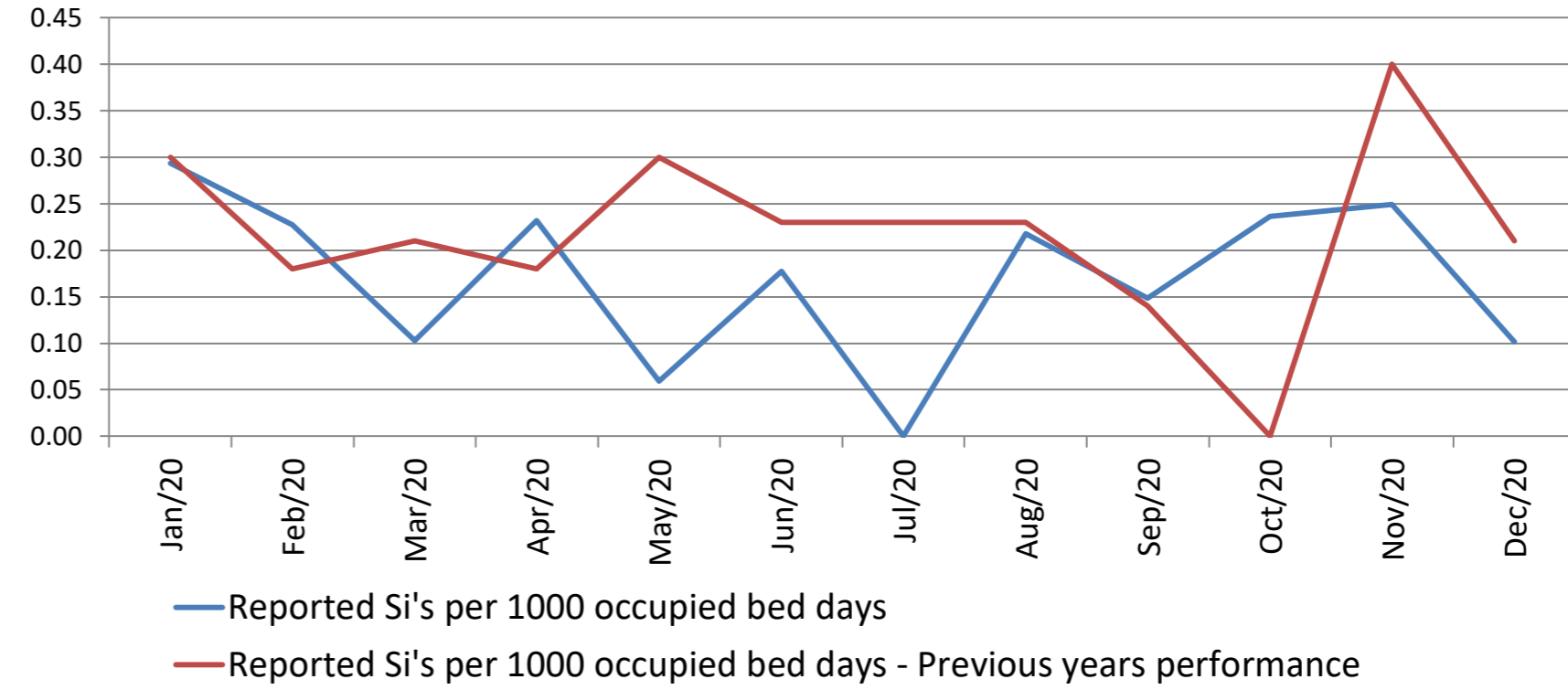
Please note: At the time of producing this report the number of serious incidents reported are prior to the RCA process being completed.

Overall Serious Incidents

**Number Serious Incidents Reported
(Trust & Divisions)**



Serious Incidents per 1000 occupied bed days



Current YTD reported SI's (April-Dec 20)	25	Number reported SI's (Apr-Dec 19)	43
Current YTD delogged SI's (April-Dec 20)	0	Number delogged SI's (Apr-Dec19)	5

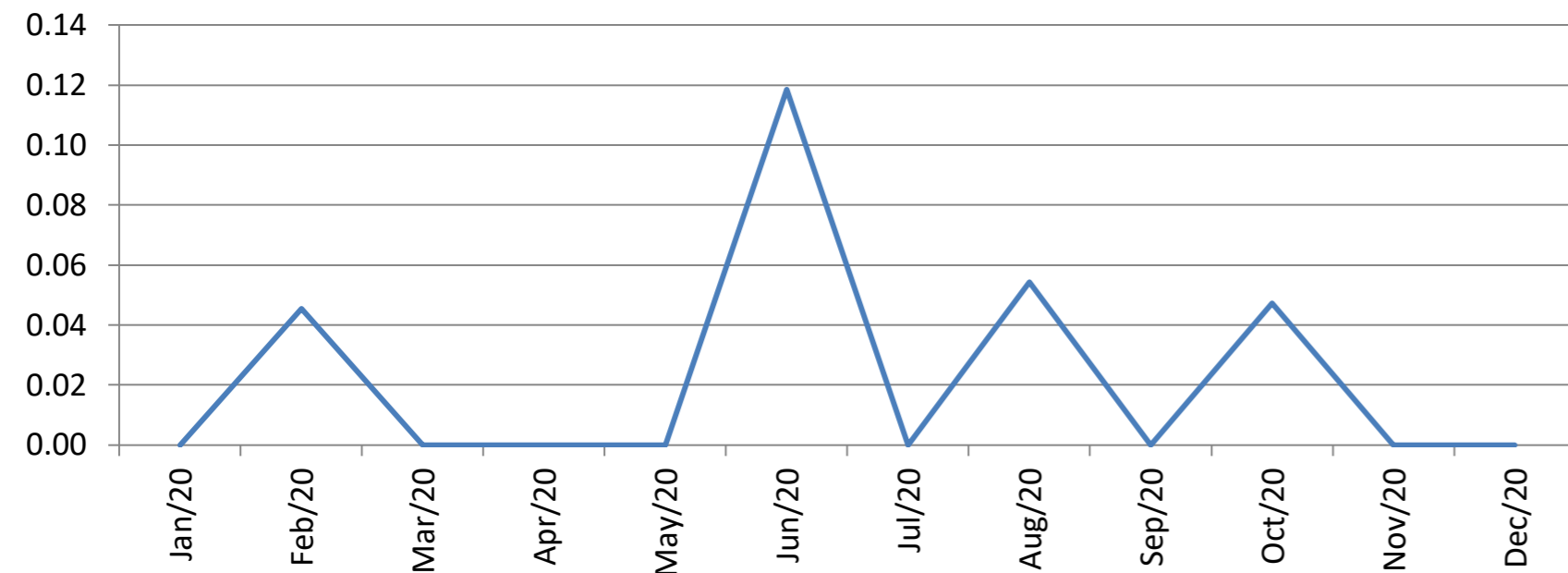
Maternity Serious Incidents

There have been four Serious Incidents relating to maternity care year to date. These include two incidents being investigated by the Trust and two Serious Incidents being investigated by HSIB. There are a further two incidents being investigated by HSIB that do not meet the SI criteria.

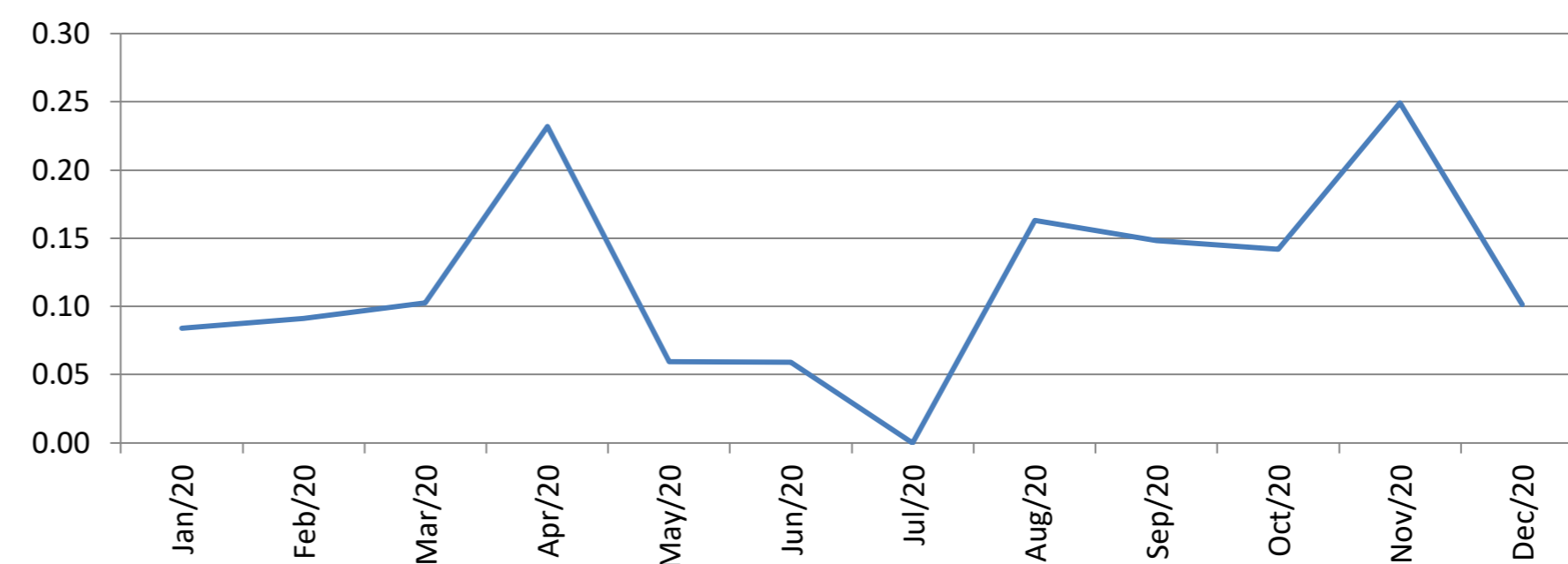
- **May 2020** - Incident around informed consent and termination of pregnancy (Trust SI)
- **July 2020** - Maternal and baby death (HSIB investigation relating to events prior to attendance at the Trust – not SI)
- **July 2020** - Neonatal death, baby born in poor condition (HSIB SI – reported to STEIS Dec 20 after new evidence)
- **August 2020** - Incident around lack of robust record keeping during investigation (Trust SI)
- **October 2020** – Intrapartum death (HSIB SI)
- **November 2020** – Shoulder dystocia (HSIB – not SI)

Serious Incident Themes

Serious Falls per 1000 occupied bed days



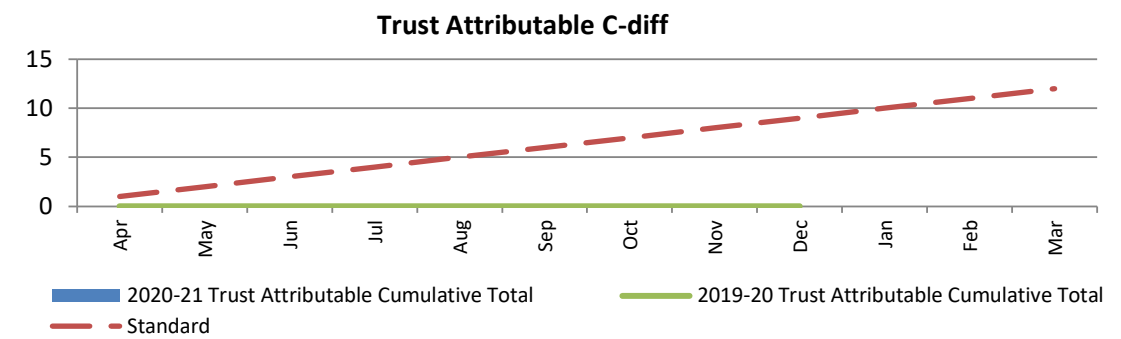
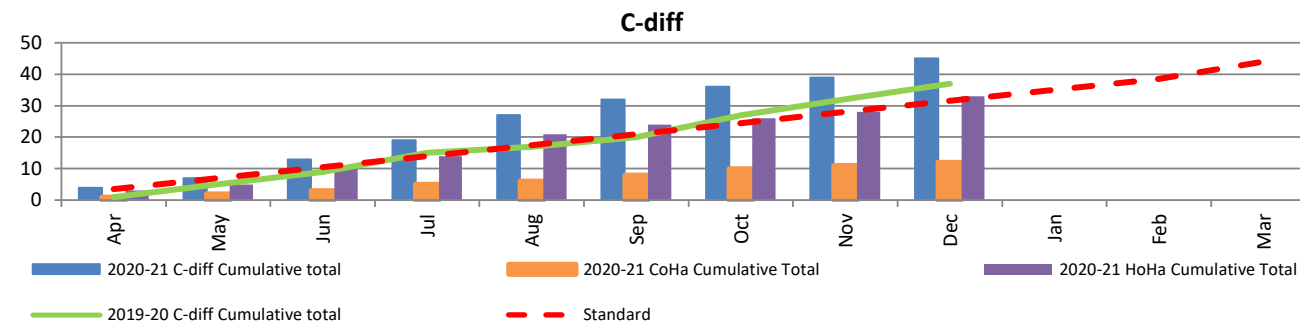
Care Issues per 1000 occupied bed days



Infection Control C.Diff - December 2020 (Month 9)
(Data accurate as at 08/01/2021)

	Standard	Qtr 1	Qtr 2	Oct	Nov	Dec	YTD
2020-21 Infection Control - C-diff	44 Full Year	13	19	4	3	6	45
2019-20 Infection Control - C-diff	39 Full Year	9	11	7	5	5	37
2020-21 Trust Attributable	12	0	0	0	0	0	0
2019-20 Trust Attributable	12	0	0	0	0	0	0

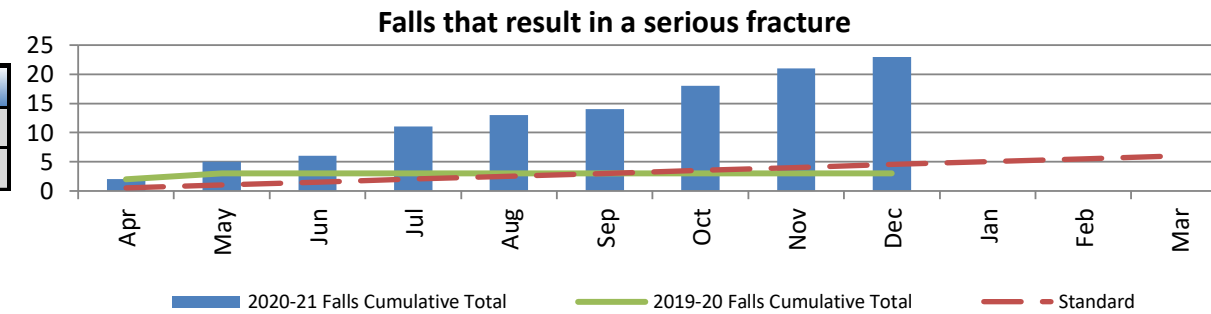
	Qtr 1	Qtr 2	Oct	Nov	Dec	YTD
HOHA	10	14	2	2	5	33
COHA	3	5	2	1	1	12



Pressure Ulcers & Falls that result in a serious fracture - December 2020 (Month 9)
(Data accurate as at 08/01/2021)

	Standard	Qtr 1	Qtr 2	Oct	Nov	Dec	YTD
2020-21 Serious Falls (moderate/severe harm)	6 Full Year	6	8	4	3	2	23
2019-20 Serious Falls	10 Full Year	3	0	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.

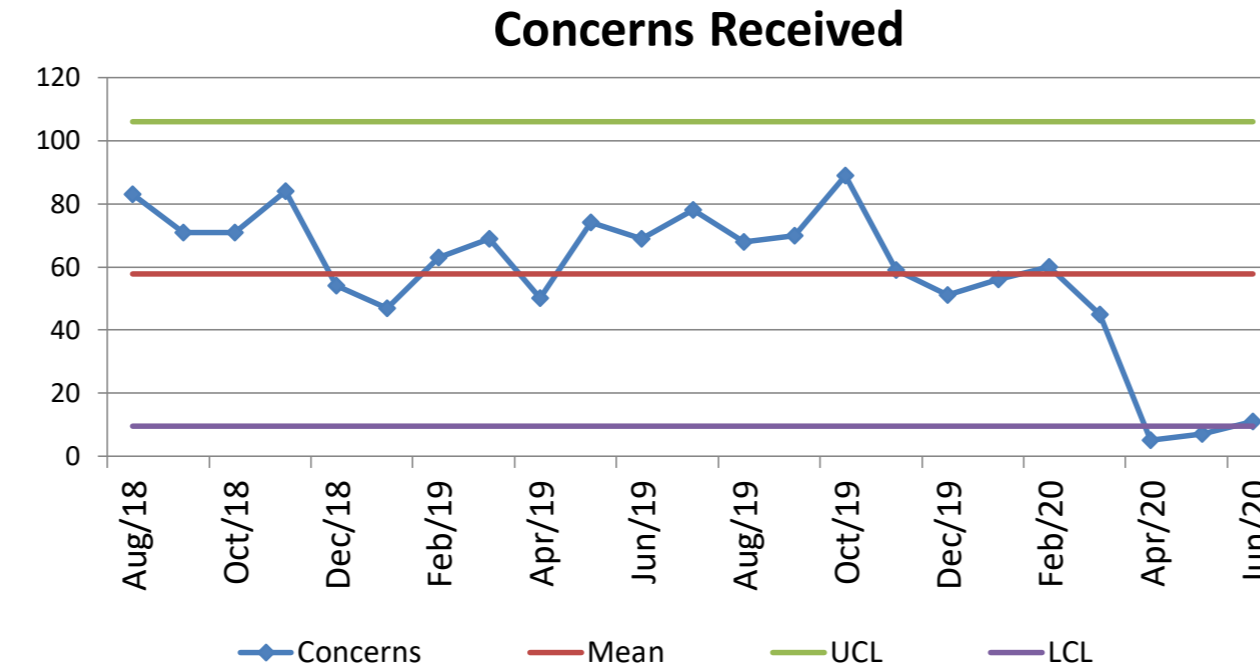
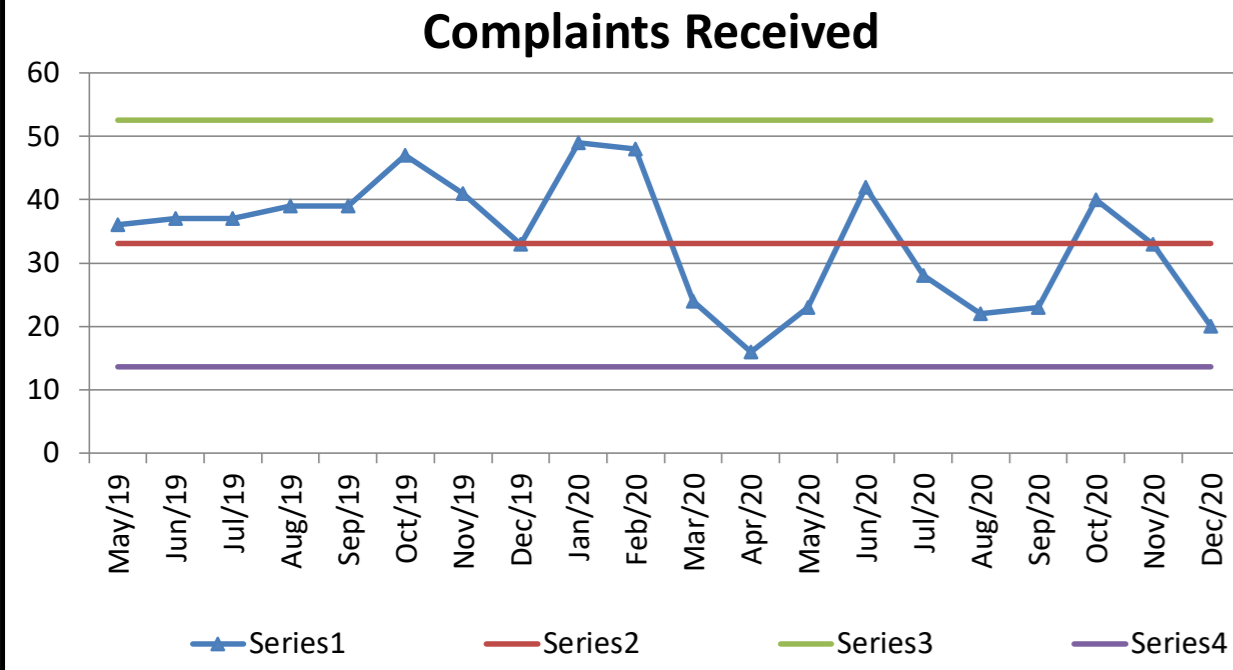


	Standard	Qtr 1	Qtr 2	Oct	Nov	Dec	YTD
2020-21 Pressure Ulcers	56 Full Year	192	175	79	91	77	614
2020-21 Pressure Ulcers (Cat 4)		0	1	1	0	0	2
2020-21 Pressure Ulcers (Cat 3)		17	10	7	4	8	46
2020-21 Pressure Ulcers (UNS/DTI Low Harm/Cat 2)		175	164	71	87	69	566

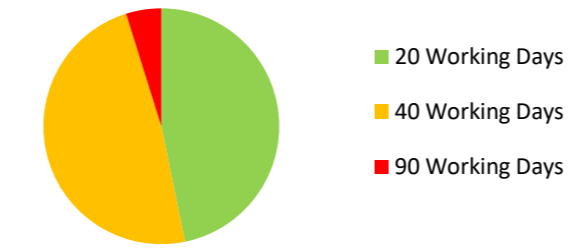
Complaints & Claims - December 2020 (Month 9)

Data accurate as at 08/01/2021

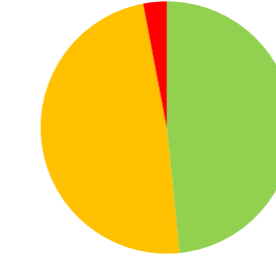
Complaints



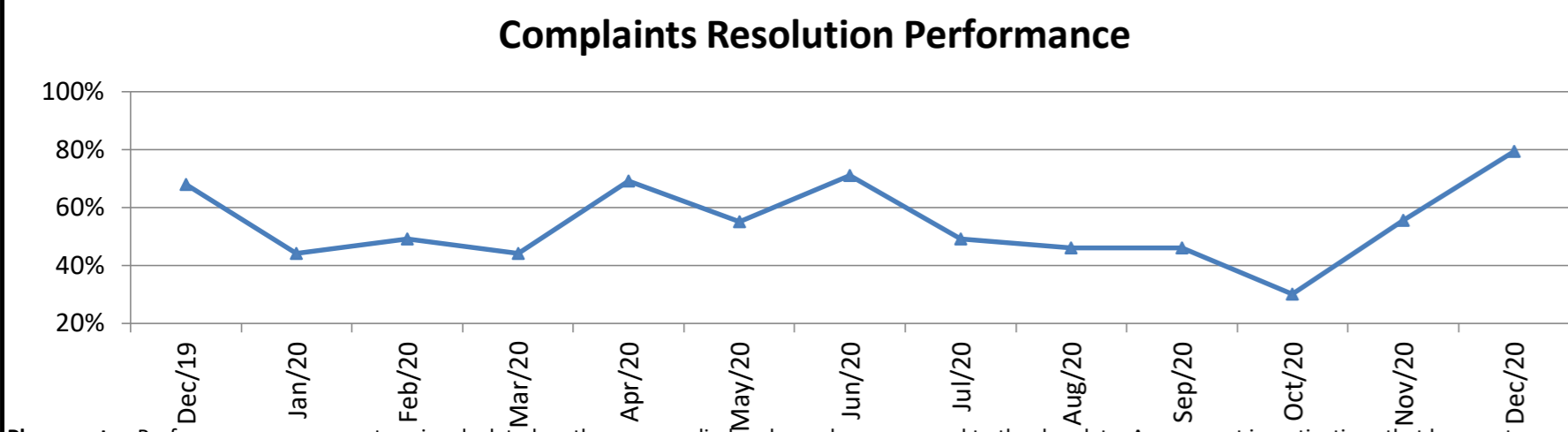
December 2020 Complaints Received Risk Breakdown



Year to Date Complaints Received Risk Breakdown

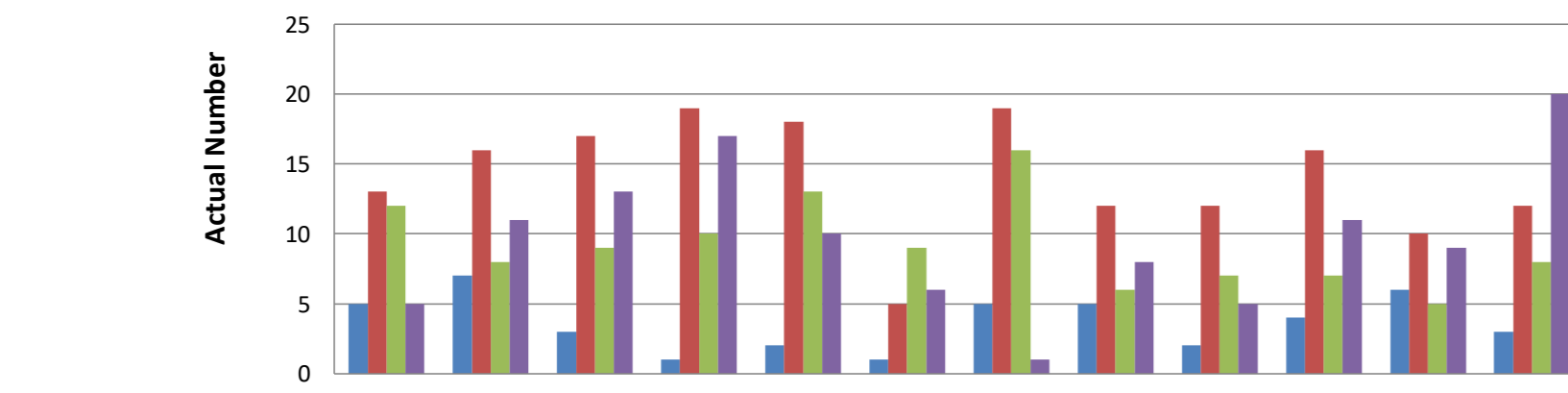


Complaints - Resolution Performance (% achieved resolution within timescales) Complaints Closed - Outcome



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



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

Parliamentary Health Service Ombudsman (PHSO)

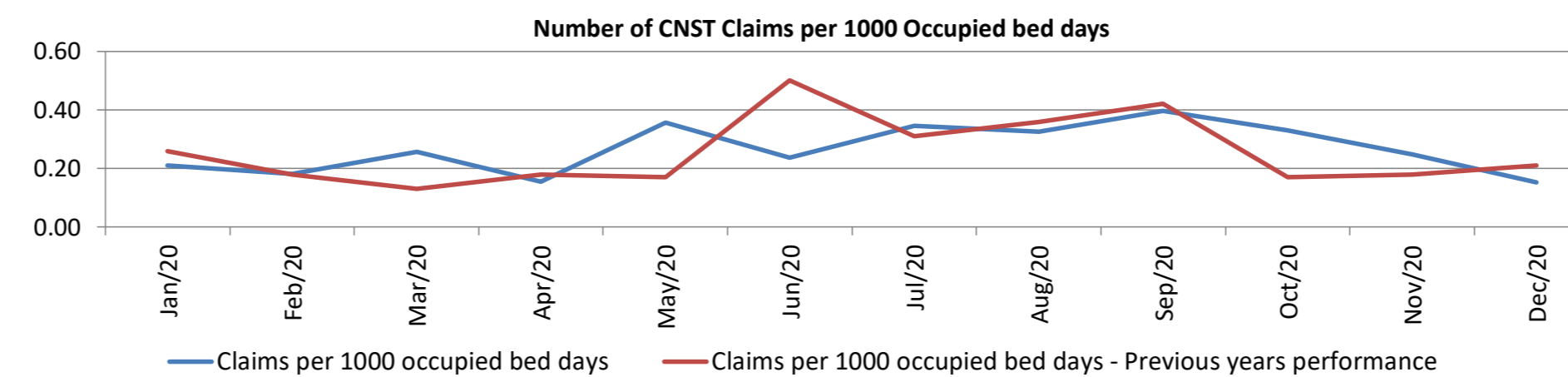
Month	Number of cases referred for investigation	Number Currently Outstanding
Dec-20	0	4

	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
2018/19	9	Outstanding	0
		Fully / Partially Upheld	4
		Not Upheld	3
		No further Investigation	0
		Not Investigated	0
2019/20	4	Case Withdrawn	0
		Outstanding	1
		Fully / Partially Upheld	1
2020/21	1	Not Upheld	2
		Outstanding	1

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	8	7	5	3				47
	2019/20	4	4	11	7	8	9	4	4	5				56
Liabilities to Third Parties Scheme (LTPS)	2020/21	2	1	2	2	1	0	1	2	2				13
	2019/20	5	3	1	4	0	1	4	3	1				22

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



Nursing, Midwifery and AHP Report December 2020

In July 2019, NHS improvement changed the definition of Patient safety to be about **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 has been 2 Serious Incidents (SI) in December. One relates to a potential missed diagnosis and 1 to a neonatal death in theatre.

The total number of SI for care issues, year to date is 19. There are a further three cases being investigated by Health Service Investigation Branch (HSIB)

All incidents are thoroughly investigated and learning from these is monitored through the serious incident panel.

Serious Incidents in Maternity

There have been four Serious Incidents relating to maternity care year to date. These include two incidents being investigated by the Trust and two Serious Incidents being investigated by HSIB. There is a third incident being investigated by HSIB, which related to the patient's condition prior to attendance at the Trust.

There has been no Sis in December.

From a review by HSIB there are no related themes identified from their investigations.

Starting in February we will report against the Board dashboard for maternity safety.

Outliers

Activity at peak levels at times requires patients to be cared for in different specialities, this mainly relates to the outlying of medical but at times is related to surgical and orthopaedic patients.

The process of outlying patients is clearly documented with a plan to have any patient movement completed by 22.00hrs at the latest.

There is set criteria for patients in to specific areas to ensure patient safety is maintained.

Consultants are allocated to outlying wards so there is consistency to the review of patients.

Any patients outlied are monitored via the integrated discharge team.

The average number of outliers in December was 12.

The ability to transfer patients has been limited during Covid due to the specific pathways for patients who are classed as negative, contact or positive.

Falls

There were 152 patient falls reported in December. Of these falls, 2 resulted in severe harm to the patient and there were no moderate harms.

This takes the total number of patients falling, year to date to 1027. Of these falls, 23 patients have suffered severe or moderate harm and five cases have been escalated as serious incidents

The falls strategy is being rewritten to focus on the learning from MIFIT reports. Initially a second band 7 and 2 band 4s are being seconded into the team. The team has been expanded to include the enhanced care and dementia nurses. This team will be proactive in managing patient at a high risk of falls. Nerve centre now has the ability to flag patients who have been identified as having enhanced needs.

Benchmarking Falls

The Trust is participating in and committed to the Royal College of Physicians (RCP), National Audit of Inpatient Falls (NAIF) Falls and Fragility Fracture Audit Programme (FFFAP). Previous RCP audits in 2015 and 2017 were 'snap shot' audits and provided little drive for interim work on quality improvement. Continuous data collection offers the potential to provide 'real time' updates on performance that encourages teams to continuously re-evaluate and modify their practice. The continuous audit was launched in 2019 and Phase 1 focused on the care and management of patients who sustain a hip fracture in an inpatient setting, Phase 2 launched in January 2020 includes a more detailed dataset examining pre fall risk reduction activity in addition to the post fall management. The Trust receives a yearly report providing our results, national recommendations and national averages enabling clear identification of areas for improvement.

At present Trusts are encouraged to regularly review data on falls, harm and deaths per 1,000 occupied bed days (OBDs) and assess over time the success of their practice against the trends in falls, harm and death rates per 1,000 OBDs. RCP have advised caution in comparing falls per occupied bed days with other Trusts due to the variability in differences with local population demographics, patient case mix and differences in reporting culture, requirements and practice between organisations.

Hospital Acquired Pressure Ulcers (HAPU)

There were 77 HAPU (category 2 and above) reported in December. Of these, eight were category 3 HAPU and there were no Category 4 HAPU.

This takes the total numbers of HAPU (category two and above) reported, year to date to 614.

Additional work is being carried out in AMU, Respiratory unit, CI, DCC and ITU to support staff

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.

Infection Prevention and Control

Clostridium difficile

There were eight cases of Clostridium difficile in December. Six cases were hospital associated, hospital acquired (HOHA) and two cases were community onset hospital acquired (COHA)

This takes the number of cases, year to date to 47, split as 34 cases of HOHA and 13 cases of COHA.

No lapses in care have been identified as yet, with patients appropriately being prescribed antibiotics.

e-Coli Bacteraemia

There were 2 cases of eColi bacteraemia in December, 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 42.

MRSA bacteraemia

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

MRSA Colonisation

There has been no reported MRSA colonisation in December, leaving the total number of cases, year to date to nine.

Nosocomial Infection Rate

The Trust uses the 10 high impact interventions to ensure nosocomial infections are minimised. At the end of December the Trust reported 5 outbreak areas, 4 of these clinical and 1 corporate. Ongoing communications are in place to ensure staff comply with PHE guidance.

Patient Experience

22 formal complaints were received in December, with a year to date (1 April to 31st December) figure of 249 formal complaints.

Complaints response performance continues to be of concern as remains below target however we have seen an increase in performance in December to 79.3% against the agreed target of 95%.

Top themes of all feedback received were communication (43 Subjects), treatment (34 subjects), staff attitude and behaviour (20 subjects), COVID-19 (18 subjects) and competence (12 subjects). Looking specifically at formal complaints (including those from MPs) communication rated highest (25 subjects), followed by Treatment (24 subjects), competence (11 subjects), COVID-19 (10 subjects) and Nursing ADL issues (10 subjects).

Recording subjects can sometimes be a little confusing as it can sometimes lead people to perceive there are more complaints than there is. For instance in the category of formal complaints the top theme is recorded as communication with 25 Subjects, when examined in more detail this is 6 actual individual patient complaints. Treatment has 34 subjects but this is in 14 individual complaints, competence has 11 subjects covering 4 individual complaints, COVID-19 has 10 subjects covering 3 individual complaints and Nursing ADL's had 10 subjects covering 3 individual complaints.

There has been no FFT data since March 2020, as this has been paused in line with COVID-19 National Guidance. The Friends and Family Test (FFT) recommenced on the 1st December 2020 and covers 185 departments and areas. Audit and Effectiveness Department will be collating FFT data, and will be focussing on both the quantitative and qualitative aspects of the data and the deadline for national upload is the 19th January.

Nursing and Midwifery Staffing

All NHS Trust providers are required to publish Nursing and Midwifery staffing data on a monthly basis. The data describes planned hours for staffing based against the actual hours worked. In addition to this the care hours per day (CHPPD) are reported as a monthly metric. In the last 10 months the on-going Covid 19 pandemic has created additional workforce challenges across the breadth of the organisation, with particular pressure in areas such as respiratory and critical care. This has been reflected in our safe staffing data with a number of areas 10% under their planned versus actual.

December data

- 39 wards were open and formed part of the report in December
- 14 were on green for planned versus actual staffing
- 9 wards were red for being 10% under their planned versus actual staffing. These were S10, A4, C2/CCU, ATC, Respiratory, 32, Rehab1, G5 and M2.
- 13 were on amber for being 5% under planned versus actual staffing
- 2 wards were amber for being 5% over planned versus actual staffing – this was ward 25 and relates to enhanced care usage, the other area was DCC DRI and relates to acuity and capacity during Covid
- 1 ward was red for being 10% or over the planned v actual staffing and this was ITU at BH, likely due to acuity and capacity during Covid

Despite a number of areas reporting 10% reduction against planned to actual all areas were risk assessed using professional judgement, staff redeployment or utilisation of other key roles such as therapy staff to ensure patient safety wasn't compromised. All known gaps were reviewed and all shifts were sent to bank and agency. Due to on-going pressures detailed further in the paper fill rates for bank and agency shifts were compromised due to availability of workforce. This is closely monitored with NHSP colleagues and the senior nursing team.

As part of the Trust winter planning strategy it was agreed that additional bed stock would be opened to manage patient flow across all the sites, as part of this strategy additional monies were allocated for nursing posts. Nurse staffing has significantly impacted on the ability to open beds and challenges around quality indicators and IPC measures have also meant that some of the planned beds required for the usual seasonal surge have not been opened.

In the first wave of the pandemic a number of measures were put in place to ensure key front line staff were freed up to support in patient areas, these included:

- Reduction of the elective surgical programme – this enabled redeployment from elective surgery and theatres to clinical areas
- Reduction of outpatient activity enabled staff redeployment
- Cancellation of training which enabled education teams to be redeployed into clinical areas

As the pandemic has continued the surgical elective programme has been stepped back up to ensure patients receive the care they require and essential training has been reinstated to support staff development. This alongside:

- Increased sickness rates both physical and mental health matters
- Staff being required to isolate due to Covid 19
- Staff shielding due to Covid 19
- On-going challenges in nurse and midwifery recruitment

has all meant that nurse staffing has been significantly challenged and support from our temporary workforce provider NHSP has also been reduced as they have faced the same issues.

Mitigation

The on-going risk around nurse and midwifery staffing remains a constant challenge for the nursing leadership teams however mitigation has been put in place to support clinical areas and the risk is reviewed as part of the x4 daily operational site meetings that take place. Nurse staffing is also reported monthly via our mandated safe staffing return and at the Trust QEC committee.

The mitigation includes:

- Senior nurse oversight for the wider staffing picture from the duty matron 7 days per week
- Scrutiny by Divisional Nurse Directors to assess risk in their areas and staff redeployment put in place to mitigate the risk
- Incentivised pay rates for registered and unregistered nurses working additional bank hours
- Active on going recruitment campaigns including alternative roles such as Trainee Nurse Associates and Overseas recruitment
- Redeployment of clinical staff from teams such as education, out patients and theatres
- Reduction in bed numbers on some clinical areas to ensure nurse to patient ratio is satisfactory and to mitigate patient harm
- Review of nursing documentation to release nursing hours
- Temporary suspension of audit programmes to release senior nurse time
- Utilisation of agency nurses in discreet areas, this is balanced against the quality metrics to ensure patient care isn't compromised
- Supporting critical care around GPICs guidance around nurse to patient ratios to aim to maintain 1:1 or 1:2 nurse to patient ratio
- Cross site working to ensure staffing is flexed to meet the demands in service
- Development of the 'patient care team' from medical student recruitment to enhance ward teams and support patient care needs
- Support from therapy teams to provide ward liaison role
- Reduction in ward managers supervisory time to support clinical hands per shift
- Support from Enhanced Care Nurse to ensure complex patients receive the correct plan of care
- Rapid cohorting of Covid 19 patients to minimise outbreaks and reduce risk to patients and staff

Future Developments

DBTH remains committed to providing outstanding care and it is recognised that having the correct workforce in place is key to this.

As part of the future developments for 2021/22 the senior nursing leadership team are looking to utilise the Allocate SafeCare model to support how nurse staffing is managed.

SafeCare is x3 times a day staffing software that matches staffing levels to patient acuity, providing control and assurance from bedside to board. It allows comparison of staff numbers and skill mix alongside actual patient demand in real time, allowing you to make informed decisions and create acuity driven staffing.

This option is currently being scoped by the Deputy Chief Nurse and E roster team.



**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

Title	Medical Director's update		
Report to	Board of Directors	Date	19 January 2021
Author	Dr Timothy Noble, Medical Director		
Purpose			Tick one as appropriate
	Decision		
	Assurance		x
	Information		

Executive summary containing key messages and issues
This report is to update the Board with various aspects of the work undertaken within the remit of the Medical Director's office and working towards the True North Objectives.
Key questions posed by the report
The Board is asked to note the updates in the Report with respect to Appraisals, Standards of Business Conduct and Clinical Governance.
How this report contributes to the delivery of the strategic objectives
The report highlights the journey to the True North Objectives.
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 note the report

HSMR

As at 18/12/2020, the overall HSMR (rolling 12 months) has shown a slight increase to 103.74. This is reflected in the rise in crude mortality from September to November 2020 which is in line with the impact of the second wave. The monthly HSMR for September had shown a downward trend ahead of the impact of Covid.

Deaths continue to be scrutinised by the ME process and any learning shared with the team involved and more widely through the Sharing How We Care Newsletter.

No issues of concern have been identified.

Medical Appraisals

Completion 2020/2021	
Q1	46.67%
Q2	36.96%
Q3	21.95%
Q4	2.63%

Medical Appraisals were postponed nationally from March to October 2020 and is reflected in the figures. The Revalidation Office continues to support clinicians less affected by the pressures of the pandemic to resume the appraisal process.

Revalidation

The GMC postponed revalidation dates up to July 2021 by one year. We have continued to revalidate where materials are available to do so.

Professional Standards

The Medical Director's office continues to provide pastoral support, advice and guidance to medical staff.

Quarterly meetings with the General Medical Council Employer Liaison Adviser have continued throughout the pandemic.

Standards of Business Conduct and Employees Declarations of Interest Policy

Completion is steadily improving and is currently at **72.1%**, on target to achieving 100% by 31st March 2021.

Clinical Governance Review

Medical Director's office objective to review clinical governance processes within the Trust is in progress. A number of discussions and meetings have taken place to align the review with the implementation of the National Patient Safety Strategy.

The terms of reference for the Clinical Governance Committee and for the Patient Safety Review Group will be reviewed to realign reporting lines to avoid duplication from sub-committees.

The review of Specialty and Divisional Clinical Governance processes undertaken in October 2019 is now fully implemented and embedded. The template agendas streamlined the reporting and provided the necessary assurance to the Divisions.

Division Clinical Governance Leads have maintained an overview of clinical governance in their areas throughout the pandemic and have continued with meetings where possible.

Caldicott Guardian update

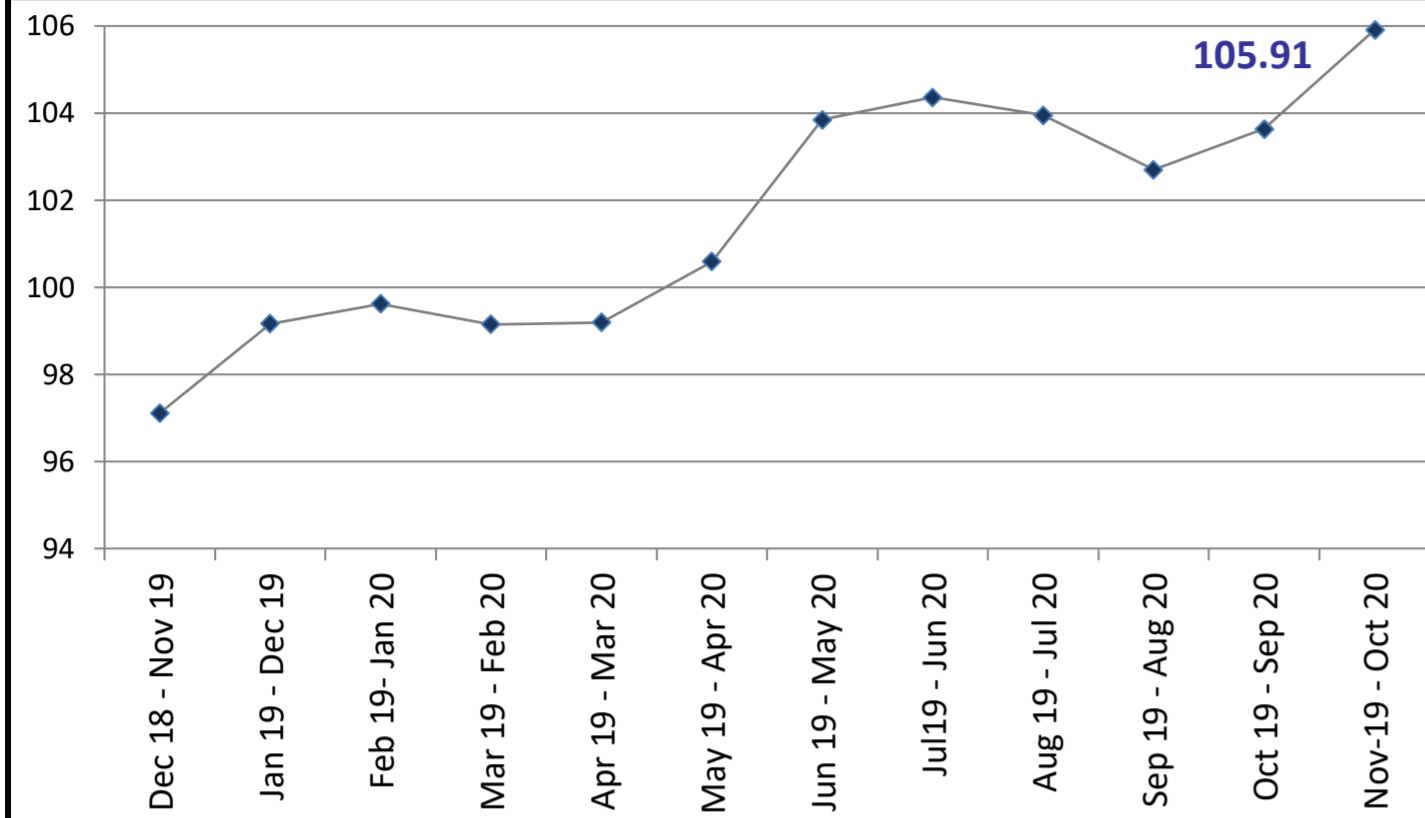
Key achievements under The Information Governance (IG) Committees Assurance Framework (IGAF) for 2020/21:

1. The Trust demonstrated **Significant Assurance** with some expected but minor opportunities for improvement that were already known following KPMG's 'snapshot' Audit of the Data Security & Protection Toolkit (DSPT) Evidence in February 2020 prior to the full DSPT return to NHSD in September 2020
2. The Trust published a **Fully Met** DSPT return to NHS Digital in September 2020
3. The Trust was rated **Fully Compliant** following an unannounced Audit by NHS Digital of the DSPT evidence on behalf of the NHS Confidentiality Advisory Group (CAG)

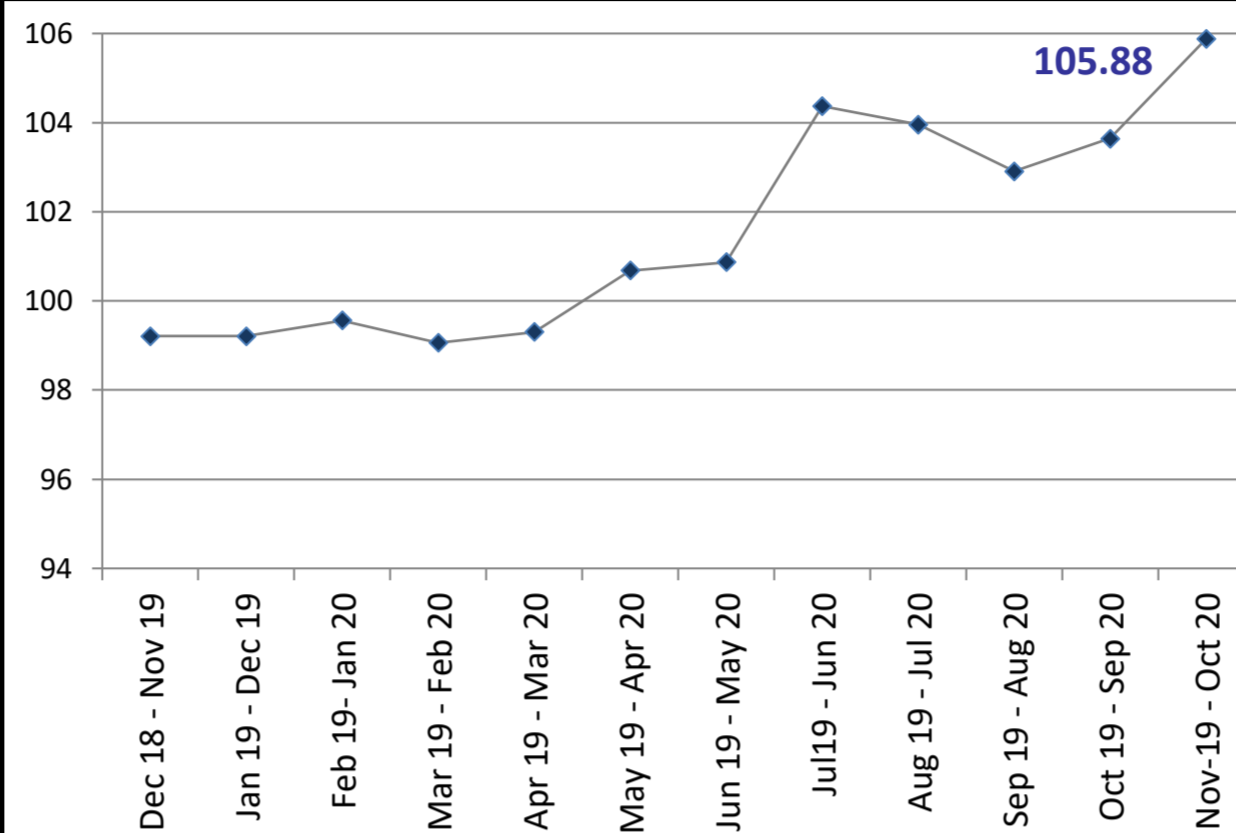
The Trust is compliant with all of its data processing activities following the UK's Brexit from the EU on the 1st January 2021.

Hospital Standardised Mortality Ratio (HSMR) - October 2020 (Month 7)

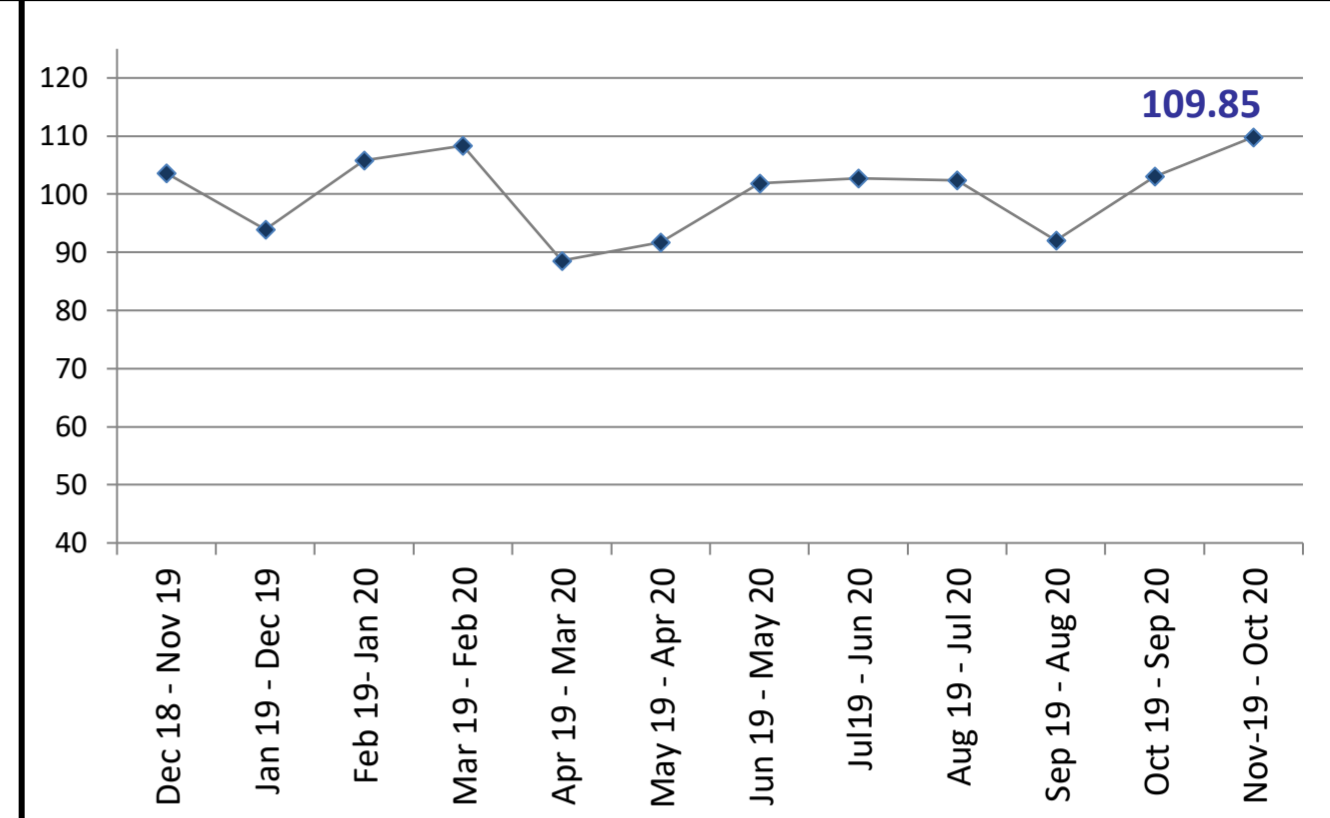
Overall HSMR (Rolling 12 months)



HSMR - Non-elective Admission (Rolling 12 months)



HSMR - Elective Admission (Rolling 12 months)

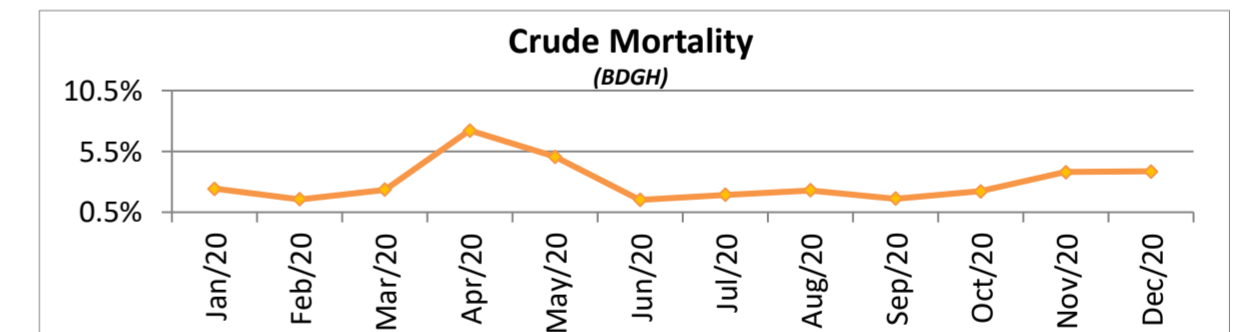
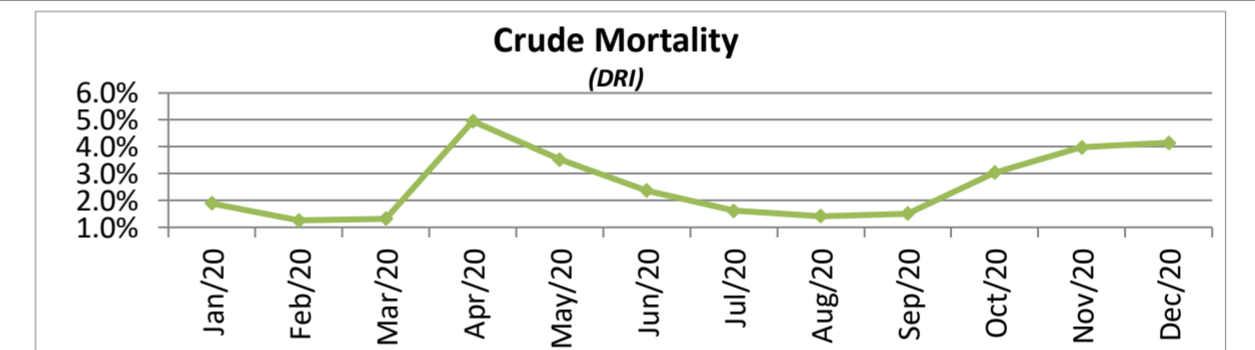
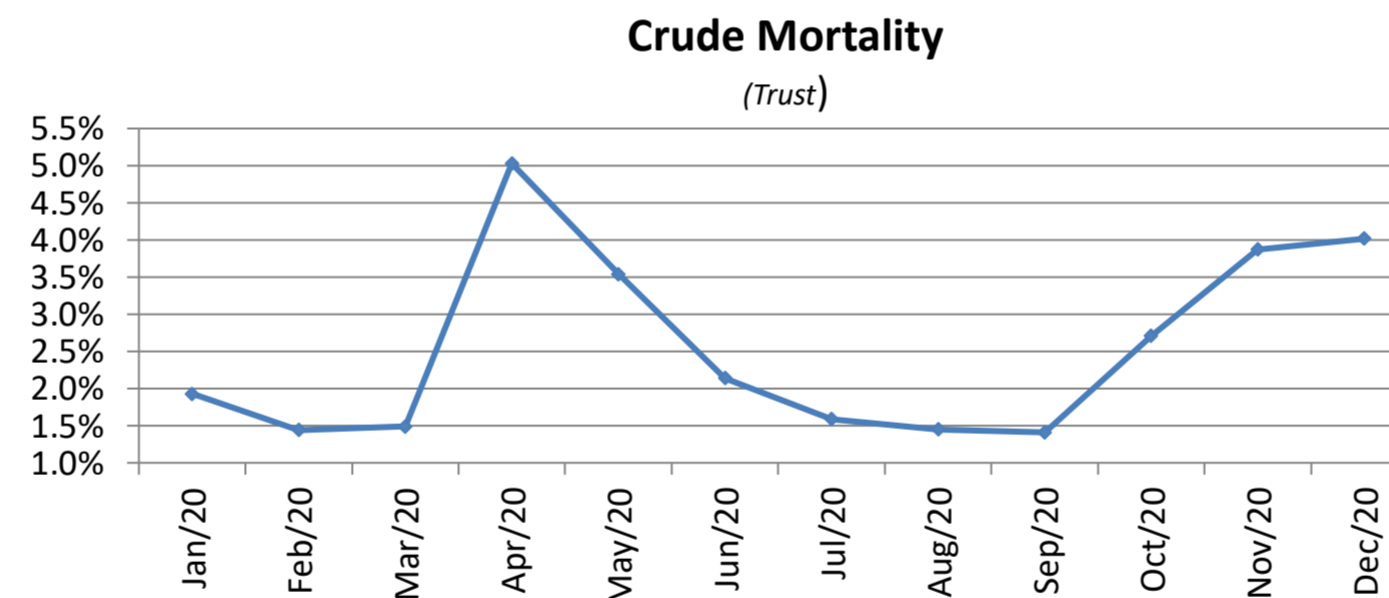


HSMR Trend (monthly)

	2016	2017	2018	2019	2020
January	116.80	99.21	94.86	105.78	110.26
February	99.94	97.73	105.44	98.13	92.56
March	90.54	97.37	88.42	101.87	102.51
April	105.91	88.50	98.37	100.70	133.83
May	101.15	96.60	91.20	91.36	141.64
June	80.27	93.67	89.98	98.32	105.27
July	92.56	97.73	107.07	104.77	98.43
August	100.27	87.52	94.65	112.17	95.31
September	90.26	95.34	90.09	83.64	93.75
October	90.29	88.66	96.74	100.24	126.39
November	88.98	82.30	99.04	88.64	
December	82.30	93.52	80.45	103.24	

Crude Mortality (monthly) - December 2020 (Month 9)

(number of deaths/number of patient discharged)



	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Trust	1.93%	1.44%	1.69%	5.03%	3.54%	2.14%	1.59%	1.46%	1.41%	2.71%	3.87%	4.02%
DRI	1.89%	1.26%	1.76%	4.95%	3.52%	2.37%	1.62%	1.42%	1.51%	3.04%	3.98%	4.15%
BDGH	2.42%	1.57%	1.75%	7.23%	5.05%	1.51%	1.92%	2.30%	1.61%	2.21%	3.79%	3.85%

Title	Our People update		
Report to	Board of Directors	Date	January 2021
Author	Karen Barnard, Director of People & OD		
Purpose		<i>Tick one as appropriate</i>	
	Decision		
	Assurance	✓	
	Information	✓	

Executive summary containing key messages and issues
<p>The report this month continues to provide an update related to absence and swabbing data, including lateral flow testing together with an update in relation to the covid vaccination programme.</p> <p>As expected there continues to be a significant number of staff absent due to Covid, specifically staff who are self-isolating either due to having symptoms themselves or members of their household having symptoms, particularly children. Non Covid related absences remain similar to previous years.</p> <p>The key areas of focus in relation to Covid 19 is swabbing data and the levels of absence associated with Covid 19 (and non Covid related). In addition there is an update with regard to lateral flow testing – circa 0.69% of staff testing are reporting a positive result.</p> <p>As members will be aware we have commenced vaccinating colleagues with the Covid vaccine – currently the Pfizer vaccine is in use. Circa 5000 colleagues working on our sites will have been vaccinated by close of play on 15 January 2021. A further verbal update will be given at the meeting.</p> <p>The national staff survey closed on 27 November with 50% of colleagues having responded which is slightly above the average for acute and acute/community Trusts using Picker for their survey. The January meeting of the People Committee received the initial results from this survey which will also be cascaded to the leadership teams across the Trust. These results can only be shared internally due to an embargo on results until March 2021.</p>
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?
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
<p>F&P 8 Inability to recruit right staff and have staff with right skills leading to:</p> <ul style="list-style-type: none"> 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.

OUR PEOPLE UPDATE

The key components of this report are:

1. Staff Absence
2. Staff Testing
3. Lateral Flow testing
4. Covid vaccination

List of figures included with this report:

Figure 1 – Absence Graph, March – November 2020	2
Figure 2 – Covid Related Absence	3
Figure 3 – Swabbing data March to December 2020	3
Figure 4 – Positive Lateral Flow Test	6

List of tables included in this report:

Table 1 – COVID Related Absence and Return to Work Figures	2
Table 2 – Staff Testing Figures	3
Table 3 – Total Number of Staff Testing Positive by Month & Area of Work	5
Table 4 – Positive Staff by Ethnicity	5

1. STAFF ABSENCE

As can be seen Covid related absence did reduce after April but has risen since August, specifically staff who are self isolating either due to having symptoms themselves or members of their household having symptoms, particularly children. It should be noted that non covid related sickness absence continues at a similar rate to previous years, with usual seasonal rise.

Figure 1 – Absence Graph, March – November 2020

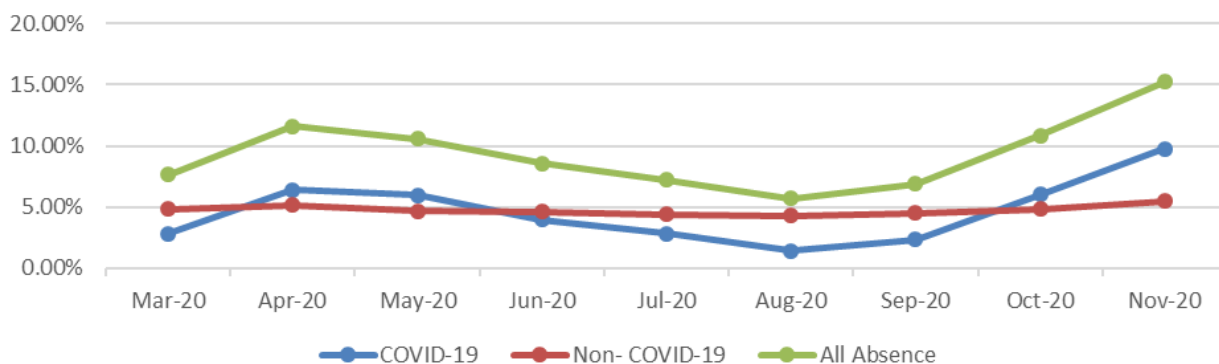
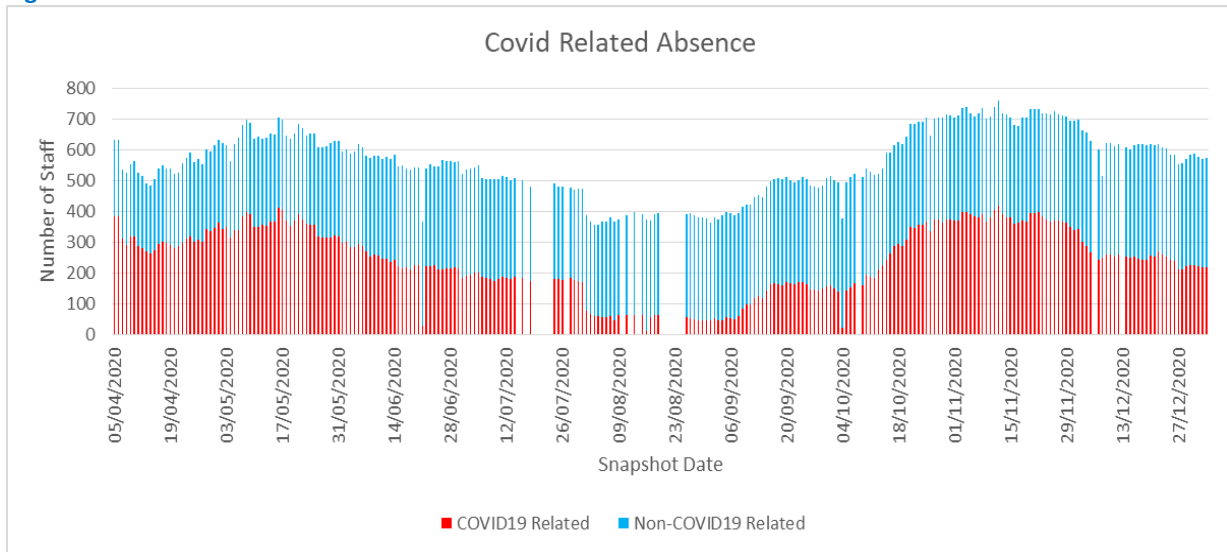


Table 1 – COVID Related Absence and Return to Work Figures

Absence Reason	Total Absences	Have not Returned	Have Returned	% returned
Carers COVID	162	2	160	99%
COVID-19 Confirmed	646	118	528	82%
COVID-19 Symptoms	581	3	578	99%
Medical Exclusion – COVID Shielding	207	39	168	81%
Medical exclusion Track & Trace W/O COVID symptoms	283	2	281	99%
Medical exclusion with Covid 19 confirmed	196	1	195	99%
Medical exclusion with Covid 19 symptoms	1754	19	1735	99%
Medical exclusion without Covid 19 symptoms	1490	45	1445	97%
Grand Total	5319	229	5090	96%

The above table details the numbers of staff who were absent during November and the proportion who have returned to work – not surprisingly the lower proportions of returning staff are those confirmed as being Covid positive and those who have been shielding. Since we entered national lockdown shielding has returned.

Figure 2 – Covid Related Absence



This graph shows the absolute number of absences across the Trust on a day by Ddy basis. Reasons for absence such as Pregnancy, training, annual leave are not included within these figures. The number of absences has increased to Wave 1 levels. The difference this time being that Shielding is not taking place at the same levels and with the introduction of Track and Trace we are seeing more cases of isolation.

2. STAFF TESTING

Table 2 – Staff Testing Figures

Date	March	April	May	June
Total	363	805	869	437
Date	July	August	September	October
Total	447	286	593	1352
Date	November	December	January	February
Total	443	225	9	

This details the numbers of staff who have been swabbed whilst the tables further in the report details the levels of positive results. There is quite a fluctuation in the numbers requiring swabs but similar numbers of positive results as compared with wave 1.

Figure 3 – Swabbing data March to December 2020

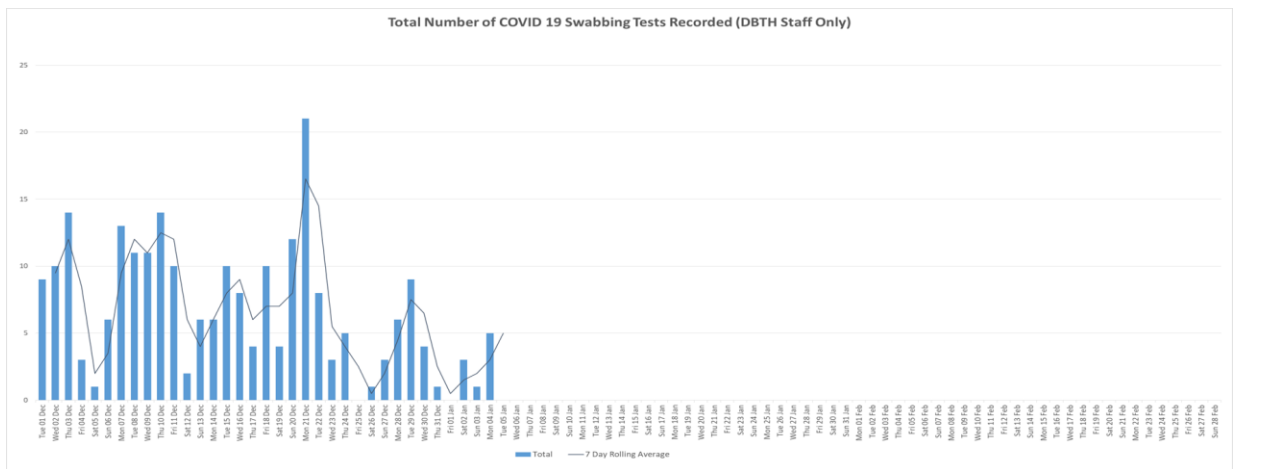
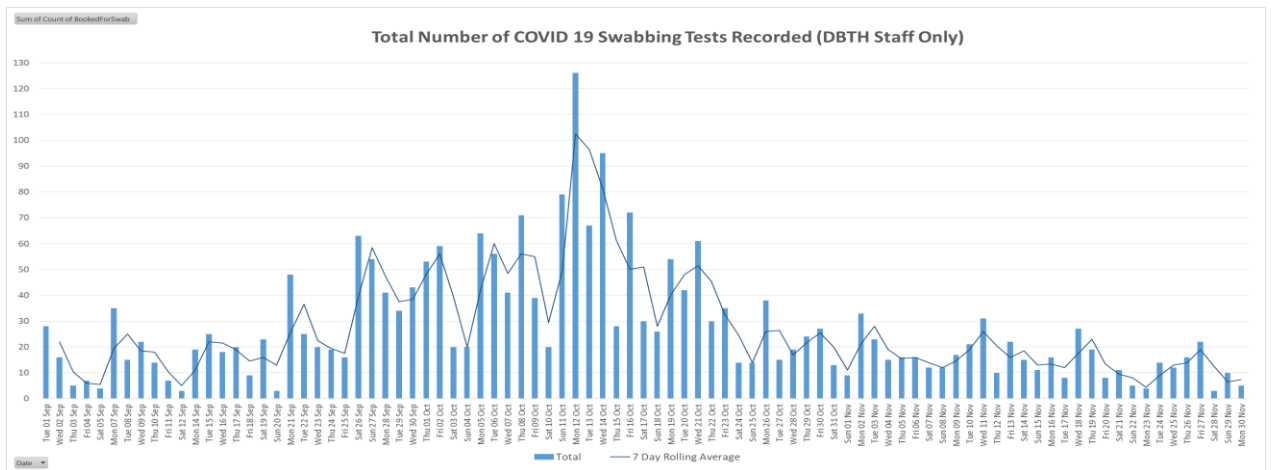
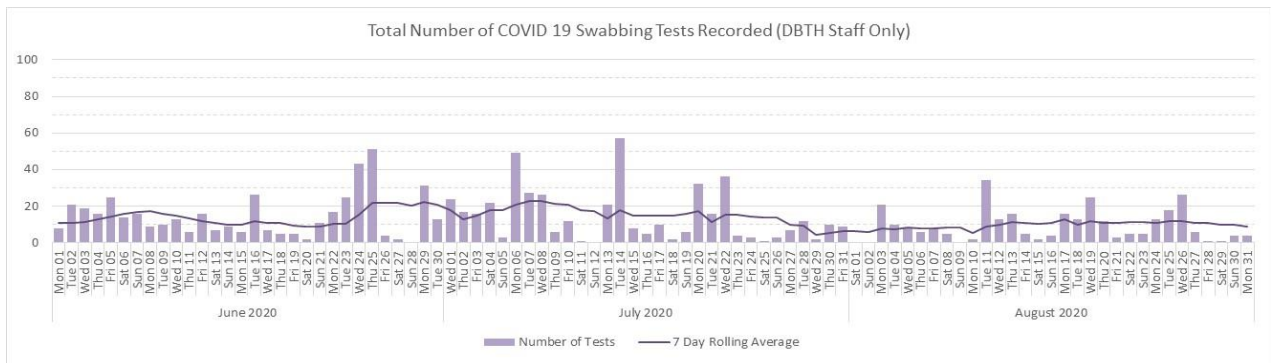
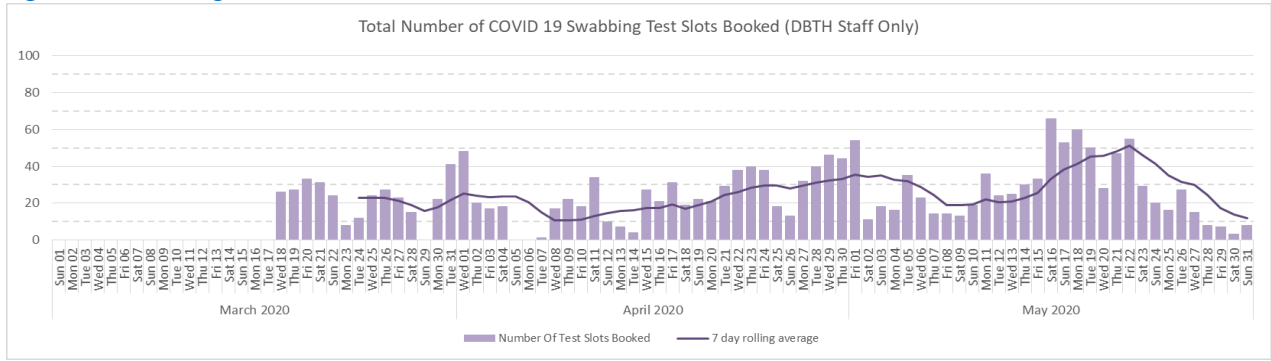


Table 3 – Total Number of Staff Testing Positive by Month & Area of Work

Count of PKAbsenceID	Column												Grand Total
Row Labels	2020/03	2020/04	2020/05	2020/06	2020/07	2020/08	2020/09	2020/10	2020/11	2020/12	2021/01	No Date	Grand Total
	7	17	7					11	12	11			65
	7	17	7					11	12	11			65
	7	17	7					11	12	11			65
272 Children & Families Division	3	13	10	2				14	15	19		1	77
272 Clinical Specialties Division	22	35	60	2			13	52	52	34	2		272
272 COVID-19			1	3				4	6	3			17
272 Directorate Of Strategy & Improvement								2					2
272 Education and Research Directorate	4	4											8
272 Estates & Facilities	6	24	41	8			1	39	17	29	7		172
272 Executive Team Board	10	5	3					4		1			23
272 Finance & Healthcare Contracting Directorate	1	1			1			2	6	2			13
272 IT Information & Telecoms Directorate		2								1			3
272 Medicine Division	24	161	97	39	5	2	11	200	153	135	3	1	831
272 Nursing Services Directorate	2	5	5					1	8	7		1	29
272 People & Organisational Directorate								2		1			3
272 Performance Directorate		2	13					4	15	7			41
272 Surgery and Cancer Division	26	70	149	33	7		3	82	74	58	4		506
Grand Total	105	339	386	87	13	2	28	417	359	307	16	3	2062

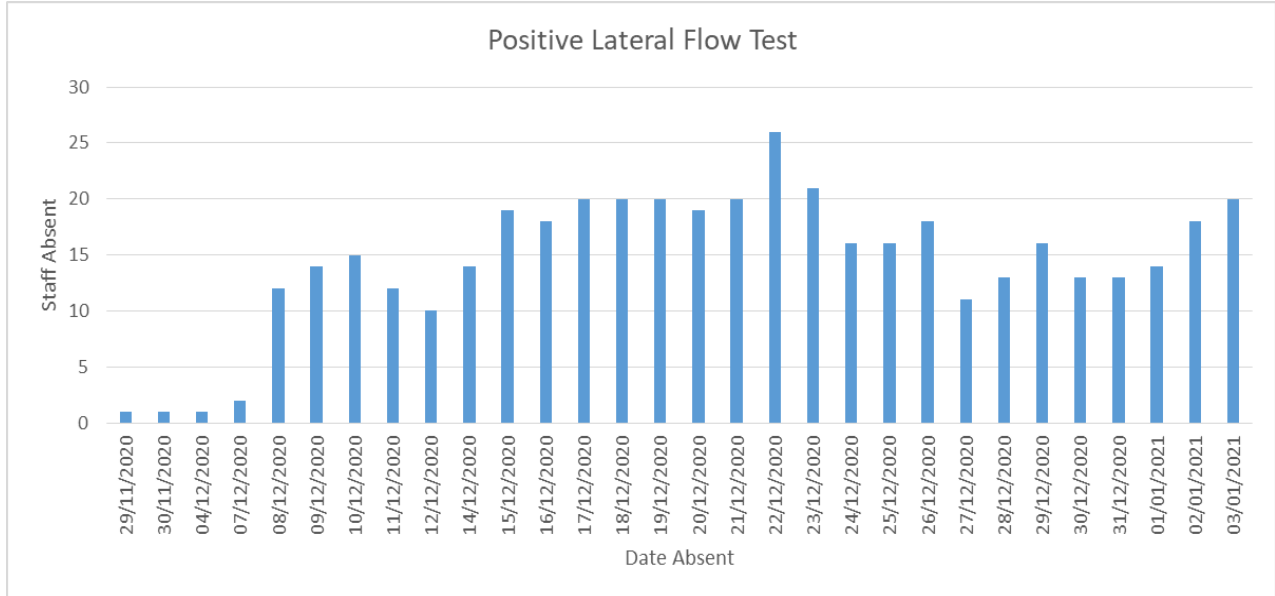
Table 4 – Positive Staff by Ethnicity

Count of PKAbsenceID	Column Label												Grand Total
Row Labels	2020/03	2020/04	2020/05	2020/06	2020/07	2020/08	2020/09	2020/10	2020/11	2020/12	2021/01	No Date	Grand Total
	7	18	9	1				15	13	12			75
A White - British	65	264	319	76	13	2	22	355	315	253	14	2	1700
B White - Irish		2						4	2	2			10
C White - Any other White background	5	4	3	2				7		4			25
C3 White Unspecified		2											2
CP White Polish			1							2			3
CX White Mixed										1			1
CY White Other European							2						2
D Mixed - White & Black Caribbean	1		4	2									7
E Mixed - White & Black African		2	1										3
F Mixed - White & Asian	1		2										3
G Mixed - Any other mixed background			1							1			2
GC Mixed - Black & White										2			2
GF Mixed - Other/Unspecified									3				3
H Asian or Asian British - Indian	11	11	18					9	2	11		1	63
J Asian or Asian British - Pakistani	1	1		2			2	1		1			8
K Asian or Asian British - Bangladeshi			2					1					3
L Asian or Asian British - Any other Asian background		4	8				2	8	2				24
LA Asian Mixed		2	2										4
LF Asian Tamil	1												1
LH Asian British										2			2
LK Asian Unspecified	4	4	5						4				17
M Black or Black British - Caribbean		2											2
N Black or Black British - African	2	2	3	1				2	6	6	2		24
P Black or Black British - Any other Black background		1						2	1				4
PC Black Nigerian	2	2								2			6
R Chinese								4					4
S Any Other Ethnic Group	2	2								4			8
SC Filipino		13	4	1					2				20
SE Other Specified	1												1
Unspecified	1	1	1					2	2				7
Z Not Stated	1	2	3	2				7	7	4			26
Grand Total	105	339	386	87	13	2	28	417	359	307	16	3	2062

3. LATERAL FLOW TESTING

This graph shows the number of staff absent on a single day due to returning a positive lateral flow test.

Figure 4 – Positive Lateral Flow Test



Just under 4,000 staff are reporting their test results with 0.69% of tests currently returning a positive result.

4. COVID VACCINATION

Through working with primary care colleagues we were able to offer the Covid vaccine to Trust colleagues from the 21 December 2020. We were then allocated vaccine in our own right as a wave 4 hub commencing 4 January 2021. Through a combined effort we have been able to vaccinate circa 5,000 colleagues. A verbal update will be provided to the committee.



**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

Title	INTEGRATED QUALITY & PERFORMANCE REPORT (IQPR) / Performance Exception Report		
Report to	Board of Directors	Date	January 2021
Author	Rebecca Joyce – Chief Operating Officer Julie Thornton – Head of Performance		
Purpose			Tick one as appropriate
	Decision		
	Assurance		X
	Information		

Executive summary containing key messages and issues

The Integrated Quality & Performance Report (IQPR) for the Trust is split into two parts:

1. At A Glance Charts – showing performance against the set of indicators
2. Performance Exception Report – this analysis is provided by operational teams where targets have not been met. The report is split into 3 main areas:-
 - Elective
 - Emergency
 - Cancer

Covid 19 has had a significant impact on performance across the Trust. Due to high levels of COVID occupancy throughout the Trust, all non-urgent surgical activity has continued to be stood down, which has impacted on all activity & RTT related targets. Outpatient and diagnostic activity has been less impacted by Wave 2. A challenging performance picture is presented in this report. Headlines from the report include:

Elective

- The Trust did not meet its Phase 3 Elective activity standards due to COVID related pressures
- 52 Week Breaches – In November 2020 the Trust reported 631 breaches due to Covid 19 delays. This exceeded the in-month Phase 3 plan of 406 breaches. This continues to compare well to the position nationally.

- For RTT in November 2020 the Trust delivered 66.1% performance within 18 weeks, below the 92% standard, but showing an improving trend month on month - over 15 % ahead of peer benchmarks but below national benchmarking figures.
- Diagnostics – in November 2020 the Trust achieved 61.85% against a target of 99%. This is a slight improvement from last month but below the regional and national peer position.

Emergency

- 4 Hour Access – in November 2020 the Trust delivered 76.7% achievement against national target of 95%, showing a slight improvement in performance. This was slightly below peer benchmarking but above the national average.
- Ambulance delays show poor performance against the standards, reflecting considerable issues in flow related to exceptional COVID 19 and occupancy pressures.
- Length of stay for non-elective patients has increased, alongside a slight growth in super stranded patients. Focused work with partners is ongoing to improve complex discharge pathways.
- For stroke, all standards were delivered with the exception of direct admission within 4 hours to the Stroke Unit (62.9% against a standard of 75% - an improvement on the last reported month).

Cancer

- In October 2020 the Trust achieved 3 out of 3 31 day nationally reported measures
- In October 2020 the Trust did not achieve any of the 3 nationally reported 62 day measures.
- There has been consistent improvement in volume of patients with open pathways over 104 days, with 3 reported in October 2020 with the same predicted for November and December 2020. Performance remains the best in South Yorkshire and Bassetlaw.

Key questions posed by the report

Are the Board sufficiently assured by the actions taken to ensure that the operational performance of the Trust for 2020/21 delivers the various performance targets?

How this report contributes to the delivery of the strategic objectives

This report relates to strategic aims 2 and the following areas as identified in the Trust's BAF and CRR.

- F&P 6 - Failure to achieve compliance and delivery aspects of the SOF, CQC and other regulatory standards.
- F&P 19 - Failure to achieve income targets arising from issues with activity

How this report impacts on current risks or highlights new risks

Update on the risks relating to the delivery of 2020/2021 operational performance

Recommendation(s) and next steps

The Board is asked to note and comment as appropriate on the attached.

Category	Indicator	Benchmarking Month Reported	Peer Benchmark	National Benchmark	Latest Month Reported	CURRENT MONTH			YEAR-TO-DATE			YEAR END FORECAST			Trend Graph (Dec-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	Target	Actual	Variance	
Performance (NHSI Compliance Framework)	A&E: Max wait four hours from arrival/admission/transfer/discharge (Type 1 benchmarking only)	Nov-20	81.4%	74.4%	Nov-20	95%	76.7%	-18.28%	95%	86.6%	-8.44%				
	Max time of 18 weeks from point of referral to treatment-incomplete pathway	Oct-20	49.3%	70.8%	Nov-20	92%	66.1%	-25.90%	92%	63.0%	-28.97%				
	RTT 52 Week Breaches to date	-	-	-	Nov-20	406	631	225	406	631	225				
	Waiting list size (from 1/4/19) - 18 Weeks referral to treatment -Incomplete Pathways	-	-	-	Nov-20	29935	34613	-4678	29935	34613	-4678				
	% waiting less than 6 weeks from referral for a diagnostics test	Oct-20	62.1%	67.0%	Nov-20	99%	61.8%	-37.15%	99%	48.7%	-50.29%				
Performance (Cancer)	Day 28 Standard (patients received diagnosis or exclusion of cancer)	-	-	-	Oct-20	-	-	-	-	-	-				
	31 day wait for diagnosis to first treatment- all cancers	Oct-20	96.2%	95.7%	Oct-20	96%	100.0%	4.00%	96%	98.6%	2.58%				
	31 day wait for second or subsequent treatment: surgery	Oct-20	92.6%	89.9%	Oct-20	94%	100.0%	6.00%	94%	98.7%	4.72%				
	31 day wait for second or subsequent treatment: anti cancer drug treatments	Oct-20	99.8%	99.5%	Oct-20	98%	100.0%	2.00%	98%	98.2%	0.22%				
	31 day wait for second or subsequent treatment: radiotherapy	Oct-20	96.6%	97.1%	Oct-20	-	-	-	-	-	-				
	62 day wait for first treatment from urgent GP referral to treatment	Oct-20	74.5%	74.5%	Oct-20	85%	73.3%	-11.74%	85%	80.6%	-4.40%				
	62 day wait for first treatment from consultant screening service referral	Oct-20	69.4%	85.0%	Oct-20	90%	85.7%	-4.29%	90%	74.1%	-15.93%				
Cancer Waiting Times Open Suspected Cancer Pathways 104 Days +	-	-	-	Oct-20	-	3	-	-	154	-					
Performance (Activity)	A&E Attendances	-	-	-	Nov-20	-	11544	-	-	100592	-				
	Non Elective Activity - Discharges	-	-	-	Nov-20	4245	3912	-333	33960	34938	978				
	Daycase Activity (Contracted levels achieved)	-	-	-	Nov-20	1445	3052	1607	11558	17698	6140				
	Other Elective Activity (Contracted levels achieved)	-	-	-	Nov-20	281	362	82	2244	2975	731				
	Outpatient new activity (Contracted levels achieved)	-	-	-	Nov-20	6872	10542	3671	54972	67446	12474				
	Outpatient Follow Up activity (Contracted levels achieved)	-	-	-	Nov-20	14705	20831	6126	117642	138776	21134				
Performance (Ambulance Handover Times)	Ambulance Handovers Breaches -Number waited <= 15 Minutes	-	-	-	Nov-20	78.9%	57.8%	-21.06%	78.9%	58.9%	-20.01%				
	Ambulance Handovers Breaches -Number waited >15 & <30 Minutes	-	-	-	Nov-20	22.2%	27.7%	-5.50%	22.2%	34.9%	-12.71%				
	Ambulance Handovers Breaches-Number waited >30 & < 60 Minutes	-	-	-	Nov-20	0.0%	10.3%	-10.29%	0.0%	4.3%	-4.30%				
	Ambulance Handovers Breaches -Number waited >60 Minutes	-	-	-	Nov-20	0.0%	4.2%	-4.17%	0.0%	2.1%	-2.05%				
Performance (Stroke)	Overall SSNAP Rating	-	-	-	Sep-20	B	A	-	B	A	-				
	Proportion of patients scanned within 1 hour of clock start (Trust)	-	-	-	Sep-20	48.0%	54.3%	6.29%	48.0%	51.0%	3.03%				
	Proportion directly admitted to a stroke unit within 4 hours of clock start	-	-	-	Sep-20	75.0%	62.9%	-12.14%	75.0%	63.0%	-12.04%				
	Percentage of all patients given thrombolysis	-	-	-	Sep-20	90.0%	100.0%	10.00%	90.0%	100.0%	10.00%				

Patients	Complaints Resolution Performance (% achieved closure in agreed timescales with complainant)	-	-	-	Nov-20	90.0%	55.6%	-34.44%	90.0%	55.6%	-34.44%					
	Complaints Upheld / Partially Upheld by Parliamentary Health Service Ombudsman	-	-	-	Nov-20	-	0	-	-	0	-					
	Claims CNST (patients)	-	-	-	Nov-20	TBC	5	-	TBC	5	-					
	Claims LTPS - staff	-	-	-	Nov-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)	-	-	-	Sep-20	7.0%	5.6%	1.42%	7.0%	7.7%	-0.74%					
	DTOC	-	-	-		3.0%	-	-	3.0%	-	-					
	Super Stranded Patients	-	-	-	Nov-20	71	82	-11	71	431	-360					
	Average Length of Stay (Elective & Non-Elective)	-	-	-	Nov-20	-	4.87	-	-	3.76	-					
	Bed Occupancy <92%	-	-	-		92%	-	-	92%	-	-					
	Mixed Sex Accommodation	-	-	-	Nov-20	0	0	0	0	0	0					
	Sepsis 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	-	-	-	Nov-20	90.0%	88.1%	-1.93%	90.0%	89.5%	-0.48%					
	NICE Guidance % Non & Partial Compliance	-	-	-	Nov-20	TBC	25.0%	-	TBC	24.8%	-					
	% 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 Antibiotic 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%	-	-					
	ASIs Reviewed by a Clinician	-	-	-	Nov-20	100.0%	86.7%	-13.27%	100.0%	86.7%	-13.27%					
	ASIs booked into an appointment	-	-	-		-	-	-	-	-	-					

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

Performance Exception Report November 2020

Introduction

This report provides exception reports regarding the Trust's performance against the following national indicators:

1. Elective

- a) Activity – Performance Against Phase 3 National and Local Targets
- b) 52 Weeks
- c) Referral to Treatment Times
- d) Diagnostic Performance
- e) Cancelled Operations on the Day for Non Clinical Reasons (Theatre & Non Theatre)
- f) Cancelled Operations – Not Rebooked within 28 Days

2. Emergency

- a) 4 Hour Access
- b) Ambulance Handover
- c) Length of Stay & Super Stranded Patients
- d) Stroke

3. Cancer Performance

- a) Performance against 31, 62 day standards
- b) Cancer Performance - Specialty – October 2020
- c) Cancer Performance Exceptions – 31/ 62 days
- d) 104 Day Breaches

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

Performance Exception Report November 2020

1. Elective

a) Activity - Performance Against National & Local Targets

The following table summarises performance against the national Phase 3 standards and the locally agreed trajectories. Delivery has been significantly impacted in November due to the high COVID 19 occupancy throughout the Trust:

Point of Delivery	National Target (% of activity from same time period 2019/20)	Local Target – current month (NHSE/I submission)	Sept 2020 (final)	Oct 2020 (flex)	Nov 2020	Dec 2020	Jan 2021	Feb 2021
Outpatient New	100%	75.03%%	69.4%	58.2%	64.7%			
Outpatient F / U	100%	76.7%	65.9%	66%	71.6%			
Elective	90%	66.8%	58.7%	64.5%	42%			
Day Case	90%	85.7%	71%	70%	68.1%			
CT	100%	95%	92.7%	98.4%	89.1%			
MRI	90%	95%	75.3%	89.6%	85.9%			
Non Obstetric Ultrasound	100%	78%	66.7%	82.2%	77.8%			
Colonoscopy	100%	120%	TBC	TBC	TBC			
Flexi Sig	100%	5%	TBC	TBC	TBC			
Gastroscopy	100%	98%	TBC	TBC	TBC			
Non-Elective	N/A	N/A	94.8%	75.9%	69.4%			

*Activity recorded at flex position – achievement is subject to change up to 6 weeks after month end

Issues driving performance and the related improvement plan are summarised below:

Point of Delivery	Issues Affecting Performance	Improvement Plan
Outpatients	<ul style="list-style-type: none"> Reduced capacity for all face to face activity due to COVID Safe Working Increased short notice cancellations / DNAs – unable to backfill Respiratory down to 50% capacity & pain down to 40% due to staffing (moved to support wards to support Covid 19 demand) Increased DNA rate – up to 20% in some face to face clinics (despite a pre-booked appointment & confirmation via pre-calling for some patients) 	<ul style="list-style-type: none"> Escalation meetings taken place with surgical specialties to further increase their capacity if not back at 100%. Actions agreed. Increasing IT provision to support more telephone and video consultations. General Surgery to increase outpatient activity in place of surgical work Redeployed staff utilised for pre-call in Ophthalmology to reduce DNA rate

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust Performance Exception Report November 2020

		<ul style="list-style-type: none"> Further work to understand DNA rates and further actions to address
Elective/ Day case	<ul style="list-style-type: none"> Step down of all non-urgent elective activity due to OPEL 4 guidelines Plan to treat out of area category 2 patients as part of mutual aid arrangements 	<ul style="list-style-type: none"> Additional Elective work stepped up from 15/12/2020. Additional lists to be maintained over coming weeks.
Diagnostics	<ul style="list-style-type: none"> MRI Reduced capacity due to contracted van days Reduced capacity due to COVID Safe Working 	<ul style="list-style-type: none"> Increase in additional van days has seen an improvement in throughput Action plan received from service for Non-Obstetric Ultrasound Recovery

b) 52 Weeks

As part of Phase 3 letter, the focus on prolonged pathways has gained greater focus. Due to COVID Wave 2 the Trust is now behind trajectory following the step down of routine operating. Plan v actual performance is summarised below:

2020	NHS E Phase 3 Plan	Actual
April	N/A	10
May	N/A	25
June	N/A	77
July	N/A	157
August	N/A	278
September	N/A	345
October	363	393
November	406	631
December	477	
January	619	
February	825	
March	718	

Issues driving performance and the related improvement plan are summarised below:

Issues Affecting Performance	Improvement Plan
Specialties contributing the greatest number of breaches are: <ul style="list-style-type: none"> T&O (333) Oral Surgery (72) Urology (63) ENT (43) 	<ul style="list-style-type: none"> Foureyes will be supporting Trust on restoration plan. Approach agreed at December 2020 Board. Joint work with CCG on long waiters to consider alternative pathways OPEL 4 projected activity expectations agreed. Full recovery trajectories to be worked up as part of work with Foureyes commencing January 2021. Validation process agreed for waiting list to ensure patients still

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust Performance Exception Report November 2020

<ul style="list-style-type: none"> • Ophthalmology (34) • General Surgery (34) <p>The T&O position reflects the high volume of routine surgical waiters.</p>	<p>require treatment. Focused phone validation process agreed for T&O of all admitted long waiters.</p>
--	---

c) RTT – Performance Against National Target – 92%

RTT performance has been significantly impacted by COVID 19. The table summarises 18 weeks performance which has been impacted by COVID 19 through 2020 but is showing an improving trend:

Specialty	Waiting List	RTT Percentage	Longest Wait (weeks)
Breast Surgery	463	95.9 %	43
Cardiology	1348	85.4 %	49
Clinical Hematology	125	96.0 %	28
Dermatology	1458	91.7 %	51
Diabetic Medicine	442	84.4 %	49
ENT	4034	54.1 %	76
General Medicine	2237	75.2 %	55
General Surgery	3152	66.6 %	85
Geriatric Medicine	83	91.6 %	48
Gynaecology	1498	87.4 %	52
Medical Ophthalmology	478	72.2 %	61
Nephrology	118	99.2 %	25
Ophthalmology	3360	60.5 %	78
Oral Surgery	2013	52.8 %	77
Orthodontics	91	39.6 %	59
Paediatric Cardiology	72	90.3 %	37
Paediatrics	392	95.7 %	38
Pain Management	373	83.4 %	53
Podiatry	160	66.9 %	58
Respiratory Medicine	616	83.0 %	64
Rheumatology	360	86.9 %	43
Trauma & Orthopaedics	8293	57.2 %	98
Upper Gastrointestinal Surgery	156	36.5 %	70
Urology	2453	55.8 %	92
Vascular Surgery	673	78.0 %	93
Grand Total	34613	66.1 %	N/A

A summary of breakdown by CCG and over the last 3 months is outlined below:

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust Performance Exception Report November 2020

Incomplete Pathways	November 2020	October 2020	September 2020
Total (Trust)	34613	33925	33067
% under 18 Weeks (Trust)	66.1%	64.9%	60.7%
Total (Doncaster CCG)	21293	20788	20293
% under 18 Weeks (Doncaster CCG)	67.2%	66.4%	63%
Total (Bassetlaw CCG)	7339	7114	6789
% under 18 Weeks (Bassetlaw CCG)	69.7%	70.1%	66.8%

Issues driving performance and the related improvement plan are summarised below:

Issues Affecting Performance	Summary of Improvement Plan
<ul style="list-style-type: none"> From 26.10.2020 all non-urgent 'in patient' activity stood down due to revised OPEL level Admin & clinical staffing issues across divisions & Central Patient Administration All activity metrics were below local targets for November 2020. Reduction in referrals by 40% in comparison to November 2019. 	<ul style="list-style-type: none"> Clinic Utilisation group continues to identify opportunities for the safe expansion of outpatients. Staff stood down from theatres due to OPEL level 4 requirements redirected to clinic activity where possible. See actions on elective plan updated above

d) Diagnostics – Performance Against National Target – 99%

Performance against the 6 week target shows an improved picture compared to October (61.85% compared to 58.8%) This improved position is driven by continued work on the routine backlog in larger services including Non Obstetric Ultrasound and a number of the other small modalities. MRI and CT are performing well, albeit not yet back to 99% standard. Breakdown is provided below:

Exam Type	<6W	>=6W	Total	Performance	Longest Waits
MRI	1051	75	1126	93.34%	42
CT	1499	183	1682	89.12%	46
Non-Obstetric Ultrasound	3271	2832	6103	53.60%	40
DEXA	222	137	359	61.84%	31
Audiology	130	385	515	25.24%	51
Echo	218	85	303	71.95%	12
Nerve Conduction	121	66	187	64.71%	39
Sleep Study	10	0	10	100.00%	
Urodynamic	41	31	72	56.94%	69
Colonoscopy	223	218	441	50.57%	46
Flexible Sigmoidoscopy	70	72	142	49.30%	38

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust Performance Exception Report November 2020

Cystoscopy	205	97	302	67.88%	41
Gastroscopy	340	385	725	46.90%	40
Total	7401	4566	11967	61.85%	

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

	Waiters <6W	Waiters ≥6W	Total	Performance
Trust	7401	4566	11967	61.85%
NHS Doncaster	4707	2943	7650	61.53%
NHS Bassetlaw	2052	1210	3262	62.91%

Issues driving performance and the related improvement plan are summarised below:

Issues Affecting Performance	Improvement Plan
<ul style="list-style-type: none"> Challenges remain with Non Obstetric Ultrasound (NOUS). Due to vacancies, staffing levels are at 70% & further reduced capacity due to COVID safe working. In addition, as the obstetric demand increases, this has reduced the number of staff available to assist with (NOUS) backlog. DNAs for diagnostics continue at high levels impacting throughput. The modality with the highest DNA rate is NOUS, at 7.9 % in November, and yet there is the greatest number of waiters. Due to COVID SAFE guidelines most modalities not able to provide pre-Covid activity levels. There has been a slight dip in performance during November, compared to the previous month, services have been adversely affected by COVID related absences administration impacting booking and pre-calls. As of mid-November, the number of referrals for 2ww across CT and MRI has increased month on month. 	<ul style="list-style-type: none"> A specific action plan has been developed for NOUS including patient calls prior to appointment to reduce DNAs. Communications to patients regarding importance of attending or cancelling appointments. Recruitment to staff vacancies is underway. Waiting patients continue to be risk stratified. Ongoing review of mobile imaging capacity to adjust capacity according to demand. Currently DBTH has an MRI van on site for 16 days per month, as opposed to the standard 8, in order to improve the waiting position for this modality.

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust Performance Exception Report November 2020

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

The table below summarises performance against the national standard of 1%, with a breakdown of reasons for cancellations.

CCG	Total Activity	No of Cancellations	% Achievement
Trust	3309	13	0.39%
Doncaster	2267	6	0.26%
Bassetlaw	762	5	0.66%
Other	280	2	0%

Issues driving performance and the related improvement plan are summarised below:

Issues Affecting Performance	No of Breaches	Improvement Plan
Insufficient Time (clinical reasons)	2	All cases planned 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 *
Staffing	6	Staffing pressures due to Covid 19
Missing / Wrong Notes	2	Under investigation *
No DCC/Elective Bed	2	Current bed pressures due to Covid 19

* Task & Finish Group led by Clinical Specialty Services Division to commence in 2021 to better investigate and address root causes of cancellations .

f) Cancelled Operations – Not Rebooked within 28 Days – Performance Against National Target

In November 2020 there were 2 operations cancelled that were not rebooked within 28 days. Neither patient has been re-booked within 28 days due to the step down of routine operating as per Opal 4 working practices.

Month	Site	Specialty	TCI Date:	28 Day Breach Date	New Date	Cancellation Reason	Breach Reason	CCG
November	RDGH	Oral Surgery	14.10.2020	8.11.2020	TBC	Lack of theatre time	Unable to book due to Opal 4	BCCG
November	DRI	Trauma & Orthopaedics	21.10.2020	18.11.2020	TBC	Lack of theatre time	Unable to book due to Opal 4	DCCG

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

Performance Exception Report November 2020

2. Emergency

a) 4 Hour Access – Performance Against National Target – 95%

Performance against the 4 hour target improved slightly during November 2020 as the following data shows:

Hospital	% Achievement	Attendances	No of Breaches	% Streamed from FDASS
Doncaster	69.06%%	7268	2249	12.63%
Bassetlaw	86.53%	3111	419	4.4%
Mexborough	100%	1147	0	0%
Trust	76.7%	11544	2668	11.72%

Issues driving performance and the related improvement plan are summarised below:

Issues Affecting Performance	Improvement Plan
<ul style="list-style-type: none"> • Covid 19 has continued to impact on both departments due to social distancing and patient cohorting in line with Infection Prevention & Control (IPC) guidance. • Ongoing challenges across both sites with batching of ambulances - having a significant impact on patient flow through the department resulting in delays and breaches. • Breaches due to long bed waits, particularly for medicine due to IPC cohorting requirements. • Increase in Doctor waits in ED due to acuity • Compared to November 2019, the Trust saw a decrease of 25.4% in attendances across all streams. However as a Trust we continue to see an increase in resus activity. • Compared to November 2019, performance has decreased from 85.9% to 76.85%. • Patient streaming pathways reduced due to COVID guidance seeing a decrease of 5.57% of patients streamed out of ED during November 2020 compared to last year. 	<ul style="list-style-type: none"> • Works to continue during December to improve the DRI ED estate • Further meetings with YAS to address batching and improvements to ambulance handovers. • ICS wide planning for the introduction of 'Think 111' (due for implementation December 2020).

b) Ambulance Handover

The following tables summarises performance against national standards, which shows a challenging position in month. The national standards are:

- Within 30 Minutes: 100%
- Less than 15 minutes: 78.4% (TBC for 2020/21)
- Between 15 – 30 minutes: 21.6% (TBC for 2020/21)

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust Performance Exception Report November 2020

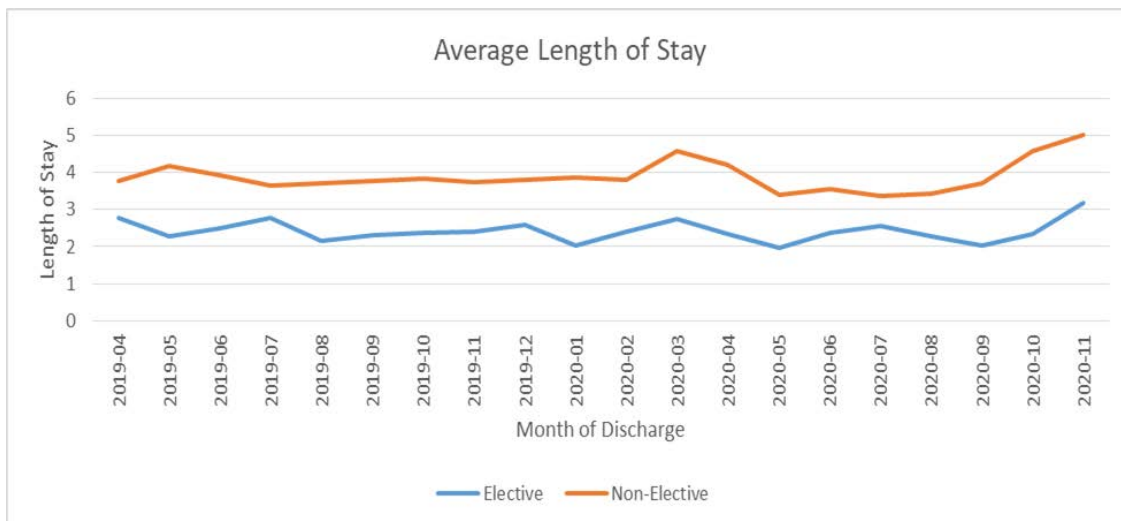
Month	Hospital	No of Arrivals	% less than 15 minutes	% between 15 & 30 minutes	% over 30 minutes	Longest Wait (hrs & minutes)
November 2020 (data not yet available)	Doncaster	1735	67.95%	18.27%	13.78%	4 hrs 15 mins
	Bassetlaw	734	33.92%	50%	16.08%	2 hrs 17 mins
	Trust	2469	57.847%	27.7%	4.17%	N/A

Issues driving performance and the related improvement plan is summarised below:

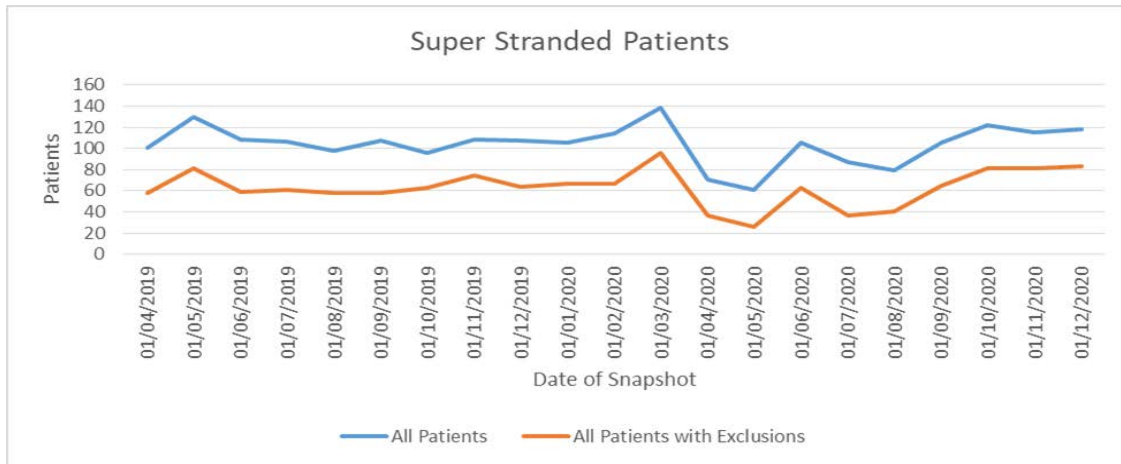
Issues Affecting Performance	Summary of Improvement Plan
<ul style="list-style-type: none"> Increased number of medical bed waits affected ambulance handover times, due to capacity within ED and need to adhere to IPC processes on the wards due to cohorting of covid 19 patients. Both sites performance still being affected by the 'batching' of patients 	<ul style="list-style-type: none"> Ongoing weekly calls with YAS and EMAS Additional screens to be placed in yellow covid area at DRI to improve handover pathway ECIST support for improving handover process agreed to commence January 20201 (covid restrictions permitting)

c) Length of Stay & Super Stranded Patients

The following graphs indicate average length of stay & numbers of super stranded patients (those waiting over 21 days). In month there has been an increase in length of stay for both elective and non-elective patients and a slight growth in super stranded patients:



Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust Performance Exception Report November 2020



*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

Issues driving performance and the related improvement plan is summarised below:

Issues Affecting Performance	Improvement Plan
Patients with positive covid swabs unable to return to their own care home	Swabbing is now 48hrs prior to discharge but as internal capacity has increased, this has reduced delays. Discussions regarding how this can be further expedited
Care homes with outbreaks unable to accept patients back	Designated care homes in Doncaster for positive patients continues to work well with 6 beds for nursing care patients and 10 beds for residential care in place. Further national guidance has been issued, week commencing 14.12.20, advising positive patients may return to their own care home if it is in their best interests and the care home can cohort and isolate appropriately.
Bassetlaw still does not have designated care home beds for positive patients – relates to care home insurance	Escalated with CCG – CEO / AO level conversation planned.
Bassetlaw social care staff are still not permitted by local authority to attend the wards to assess patients increasing the demand on health staff and introducing delays	Escalated with local authority – no resolution
Neuro rehab patients requiring rehabilitation i.e. ongoing waits associated with referrals/assessment for Magnolia Lodge.	Escalated to RDASH colleagues – issues with medical cover on Magnolia –interim plan put in place
Issues with flow to bed bases (Priory Court and Positive Step Unit) due to bed based units experiencing IPC outbreaks.	PHE has been involved to identify solutions which will prevent full closure of Positive Step

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust Performance Exception Report November 2020

Doncaster Fast track activity increasing (patients who are anticipated to pass away within 12 weeks) – demand for packages of care to support at home	CCG report that Fast track activity is unprecedented currently, which is reflected in the demand and delays for packages of care to support patients at home
---	--

d) Stroke – Performance Against National Target – (Direct Admission within 4 hours) – 75%

All SSNAP KPIs compare favourably to the national average with DRI Stroke Unit 'A' rated on SNNAP for the last four quarters – the latest being received for July – September 2020. The remaining area of focus is timeliness of direct admission to the Stroke Unit with data for **September 2020** outlined below:

Direct Admission within 4 Hours	Bassetlaw CCG	Doncaster CCG	Barnsley CCG	Rotherham CCG	Other CCG	Total
Yes	5	14	0	1	2	22
No	4	9	0	0	0	13
Total	9	23	0	1	2	35
Performance	55%	61%		100%	100%	62.9%

Issues driving performance and the related improvement plan is summarised below:

Issues	Breaches	Improvement Plan Update
Stroke Unit Bed Availability	2	Review & update operational policy – include new patient pathways, protocols & SOPs (due December 2020)
Delay in Transfer from ED	6	Advanced Clinical Practitioner role introduced to increase specialist outreach in to ED for early identification of stroke patients. All started and active as planned and ongoing training continues
Delay - transport BDGH to DRI	1	Inter hospital transfers between hospitals will always have a delay due to geographical distance from BDGH and DRI.
Patient Presentation: secondary / late diagnosis of stroke.	4	The Stroke Consultants have developed the Inter Cranial Haemorrhage pathway and have delivered some ED training. This will be added to the trust intranet. Ongoing funding for RAPID software (and then phase 2, where we introduced CT perfusion, interpreted by RAPID, to allow us to offer thrombolysis and thrombectomy in an extended time window for selected patients). DRI has access to acute MRI to facilitate thrombolysis of wake-up Strokes.

From October 2020 onwards, the second wave of Covid 19 has impacted on bed pressures in Stroke and the service anticipate this to be reflected in performance month on month until the number of Covid patients in the hospital start to reduce. This is due to the increased number of stroke patients in comparison to the first wave – where pressures were mitigated by the reduced number of patients being admitted to the Stroke unit.

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust Performance Exception Report November 2020

3 Cancer

The following sections summarise cancer performance for October 2020 against 31 and 62 day standards, alongside a breakdown by speciality.

a) Cancer Performance (Trust) October 2020 – 31 and 62 day Standards

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%	73.3%
62 Day 50/50 Split	85%	76.5%
62 Day – Local Performance (local measure only)	-	85.9%
62 Day – Shared Performance only 50/50 Split (local measure only)	-	28.6%
62 Day Screening	90%	85.7%
62 Day Consultant Upgrades (local measure only)	85% (local)	94.1%

b) Cancer Performance (Specialty) October 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%		95.3%	95.1%	100%	
Gynaecology	100%			64.7%	55.6%		100%
Haematology	100%		100%	100%	100%		
Head & Neck	100%			16.7%	0%		
Lower GI	100%	100%		55%	52.4%	50%	100%
Lung	100%			40%	40%		90%
Sarcoma				0%*	0%*		
Skin	100%			90.3%	90.3%		
Upper GI	100%	100%		36.4%	36.4%		100%
Urological	100%			81.8%	81.8%		
Performance	100%	100%	100%	76.5%	73.3%	85.7%	94.1%

*relates to 1 patient on sarcoma pathway

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust Performance Exception Report November 2020

Cancer performance by CCG is as follows:

	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%	68%	85.7%	100%
Bassetlaw CCG	100%	N/A	N/A	83.3%	N/A	90.9%

c) Cancer Performance Exceptions (31/62 days) – October 2020

Tumour Group	Breached Standard 31 Day /62 Day	No of Breaches	Summary of Breach Issues
Gynaecology	62 Day	4	1 x Capacity at STH 1 Diagnostic delay 2 x Covid 19 reasons
Head & Neck	62 Day	4	1 x Complex diagnostic pathway 2 x Covid 19 reasons 1 x Pathway delays to diagnostics
Lower GI	62 Day	7	4 x Covid 19 reasons 1 x Patient choice 1 x Medical reason 1 x Complex diagnostic pathway
Lung	62 Day	2	1 x Complex diagnostic pathway 1 x Clinical Cancellation
Sarcoma	62 Day	1	1 x Covid 19 reason
Upper GI	62 Day	5	3 x Covid 19 reasons 1 x Complex diagnostic pathway 1 x Admin delay
Urology	62 Day	2	2 x Patient choice

d) 104 Day Breaches – October 2020

The table summarises the over 104 day waiters. The Trust is showing positive progress month on month:

	Actual					Predicted 104 Day Open Suspected Cancer Pathway Breaches	
	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Cancer Waiting Times Open Suspected Cancer Pathways 104 Days +	65	47	15	5	3	3	3

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust Performance Exception Report November 2020

A patient by patient level approach is taken to drive down individual delays. Overall lessons to improve performance are summarised below:

Overarching Issues Affecting Performance	Summary of Trust Wide / Corporate Improvement Plan
<ul style="list-style-type: none"> • Overall, there has been significant improvement in Upper GI performance since August 2020, with reduced pathway timings to diagnostic and treatment delays. • Challenges continue with capacity issues in Breast Services due to increased referrals, Clinical staffing levels (especially mammography) and Social Distancing guidelines. Backlog in primary diagnostics improving, however Histopathology delays due to staffing levels and continued need to outsource for reporting • Inability to fully utilise appointment slots at short notice due to national shielding guidance. 	<ul style="list-style-type: none"> • Reinstatement of endoscopy capacity remains on track over the last month • Patient choice on location offered around COVID test pre-diagnostic • Continuing work with Primary Care quality of breast referrals. Other service provision options being considered by Breast Service Leads. • Recruitment process underway for additional Histopathologist. (Q3/Q4) Also looking for an ICS approach to support diagnostic services across footprint • Trust approach to adoption of national guidance on shielding prior to elective and diagnostic procedures adopted (3 to 14 days subject to patients' general medical condition)

**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

Title	Financial Performance – Month 9 December 2020		
Report to	Trust Board	Date	19th January 2021
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 surplus for month 9 (December 2020) was £274k (£138k deficit in Month 8). The in-month financial position is c. £1.7m favourable to plan. The Trust’s YTD position is a £253k surplus and the YTD position is c. £4.5m favourable to plan. Based on communications received in month from NHSI/E and the ICS, the Trust and the SY&B system does not expect to incur any fines under the Elective Incentive Scheme (and thereby no fines have been included in the position).

The favourable variance against plan continues to be driven by activity being lower than Divisional plans, business cases/commitments not being spent in month, vacancies, underspend against the winter plan and non-clinical income being above plan. In month the Trust has also recalculated its PDC charge in light of the cash advance received earlier in the year (to support COVID) having yet to be clawed back centrally by NHSI/E. This has led to a favourable variance against budget (and Month 8) on PDC of c£0.4m in month.

Capital expenditure in month 9 is £3.0m which is £0.6m behind the original £3.6m plan. YTD capital expenditure is £16.3m, including COVID-19 capital spend of £1.5m. This is £5.0m behind the original £21.2m plan, mainly relating to Estates (£3.1m), IT schemes (£1m) and not progressing the RDC this year (£1m).

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 surplus for month 9 (December 2020) was £274k, which was c. £1.7m favourable to plan.
- The Trust's YTD position is a £234k surplus which was c. £4.5m favourable to plan

FINANCIAL PERFORMANCE

Month 9 – December 2020

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

P9 December 2020

1. Income and Expenditure vs. Plan						2. CIPs					
Performance Indicator	Monthly Performance		YTD Performance		Plan £'000	Performance Indicator	Monthly Performance		YTD Performance		Annual Plan £'000
	Actual £'000	Variance to budget £'000	Actual £'000	Variance to budget £'000			Actual £'000	Variance to budget £'000	Actual £'000	Variance to budget £'000	
I&E Perf Exc Impairments & top up	(256)	(1,741) F	5,116	845 A	1,485	Local	59	12 A	366	(171) F	1,238
Income	(38,167)	(761) F	(321,118)	(1,041) F	(37,407)	Nursing and AHP workforce	3	1 A	4	3 A	42
Donated Asset Income	(18)	1 A	(167)	(167) F	(18)	Medical Workforce	24	67 A	50	217 A	650
Operating Expenditure	36,850	(578) F	314,450	(3,164) F	37,428	Outstanding Outpatients	0	1 A	0	1 A	3
Pay	24,497	(877) F	215,541	(3,091) F	25,373	Procurement	5	22 A	109	(29) F	160
Non Pay & Reserves	12,353	299 A	98,909	(73) F	12,054						
Financing costs	1,062	(403) F	11,894	(318) F	1,446						
I&E Performance excluding top up	(274)	(1,741) F	4,949	678 A	1,467						
Retrospective top up		0 A	(5,201)	(5,201) F							
I&E Performance including top-up	(274)	(1,741) F	(252)	(4,523) F	1,467	Total	90	102 A	528	20 A	2,094
F = Favourable A = Adverse											
Financial Sustainability Risk Rating						4. Other					
Risk Rating						Performance Indicator					
Plan						Monthly Performance		YTD Performance		Annual	
3						Plan		Plan		Plan	
Actual						£'000		£'000		£'000	
3						Cash Balance		Cash Balance		Cash Balance	
						Capital Expenditure		Capital Expenditure		Capital Expenditure	
						3,550		21,225		21,924	
						2,975		16,269		35,445	
						5. Workforce					
						Funded WTE		Bank WTE		Total in Post WTE	
						Actual WTE		Agency WTE			
						Current Month		Current Month		Current Month	
						5,954		254		5,772	
						5,955		257		5,803	
						Previous Month		Previous Month		Previous Month	
						1		2		31	
						31		-3			
						Movement		Movement		Movement	

Key

Income

Over-achieved F

Under-achievement A

Expenditure

Overspent A

Underspent F

1. Month 8 Financial Position Highlights

Summary Income and Expenditure – Month 9

	Mth 9			YTD	
	Plan £000	Actual £000	Variance £000	Actual £000	Variance £000
Income	-37,407	-38,167	-761	-326,319	-1,041
Pay					
Substantive Pay	23,768	22,299	-1,469	197,500	-4,032
Bank	243	825	582	6,252	1,012
Agency	779	749	-30	6,328	-225
Recharges	583	623	40	5,461	154
Total pay	25,373	24,497	-877	215,541	-3,091
Non-Pay				0	0
Drugs	871	831	-40	6,063	-213
Non-PbR Drugs	1,511	1,616	105	13,249	156
Clinical Supplies & Services	2,549	2,821	273	19,771	337
Other Costs	5,976	5,739	-237	48,874	-908
Recharges	1,148	1,345	197	10,952	554
Total Non-pay	12,054	12,353	299	98,908	-73
Financing costs & donated assets	1,446	1,044	-402	11,617	-318
(Surplus) / Deficit Position as at month 9	1,467	-274	-1,741	-253	-4,523

The Trust's surplus for month 9 (December 2020) was £274k (£138k deficit in Month 8). The in-month financial position is c. £1.7m favourable to plan. The Trust's YTD position is a £253k surplus and the YTD position is c. £4.5m favourable to plan. Based on communications received in month from NHSI/E and the ICS, the Trust and the SY&B system does not expect to incur any fines under the Elective Incentive Scheme (and thereby no fines have been included in the position).

The favourable variance against plan continues to be driven by activity being lower than Divisional plans, business cases/commitments not being spent in month, vacancies, underspend against the winter plan and non-clinical income being above plan. In month the Trust has also recalculated its PDC charge in light of the cash advance received earlier in the year (to support COVID) having yet to be clawed back centrally by NHSI/E. This has led to a favourable variance against budget (and Month 8) on PDC of c£0.4m in month. There has been a favourable variance to month 8 (November 2020) on pay this month (c. £80k) mainly due to a decrease in the availability of bank nursing over the Christmas period and an adverse movement to run rate on non-pay (c£110k) mainly driven by increased costs on Covid.

The Trust's month 9 financial position includes revenue costs of c. £1m relating to COVID (£10.3m YTD). The position also includes a provision for outsourcing of £1m (awaiting guidance from NHSI/E) and a provision for annual leave of £1.5m relating to the expectation that the Trust will have increased liability relating to carried forward leave as a result of COVID. A further review of the annual leave risk is ongoing with a paper being presented to the F&P Committee in January.

The clinical income position reported continues to be aligned to the revised national block arrangements and central top ups. Activity levels across most points of delivery (POD) continue to be lower than the normal Trust averages (19/20) and below Divisional plans. Activity levels in month are similar to the previous month.

Point of Delivery	Dec-20	Nov-20	Oct-20	Sep-20	Aug-20	Jul-20	Jun-20	May-20	Apr-20
Daycase	-46.37%	-50.12%	-53.21%	-59.12%	-69.01%	-72.40%	-77.19%	-81.63%	-84.05%
Elective	-50.97%	-51.31%	-50.98%	-56.15%	-64.22%	-67.00%	-68.75%	-67.80%	-76.99%
Non-Elective	-18.77%	-19.23%	-19.36%	-20.22%	-27.51%	-30.52%	-34.44%	-38.09%	-42.36%
OP First	-60.46%	-62.13%	-64.15%	-67.15%	-74.02%	-76.90%	-79.65%	-81.79%	-81.43%
OP Follow Up	-64.91%	-65.79%	-67.61%	-70.90%	-77.61%	-79.25%	-81.14%	-82.09%	-79.31%
OP Procedure	-58.84%	-62.21%	-65.61%	-69.44%	-76.42%	-78.58%	-82.40%	-85.19%	-87.14%

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

In month 9 non-clinical income is £365k below month 8 levels, mainly due to the additional non-recurrent education funding received in Nov (£360k), but remains above plan.

In December 2020, CIP savings of £90k are reported, against a plan of £192k, an under achievement of £102k in month. Year to date the Trust has delivered savings of £528k versus a plan of £548k an under-delivery of £20k. The majority of the in month gap is due to the re-phasing of schemes since the NHSI plan was developed with earlier than expected delivery of procurement savings.

Capital expenditure in month 9 is £3.0m which is £0.6m behind the original £3.6m plan. YTD capital expenditure is £16.3m, including COVID-19 capital spend of £1.5m. This is £5.0m behind the original £21.2m plan, mainly relating to Estates (£3.1m), IT schemes (£1m) and not progressing the RDC this year (£1m).

The cash balance at the end of December was £64.2m (November: £65.5m). Cash remains high due to the Trust receiving two months' worth of the block income in April. The decrease in cash in month is mainly due to capital expenditure in excess of depreciation.

2. Recommendations

The Board is asked to note:

- The Trust's surplus for month 9 (December 2020) was £274k. The in-month financial position is c. £1.7m favourable to plan
- The Trust's YTD position is a £252k surplus. The YTD position is c. £4.5m favourable to plan



**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

Title	EU Exit – Trust Position		
Report to	Board of Directors	Date	19 January 2021
Author	Jeannette Reay – Emergency Planning officer, for Rebecca Joyce - Chief Operating Officer		
Purpose	To provide:		Tick one as appropriate
	<ul style="list-style-type: none"> - An update on activity since the last report to the Board of Directors (17 December 2020); - Assurance on the Trust’s current position in light of the UK/EU Exit Trade Agreement. 		
	Decision		
	Information		✓

Executive summary containing key messages and issues

A UK/EU Trade Agreement has been approved by UK Parliament and the 27 EU Member States. It became law on 1 January 2021.

The Trust has been preparing for the UK’s Exit from the EU for over two years, basing its preparations on the worse-case scenario of a ‘No Deal’. The EU/UK Trade agreement mitigates a number of risks that the Trust and wider Health Care System has been preparing for.

Since the last report to the Board of Directors the Trust’s EU Exit Governance Group has:

- Stress tested its plans for EU Exit;
- Updated the EU Exit Risk Assessment in light of the Trade Agreement;
- Confirmed confidence in the Trust’s preparations for EU Exit;
- Confirmed that it does not anticipate any unmanageable disruption from EU Exit.

Key questions posed by the report

Is the Board of Directors' assured by the information provided?

How this report contributes to the delivery of the strategic objectives

By identifying issues that could interfere with the delivery of patient safety and treatment, the Trust has put in place mitigation and contingencies to reduce the impact of any disruption caused by EU Exit.

Business continuity planning supports the Trust in its strategic objectives to:

- Provide the safest, most effective care possible;
- Develop responsibly, delivering the right services with the right staff.

How this report impacts on current risks or highlights new risks

The Trust's EU Exit Governance Group considers the EU Exit Risk Assessment as a standing item at each meeting.

EU Exit risks are recorded on Datix and governance is in place within Divisions and at Trust wide level to ensure that risks arising from EU Exit are considered.

Recommendation(s) and next steps

Recommendation

The Board of Directors' is requested to note the update.

Next Steps

The Chief Operating Officer and Emergency Planning Officer will continue to liaise with partners to ensure that the Trust is fully informed of relevant Local and National intelligence;

Key risks will continue to be refreshed on Datix and reported in line with the Trust's risk reporting policy;

Divisional and Trust wide governance will continue;

The Trust's EU Exit Governance Group will meet as and when Local and/or National intelligence which requires consideration is received;

Reports to Management Board, Trust Board Committees and the Board of Directors' will be provided by exception.



**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

Board of Directors

**EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE
EU EXIT – TRUST POSITION**

19 January 2021

**Jeannette Reay, Emergency Planning Officer
January 2021**

1 Introduction

1.1 Leaving the European Union

The United Kingdom (UK) left the European Union (EU) on 31 January 2020.

The UK left the Single Market and Custom Unions on 31 December 2020.

1.2 Trade Agreement

Following months of negotiations, a UK/EU Trade Agreement was approved by UK Parliament and the 27 EU Member States in late December 2020. The Agreement became law and came into force on 1 January 2021.

2 Trust's Preparations

2.1 Preparations for 'No Deal'

The Trust had been preparing for the UK's Exit from the EU for over two years, basing its preparations on a worse-case scenario of a 'No Deal'. The Agreement clarifies the position and mitigates a number of risks that the Trust and wider Health Care System had been preparing for.

2.2 EU Exit Governance Group

Meetings of the Trust's EU Exit Governance Group took place on a twice weekly basis during November and December 2020.

2.3 Stress Testing

At its meeting on 23 December 2020, the Group stress tested its plans by considering a number of business continuity scenarios, their potential impact on the organisation and the Trust's preparedness to respond.

The Group was attended by additional Trust colleagues to increase representation from Divisions and multidisciplinary, well-rounded discussion took place.

There was a recognition that the best responses to business continuity challenges came from an understanding of an organisation's patients, staff, access, supplies and priorities - and members felt that this was the environment in which the Trust operated.

Much learning had come from the Trust's response to Covid-19 and the Group felt assured by the Trust's preparations.

The conclusion was that the Trust was in a good position – with a high level of confidence of the plans in place for EU Exit, its teams and the Trust's ability to respond.

2.4 Trade Agreement

At its meeting on 30 December 2020, the Group considered its preparations in light of the detail of the Trade Agreement.

The details, and likely impacts, were noted as:

Area	Details and Likely Impact
Trade	A zero tariff on goods and free movement.
Borders and customs checks	The agreement would take the pressure off 'roll on, roll off' HGV traffic (mainly Southern Ports) as it would give more time for hauliers to adapt.
Supplies (Medicines / Clinical Consumables / Medical Devices / Non-Medical Supplies)	<p>National actions taken would continue (no changes required), prescriptions were to be raised and dispensed as normal (local stockpiling not required).</p> <p>The likelihood of delivery disruptions had been reduced although there could be increased lead times (three days or longer).</p>
Workforce	<p>EU Settlement Scheme confirmed (includes Healthcare benefits). Applicants able to apply up to 30 June 2021.</p> <p>Qualifications - recognition would remain for at least two years.</p> <p>Most Healthcare roles exempt from restrictive regulations for at least two years.</p> <p>No registration surcharge for Healthcare workers or their families.</p>
Data Transfer / Access	Flow of data into and out of the UK has a bilateral agreement that, on a transitional basis, the UK has been classified as 'data adequate' (no immediate impacts).
Reciprocal Healthcare	<p>A continuation of reciprocal agreements had been agreed – extremely beneficial to NHS Organisations.</p> <p>A new UK global Health Insurance Card had been agreed (replaces 'EHIC' – now 'GHIC').</p> <p>This is a bilateral agreement. New guidance is awaited and policies and procedures will be reviewed and refreshed in light of this when guidance received.</p>

Vaccines	Not affected (including Covid-19 vaccines).
Blood, transplant and human tissue services	Not affected.
Research and Clinical Networks	No changes to current patents.
Health Security	An agreement had been reached that cooperation on the measures that protect Public Health could continue (including early warning systems).

The Group noted the benefits of the Agreement, including the reduction of some risks for which it had been planning – notably border delays and reciprocal healthcare arrangements.

In consideration of the Trade Agreement the EU Exit Governance Group concluded that it:

- Had confidence in the Trust’s preparations for EU Exit;
- Did not anticipate any unmanageable disruption.

2.5 Continued Oversight

To ensure continued oversight of risks arising from EU Exit:

- Key risks have been recorded and will continue to be refreshed on Datix;
- Risk reporting will be undertaken in line with the Trust’s risk reporting policy;
- Risk Leads continue to monitor their own areas;
- Divisions have EU Exit as a standard item on their Senior Management Team meeting agendas and discuss at Bronze level meetings;
- Trust wide oversight is undertaken at the 12:30hrs Enhanced Operational Meetings;
- The Trust’s EU Exit Governance Group will meet as and when Local and/or National intelligence which requires consideration is received;
- Reports to Management Board, Trust Board Committees and the Board of Directors’ will be provided by exception.

2.5 Working with Partners

Discussions with partners continues to provide reassurance that the Trust has taken at least the same steps as partner organisations in its preparations and ongoing approach.

- Risk Leads continue to connect with professional groups to keep abreast of local and National intelligence;
- The Trust's Emergency Planning Officer attends the Doncaster Brexit Transition Senior Responsible Officer Forum to look at system wide preparedness and ensure linkages between LRF partners;
- The Trust's Emergency Planning Officer has weekly meetings with EPRR colleagues from NHSI/E and the regions' health organisations – to share information and approaches;
- The Trust's Chief Operating Officer and Emergency Planning Officer join National Webinars to obtain EU Exit Updates as and when they are provided.

3 Recommendation

The Board of Directors' is requested to note the update.

BOARD OF DIRECTORS – 19th January 2020
CHAIR'S ASSURANCE REPORT
People Committee – 12th January 2021

Overview:

The meeting had attendance from Non-Executive Directors, Director of People and OD, Director of Nursing, Midwifery and AHP's, Medical Director as members of the committee. Several colleagues were also in attendance, Director of Education and Research, Deputy Director of People and OD, Head of Leadership and OD, Company Secretary, Trust Board Officer, EDI Lead and for part of the meeting Deputy Director of Quality and Nursing. We also had two of the three Governor observers able to join the meeting.

The meetings will now take place bi-monthly with due consideration of the ongoing pandemic and its likely impact on the Trust and colleague availability.

AGENDA ITEM / ISSUE	COMMITTEE UPDATE	NEXT ACTION	LEAD	TIMESCALE
Minutes and Actions from previous meetings	A number of actions were completed and closed as they were included on the January agenda. Further items not due for completion until later in 2021.	None		
Terms of Reference	The committee terms of reference were approved at the Board in December. The committee discussed an updated version of the terms of reference for the teaching hospital board and agreed those. The terms of reference for the workforce planning committee will come to the meeting in March.	Workforce planning TOR's to come to the next meeting.	KB	March 2021
Staff Survey Results	A deep dive was carried out into the results of the staff survey results of which are currently under embargo. A further report to the confidential section of the board will take place in January.	Agreed a workshop approach would be useful to distil the focus for this and the people plan activity/focus, considering adequate resourcing and priorities	KB	February 2021
Workforce Assurance Report	The workforce assurance report was presented. The committee considered vacancy levels and staff absence which is still high due to COVID absences and	This is a regular report to People Committee	KB	March 2021

	shielding vacancy levels, vaccinations, turnover and appraisals. We received updated assurance that personal risk assessments were taking place with our BAME colleagues and were impressed with the progress being made with the roll out of Covid vaccine's.			
Health and Wellbeing Update	<p>The committee was assured about the range of activity in place to support the wellbeing of colleagues across the trust, including a boost to wellbeing with the addition of a health and wellbeing hub across the ICS. We were particularly assured about the services that are made available to support colleagues experiencing financial difficulties and where they may go to access support.</p> <p>We are still working towards achieving the Be Well@Work gold award in recognition of the work we have been doing in this important area.</p>	Further updates to be provided at future meetings.	JC	On the workplan
Widening Participation	The committee was provided with an update on the positive work that is happening across Doncaster and Bassetlaw to widen participation and encourage careers in health. An update was also provided on the range of apprenticeships that are available and funded through the levy at the Trust. The committee would like further assurance on the levy funding not utilised, the links to securing zero vacancies and the plans for bulk levy transfers.		DP	TBC
Education Assurance Report	The committee were provided with the highlight results from the GMC survey. We also received the outcome of a positive virtual HEE visit following the submission of our self-assessment against the quality framework as an education provider. An update on SET training was provided which while increasing and having been halted due to COVID did highlight some low numbers of compliance in key areas which require some focus. The committee has requested further assurance on the gap between completions and updates to the		SD	March 2021

	system to understand the current picture better.			
Staff Claims	This was a first report to the committee and will be a quarterly report to the committee. The committee were assured on the levels of claims made and the learning that is highlighted following claims.	Future reports to include further updates on learning outcomes.	CS	May 2021
Casework Data Update	This was the first time that casework data had been presented to the committee and it was encouraging to see the relatively low number of disciplinary, grievance and ET's we would like to reduce them further and would like to see more information on the learning and time taken for completion of these processes.	Updates to be provided 6 monthly Separate update on the Just Culture work to be added to the workplan	AJ	July 2021
Leadership offer	Details of the leadership offer available in the trust were provided to the committee and some assurance was taken from the breadth of the offer and the areas to be covered. Further assurance is required in relation to impact of leadership development and resources available to deliver.			
ED FTSU update	The committee were provided with an update after the programme board had met to make progress in relation to the ED action plan had met for the first since the last people committee. A series of listening events have been taking place. It will be important to keep staff updated on progress and action taken. Further updates to come to the people committee.	Further updates to be provided at the next meeting	KB	March 2021
Corporate risk register and BAF	A verbal update was provided setting out the how risks are identified which relate to the business of the people committee.		FD	March 2021
Update on EDI priorities	A report was introduced by the new EDI lead Kirby Hussain outlining the EDI focus on the trust to date and the priorities for the future.			

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

KEY
CLOSED
ASSURED

PARTIALLY ASSURED / SOME ACTION TO TAKE

NOT ASSURED / ACTION REQUIRED



**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

Title	Corporate Risk Register		
Report to	Board of Directors	Date	19 January 2021
Author	Fiona Dunn, Company Secretary/Deputy Director Corporate Governance		
Purpose		Tick one as appropriate	
	Decision		
	Assurance		
	Information	X	

Executive summary containing key messages and issues

TRUST RISK PROCESSES

The Board is reminded of its three obligations in terms of risk management:

- To understand risks;
- To deal with the risks;
- To define and implement risk management practices.

A large piece of work to review the risk management processes within the Trust continues to be implemented. This has included the cleansing of risks and the recording and management of risks at source (on DATIX), the management of risks by those with accountability, the escalation of risks to the Corporate Risk Register and the reporting of risks to groups, committees and the Board.

The review addressed the actions arising from the 2019 Internal Audit on risk management.

Outcomes from this included:

- Review and rationalisation of current risks identified on DATIX
- Review training of DATIX risk management
- Ensure risks are discussed at Directorate speciality meetings – standard template & reports agreed
- Transparency of CRR for all staff via DATIX dashboard
- Adaption of the DATIX risk module to allow escalation and outcome capture for all users – end to end escalation being fully auditable.
- Fields changed in Risk module to monitor outcomes and actions
- Review of risk management policy to be aligned with changes
- Alignment of corporate risks (strategic & operational) to the BAF

Summary status of Risk Management log on DATIX

- Currently there are 101 risk logged rated 15+ across the Trust .
 - Process is for these risks to be reviewed and updated at Specialty Governance meetings, Team meetings and with individual risk owners including regrading of scores and closures.; risk register management shows ongoing improvement as staff own and manage their respective risks accordingly. Further work is still required to ensure embedding of process.
- 18 of these risks are currently monitored via Corporate Risk register (CRR)

CORPORATE RISK REGISTER- (CRR)

The purpose of the Corporate Risk Register is to capture and aid the management of extreme Risks to Operational Delivery within the Trust (risks scoring 15 or above). It is designed to provide a method for the effective and focused management of risks showing the current position and target position.

- A DATIX dashboard is currently live and available to staff for all risks identified on the CRR.
- New templates have been designed for appropriate level detail reports for the Board and Sub-Committees and have been agreed at Board in July 2020.
- Continued support offered to Divisions for compliance with risk management process.

REVIEW AND REPORTING - CRR

Review

The content of the Corporate Risk Register is reviewed by the Trust's Executive and Corporate Directors.

The process for update is continuous by the Directorates, resulting in the summary register attached, dated January 2021.

The copy of the CRR attached is the new summary collated from the live DATIX dashboard that is now available for all staff. Detailed analysis of each risk can be found by using the Risk ID located in DATIX.

Board of Directors

- The Board of Directors are asked to note the updated risk entry for the COVID19 Pandemic - RISK ID 2472 (Ref COVID1 on DATIX). This risk identifies the Trust strategic and operational plans to respond to the demands of this pandemic and now includes the stabilisation and recovery plans
- EU Exit
The Board is asked to note that the EU Exit Governance group has been monitoring progress through standard risk management processes and was discussed at Decembers Board. The Trust does not currently have any high level risks resulting from EU Exit.

No new risks have been escalated for consideration on the CRR.

TOP 3 RISKS

COVID Pandemic

Workforce

Finance

Action required

- Continuous review of existing risks and identification of new or altering risks through improving processes.
- Ensure embedding of risk management process through refreshed training and education to ensure consistency of process.
- Link to key strategic objectives indicated within the Board Assurance Framework.

Assurance

Additional assurance continues to be sought internally and the evidence of this is referenced in the respective director reports to the October Trust board and other sub-committees.

The Board is asked to note that there has been no change in the risk levels on the Corporate Risk Register during quarter three 2020/2021.

Key questions posed by the report

None.

How this report contributes to the delivery of the strategic objectives

The attached Risk Register shows corporate risks agreed to be entered on the CRR. DATIX dashboard Live also is available identifying all Trust risks scoring 15 or above.

How this report impacts on current risks or highlights new risks

The report highlights all high level operational risks to the Trust.

Recommendations

The Board is asked to note the attached Summary Corporate Risk Register.

ID	Ref	Review date	Division / Corporate(s)	Speciality(ies)	Title	Description	Risk Owner	Risk level (current)	Rating (current)	Risk level (Target)	Last Reviewed	Movement since last review
1517	Q&E9	31/03/2021	Clinical Specialist Services	Pharmacy (Outpatient), Pharmacy (inpatient)	Availability and Supplies of Medicines	<p>There are extraordinary stresses on the medicine supply chain which are leading to unavailability of medicines in the hospital. This could have an impact on patient care, potentially delaying the delivery of treatment, non-optimisation of treatment and decrease in patient satisfaction. It could also increase the chance of error and harm occurring</p> <p>The issues is causing significant disruption and increased workload of the pharmacy procurement and logistics team which compounds the problem. Disruption of work by other professionals involved in supply and administration of medicines is possible as well.</p> <p>There a number of issues causing it:</p> <ul style="list-style-type: none"> - Manufacturing Issues - Central rationing of supplies by CMU - Wholesaler and supply chain issues - Unpaid invoices - Knock on disruption of procurement and logistics teams sometimes delaying response <p>Updated: 18/12/2020 The reason there has been no local action on review id that we have been explicitly instructed by NHS E & DoH not to take nay local action. There is an national mechanism for managing medicines shortages which has been used during the COVID-19 pandemic and will be used if required to manage any issues as a result of EUexit. Working with national and regional colleagues Esoop's team take any local actions required by the national scheme on a medicine by medicine basis - this general Datix is not the appropriate place to record these specific individual case actions</p>	Barker, Andrew	Extreme Risk	16	High Risk	Dec-20	↔
2472	COVID1	30/12/2020	Directorate of Nursing, Midwifery and Allied Health Professionals	Not Applicable (Non-clinical Directorate)	COVID-19	World-wide pandemic of Coronavirus, which will infect the population of Doncaster and Bassetlaw (including staff) resulting in reduced staffing, increased workload due to COVID-19 and shortage of beds, ventilators. Now includes stabilisation and recovery plans etc	Purdue, David	Extreme Risk	25	High Risk	Dec-20	↔
11	F&P1	01/08/2020	Directorate of Finance, Information and Procurement	Not Applicable (Non-clinical Directorate)	Failure to achieve compliance with financial performance and achieve financial plan	Failure to achieve compliance with financial performance and achieve financial plan leading to : (i) Adverse impact on Trust's financial position (ii) Adverse impact on operational performance (iii) Impact on reputation (iv) Regulatory action	Sargeant, Jonathan	Extreme Risk	16	High Risk	Jun-20	↔
7	F&P6	30/01/2021	Chief Operating Officer	Not Applicable (Non-clinical Directorate)	Failure to achieve compliance with performance and delivery aspects of the SOF, CQC and other regulatory stanadrds	Failure to achieve compliance with performance and delivery aspects of the Single Oversight Framework, CQC and other regulatory standards leading to: (i) Regulatory action (ii) Impact on reputation	Joyce, Rebecca	Extreme Risk	16	High Risk	Nov-20	↔
1244	F&P3	30/11/2020	Directorate of Finance, Information and Procurement	Not Applicable (Non-clinical Directorate)	Failure to deliver Cost Improvement Plans in this financial year	Failure to deliver Cost Improvement Plans in this financial year leading to : (i) Negative impact on Turnaround (ii) Negative impact on Trust's financial positon (iii) Loss of STF funding	Sargeant, Jonathan	Extreme Risk	16	Moderate Risk	Sep-20	↔
19	Q&E1	30/11/2020	Directorate of People and Organisational Development	Not Applicable (Non-clinical Directorate)	Failure to engage and communicate with staff and representatives in relation to immediate challenges and strategic development	Failure to engage and communicate with staff and representatives in relation to immediate challenges and strategic development	Barnard, Karen	Extreme Risk	16	High Risk	Sep-20	↔
12	F&P4	22/01/2021	Estates and Facilities	Not Applicable (Non-clinical Directorate)	Failure to ensure that estates infrastructure is adequately maintained and upgraded in line with current legislation	<p>Failure to ensure that estates infrastructure is adequately maintained and upgraded in line with current legislation, standards and guidance.</p> <p>Note: A number of different distinct risks are contained within this overarching entry. For further details please consult the E&F risk register. leading to</p> <ul style="list-style-type: none"> (i) Breaches of regulatory compliance and enforcement (ii) Claims brought against the Trust (iii) Inability to provide safe services (iv) Negative impact on reputation (v) Reduced levels of business resilience (vi) Inefficient energy use (increased cost) (vii) Increased breakdowns leading to operational disruption (viii) Restriction to site development 	Edmondson-Jones, Kirsty	Extreme Risk	20	High Risk	Nov-20	↔

ID	Ref	Review date	Division / Corporate(s)	Speciality(ies)	Title	Description	Risk Owner	Risk level (current)	Rating (current)	Risk level (Target)	Last Reviewed	Movement since last review
1410	F&P11	03/01/2021	Information Technology	Not Applicable (Non-clinical Directorate)	Failure to protect against cyber attack	<p>Failure to protect against cyber attack - leading to:</p> <p>(i) Trust becoming non-operational (ii) Inability to provide clinical services (iii) Negative impact on reputation</p> <p>The top 3 DSP risk areas have been recognised as:</p> <p>(1) Insider threat (accidental or deliberate) (2) New / zero day vulnerability exploits (3) Failure to wholly implement patch management</p>	Anderson, Ken	Extreme Risk	15	Moderate Risk	Nov-20	↔
2349	?	01/06/2020	Chief Operating Officer	Not Applicable (Non-clinical Directorate)	Failure to specifically achieve RTT 92% standard	<p>(i) Regulatory action (ii) Impact on reputation (iii) Delayed access for Patients (iv) Potential clinical risk for patients identified via NECs audit (assessed as low)</p>	Joyce, Rebecca	Extreme Risk	15	Moderate Risk	May-20	↔
16	F&P8	01/06/2020	Directorate of People and Organisational Development	Not Applicable (Non-clinical Directorate)	Inability to recruit right staff and ensure staff have the right skills to meet operational needs	<p>Inability to recruit right staff and have staff with right skills leading to:</p> <p>(i) Increase in temporary expenditure (ii) Inability to meet FYFV and Trust strategy (iii) Inability to provide viable services</p>	Barnard, Karen	Extreme Risk	16	High Risk	May-20	↔
1854	Q&E13	06/01/2021	Medical Services	Emergency Department / A & E / Acute	Initial ED BDGH triage assessment processes	<p>C- Sub-optimal quality of the initial triage and clinical assessment processes and clinical oversight of the waiting area. E- Unwell children and adults may not be provided with the full assessments required to provide high quality care. E- Potential of harm to patients.</p>	Carville, Kate	Extreme Risk	16	Moderate Risk	Nov-20	↔
2426		29/12/2020	Information Technology	Not Applicable (Non-clinical Directorate)	Multiple software systems end-of-support	<p>Installed software versions have gone past the date of supplier support and there has been insufficient internal resources to upgrade and dependencies with multiple software systems being incompatible with the supported software, have prevented these upgrades. This leads to vulnerabilities within our infrastructure. For example, unpatched systems are significantly more vulnerable to cyber attacks. A single compromised device threatens all devices. There is a further vulnerability the Trust faces where we cannot draw on the expertise of the supplier to fix faulty software in a timely manner or at all.</p>	Linacre, David	Extreme Risk	20	High Risk	Sep-20	↔
2147	F&P21	29/01/2021	Estates and Facilities	Not Applicable (Non-clinical Directorate)	REF 29 - Edge Protection DRI	<p>Due to the lack of edge protection on flat roofs across the site at DRI there is an increased risk of falls from height, which could result in death or serious injury</p>	Loukes, Simon (Inactive User)	Extreme Risk	15	Moderate Risk	Nov-20	↔
1807	F&P20 / Q&E12	25/01/2021	Estates and Facilities	Not Applicable (Non-clinical Directorate)	Risk of critical lift failure	<p>Risk of critical lift failure leading to:</p> <p>(a) Reduction in vertical transportation capacity in the affected area (b) Impact on clinical care delivery (c) General access and egress in the affected area</p>	Edmondson-Jones, Kirsty	Extreme Risk	20	High Risk	Nov-20	↔
1412	F&P12	25/01/2021	Estates and Facilities	Not Applicable (Non-clinical Directorate)	Risk of fire	<p>Failure to ensure that estates infrastructure is adequately maintained and upgraded in accordance with the Regulatory Reform (Fire Safety) Order 2005 and other current legislation standards and guidance. Note: a number of different distinct risks are contained within this overarching entry. For further details please consult the EF risk register. leading to :</p> <p>(i) Breaches of regulatory compliance could result in Enforcement or Prohibition notices issued by the Fire and Rescue Services (ii) Claims brought against the Trust (iii) Inability to provide safe services (iv) Negative impact on reputation</p> <p>No change to risk - work ongoing.</p>	Edmondson-Jones, Kirsty	Extreme Risk	20	High Risk	Nov-20	↔
1855	Q&E14	06/01/2021	Medical Services	Emergency Department / A & E / Acute	Staffing for registered children's nurses in ED BDGH	<p>C- Lack of paediatric nurses in ED E- Breach in safe staffing levels E- Patients at risk of harm. Potential staff injury/sickness</p>	Carville, Kate	Extreme Risk	16	High Risk	Nov-20	↔
2144	F&P22	25/01/2021	Estates and Facilities	Not Applicable (Non-clinical Directorate)	EFA/2018/005 - Assessment of Ligature Points	<p>Following the death of a patient using a ligature attached to low level taps in a bathroom (not at DBTH), a subsequent coroners regulation 28 highlighted that there was confusion nationally regarding how ligature points should be assessed and removed.</p> <p>EFA/2018/005 - advises that Trust's should review and update ligature risk assessments, anti ligature policies and associated forms/toolkits.</p> <p>Until this is work complete there is a potential risk of unidentified ligature points existing within Trust properties, which have the potential to lead to an adverse incident occurring.</p>	Timms, Howard	High Risk	12	Low Risk	Nov-20	↔

ID	Ref	Review date	Division / Corporate(s)	Speciality(ies)	Title	Description	Risk Owner	Risk level (current)	Rating (current)	Risk level (Target)	Last Reviewed	Movement since last review
2148	F&P23	22/01/2021	Estates and Facilities	Not Applicable (Non-clinical Directorate)	REF 31 - Unable to Test Fire Dampers - DRI East Ward Block	<p>Fire dampers on the East Ward Block ventilation ducts are connected directly from the damper to the ductwork via a fusible link. It is not possible to test these dampers as they can not be reset once operated. As a result, it is not possible to confirm that the dampers will operate under fire conditions. If the dampers were to fail to operate this would compromise the fire compartmentation of the building, leading to an increased spread of fire & smoke under fire conditions, creating a risk to life and property. Any work to test or replace the dampers is further complicated by the potential presence of asbestos containing materials on joints between ductwork and the dampers.</p> <p>No change to risk - work ongoing.</p>	Timms, Howard	High Risk	12	Moderate Risk	Nov-20	↔



Doncaster and Bassetlaw Teaching Hospitals

NHS Foundation Trust

Title	Chair and NEDs' Report		
Report to	Board of Directors	Date	19 January 2021
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 December 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 and NEDs' Report – January 2021

In opening my report may I take the opportunity to wish you and your families a Happy New Year! 2020 was certainly the most challenging year the NHS has faced, and I thank you all for your outstanding contribution and ongoing support. Whist 2021 will not be without it's pressure points, particularly in the first quarter, I believe we can now face the year ahead with renewed optimism, as the vaccine availability brings with it fresh hope for the future.

Board Workshop

Following the publication of NHSE/I's Integrating Care: Next steps to Building Strong and Effective Integrated Care Systems across England, the Board met to consider the report content and its required response. The session facilitated by Marie Purdue, Director of Strategy & Improvement, provided an overview of the integrated care consultation and an update on place based development. The session included group and breakout discussions in order to provide feedback on the following four questions:



- Do you agree that giving ICSs a statutory footing from 2022, alongside other legislative proposals, provides the right foundation for the NHS over the next decade?
- Do you agree that option two offers a model that provides greater incentive for collaboration alongside clarity of accountability across systems, to parliament and most importantly to patients?
- Do you agree that, other than mandatory participation of NHS bodies and local authorities, membership should be sufficiently permissive to allow systems to shape their own governance arrangements to best suit their population needs?
- Do you agree, subject to appropriate safeguards and where appropriate, that services currently commissioned by NHSEI should be either transferred or delegated to ICS bodies?

At the beginning of this month DBTH completed its return to NHSE/I and shared its feedback and response with Sir Andrew Cash, SY&B ICS Lead. As Chair, I also attended a meeting of ICS representatives before Christmas, to provide input to the ICS response.

Board Sub-committees

As in previous years my aim is to attend each of the Board sub-committees. This not only provides an insight into the meeting business, which offers assurance to the Board, but also allows me the opportunity to observe the contribution of the wider team and to see my non-executive directors in their capacity as meeting Chairs. In January I joined the recently formed People Committee, chaired by Non-executive Director, Sheena McDonnell. This was the last of the monthly meetings, before moving to a bi-monthly schedule. The committee considered a number of standing agenda items, such as the workforce and education assurance reports, Freedom to Speak Up update and the corporate risk register and board assurance framework. It also received the management report for the NHS staff survey 2020 and update on staff claims and casework reports.

I also chaired the Board Nominations and Remunerations Committee where executive pay adjustments were agreed in line with national guidance.



Work to further improve the processes supporting the Board continues, and this month I met with Trust Board colleagues and NEDs to review and discuss proposed changes to the board agenda, minutes and supporting papers.

Governor Briefing & Development Sessions

This month we have been able to deliver two sessions, the first supported by Ken Anderson, Acting Chief Information Officer and Dr Lee Cutler, Consultant Nurse - Critical Care and e-obs Clinical Lead, who provided an informative and exciting update on the digital transformation of the patient record. Latterly, an update on the transformation work being undertaken in maternity services, which focuses on improving outcomes for mothers and their babies, reducing inequalities and improving the patient experience.

Both sessions were well attended by governors and NEDs. The value of these sessions in keeping everyone informed, involved and updated during these difficult times cannot be underestimated. The briefings will continue to be developed with the support of those involved in leading change and driving quality improvement and initiatives across Team DBTH.

NHS Providers Board

January's NHS Providers' Board meeting took place on 13 January, along with the standard agenda items the Board considered feedback from its 2020 membership survey. The draft report summarised what had been done well and where there was room for improvement, it also considered members' satisfaction of the work undertaken on behalf of trusts and foundation trusts.

NHS Providers continue to work on the development of their 2021-2025 strategy , reviewing what has been delivered against the existing 2019-2021 strategy, recognising the change in the environment in which we work, identifying the key questions that must be answered as part of the strategy refresh and the need to review the financial / business model to underpin the strategy.

Other Meetings

This month I have taken the opportunity to virtually meet with the Chair of South West Yorkshire Partnership, Angela Monaghan and Sue Proctor, Chair of Leeds and York Partnership.

I continue to meet with my Non-executive directors collectively and on a 1:1 basis and on a weekly basis with Richard. Meetings with the Lead and Deputy Lead governor now also include Company Secretary, Fiona Dunn, which allows for a more efficient and effective handling of business, as we can often address matters at the first point of contact.

I also met with Joanne Wright, Business Manager of Clinical Specialities, whose initial introductory meeting with me was delayed due to the impact of Covid 19.

NED Report

Kath Smart

Since the last report, Kath has attended NHS Providers Company Secretary & NED Network on strategic policy update and risk management. She followed that up with a meeting with the Company Secretary, Fiona Dunn, to discuss the plans underway for risk management development.

She also attended the Audit Committee Chairs Counter fraud session, and has booked a meeting to discuss with the Local Counter Fraud Officer, Mark Bishop.

She continued her buddying arrangements and visited the DRI Emergency Department just before Christmas to see the building works which have been completed, plus those still underway. It is a great testament to #Team DBTH for the improvements in the adult waiting area, the new early assessment area and the newly created children's assessment and waiting area. She is looking forward to seeing all the building works complete and how this utilises the space available in a much better way for both staff and patients.

Finally, along with NED colleagues she has attended NED Briefings with the Chair; the e-obs briefing session; a 1:1 meeting with the Chair and the Board Workshop to discuss the national consultation on Integrated Care.

Pat Drake

Since the last report Pat has participated in a regional meeting and a separate Chairs collaborative meeting, in her capacity as Chair of the Organ Donation Committee.

Pat has continued to reach out to her governor buddies and attended the governor briefing meetings. She has also meet with the governor observers of the Quality & Effectiveness Committee, to ensure they are fully informed on the business of the meeting.

Pat and fellow NEDs have met regularly, including a 1:1 meeting with the Chair.

She has continued to meet with key staff and this month has met with the Deputy Director of Patient Safety to discuss the role of a patient safety specialist and the plans going forward to implement the patient safety strategy.

Pat and Suzy attended the Trust in early December to thank key staff for their hard work during the pandemic and wish them all the best for the festive season.

She has chaired the QEC planning meeting, attended the People Committee meeting and observed the Equality and Diversity Meeting.

There have also been meetings of the Remuneration Committee which Pat has attended.

Sheena McDonnell

Since the last Board meeting Sheena has been handing over the work of the Charitable Funds Committee to Mark Bailey, in preparation for February 2021's meeting.

She has participated, along with other NED and executive colleagues in a workshop to develop a response to the integrating care consultation.

She has chaired the January People Committee, which is the last of the monthly meetings before moving to a bi-monthly meeting cycle.

Governor development sessions have been taking place which Sheena has attended on IT developments and in particular e-obs as well as a specific session on the improvements taking place in maternity services.

Finally, Sheena has caught up with her governor buddies and participated in a one to one with the Chair and a workshop on the report templates for Board.

Mark Bailey

Since the last Board report, Mark has attended the People Committee, the Board workshop which looked at our Integrated Care System strategy, as well as further planning sessions for

the Trust's Charitable Funds.

Respecting the significant operational pressures being faced by our teams across the Trust at this time, Mark has consciously held a limited number of short meetings with members of the Executive Leadership Team. Sessions with the Acting Chief Information Officer and Director of Finance have been held in support of a refresh of the Trust's digital strategy and specifically how available digital technologies can now be prioritised to help our teams in the planning and responsiveness of our care provision on an individual patient basis. As part of this activity, Mark hosted the recent Governor briefing and development session which looked in detail at the care quality and safety benefits being realised by our implementation of electronic patient record and e-obs digital capabilities across all sites.

Mark also hosted the second Governor briefing of the New Year which looked at our Maternity Services and has continued with 'one to one' buddy meetings with Governors and update calls with the Chair and individual NED colleagues."

Neil Rhodes

Since Neil's last report he has continued to meet with his governor buddies, recently meeting with Pauline Riley, appointed public governor- Doncaster in September 2020.

Neil attended the Nominations and Remuneration Committee and contributed to the Board workshop which considered the Trust's response to the future of integrated care systems.

Neil has met with the Chair for a 1:1 discussion and attended both the digital transformation and maternity services governor briefing and development sessions.

Finally, as Chair of the Finance & Performance Committee he has led the pre-meet planning session ahead of the meeting on 26 January 2021.

An update on the Trust's response to COVID-19

Earlier this month the Prime Minister announced that the country would formally enter a further period of national lockdown to respond to the increasing rates of COVID-19 infection. This is in response to the news that two new variants of the illness are now circulating across the country and the pressure which is being placed upon the NHS as a result.

In October and November, we felt the full force of the second-wave, and while our numbers have decreased and stabilised since then, without the new measures we were expecting and planning for a significant rise in admissions from COVID-19 through January.

However, and at the time of this report, thankfully the number of Covid patients in hospital is not rising as sharply as in other areas of the country. During the previous lockdown and Tier 3 restrictions, the vast majority of our communities followed the guidance and if this is repeated now we would expect to see transmission rates in our communities to fall once again over coming weeks, which will then begin to reduce admissions to hospital and related pressures.

On a personal note, I am hoping for a much brighter year than the one we have just left behind but expect that we may have to live under further restrictions for a little while longer to ensure that services can deal with the current demands.

Remember hands, face and space, and I am confident we will return to normality before long.

COVID-19 vaccination

Since mid-December, we have been vaccinating front-line colleagues, in accordance with the Government's priorities which are designed to ensure the greatest impact on protecting the vulnerable, reducing serious infections and admissions to hospital and ensuring the reduction of risk to patient-facing health and care staff.

Working with NHS Doncaster Clinical Commissioning Group and our Primary Care Networks, we have managed to deliver the Pfizer vaccine to a substantial number of our front-line colleagues. In turn, this will offer a significant amount of immunity to the illness within our hospitals, something which will help us get our communities back to a more normal position as quickly as possible.

Note, you can view the Government's data on how many vaccinations have been successfully delivered here: <https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/>

I would like to record my thanks to the Nursing, Education, Pharmacy and P&OD teams involved in the successful implementation of the programme, delivered at pace, over Christmas and into the New Year.

Maternity visiting at DBTH remains unchanged

As a Trust, we welcome NHS England's most recent report on maternity services and colleagues will look to action the various recommendations as the situation allows.

However, please note that until further notice and communication, our visiting policy within maternity services at Doncaster Royal Infirmary and Bassetlaw Hospital remains unchanged. If you are coming for an appointment, [please read this guidance](#) – if people attend without consulting this advice, they may be asked to leave.

Throughout the challenges presented by Covid-19, the safety of our babies, mothers, fathers and staff has been our top priority. Any changes to our current policies do take time to implement, with the necessary safeguarding assessments undertaken, as well as other considerations to ensure minimal risk to patients and we thank everyone for their patience, and we will communicate any updates as soon as we can.



Chief Executive Report

Health Executive Group

12th January 2021

Author(s)	Andrew Cash, System Lead		
Sponsor			
Is your report for Approval / Consideration / Noting			
For noting and discussion			
Links to the STP (please tick)			
<input checked="" type="checkbox"/> Reduce inequalities	<input checked="" type="checkbox"/> Join up health and care	<input type="checkbox"/> Invest and grow primary and community care	<input checked="" type="checkbox"/> Treat the whole person, mental and physical
<input checked="" type="checkbox"/> Standardise acute hospital care	<input checked="" type="checkbox"/> Simplify urgent and emergency care	<input checked="" type="checkbox"/> Develop our workforce	<input checked="" type="checkbox"/> Use the best technology
<input checked="" type="checkbox"/> Create financial sustainability	<input checked="" type="checkbox"/> 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 December 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.			

Chief Executive Report

SOUTH YORKSHIRE AND BASSETLAW INTEGRATED CARE SYSTEM

Health Executive Group - 12th January 2021

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 December 2020.

2. Summary update for activity during December 2020

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

On 4th January 2021, the Prime Minister announced a national lockdown in England and once again instructed people to stay at home to control the virus, protect the NHS and save lives. The decision was made following a rapid rise in infections, hospital admissions and case rates across the country, with many hospitals under more pressure than they have been at any other point throughout the pandemic.

Rates have been rising rapidly in London and the South East, as well as the North West and the North East. In South Yorkshire and Bassetlaw, the current position is stable though rates are slowly and gradually rising. Hospital admissions in SYB are generally level, with slight variation on a daily basis.

The new (Kent) variant of the virus has caused dramatic increases in other regions, but as yet has not been as virulent in SYB. The combination of this and the stable SYB rates before lockdown means that we are in a good position and will likely see a lower rise in cases over the coming weeks as a result. That said, the new variant is stronger and causes greater impact in outbreaks and it will evolve as the main strain which means we cannot be complacent and must continue with all the preventative measures in place.

In the coming weeks, the vaccination programme will be our top priority. Our ambition and hope is that the vaccination roll out, alongside the national lockdown restrictions, continued social distancing, handwashing and other preventative measures, we will see a sufficiently low enough rate of cases to support us out of lockdown.

2.2 Regional update

The North East and Humber Regional ICS Leaders have been meeting weekly with the NHS England and Improvement Regional Director to discuss the ongoing COVID-19 incident, planning that is taking place to manage the pandemic and where support should be focused. Discussions during December and in the first week of January focused on the EU Exit current position, Wave 3 surge plans, the COVID-19 response and vaccination programme

2.3 National update

NHS England and NHS Improvement (NHS E/I) issued their Phase Four letter on 23 December in which the operational priorities for winter and 2021/22 were set out.

Key elements from the Letter include managing the ongoing demand from COVID-19, rapid implementation of the COVID-19 vaccination programme, maximising capacity to provide

treatment to non-COVID-19 patients, preparedness to respond to the seasonal winter pressures and supporting the wellbeing of our workforce.

The Letter also sets out clear ambitions around how systems should address pandemic-related population health concerns as a direct result of COVID-19 in the areas of reducing health inequalities, expanding mental health provision and prioritising investment in primary and community care services. There is also a clear framework for how systems should follow the new financial framework around funding (consistent with the NHS' Long Term Plan).

2.3 COVID-19 and Flu vaccination programmes

The launch of the national COVID-19 vaccination programme within SYB took place in early December when Sheffield Teaching Hospitals NHS Foundation Trust was one of 50 hospital hubs in the country to start vaccinating the over-80s. The following week, the community roll-out phase began as designated sites in communities began vaccinating over-80s.

Despite the logistical challenges, many thousands of people are now vaccinated with the Pfizer/BioNTech vaccine in SYB. The approval of the Oxford-AstraZeneca vaccine means greater numbers of our population will now start to be vaccinated in GP-led centres and it is the 'game changer' and puts us in a much stronger position to roll out community vaccination among our most vulnerable groups.

Communications planning continues to take place in which the South Yorkshire Local Resilience Forum (LRF) - and Nottinghamshire LRF – are coordinating activity to ensure national messaging targets vaccine hesitant groups. There will be increased focus on dispelling COVID-19 vaccine myths, utilising the national toolkits and assets, and starting reassurance campaigns early.

I would like to recognise the fantastic work that has taken place – in rapid time and at scale – by our Primary Care Networks and CCGs in SYB, Sheffield Teaching Hospitals NHS Foundation Trust and the COVID-19 Vaccine Steering Group for their phenomenal work over the last few weeks.

Meanwhile, the SYB Flu Board has reported seeing big improvements on last year's performance with workforce vaccinations and the targeted community programmes are also performing very well. The flu vaccination programme was extended to cover more vulnerable groups than in previous years in a bid to reduce the threats of COVID-19 affecting the most vulnerable groups. Additionally, this also helps to relieve pressure on acute trusts which are seeing far fewer seasonal flu cases as a result.

2.4 SYB ICS response to *Integrating care: Next steps to building strong and effective integrated care systems across England*

Further to my update in December on the NHS England and Improvement publication of '*Integrating care: Next steps to building strong and effective integrated care systems across England*', I signed off and submitted a high level response to the document as the SYB ICS Lead and Chair of the Collaborative Partnership Board. The response was discussed by the Collaborative Partnership Board but due to the tight timelines and ongoing pressures, it did not go to partner statutory bodies for approval which would be our normal way of working. Partners and others have made their own submissions to the engagement document.

2.5 Rapid Insights Report

A new research-led report by South Yorkshire and Bassetlaw Integrated Care System and Yorkshire & Humber Academic Health Science Network was published in December. It details how our health and care partners across the region were able to continue delivering non-essential patient services during the first wave of the COVID-19 pandemic. Through digital innovation, reconfiguring services and enhanced partnership collaboration, outcomes from the co-produced

Rapid Insights report include the continued use of digital communication platforms and upholding the enhanced workforce mobility that has supported the NHS during the pandemic. The full report can be found using this link:

https://www.healthandcaretogethersyb.co.uk/application/files/2816/0735/7565/94462_AHSN_South_Yorkshire_and_Bassetlaw_Rapid_Insights_Report.pdf

2.6 SYB ICS Year in Review

At the end of December the ICS issued a review of 2020, highlighting some of the successes of partnership working throughout the year. This has now also been published on the ICS website and you can view or link to it from this link: <https://www.healthandcaretogethersyb.co.uk/about-us/how-are-we-doing/2020-syb-ics-annual-review>

2.7 Partner appointments

Jo McDonough, who was the interim Director of Strategy at Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) has been appointed permanently to the post.

Jo has worked in the NHS for 11 years, at RDaSH for 9 years and previously at the Audit Commission for 11 years, covering a vast range of roles across the public sector. Her previous role was the Care Group Director for Doncaster's adult mental and physical health services in RDaSH.

2.8 New Year Honours

I would like to congratulate colleagues across SYB who were recently named in the New Year Honours 2021. There are incredible examples of individual acts of kindness during the pandemic, servitude to our local communities and benefits arising from increased collaborative enterprise between partner organisations. From the NHS, I would like to give a special mention to Damian Staples, Communications Officer at The Rotherham NHS Foundation Trust and Dr Judith Graham at Rotherham, Doncaster and South Humber NHS Foundation for their services to the NHS during Covid-19 and to Professor Adewale Adebajo at Barnsley Hospital NHS Foundation Trust for services to inclusive patient and public involvement in research.

2.9 Finance Update

At Month 8 the system is £10.8m ahead of plan. This is mainly due to a reduction in cost associated with lower than planned levels of elective activity due to COVID-19. The forecast for the year has improved in month 8 to a surplus of £4.2m which is £10.6m better than the month 7 forecast deficit of £6.4m. This reflects improved forecast in all four of the providers that submitted deficit plans with two now reported break even or better and £3m of additional funding provided by NHS England and Improvement.

Forecast capital slippage is £11.2m although this could increase further once all sources of funding are finalised. Work is ongoing to reduce the level of capital slippage as the ability to spend the capital slippage in future years will be lost to the system for good operating within an annual system financial envelope.

A letter was issued on 23 December by NHS England and Improvement which gave a high level indication of the financial framework for 21/22. Further guidance is awaited and a planning process and timetable will need to be agreed.

Andrew Cash

System Lead, South Yorkshire and Bassetlaw Integrated Care System

Date: 7th January 2021

People Committee**Minutes of the meeting of the People Committee
Held on Tuesday 3 November 2020 via Microsoft Teams Videoconferencing**

Present: Sheena McDonnell, Non-Executive Director (Chair)
Mark Bailey, Non-Executive Director
Karen Barnard, Director of People Organisation and Development
Anthony Jones, Deputy Director of People Organisation and Development
Jayne Collingwood, Head of Leadership
Dr Tim Noble, Medical Director
David Purdue, Deputy Chief Executive & Director of NM&AHP
Dr Sam Debbage, Deputy Director of Education and Research

In attendance: Fiona Dunn, Company Secretary
Rosalyn Wilson, Corporate Governance Officer

To Observe: None

Apologies: Alasdair Strachan, Director of Education and Research
Pat Drake, Non-Executive Director

Action**PC03/11/A1 Welcome and Apologies for Absence (Verbal)**

Sheena McDonnell welcomed all to the first People Committee. Due to the changes in Governors there are no Governor Observers to this meeting.

PC03/11/A2 Conflict of Interest (Verbal)

No conflicts of interest were declared.

PC03/11/A3 Actions from previous meeting (Enclosure A3)

There were no request for other business.

PC03/11/A4 Terms of Reference (TOR)s and Reporting Committees (Enclosure A4)

Sheena McDonnell discussed three sets of terms of reference for reviewed and approval.

These committees would report into the People Committee:

- 1. Draft People Committee TORs**
- 2. Health and Wellbeing Committee (HWB)**
- 3. Equality and Diversity (EDI)**

Karen Barnard advised that how Quality Improvement reports in to the People Committee remains under discussions.

Sam Debbage discussed the research element reporting and advised that there would be discussions with Pat Drake outside of this meeting on where the research reports in to the Quality and Effectiveness Committee (QEC).

Dr Noble discussed the element where the Divisional Directors are to account for their staff but are not invited to the People Committee.

Karen Barnard advised that Divisions would be invited to the People Committee to present and update when required.

It was agreed that Management Board would continue to support the strategic direction for the people agenda and the purpose how the organisation will look at culture.

Action: The word culture to be included within the Purpose of the TOR KB document.

The ToR need to reference the transitional workforce and that DBTH continues to aim to be an employer of choice.

The reporting committees are being reviewed. The Workforce, Educational and Research Committee is being disbanded and the EDI and Training and Education committee meetings is being widened so that participation within the meeting would include a more diverse attendee list with multiple staff groups attending.

The Teaching Hospital Board will have an external focus with Universities and Colleges.

Within the ToR the attendees for Education and Research is to be amended as currently Alasdair Strachan and Sam Debbage are both down as attendees but only requires one.

Fiona Dunn to review the Governor participation for this committee and recruit the required Governor Observers as mentioned in the ToR.

The ToRs for EDI and H&WB would be revisited once established to ensure they are fit for purpose and achieving the targets set.

It was noted that the ToRs were not consistent with the distribution of papers section and have variable time scales for distribution. This will need to be standards across all of the sub committees.

The reporting expectations noted within the ToRs to be added to the People Committee work plan.

Action: Reporting to be added to the work plan.

RW

PC03/11/A5 Request for Any Other Business (Verbal)

There were no requests for any other business to be raised.

PC03/11/B1 Absence Data in Relation to COVID-19 (Enclosure B1)

Karen Barnard gave an update on the report provided on staff absence relating to COVID-19 during wave one and the current second wave.

The breakdown of reasons shown in the graphs note the classifications of:

- COVID-19 Confirmed
- COVID-19 Symptomatic
- Self Isolation – No Symptoms
- Track and Trace – No Symptoms
- Shielding due to risk assessment.

The Trust has a small number of staff who due to their risk assessment outcome are shielding although there is no current national approach for shielding.

Staff working on wards identified as having an outbreak are swabbed, resulting in approximately 14% of staff returning COVID positive results.

As of 28 October the Trust saw 374 staff members absent with COVID related illness. Broken down this identifies:

- 155 COVID positive
- 89 Symptomatic
- 120 Self isolating with no symptoms
- 342 staff off with non COVID related illness.

Work is currently underway to project absence rates for the coming weeks in the same way patient numbers are being projected.

Due to winter pressures and the impact of COVID-19 the Trust remains under additional pressure on what care, in particular elective care, can be provided.

David Purdue would work closely with the informatics team to review the projected numbers alongside staff sickness to see which wards can open additional bed space that are currently closed due to the lack of staff on duty due to sickness.

The redeployment of staff is currently being reviewed to support areas that are in need of the support from administrative staff to Clinical/Medical staff.

Over the last couple of months the sickness absence reporting process has changed and the data is now available in real time.

It was noted that there had been national conversations about swabbing all NHS Staff weekly. This in its self would have huge implications on the Trust that would be monitored at the Executive Meetings on a weekly base.

Sheena McDonnell asked for it to be noted for a big thank you to Duncan Carratt for his hard work in providing the data to the Trust throughout COVID-19 and the quality of the reports provided.

PC03/11/C1 Recruitment Plans

Nothing to report to this month Committee due to it being the first meeting.

PC03/11/C2 Workforce Assurance Report (Enclosure C2)

Karen Barnard updated the committee that the Workforce Assurance report is now a combination report of information that was supplied to the Finance & Performance and Quality and Effectiveness Committees.

Karen Barnard asked the members if there were elements of the report that should be provided within a separate report. If there is any elements that require a standalone report this can be facilitated.

Action: Members of the committee are asked to consider future reporting preferences.

ALL

Karen Barnard discussed in detail the nine key components of the report in details:

- 1.Vacancy Levels
- 2.Agency Spend and Usage
- 3.Rostering Data
- 4.Sickness & Absence Data
- 5.Staff testing / Swabbing
- 6.National Flu Immunisation Programme 2020/21
- 7.Staff Turnover
- 8.Stability Index
- 9.Appraisals

It was noted that a task and finish group has been set up to discuss the retention of staff within the Estates and Facilities team. The retention & turnover figures in some areas are to be reviewed with an explanation on the outliers.

The agency and control spend would continue to be reported to the Finance and Performance Committee.

Appraisals were paused at the beginning of wave one of COVID-19 but are now continuing again and staff have the option of a full appraisal or a wellbeing appraisal. All staff would receive part wellbeing support at their appraisal if opting for the full appraisal.

Sheena McDonnell asked how the Board can be assured that appraisals are happening and what is the Trust expectation on completion and what are the plans for extending Vivup.

Karen Barnard advised that appraisal measures would be entered on ESR and be reported on and would be discussed at the Divisional accountability meetings. The Trust expectation is that appraisals are completed by the end of October and data would be available at the December meeting.

The Department of Critical Care and Respiratory have recently received additional support from Vivup and the next level up of support has been identified.

Action: Jayne Collingwood to get the anonymised numbers from Vivup, and managers to provide number to Jayne on what staff demand is on other ward areas.

JC

Action: Jayne Collingwood to put comms out in Buzz and Social Media of the wellbeing services available to staff.

JC

Mark Bailey asked questions regarding strategic recruitment how do we target these areas?

Karen Barnard advised this is down to better workforce planning.

There were discussions around the recruitment of Consultants within the Trust and that some vacancies have required a number of attempts to recruit in to as the candidates that are interviewed are not always appropriate for the vacancy.

Dr Noble added that Medical and Consultant recruitment is not always appointed to just for the need to fill the vacancy with the wrong candidate, on average a Consultant remains in post for 30 years so hastily recruitment isn't always the best option.

Mark Bailey asked if members of the public are actively applying to work in the NHS?

Anthony Jones responded that yes they are but there is an increasingly high number of applicants who are not suitable for the posts due to inadequate completion of the forms and poor English used.

The Committee

- ***Noted the update on the Workforce Assurance Report.***

PC03/11/C3 Education Assurance Report (Enclosure C3)

Sam Debbage gave an update on the Education Assurance Report.

There is a new Strategic Teaching Board planned to commence in January 2021 to support the Trust in driving forward the University Teaching Hospitals ambition. The Teaching Board would engage with external stakeholder organisations to support shape and identify the strategic education and research developments across the Trust.

Two new groups have been formed to support the operational delivery of education and research within the Trust:

- Training and Education Committee (TED)
- Research and Innovation Committee (RIC)

It was expected that the above two groups would provide oversight, support and ensure continued delivery of the key objectives of the corporate function of Education and Research aligned to the overall Trust strategic direction.

The Education Assurance report would focus on key work streams and ask for agreement from the People Committee;

1. Statutory and Essential Training (SET)
2. Role Specific Training (ReST)
3. Alignment of education commissioning to our workforce
4. Engagement with our community and partners: Our Widening Participation agenda
5. Apprenticeships
6. Pre-registration learners
7. Post-registration trainees

Sam Debbage went into detail about each of the work stream and what this would mean for reporting and timescales.

Health Education England (HEE) have recently visited the Trust and there was a positive outcome with the Annual report.

The Committee:

- ***Agreed the Education Assurance Key Work Streams and noted the report.***

PC03/11/D1 Recruitment and Staff Records: TRAC and ESR (KPMG) (Enclosure D1)

Karen Barnard discussed the outcome of the Recruitment and Staff Records: TRAC and ESR (KPMG) audit report.

*Recruitment via TRAC received significant assurance.
Staff Records/ESR received partial assurance.*

The audit recommendations are being worked on and would report with an update to the Audit and Risk Committee in January 2021. It has been brought to the People Committee for information and assurance this all actions are in hand.

The Committee:

- ***Noted the Recruitment and Staff Records: TRAC and ESR (KPMG) audit report.***

PC03/11/E1 People Plan, Work Plan (Enclosure E1)

Karen Barnard gave a positive update on the progression with the Trust People Plan.

The P&OD team have recently recruited an Equality, Diversity and Inclusion lead who is due to start towards the end of November.

A lot of work has gone in to the role out of the people plan and work continues to align the Trust data with the action plan on who would be doing specific pieces of work and by when.

Sheena McDonnell asked for an update to be presented at December's meeting on who will be carrying out certain elements of the action plans and when this will be done by.

Action: Comprehensive update to be provided to December's meeting on the KB work plan.

The Committee:

- ***Noted the update on the People Plan & work Plan.***

PC03/11/E2 **Staff Survey Action Plan (Enclosure E2)**

Jayne Collingwood provided a current position with completed staff surveys up to the present day, currently at 31%, the Trust is aiming for 60% completion.

From the previous year's staff survey the key areas for focus are

- Appraisals**
- Freedom To Speak Up**
- Wellbeing through Social Media**
- Working with Comms – what makes you proud**
- Leadership agenda and managers brief**
- LGBT and BAME committees**

Due to wave two of COVID-19 and social distancing measures that were required to be in place, the Staff thank you event had been put on hold but when able to the event dates would be rebooked with the Yorkshire Wildlife Park.

It was agreed that for the next staff survey results the Trust will focus on the top 10 areas.

Action: Sheena McDonnell to provide a write up to go in the Buzz about the importance of completing the staff survey. **SMc**

The closing date for the staff survey is 25 November 2020.

The Committee:

- ***Noted the update staff survey action plan.***

PC03/11/F1 **Freedom to Speak Up (FTSU) (Enclosure F1)**

Karen Barnard discussed in detail the progress made with the Emergency Department regarding the FTSU back in 2019.

Areas of focus have been written into an action plan and have progress checks and measures in place to move forward.

Work continues on the themes and cultural change and meetings are planned to take place on 3 November and engagement sessions are to be planned with the staff.

Any FTSU action required would be brought to People Committee for review and oversight.

There is a second FTSU concern that needs to be reviewed to see if it needs to come to People Committee.

Sheena McDonnell thanked the staff for pulling this information together and a huge amount of work has gone into this already but the Trust is now two years on and still no change.

KB

Action: The P&OD team to pick up pace with the A&E FTSU.

The Committee:

- ***Noted the update on Freedom to Speak Up.***

**PC03/11/G1
&G2**

Corporate Risk Register & Board Assurance Framework (Verbal)

Fiona Dunn explained that there Corporate Risk Register & Board Assurance Framework were as was reported to the Quality and Effectiveness Committee and Finance and Performance Committee last month.

Action: Update to be provided to December's meeting for minuting.

FD

The Committee:

- ***Noted the update on the Corporate Risk Register & Board Assurance Framework.***

PC03/11/H

Equality, Diversity and Inclusion

There was no update at this meeting although new EDI Lead starting end of November who will be invited to this committee to update on EDI element.

PC03/11/I1

ITEMS TO NOTE These would be taken as read and noted, unless queries are raised with the Chair prior to the meeting;

I1i - Workforce and Education Committee

I1ii - Teaching Hospital Board

Nothing to report at this meeting.

PC03/11/J1

There are no minutes from previous meeting as this is the first committee meeting.

PC03/11/J2

Committee Work Plan

The Committee will continue to add to the work plan and keep as a live working document.

PC03/11/J3 **Items to Escalate to Board of Directors**

No items to escalate to the Board of Directors.

PC03/11/J4 **Date and time of next meeting (Verbal)**

Date: **1 December 2020**

Time: **14:00**

Venue: **Microsoft Team - Video-Conference**

PC03/11/K Meeting Close 17:00

People Committee

**Minutes of the meeting of the People Committee
Held on Tuesday 1 December 2020 via Microsoft Teams Videoconferencing**

Present: Sheena McDonnell, Non-Executive Director (Chair)
Mark Bailey, Non-Executive Director
Pat Drake, Non-Executive Director
Kath Smart, Non-Executive Director
Karen Barnard, Director of People Organisation and Development
Anthony Jones, Deputy Director of People Organisation and Development
Jayne Collingwood, Head of Leadership
Dr Tim Noble, Medical Director
David Purdue, Deputy Chief Executive & Director of NM&AHP
Dr Sam Debbage, Deputy Director of Education and Research
Alasdair Strachan, Director of Education and Research

In attendance: Fiona Dunn, Deputy Director Corporate Governance/Company Secretary
Rosalyn Wilson, Corporate Governance Officer
Paula Hill, Freedom to Speak Up Guardian
Jason Mullarkey, HR Systems Senior Project Manager

To Observe: Sue Shaw, Partner Governor
Mark Bright, Public Governor – Doncaster

Apologies: Kay Brown, Staff Governor

Action

PC01/12/A1 Welcome and Apologies for Absence (Verbal)

Sheena McDonnell welcomed all to the People Committee and noted the apologies for absence.

PC01/12/A2 Conflict of Interest (Verbal)

No conflicts of interest were declared.

PC01/12/A3 Actions from previous meeting (Enclosure A3)

There were no request for other business.

PC01/12/A4 Terms of Reference (TOR)s and Reporting Committees (Enclosure A4)

Sam Debbage went through the Education Terms of Reference (TORs). The question was asked whether to be quorum, does there need to be a vice chair included within the TORs?

Fiona Dunn explained that it would best practice to have a vice chair for the committee as the People Committee was a subcommittee to the Board.

Pat Drake suggested that if the meeting was chaired by a Non-Executive Director then the vice chair also needs to be a Non-Executive Director.

David Purdue and Dr Tim Noble agreed that the vice chair was to be a Non-Executive Director.

Discussions took place around the membership to the committee and wording changes to the TORs. A consensus from agreed that Kath Smart would be vice chair for the committee.

Action: wording changes noted below:

KB

*David Purdue Job Title to be changed to Chief Nurse
People Plan to be moved under purpose and not under duties.*

Once changes were made the document would go to the Board of Directors meeting in December 2020 for approval.

Sam Debbage discussed the Training and Education TORs. Prior to the People Committee meeting discussions were had between the Senior Leadership team within the Education Department and it was agreed that the Training and Education Committee would report in to the People Committee and the Teaching Hospital Board as part of the Governance for the Trust.

It was noted that the Workforce Planning Committee would also report to the People Committee and that there was a requirement of Divisional representation at the Workforce Planning meetings, the TORs for the Workforce Committee would need to include reference to the Health and Wellbeing Committee.

SD

Action: Diagram within the Training and Education TORs needs to be reviewed.

SD

Action: List of all committees to be produced including sub committees for what reports where.

The Teaching Hospital Board had been signed off at the Board of Directors and the first meeting would be set up soon.

PC01/12/A5 Introduction to Equality and Diversity Lead (Verbal)

Jayne Collingwood advised the committee that the Trust newly appointed EDI Lead was unable to join this meeting due to other Trust commitments and would attend the January meeting.

PC01/12/A6 Request for Any Other Business (Verbal)

There were no requests for any other business to be raised.

PC01/12/B1 Allocate Presentation (Enclosure B1)

This was an action from a previous Finance and Performance Committee Meeting.

Jason Mullarkey, HR Systems Senior Project Manager attended the meeting to present and update on the Allocate Software System the Trust uses for Governance, Process and Assurance within the People, Organisational and Development Team.

The Trust had been using the Allocate Software for 10 years now within Inpatient Nursing Wards with approximately 4000 users on E-Roster which includes 90% of Nursing staff.

Sickness absence was recorded within the E-Roster system and the software was used for all aspects of workforce management.

DBTH was a national award winner for the use of E-Roster to provide efficiency and effectiveness.

The Trust uses Allocate software for its grip and control processes with escalations of issues straight to the executive sponsor. It also allows management teams to review planned v actual activity where data was scrutinised against the Trust KPIs.

DBTH had an established working group where shared learning, utilising a mix of skills and experience within group, identify best practice opportunities, standardise processes where possible, and share performance against agreed KPI's.

Jason Mullarkey discussed the next steps and confirmed the roll out of E-Roster to other staff groups including AHPs and Medics. This would provide further assurance within the Workforce systems.

NHSP were being encouraged to use E-Roster so that the systems could be

linked with Medical HR. This was a requirement of NHSI as NHS Workforce systems should be interoperable to ensure flags are visible for staff fatigue from working too many shift.

Discussions were had around the costs that would be reported to Finance and Performance Committee and including nursing hours against budgets.

It was agreed that work needs to be carried out to link rotas to financial budgets so there would be one version being reported for assurance.

The Committee:

- ***Noted the update on Allocate Presentation.***

PC01/12/C1 Recruitment Plans/KPIs (Enclosure C1)

Anthony Jones gave an update on the recruitment plans and KPI activity for quarter 2 2020/21. This included an updated position on international recruitment and an update on the recent KPMG Internal Audit on TRAC/ESR.

One of the key areas of discussion was around international recruitment of nurses. The Trust used an external organisation (Resource Finder) who had recently been successful at sourcing nursing staff for other NHS Trusts. The Trust had 18 qualified international nurses working across sites with two nurses relocating following the completion of their training.

Lessons learnt would be implemented during the recruitment process for cohorts 3 and 4.

Health Education England have issued funding to the Trust for another 40 nurses. The Trust would now look to develop a Nurse Coordinator role to support the next cohorts.

The P&OD team are looking to roll out a central recruitment team and the Finance Team have been identified as the first team to follow this new work stream for recent vacancies.

The international recruitment process for overseas Doctors continues to work well and no concerns have been raised by Dr Noble and his team.

It was to be noted the Chair to the Boards ambition for the Trust was to have a zero vacancy rate, there was to be work carried out with the local community to make the recruitment process easier for members of the public to apply and work was being carried out through the Education team with local job centres and other local avenues to help members of the public achieve the right skills for jobs we advertise.

Sheena McDonnell asked that the work that was being carried out with external partners in the community was tracked and that the time to recruit into the vacancies was reviewed to ensure that there are no unnecessary steps within the TRAC system that delays the appointment in to the post.

Actions from the recent KPMG Internal Audit are reviewed regularly and updates would be provided to the Senior Management Team within P&OD. The recommendations are currently on track and there are no overdue actions at present.

The Committee:

- ***Noted the update on Recruitment Plans and KPI's.***

PC01/12/C2 Workforce Assurance Report (Enclosure C2)

Karen Barnard gave an update on the key messages and issues within the Workforce report.

It was noted that this report did not provide much of the regular data that would usually be reported due to a national issue with ESR reporting. This had been raised with the national team and the Board of Directors would also be notified through the report provided there if the issue was not rectified.

The key focus within Workforce for COVID-19 was swabbing. October saw an increase in staff swabbing with positive results, and this increase had carried on through to November.

The number of vacancies within the Trust had had significant work carried out with the Divisions to recruit to vacancies with the Trust seeing a reduction in agency spend in October.

Karen Barnard gave detailed explanations relating to the graphs included in the report and how the graphs showed comparisons across a number of areas.

Staff COVID-19 risk assessments currently stands at 50% complete for BAME staff and the Non-Executive Directors expressed concern for the low numbers and asked how can we support the completion of these risk assessments.

It was suggested by Jayne Collingwood that the new Equality and Diversity Lead could pick this up to look at why BAME staff were not completing.

Paula Hill currently holds Question and Answer sessions for all managers across sites to support them with any queries. Dr Tim Noble had highlighted the completion of the risk assessment form at the Trust Medical Committee.

The upskilling of staff was discussed to look at the fulfilment of current

vacancies and how the Trust could plan for this. This would be picked up at the Workforce Planning Committee.

The Committee:

- ***Noted the update on Workforce Assurance Report.***

PC01/12/C3 **Education Assurance Report (Enclosure C3)**

Alasdair Strachan presented the update on CPD funding and thanked Sam Debbage and David Purdue for the work completed. A training needs analysis would be carried out to look at where the money would be spent with a full breakdown of where the money would be spent would be provided in due course.

Sam Debbage provided the “report on a page” as discussed at the last meeting which included key points.

Pat Drake asked if there have been any issues relating to quality of care due to lack of education?

David Purdue responded that the biggest issue the Trust had faced was how to spend the money available, due to the direction given by Health Education England.

Kath Smart asked what staff expectations were on spending the CPD money.

David Purdue explained that the Nursing staff have been consulted on how to spend the money.

The Committee:

- ***Noted the update on Education Assurance Report.***

PC01/12/C4 **Update on Health and Wellbeing Service (Enclosure C4)**

Jayne Collingwood provided an update on the Vivup Health and Wellbeing services available to all staff.

The Trust introduced a COVID advice line on 17 November which had been really receptive by staff and they felt like they were able to seek reassurance from the staff on the advice line.

There have been a number of national bids submitted via the ICS for psychological and mental health support and DBTH had been successful. A meeting was due to take place with the Health and Wellbeing lead on how to

spend the money within the Trust.

Pat Drake asked why the rainbow rooms had been decommissioned.

Jayne Collingwood explained that there were a number of reasons. One of the main reasons for the Doncaster site was that the rooms were required for patient consultations now services were back up and running. The reasons for Bassetlaw are being looked into as the Health and Wellbeing team were not consulted on the decommissioning of the rooms.

Sheena McDonnell asked how we as a Trust can be proactive and link self-care into the leadership development offer? Does the Trust need a wellbeing Non-Executive Director?

Karen Barnard advised that there was a national profile being developed for a wellbeing Non-Executive Director and would be reviewed locally to fit with the Trust strategies.

Jayne Collingwood explained that the culture within the Trust should reflect compassionate leadership and that this needs to be authentic.

The Committee:

- ***Noted the update on Health and Wellbeing Service.***

PC01/12/D1 Internal Audit Reports

None to report this month.

PC01/12/E1 People Plan KPI (Enclosure E1)

Karen Barnard gave an update on the people plan and discussed benchmarking against CQC.

In order to demonstrate progress against the NHS People Plan, Karen Barnard discussed how the proposed KPI's listed in the report with the proposal that the KPIs are monitored on a regular basis. Whilst the Trust could report various elements of data internally the model hospital portal also provides the ability to benchmark in more detail.

The question was asked what the committee wants to see from the workforce report.

Pat Drake asked if data was available from the ICS.

Karen Barnard advised that as the People Plan was a Trust journey and then data needs to be reviewed and compared.

Sheena McDonnell asked that the Trust Breakthrough Objectives were included in the plan.

Kath Smart asked that under wellbeing, health and safety information, would this be required to be reported to the People Committee as currently reported to Audit and Risk Committee.

Fiona Dunn explained that all sub-committees need to have a clear work plan and clear on what indicators were required.

Action: People Plan to be discussed at the next pre meet.

RW

The Committee:

- ***Noted the update on the People Plan.***

PC01/12/E2

Staff Survey Progress Update (Enclosure E2)

Jayne Collingwood gave an overview on the timelines relating to the staff survey. The Survey closed on 27 November 2020. The current position for completion was 47.8%. There needs to be a data cleansing exercise for leavers for the total numbers. The average completion percentage for Acute Trusts was 44%.

Jayne Collingwood expressed her thanks to Sheena McDonnell for supporting with a short clip to staff explaining the importance of completing the staff survey and having their say.

Kath Smart praised the staff for the response levels as October and November were the peak times for COVID-19 wave two.

For the next meeting in January 2021 there should be data available prior to the embargoed release date.

The Committee:

- ***Noted the update on the Staff Survey Progress Report.***

PC01/12/F1

Freedom to Speak Up (FTSU) (Enclosure F1)

Paula Hill discussed the current FTSU issue within the Emergency Department.

The Programme Board have met and devised a more detailed action plan with timelines. Work had commenced with the Consultant and Medical staff within the department and the outcome themes are now being worked on.

Lesley Hammond had been nominated as the central conduit who was driving this work forward. Dr Khai Shahdan would be front and centre at driving change within the ED.

Jayne Collingwood would be meeting with Dr Khai Shahdan and Lesley Hammond to align the action plan. Paula Hill and Jayne Collingwood would be supporting the team.

Kate Carville Deputy Director of Nursing in Medicine was holding listening events with the ED team. There had also been more visibility within the department by the P&OD team.

Action: January's meeting would require feedback on the action with who would be completing what action and by when. PH/JC

Action: Jayne Collingwood would speak to Paul Mapley (Efficiency Director) to look at some project support for this FTSU concern. JC

Update on FTSU Assurance Report (Enclosure F2)

PC01/12/F2

Paula Hill gave an update on the work carried out by the FTSU team.

Many aspects of the FTSU strategic work were placed on hold in March due to the nature and impact of the COVID-19 Pandemic. However, there was now an acknowledgement that there needs to be a renewed commitment to delivering this strategy, whilst remaining mindful of the many changes to working practice and the impact of these changes are having on staff resilience.

The report highlighted a proposal to return to a proactive, strategic focus for FTSU, whilst applying a phased approach that responds to staff need and increased work demands.

2020/21 Data submissions and trends to date:

Quarter 1 saw 67 individuals raise concerns across 12 Cases. 16 staff raised COVID -19 either wholly or partially during their concern.

Quarter 2 saw 17 individuals raise concerns across 12 Cases. 2 staff raised COVID -19 either wholly or partially during their concern.

Quarter 3 (to date) saw 24 + people raise concerns across 6 cases. 5 staff raised COVID -19 either wholly or partially during their concern.

It was important to note that some individuals or cases raised concerns across more than one theme.

Freedom to speak up cases with outstanding actions:

Of the 108 individuals (24 cases) that had been supported since April 2020, 16 had been successfully resolved through:

- Staff empowerment to work with local managers to address issues and apply any learning
- Mediation or facilitated discussion between staff and managers in certain divisions or departments
- Partnership working with divisional leads/leadership and OD colleagues to encourage staff engagement and exploration of the issues identified.
- Liaison with or escalation to HR colleagues for facilitated discussions and or investigation.
- Escalation to senior leaders for consideration and further review

Paula Hill raised the final note in the report that DBTH Staff were supported, listened to and valued. It was more important now for staff to know this whilst working through such difficult times. FTSU would provide a listening ear, open mind and a compassionate voice to ensure staff were heard and received support that they need.

Karen Barnard advised that self reporting was required to be completed again. This would then be presented to the march Board.

The Committee:

- ***Noted the update on Freedom to Speak Up.***

PC01/12/G1
&G2

Governance (Verbal)

Fiona Dunn explained there was a review being carried out with the P&OD risks and what measures were required to align with the Board Assurance Framework.

The Committee:

- ***Noted the update on the Corporate Risk Register & Board Assurance Framework.***

PC01/12/H

Equality, Diversity and Inclusion

There was no update at this meeting.

PC01/12/I1

ITEMS TO NOTE

These would be taken as read and noted, unless queries were raised with the Chair prior to the meeting;

I1i - Workforce and Education Committee

I1ii - Teaching Hospital Board

Nothing to report at this meeting.

Governor Observation (Verbal)

Mark Bright raised that the link provided in the Uplift Trial information within the Research update doesn't work.

International medical recruitment, are there any other countries the Trust was concentrating on?

Nepal was a specific country as there are many interested medics who want to come and work in the United Kingdom. The Trust had an established Medical International Recruitment process and are using the existing framework that was available to NHS Trusts.

Anthony Jones explained that the costs include all of the background work that was carried out before the candidates are presented to the Trust for consideration.

PC01/12/J1

Minutes of the meeting held on – 3 November 2020 (Enclosure J1)

The Committee:

Approved the minutes as a final version.

PC01/12/J2

Committee Work Plan

The Committee would continue to add to the work plan and keep as a live working document.

PC01/12/J3

Items to Escalate to Board of Directors

No items to escalate to the Board of Directors.

PC01/12/J4

Date and time of next meeting (Verbal)

Date: **12 January 2021**

Time: **09:00**

Venue: **Microsoft Team - Video-Conference**

PC01/12/K

Meeting Close 17:00

Management Board (Extended)

**Minutes of the meeting of the Management Board held in on
Monday 9 November 2020, 2.00pm via Microsoft Teams**

Present Via Star leaf: Richard Parker, OBE – Chief Executive
Karen Barnard – Director People, Organisational Development
Marie Purdue, Director of Transformation and Strategy
Dr Tim Noble, Medical Director
Eki Emovon, Divisional Director, Children and Families
Ken Anderson – Acting Chief Information Officer
Emma Shaheen – Head of Communications and Engagement
Alasdair Strachan – Director of Education and Research
Fiona Dunn – Company Secretary
Nick Mallaband – Divisional Director, Medicine
Rebecca Joyce – Chief Operating Officer
Kirsty Edmondson Jones, Director of Estates and Facilities
Antonia Durham – Hall, Divisional Director, Surgery & Cancer Division
Jochen Seidel, Divisional Director, Clinical Specialties Division

In Attendance: Rosalyn Wilson, Corporate Governance Officer (Minutes)

Apologies: David Purdue, Deputy CE and Director of Nursing & AHP
Jon Sargeant – Director of Finance

ACTION

MB09/11/A1 Apologies for absence

The Management Board:

- ***Noted the apologies for absence.***

MB09/11/A2 Matters Arising / Action Log

- Action 1** – No further update on the recruitment of the post.
- Action 2** – Not due yet.
- Action 3** – Ongoing agenda item
- Action 4** – Agreed to close
- Action 5** – Agreed to close
- Action 6** – Completed agreed to close.

Management Board

Noted the actions and confirmed the closed actions.

MB09/11/A3 Conflicts of Interest

None declared.

Management Board

- ***Noted that there were no conflicts of interests to declare at today's meeting.***

MB09/11/A4 Request for any Other Business

See item E1

MB09/11/B1 Winter Plan (Presentation B1)

Rebecca Joyce gave an update on the Winter Plan and advised that £1.5 million had been allocated to support winter pressures and the allocation would be signed off at the executive team meeting next week before going to the Board of Directors for final sign off.

The winter plan and super surge plan pick up staffing, beds and partner work that are likely to be required.

The number of COVID positive patients was discussed. It was noted that Doncaster appears to have stabilised. Bassetlaw appears to be two weeks behind Doncaster and the number of cases continues to rise.

Richard Parker discussed the major incident which was declared over the weekend at Scunthorpe and Grimsby Hospital and which related to the number of patients requiring oxygen. DBTH supported the two Hospitals via mutual aid agreement.

Barnsley Hospital has also required assistance in recent days and DBTH has also provided aid. Richard Parker also discussed the request to provide ongoing mutual aid to Rotherham and Barnsley with Elective and Emergency surgical procedures, the plans for further mutual aid are being discussed.

It was noted that DBTH would struggle to release staff to support the Nightingale Hospitals if they were to become operational, although the plans for the Harrogate Nightingale Hospital to create non-critical care beds was being discussed.

Alasdair Strachan asked whether the Trust had a model for traditional winter pressures, and would it be any different this year?

Richard Parker explained that it is worked out as normal winter plus 5%. Information can be circulated and will go to Board, although it was discussed that the lockdown will likely reduce the spread of influenza and norovirus.

Workforce status was discussed and that the re-deployment plans needed to be discussed especially admin support for the wards. This would be managed locally and at the Silver Cell.

LAT Flow testing was discussed and it was noted that there was some concern about accuracy of a single test and bi weekly testing for NHS Staff was being suggested.

It was also confirmed that LAMP testing platforms were also being deployed to laboratories, including South Yorkshire; two platforms are being considered for Doncaster and one in Sheffield. Work is underway to plan for deployment of these high volume platforms.

Vaccinations for COVID were discussed and it was noted that there is an increasing sense of optimism that the vaccine would be available for vaccination to start December 2020.

Management Board

- *Noted the update on Trust Winter Plan.*

MB09/11/B2 Trust Finances (Verbal)

No update at today's meeting due to apologies.

MB09/11/B3 Risk Assessments (Verbal)

Karen Barnard gave a verbal update on the current position with staff risk assessments.

Divisional Directors have been asked to identify staff who require a risk assessment completing, or who need to update their risk assessment so that all staff can be supported and protected with appropriate measures.

Antonia Durham Hall advised that she has received some resistance from Non BAME staff members on how they are feeling with the focus apparently being limited to BAME staff being given priority.

Karen Barnard explained that all staff with underlying health conditions are to complete, and this then remains a live document and not just a moment in time.

Management Board

- *Noted the update on Risk Assessments.*

MB09/11/C1 Children and Families Board Update (Enclosure C1)

Richard Parker gave a brief update on the paper submitted and there was a discussion around the Capital that had been requested. Kirsty Edmondson Jones to pick this up with David Purdue outside of the meeting.

Richard Parker asked that if a decision was required that this was to be done via email to avoid delay on waiting for the next meeting.

Management Board

- *Noted the update from Children and Families Board.*

MB09/11/D1 Minutes of the Meeting 12 October

Management Board

- *Noted and recorded the minutes from 12 October as a True copy.*

MB09/11/D2 Recruitment to 2.0 wte Consultant in Gastroenterology

Nick Mallaband discussed the paper and noted that the department had struggled to recruit to senior posts but the team now have interest from a number of senior trainees.

The Gastroenterology team currently have 2.5 Gastro Consultants and for a Trust the size of DBTH a more realistic establishment would be 6 consultants.

Due to the ongoing pressures within the Medicine team, and the absence of the Finance Director at today's meeting, the funding could not be discussed and confirmed.

Nick Mallaband advised that the post will include research and the post needs to be developed.

Management Board

- *Approved the recruitment of two whole time equivalent Gastroenterology Consultants, approval from Medical Directors office on the Job Description and confirmation of the funding.*

MB09/11/E1 Any Other Business in Addition to Item A4

Karen Barnard asked the senior managers if they were aware of any specific support which is required in these challenging times.

Eki Emovon made a suggestion that the turnaround for HR processes was a little slow and was aware of the pressure the teams are under. There remains an issue outstanding with two consultants that is impacting on the wider team and asked for this to be looked into.

Antonia Durham Hall asked for alternative therapies to be available such as Reiki.

Rebecca Joyce reflected on tweets she has seen over the weekend from other Trusts on staff recognition and thank you awards that had been held virtually.

Richard Parker asked the comms team to confirm a date from April 2021 post lockdown for the staff thank you event at Yorkshire Wildlife Park.

All three Hospital sites would be lit up from 2nd December with stars that had been sponsored by local community groups/individuals and businesses to show support for key workers throughout COVID-19.

Jon Sargent and Kirsty Edmondson Jones are currently reviewing the staff parking to try to improve the situation in site at DRI.

It is with great sadness that we report that a member of the ED nursing team was found collapsed at home and had sadly passed away. .

Staff were reminded that the Vivup Services are available to all colleagues and support available.

Jochen Seidel confirmed that there were two staff members discharged from the Critical Care unit who had tested positive for COVID-19. At the current time there were no further staff members as inpatients on the wards.

MB09/11/E2 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.***

MB09/11/F Date and Time of Next Meeting (Verbal)

Date 14 December 2020

Time 14:00 via Microsoft Teams

MB09/11/G Close of Meeting (Verbal)

The Meeting Closed at 15:05

Management Board

**Minutes of the meeting of the Management Board held in on
 Monday 14 December 2020, 2.00pm via Microsoft Teams**

Present Via Microsoft Teams: Richard Parker, OBE – Chief Executive
 David Purdue, Deputy Chief Executive and Chief Nurse
 Jon Sargeant – Director of Finance
 Karen Barnard – Director People, Organisational Development
 Marie Purdue, Director of Transformation and Strategy
 Dr Tim Noble, Medical Director
 Eki Emovon, Divisional Director, Children and Families
 Ken Anderson – Acting Chief Information Officer
 Emma Shaheen – Head of Communications and Engagement
 Alasdair Strachan – Director of Education and Research
 Fiona Dunn – Deputy Director Corporate Governance/Company Secretary
 Nick Mallaband – Divisional Director, Medicine
 Rebecca Joyce – Chief Operating Officer
 Kirsty Edmondson Jones, Director of Estates and Facilities
 Antonia Durham – Hall, Divisional Director, Surgery & Cancer Division
 Jochen Seidel, Divisional Director, Clinical Specialties Division

In Attendance: Rosalyn Wilson, Corporate Governance Officer (Minutes)

Apologies: None

ACTION

MB14/12/A1 Apologies for absence

The Management Board:

- ***Noted the apologies for absence.***

MB14/12/A2 Matters Arising / Action Log

Action 1 – No further update on the recruitment of the post.

Action 2 – Not due yet.

Action 3 – Ongoing agenda item

Management Board

Noted the actions and confirmed the closed actions.

MB14/12/A3 Conflicts of Interest

None declared.

Management Board

- ***Noted that there were no conflicts of interests to declare at today's meeting.***

MB14/12/A4 Request for any Other Business

Antonia Durham Hall raised concerns around Junior Doctor shortages within the Surgery team.

Ken – EDDI go live update.

MB14/12/B1 EU Exit Preparations (Enclosure B1)

Becky Joyce gave an update on the winter plan and operational current position from the presentation that would be provided to the Board of Directors on 15 December.

The total number of positive COVID-19 Cases and staff absences currently runs at 9.4%.

The operational update for December focused on the continued priorities within safety and sustainability. Staff who are asymptomatic would be tested using lateral flow and DBTH now planning vaccination hubs for the COVID vaccine.

Partnership work with the private sector would continue through to quarter 4, along with the regional mutual aid arrangements.

There has been intelligence communicated from the Regional ICS that planning is required for WAVE Three of COVID-19 from mid to late January 21, these plans would be similar size to wave two.

The routine operating schedule would likely remain to be disrupted due to the planning for Wave Three.

The leadership arrangements throughout the festive period have been confirmed and circulated across the Trust.

Antonia Durham Hall asked if the Trust is seeing numbers of patients admitted with Flu.

Richard Parker advised that the Trust gets an update every Tuesday from Public Health England, current numbers reflect around 1% nationally, there is no prediction that these numbers would rise.

Nick Mallaband asked when staff would be receiving the COVID vaccine.

Karen Barnard explained that the Trust would receive the vaccine in January 2021. STH and Bassetlaw CCG are asking the Trust to review staff and identify those who are clinically vulnerable and high risk staff who could potentially be put on standby to receive the vaccine. Anthony Jones had been reviewing staff risk assessments to identify the staff group.

Richard Parker would be discussing with Public Health England the reasoning why Doncaster is not on the vaccination programme early due to tier status and population size along with number of cases rising.

Antonia Durham Hall asked if vulnerable staff are identified and refuse the vaccine and/or then if vaccinated refuse to be patient facing where do we stand?

Karen Barnard explained that the vaccine is voluntary but the Trust would be encouraging staff to uptake the offer.

Planning for the distribution and administration of the vaccine would be drawn up for January 2021.

EU Exit Plan.

The Trust is working towards a likely “no deal” and information has been disseminated to the Trust for what the PLACE Networks are locally, regionally and nationally.

One of the main concerns noted at the beginning of Brexit was the risk of congestion at Hull Cluster Port but this seems to have been mitigated by the plans hauliers have put in place.

The Trust has an internal group who meet on a fortnightly basis with expert leads from specialities, with a full risk register in place for all of the risks. External suppliers have given assurance that they have good continuity plans in place to ensure there is no requirements for stock piling of items.

The Trust has submitted its EU Exit Checklist to NHS England and the Trust plan was fully compliant with NHS England’s requirements.

Becky Joyce asked that all Divisions build in EU Exit into their Bronze and Silver operational arrangements and refreshing their Business Continuity Plans.

Richard Parker asked that plans are reviewed to ensure that the Hospital is ready for the potential risk of COVID, Flu (Winter Pressures) and EU Exit.

Jochen Seidel asked about the TORs. Key areas such as Clinical Specialities had not been invited to the regular meetings. Becky Joyce advised this has been rectified.

Richard Parker asked Becky Joyce to ask the regional planners for EU Brexit how confident are they that the plans would work if 20% of their workforce doesn't turn up which would impact.

Action: Becky Joyce to discuss with the EU Brexit Planners the impact of a reduced workforce. RJ

Management Board

- ***Noted the update on Trust Winter Plan.***

MB14/12/B2 Preparing for April 2021 (Enclosure B2)

David Purdue gave an update on Elective planning for April 2021.

Planning guidance is due before Christmas and would include a targeted approach to the high priority pathways and how to recover to pre COVID pandemic levels focusing on the backlog reduction, average waiting times is approx. 36 weeks.

There is a focus on outpatient reform and minimising inequality across areas.

The Trust would be working with Four Eyes to look at the capacity and demand across Outpatients, P&OD, Diagnostics and Theatres and increase productivity.

Four Eyes would be supporting with gathering the understanding of the core baseline capacity against what's required for 2021/22. Work is already underway to streamline staffing in Theatres within the ODP team.

There would be a relaunch of the internal outpatients vacant slot report and build a room allocation tool, work would be carried out with all stakeholders to set up robust clinic utilisation processes adopting the 642 style.

David Purdue discussed the four key areas that Four Eyes have been asked to look at for the transformation opportunities.

The governance and accountability structure was discussed and what this would look like from the 1 April 2021. The key area would be for Senior Leaders to provide coaching to staff to support the understanding of the capacity and demand within their area.

Richard Parker advised that the Executive Team have supported the plan due to the Deputy Chief Operating Officer post remaining vacant within the Trust.

Jochen Seidel asked whether the Trust was looking at an electronic outpatients systems.

Becky Joyce advised work was undergoing with the Digital Transformation Team to roll out the Out Patients tools.

Nick Mallaband commented on that feedback previously provided by Four Eyes wasn't suitable for use by the Divisions.

David Purdue advised that Management would be part of the reporting and ensuring that there is one system for reporting.

Eki Emovon asked how we were engaging Consultants in providing support to help with the back log.

Richard Parker advised that there was guidance out for Consultants which offer opportunities around Pensions. The Trust cannot provide individuals with Pension advice.

Karen Barnard advised the tapering limit has been uplifted and application forms have been added to NHSE.

Ken Anderson advised that the investment into the Data Warehouse would support the one way of reporting on dashboards and reports.

Richard Parker discussed that there would be an increased amount of time put into development within the Trust at all level. 2021/22 would be the year of development for the Trust.

MB14/12/B3 Finance Update (Verbal)

Jon Sargeant gave a verbal update on the financial regime. The Trust was starting to receive information regarding the payment tariff for the next financial year. There has been a number of consultations on the tariff and allowance.

The last six months activity and costs may be taken into account and multiplied by two to get the contract totals. ICS have been in consultation and would respond back to NHS England.

High Classed Drugs were discussed along with Medical Devices.

The Trust have responded to the ICS and awaiting the outcome from the ICS.

Jon Sargeant anticipates the outcome to be announced in February 2021.

Month 8 – the Trust underspent against the plan and there was a surplus of £138,000.

Jon Sargeant expressed his thanks and was pleased with the positive outcome for November's finances.

There are a couple of Capital Schemes that need to be reviewed.

Jochen Seidel asked about the second wave for the build.

Jon Sargeant advised the Trust Board supported the continuation of the planning team for the new build and work continues with DMBC.

The Bassetlaw Scheme 16million scheme that was approved, Jon Sargeant and Richard Parker would be speaking to the Finance Director for NHSE.

The Scheme was approved at the Prime Ministers questions time.

Richard Parker asked the staff are completing Datix forms relating to building.

Management Board

- Noted the Finance update.

MB14/12/C1 Divisional Matters

Eki Emovan asked for it to be noted that Lois Mellor was doing a piece of work with Estates to review the assets on the maternity wards such as beds, bedside cabinets.

Action: Discussion at Executive Team meeting regarding purchasing non capital items.

All Execs

MB14/12/D1 CIG Minutes

Nothing to report, meetings are now back up and meeting again.

Management Board

- Noted the update on CIG meetings.

MB14/12/D2 Children and Families Board (Enclosure D2)

David Purdue raised the Transitional Care Units, SCBU commissioning would be discussing the trial.

Management Board

- Noted the update on Children and Families Board

MB14/12/E1 Minutes of the Meeting 9 November 2020

Recorded as a true version.

MB14/12/E2 Recruitment to 3.0 wte Locum Consultant in Geriatric Medicine

Nick Mallaband explained that the team is in urgent need of Geriatric Consultants and is an area of concern.

Wording on the paper shouldn't be Locum.

Discussion was had regarding the process of Consultant post coming to Management Board.

Management Board

Noted Approved the recruitment of Consultants in Geriatric Medicine.

MB14/12/E3 Recruitment to 1.0 wte Consultant Dermatologist

Replacement post for Consultants who have left.

Changes to Job Description, Dr Noble would pick this up with Nick Mallaband and ensure the correct up to date templates are being used.

Approved.

Management Board

Noted Approved the recruitment of Consultants in Dermatology.

MB14/12/E4 EU Governance Group – Terms of Reference

Management Board

Noted Approved the Terms of Reference for the EU Governance Group.

MB14/11/F1 Any Other Business (Verbal)

Process for Consultants post to Management Board.

- Post to MB for post to be noted and Divisions sighted on what's a happening.

- Job Planning goes through Medical Directors Office.
- New Posts go through CIG and then for nothing at Management Board.
- Posts should have a front sheet with an update on what the plan is.

Antonia Durham Hall advised that Junior Doctors in Surgery, $\frac{3}{4}$ of the GI Junior Doctors off with COVID. A review of themes has been undertaken; lack of rest areas for Junior Doctors, all Juniors had recently been on Ward 26.

Consultants work load was being reviewed for them to undertake ward duties with the high number of Junior Doctors.

Alasdair Strachan raised the lack of social distancing following surgical hand over in the Education Centre. This would be reiterated to all Medical Staff.

David Purdue discussed the outbreak areas and would discuss the Infection Control processes with the wider team.

Jochen Seidel advised that the Theatre at Mexborough Hospital has two coffee rooms that are available to use for breakout areas for Medical Staff to use for socially distancing break times.

Action: To be reviewed at the Executive Team meeting on Wednesday.

All Execs

Kirsty Edmondson Jones updated on the Doctors Mess within the old SILKs restaurant which would be used as Doctors accommodation and also there would be a temporary marquee in the gate 4 entrance to be used for staff dining area.

Karen Barnard confirmed that the COVID isolation timescale is 10 days from today. This would be communicated to all staff via the communications team.

Ken Anderson discussed the EDDI, would be going live this week within the Emergency Department for NHS 111 to be able to book appointments direct, this is a national initiative so is mandatory.

Nick Mallaband discussed his concerns regarding the EDDI implementation.

Becky Joyce would manage the service through the A&E Delivery Board.

Action: Emma Shaheen to put communications out to all staff.

ES

Management Board

- *Noted and discussed the Any Other Business.*

MB14/12/F2 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.*
- *Richard Parker thanked all staff on the call today for their hard work and dedication throughout the last 12 months.*

MB14/12/G Date and Time of Next Meeting (Verbal)

Date 11 January 2021

Time 14:00 via Microsoft Teams

**MB14/12/H Close of Meeting (Verbal)
The Meeting Closed at 16:00**

BOARD OF DIRECTORS – PUBLIC MEETING

**Minutes of the meeting of the Trust's Board of Directors held in Public on
Tuesday 15 December 2020 at 09:30 via Star Leaf 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
Dr T J Noble - Medical Director
Richard Parker OBE – Chief Executive
David Purdue – Deputy Chief Executive and Chief Nurse
Neil Rhodes – Non-Executive Director and Deputy Chair
Jon Sargeant – Director of Finance
Kath Smart – Non-Executive Director
- In attendance:** Fiona Dunn – Deputy Director Corporate Governance/Company Secretary
Lois Mellor – Director of Midwifery (Item P20/12/B1)
Marie Purdue – Director of Strategy and Transformation
Emma Shaheen – Head of Communications and Engagement
Katie Shepherd – Corporate Governance Officer (Minutes)
- Public in attendance:** Peter Abell – Public Governor – Bassetlaw (Item P20/10/A1 - P20/10/G1)
Hazel Brand – Lead Governor/Public Governor – Bassetlaw
Mark Bright – Public Governor – Doncaster
David Goodhead – Public Governor - Doncaster
Lynne Logan – Public Governor - Doncaster
Steven Marsh – Public Governor Bassetlaw (Item P20/12/C1 onwards)
Susan McCreadie – Public Governor – Doncaster
Lynne Schuller – Public Governor – Bassetlaw
- Apologies:** None

The Chair of the Board welcomed all in attendance at the virtual Board of Directors, and extended the welcome to the Governors and members of the public in attendance via the audience functionality.

ACTION

The Chair advised that if members of the public and Governors in the audience had any questions arising in relation to the business of the meeting, which were not answered in the meeting, they could contact the Trust Board Office and all answers would be collated for tabling at a future CoG meeting.

P20/12/A1 Apologies for absence (Verbal)

There were no apologies for absence.

P20/12/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.***

P20/12/A3 Actions from Previous Meetings (Enclosure A3)

The following actions were closed:

- Action 1 – Council Motion on Climate and Biodiversity Emergency
- Action 2 – Falls Trends
- Action 3 – Falls Trends reporting to the Quality and Effectiveness Committee
- Action 4 – Hospital Acquired Pressure Ulcers at the Quality and Effectiveness Committee
- Action 5 – Completion of Personal Risk Assessment Forms at People Committee
- Action 6 – On-Call Accommodation Rooms

The Board:

- ***Noted the updates and agreed which actions would be closed.***

P20/12/B1 Chief Nurse Update (Enclosure B1)

The Chief Nurse provided an update on November 2020 which included that the Trust had seen challenges with staffing levels, however noted that efforts had been made to ensure wards were safely staffed on a 24-hour basis. An action plan had been agreed to address learning from falls and the fall strategy had been rewritten in response to an increase in falls which included the implementation of an enhanced falls team and re-established virtual training session for colleagues. There were three cases of clostridium difficile in November, two of which were hospital associated however it was identified that there were no lapses in care.

There had been a continued focus on the Board Assurance Framework for Infection Prevention and Control which had been renewed to include the operational changes made in preparedness for wave 2 of the Covid19 pandemic. This work had taken place at place level to ensure that organisations were working towards the same methods.

Pat Drake assured the Board that work on complaints would continue to move at pace and a deep dive would take place at the Quality and Effectiveness Committee on 2nd February 2021. Sheena McDonnell acknowledged that the Trust had continued to respond to complaints during the Covid19 pandemic when it had the option not to, however noted that unless the Trust was able to fulfil the responses in a timely manner it was not effective. Sheena McDonnell asked that any further update provided to the Quality and Effectiveness Committee regarding falls include the investment made into supporting the work and how learning from falls would result in an avoidance of further falls.

In response to a question from Kath Smart about the key lines of enquiry that the Trust Board would have oversight of ongoing outbreaks and action plans, it was confirmed by the Chief Nurse that details were included in the monthly reports to Board, and advised that further works had taken place to make environments Covid19 safe and social distancing rules were continually reiterated to colleagues. The Chief Executive advised that the CQC would undertake a targeted infection prevention and control review as a result of lessons learned during wave 2 of the Covid19 pandemic and noted that the Trust had made significant changes between wave 1 and 2 as there was a deeper understanding of asymptomatic carriage and transmission. It was noted, however that where the Trust saw Covid19 outbreaks, this was in areas where the estate was significantly older, and environmental changes were limited.

It was agreed, following a request from Mark Bailey that the Chief Nurse would provide a report on the effectiveness of learning from serious incidents, over the previous 18-months. This would be in the context of a changed landscape due to the Covid19 pandemic.

In response to a query from Sheena McDonnell regarding patient discharge to care homes, it was advised that the strategy was in place to support patients to return to their home. Further work would be undertaken at Bassetlaw, however noted that there were no delays in patient discharge to care homes.

The Board wished to congratulate Ian Dawson and Hayley Head, two Trust Optometrists that had been successful in the completion of their IVT injection training, which allowed them to run independent clinics. This extended role had historically been undertaken by nursing staff and it was noted that there were only five Optometrists in the country who undertake this role.

Maternity Update

The Trust had received the outcome of the Ockenden Review which provided key actions to be undertaken. A gap analysis had been commenced to inform action planning.

The Chief Nurse welcomed the Director of Midwifery to the meeting. The Director of Midwifery provided the Board an update on transformation programme in Maternity Services driven by the NHS Long Term Plan and the Better Births (2016). There were five work streams as part of the transformation programme:

- Continuity of Carer,
- Maternity voices partnership involvement,
- Improving outcomes,
- Personalised care plans,
- Improving choice of place of birth.

Continuity of Carer, refers to the implementation of a dedicated midwife following pregnant women throughout their entire pregnancy and after care, which would impact the midwifery workforce but improve the continuity of care. This would be rolled out at Bassetlaw in February 2021.

Areas for improvement were identified in the report which included an increase in planned homebirths, the number of emergency caesarean sections undertaken, 3/4th degree tears, a reduction of induction of labour, breastfeeding initiation and a reduction of smoking in pregnancy. It was noted that the Trust had the lowest stillbirth rate in the region.

An internal dashboard had been created which included both Trust and national data which allowed for monitoring of compliance against other Trusts.

Midwifery staffing was a challenge however, as signed off within the workforce planning tool in use, Birthrate+, a skill mix can be applied to use band 3 Midwifery Support Workers of up to 10%. A plan was in place to increase the numbers of midwives in training, however the effect would not be seen for three-years.

The collective Board noted the impressive quality improvement events held by Maternity Services and the positive steps taken to transform the services.

In response to a question from Kath Smart, the Director of Midwifery advised that the Trust did not have in place a Midwife led unit, however championed that a resolution be found to this as it would be significantly beneficial for pregnant women.

Following a question from Kath Smart regarding the confidence that the Trust would meet the CNST (Clinical Negligence Scheme for Trusts), it was confirmed that due to the COvid19 pandemic, submission dates and standards had been changed several times. It was expected that the submission would be dated for July 2021. It was noted that the Trust was confident it would meet all standards, with the potential exception of 'maternity voices partnership' as submission period was from December 2019, and although the Trust had recently secured the Chairs for the meetings to commence, the requirement to meet the standard included approved terms of reference and minutes of meetings on a quarterly basis.

Since Maternity Services had returned to Bassetlaw, colleagues and pregnant women under their care were delighted, however it was noted that during the months that Doncaster and Bassetlaw were merged to one site due to the Covid19 pandemic, this had created an opportunity for team building and increased communication between the two units.

Pat Drake noted that during her tenure she had witnessed the positive changes made in the care delivered to women including that of the cultural change. Pat Drake asked for clarification on how the use of band 3 Midwifery Supports Workers would be evaluated and it was confirmed that the Board would continue to receive a bi-annual Midwifery report that would include this.

It was agreed that the Quality and Effectiveness Committee would be in receipt of the action plan identified from the gap analysis against the Ockenden Report on 2 February 2021.

The Board of Directors noted that the Trust had been in receipt of the Ockenden Report and that there was a plan in place to address the key findings, as already commenced by thr Chief Nurse through a gap analysis, as the Trust was required to formally respond to NHSEI to indicate how it would take the key findings forward. A full action plan would be presented to the Quality and Effectiveness Committee on 6th April 2021 and to the Board of Directors on 18th May 2021.

The Chair asked that the Communications and Engagement Team continue to spread good news stories including that of the great work undertaken within Maternity Services.

It was noted following a query from Mark Bailey, that monthly audits were undertaken on the number of still births and the reduction in them would form part of the sustainability and transformation of maternity care within the Trust.

The Board thanked the Director of Midwifery for the comprehensive update and commended the work undertaken so far to transform maternity services.

The Director of Midwifery left the meeting.

Action: A report would be provided to the Board in March 2021, on the effectiveness of learning from serious incidents, over the previous 18-months. This would be in the context of a changed landscape due to the Covid19 pandemic. DP

Action: The Quality and Effectiveness Committee would be in receipt of the initial action plan identified from the gap analysis against the Ockenden Report on 2 February 2021. The final action plan would be reported to the Quality and Effectiveness Committee on 6th April 2021 and to the Board of Directors on 18th May 2021. DP

Action: The Chair asked that the Communications and Engagement Team continue to spread good news stories including that of the great work undertaken within Maternity Services. ES

The Board:

- ***Noted and took assurance from the Chief Nurse Update;***
- ***Noted that the Trust had been in receipt of the Ockenden Report and had commenced the gap analysis to identify steps for taking forward any actions.***

P20/12/B2 Medical Director Update (Enclosure B2)

As of 20th November it was reported that the monthly and overall rolling HSMR continued on a downward trend at 102.76 in line with crude mortality, although it was noted that this did not reflect the second wave of the Covid19 pandemic. Since the establishment of the Medical Examiner's Office at the beginning of the year, 86% of deaths had been scrutinised, which had incurred positive feedback from bereaved families as it provided additional communication and explanations. Medical colleagues had also noted a greater benefit from the implementation of the team. Pat Drake noted the significant challenges that the Medical Examiner Office team experienced in the context of an achievement of 86% of all death scrutinised, which was involved multiple teams and individuals. This was during a period where families of patients were unable to visit on site, unless in exceptional circumstances which was difficult for them.

The Trust achieve 30% against an expectation of 0% for completed medical appraisals and these would continue wherever possible. Although medical revalidation was postponed for 12-months from March 2020, the Trust had continued to review where possible and had recommended 29 clinicians for revalidation to the GMC.

The declaration of interests by medical staff had reached 64.2% to date, and further correspondence would be circulated to those yet to complete it. Neil Rhodes thanked the Medical Director for his continued focus on this matter.

It was noted that the Clinical Audit and Effective Committee terms of reference were under review to ensure the outputs were focused on closing the loop on activity undertaken by the Committee.

Kath Smart welcomed a continued focus on clinical audit and effectiveness and noted that further reporting on outcomes on improvement and sustained improvement would be further welcomed. The Medical Director advised that there was a volume issue as audit appeared in speciality governance and work was required to relay this through other tiers of the organisation. It was agreed that the Medical Director would provide an update on clinical audit and effectiveness following the receipt of the Annual Clinical Audit Report to Quality and Effectiveness Committee in April 2021.

Action: The Board would receive an update on clinical audit and effectiveness following the receipt of the annual clinical audit report at the Quality and Effectiveness Committee on 6th April 2021. TN

The Board:

- ***Noted and took assurance from the Medical Director Update.***

P20/12/C1 Our People Update (Enclosure C1)

The roll out of lateral flow testing for colleagues had continued, led by the Director of Strategy and Transformation. To date, there was a positive Covid19 return rate of 0.79%. Those individuals then undertaken a PCR test to confirm the positive result. The Trust saw an increase in sickness absence for October, in particular for Covid19 related absence, however this had reduced significantly over the previous six-weeks, and the up to date position at 13 December was 9.36% absence, 3.88% of which was Covid19 related absence.

The Trust continued to offer the flu vaccination to colleagues and have vaccinated over 4,000 staff to date, which was the second highest rate in the region.

Following the final validation of the staff survey results to remove leavers of the Trust from the final response, it was confirmed that there had been a 50.3% response rate which was a good response rate.

An update was provided on the Covid19 vaccination programme. It was anticipated that the Trust would receive vaccines in the new year, however noted that extremely clinically vulnerable staff had been offered any spare vaccines from the national programme that had commenced to prioritise the over 80 group, care home residents and care home staff. Everyone in receipt of the vaccine would be required to wait for 15-minutes following the vaccination as a precautionary measure.

Sheena McDonnell asked that the People Committee consider why the appraisal rate was low, considering the implementation of the wellbeing appraisal.

Sheena McDonnell acknowledged the good work that had contributed to the flu vaccination programme and the staff survey responses and noted that the People Committee would review people practices at its 12th January meeting.

Action: The People Committee would consider and review why the appraisal rate was lower than anticipated. KB

The Board:

- **Noted and took assurance from the 'our people' update.**

P20/12/D1 Performance Update – October 2020 (Enclosure D1)

The Trust reported that it was behind in-month on its phase 3 elective activity plan. 393 52-week breaches were reported against a target of 363 in-month. RTT remained a challenge at 64.9% for October 2020, however it had improved in-month as the Trust reported 10% ahead of peer/national benchmarking for RTT. The Trust achieved 58.8% against a target of 99% for diagnostics and 76.0% against a target of 95% for 4-hour access. There had been challenges in ambulance pathways and the Trust continued to work with YAS to identify how this could be improved. ECIST would provide support in late January. The cancer position for September was reflective of the impact of Covid19 and the Trust achieved 2 out of 3 31-day nationally reported measures and 1 out of 3 62 day measures.

It was noted that the delivery of performance measures were a challenge due to the impact of the Covid19 pandemic and a continued focus would be taken on the increase of outpatient throughput, a broader focus on elective restoration, key long-term work within the emergency pathway. Guiding principles throughout this period remained safety and sustainability.

Kath Smart advised she had visited the Emergency Department the previous week and advised it was positive to see the progression of the works, in particular the early senior assessment unit. In response to a question from Kath Smart regarding trolley waits, it was confirmed that the Trust had not reported any 12-hour trolley waits, however there had been an increase in 4-12 hour trolley waits. Guidance had recently changed from NHS England regarding the reporting of 12 hour trolley waits and the requirement for a harm review. A system is in place already in ED to review patients waiting for an extended period of time for a bed. It was agreed that further detail on extended waits be provided to the Finance and Performance Committee on 19 January 2021. The Chief Nurse confirmed all patients were moved onto a bed if experiencing an extended wait for admission in ED.

In response to several questions from Pat Drake it was confirmed that discussions regarding the quality of breast referrals with CCG had taken place. The Chief Operating Officer agreed to provide information to Pat Drake regarding whether improvement had yet been seen systematically. To tackle increasing DNAs, in some services a pre-call service had been introduced following an increase in non-attendance at appointments. Further work was still required. Efforts continued with YAS on issues relating to batching of ambulances and comparative data, a recent meeting had been held with YAS and comparative performance on relative performance had been requested. It was noted that as referrals were 42% less than the same period last year, this would inform capacity and demand projections for quarter-4 and beyond as it was expected that there would be an increase as a result of demand that is currently not presenting. Work was ongoing with the Primary Care Network to identify alternative services in the community and ongoing with the ICS to collectively deliver services where there were challenges. It was agreed that Communications and

Engagement would continue with messages to the public to keep appointments or cancel ahead if unable to attend.

The Chief Nurse advised that there were 18 outliers reported that day at DRI, with IPC requirements driving careful management of all these patients. . It was agreed that further detail would be included in at the next Board meeting.

Action: Further detail on trolley waits be provided to the Finance and Performance Committee on 19 January 2021. RJ

Action: The Chair asked that the Communications and Engagement Team continue to spread the message to members of the public to keep their appointment or to cancel ahead if unable to attend. To include measures taken to keep them safe whilst at their appointment. ES

Action: Further detail and assurance would be provided on outliers at the next Board meeting. DP

The Board:

- ***Noted and took assurance from the performance report for September 2020.***

P20/12/B2 Finance Update – November 2020 (Enclosure B2)

The Trust's surplus for month 8 (November 2020) was £0.1m before any fines related to the Elective Incentive Scheme (EIS). The position would have been a £0.7m deficit after potential fines of c. £0.8m in month.

The in-month financial position was c. £1.6m favourable to plan before potential fines and £0.8m favourable to plan after fines. The favourable variance in month against plan continued to be driven by activity being lower than Divisional plans, business cases/commitments not being spent in month, vacancies and non-clinical income being above plan (mainly relating to non-recurrent education funding received in month). However, there had continued to be an increase in the pay and non-pay expenditure run rate with an increase in spend of £0.8m from month 7 to month 8.

Capital expenditure spend in month 8 was £2.7m which was £1m behind the original £3.7m plan. YTD capital expenditure spend was £13.3m, and included the Covid19 capital spend of £1.5m. This was £4.4m behind the £17.7m plan as a result of the original phasing of the HSDU scheme in the Critical Infrastructure plan (£2.8m), a delay in progressing the Critical Infrastructure projects (£1.0m) and a delay in progressing some of the IT schemes (£0.6m).

The cash balance at the end of November 202 was £65.5m which remained high due to the Trust receiving two-month' worth of block income in April 2020.

The Board:

- ***Noted and took assurance from the finance update for October 2020.***

P20/12/D3 Covid19 Update / Recovery of Elective Work – Looking Forward (Presentation)

Winter Update

A winter update was provided which highlighted that the current rate of Covid19 admissions had slowly declined from towards 40% bed occupancy, although remained high at up to 30% occupancy in recent weeks, and it was expected that this would leave residual numbers of patients as the Trust moved into January 2021 and a potential wave 3 of the Covid19 pandemic.

Significant challenges remained related to additional infection, prevention and control measures and workforce absence. Category 1 and 2 elective work has been maintained through Wave 2. Further elective capacity was being stepped up on 15 December following the easing of critical care pressures and therefore some staff being redeployed back to theatre. There were ongoing critical care and surgical mutual aid arrangements were in place. Enhanced leadership arrangements were in place for during the festive period. It was noted that members of the public played a vital role in the support in preventing the spread of Covid19.

Following a question from Neil Rhodes regarding nosocomial transmission, it was confirmed that this was reported as part of the Chief Nurse report. All admitted patients received a Covid19 test at day-1, day-3 and day-5. Only tests that were positive from day-6 onwards were reported as a nosocomial transmission.

The Chief Operating Officer advised, following a question from Mark Bailey, that the data presented, demonstrated a slow decline of the rolling 7-day average of new Covid19 admissions to the Trust. Recently, the number of discharges were at a similar level to admissions. It was noted that length of stays for Covid19 were lower than in wave 1.

Elective Planning April 2021

The Chief Nurse outlined the Trusts approach to planning activity for April 2021 onwards however noted that the planning guidance had not yet been received from NHSEI. The Trust would focus on the recovery of elective activity to pre-pandemic levels which would include a reduction in the backlog of activity. Maximum use of capacity would be utilised across the system and there would be an outpatient's reform where face-to-face appointments would only take place where there was a requirement. There would be an effort to minimise inequality and there would be a targeted approach to high priority pathways. A programme of work had been identified and would make use of transformational opportunities. A governance structure would be implemented to ensure successful delivery. It was noted that plans were to be finalised by February as rotas were to be in place six-weeks before 1st April 2021.

In response to a comment by Pat Drake, that the workforce challenge could not be underestimate, the Chief Nurse advised that workforce planning would form a comprehensive part of this process. A review of capacity was underway and this would inform workforce planning. The Trust would undertake the overseas recruitment process with a view to recruit nurses with Theatre experience. The A piece of work was underway for 'outstanding organisation, outstanding divisions' which would ensure that all divisions have robust workforce plans. This would be reported through the Quality and Effectiveness Committee for assurance.

Following a question from Mark Bailey in relation to the wellbeing of colleagues, it was confirmed that colleagues were encouraged to take annual leave to rest and recharge. Colleagues in redeployed roles were provided with the right support during that process and wellbeing support had been increased to colleagues through the Vivup scheme.

The Chief Executive advised that the Trust would balance the achievement of quality standards against ensuring that services were responsive, and that patient needs were fully met.

Following a query from Sheena McDonnell, it was noted that there would be an ongoing approach to workforce planning linked to the business planning process. Nurse apprenticeships and overseas recruitment would contribute towards this.

The Board:

- ***Noted and took assurance from the information provided in the Covid19 Update/ Recovery of Elective Work – Looking Forward presentation***

P20/12/D4 EU Exit Update (Enclosure D4)

Local, regional and national professional planning had taken place. The EU Exit Governance Group met fortnightly and members were prepared for any potential challenges that may arise in their specific areas of leadership. A number of risks had been identified outlined in the report. It was noted that the risk associated with ports had been downgraded by NHS England, but the Trust would further probe the staffing risk associated with this given high expected absence levels at ports due to COVID. The key issue was that Brexit would coincide with the Covid19 pandemic. The Trust would incorporate the leadership oversight of EU Exit into the enhanced operational arrangements at Trust and Divisional / Departmental level

It was agreed that the EU Exit risk be added to the Corporate Risk Register so that this could be managed and mitigated the right way.

Action: The overall risk of the EU Exit would be added to the Corporate Risk Register. RJ

The Board:

- ***Noted the information provided in the EU exit update.***

P20/12/E1 Chairs' Assurance Logs for Board Committees (Enclosure E1)

There were no comments.

The Board noted the update from the:

- ***Audit and Risk Committee – 22 October 2020***
- ***Finance and Performance Committee – 27 October 2020***
- ***People Committee – 3 November 2020***

P20/12/F1 Corporate Risk Register and Board Assurance Framework (Enclosure F1)

There were no comments or queries related to the Corporate Risk Register. It was noted that as agreed at the Board meeting in October 2020, a workshop would take place to discuss risk appetite and tolerance in the new year and would be implemented in line with the Board review underway. The proposed new Board and Sub Committee style reports would be provided in January 2021 for implementation in April 2021 as in the action plan.

The Board:

- ***Considered and noted the information in the Corporate Risk Register.***

P20/12/F2 People Committee Terms of Reference (Enclosure F2)

Kath Smart asked for an update on the delayed Committee effectiveness review process. The Company Secretary advised that this new process would be implemented in April 2021, and noted that the policy was yet to be written however, would provide an action timeline at the next Board meeting.

Action: An action timeline would be received at the Board meeting on 19 January 2021 on the Board and Committee effectiveness review process to be implemented by April 2021. FD

The Board noted the update from the:

- ***Approved the People Committee Terms of Reference***

P20/12/G1 Information Items (Enclosures G1 – G7)

-G7

The Board noted:

- ***Chair and NEDs Report***
- ***Chief Executives Report***

The Chief Executive advised the Board that following the generous donations received throughout 2020, the Trust was able to, as thank you to colleagues for their hard work during this challenging year, be gifted with a gift card of £25 which would be redeemable in a number of outlets. It was noted that this amount was not taxable. The Board of Directors wished colleagues a Merry Christmas and a Happy New Year.

- ***ICS Update***
- ***Minutes of the Finance and Performance Committee – 27 October 2020***
- ***Minutes of the Quality and Effectiveness Committee – 29 September 2020***
- ***Minutes of the Management Board Meeting – 12 October 2020***
- ***Clinical guide for the temporary reorganisation of intrapartum maternity care during the coronavirus pandemic***

P20/12/H1 Minutes of the Meeting held on 17 November 2020 (Enclosure I1)

The Board:

- ***Received and Approved the Minutes of the Public Meeting held on 17 November 2020.***

P20/12/H2 Any Other Business (Verbal)

There were no other items of business.

P20/12/H3 Governor Questions Regarding the Business of the Meeting (Verbal)

P20/12/H3(i) Hazel Brand

The Lead Governor asked on behalf of the Council of Governors:

Would the Quality and Effectiveness Committee review videoconference and consultations in maternity services?

The Chief Nurse advised that those plans had been implemented.

The Board:

- ***Noted the comments raised, and information provided in response.***

P20/12/H4 Date and Time of Next meeting (Verbal)

Date: Tuesday 19 January 2021

Time: TBC

Venue: Star Leaf Videoconferencing

The Board:

- ***Noted the date of the next meeting.***

P20/12/H5 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.***

P20/12/J Close of meeting (Verbal)

The meeting closed at 12:10.



**Suzy Brain England
Chair of the Board**

**Date
29 December 2020**