Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Board of Directors Meeting Held in Public
To be held on Tuesday 16 February 2021 at 09:30
Via StarLeaf Videoconferencing

Enc		Purpose	Page	Time
A	**MEETING BUSINESS**			**09:30**
A1	Welcome, apologies for absence and declarations of interest *Suzy Brain England OBE, Chair* *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*		-	15
A2	Actions from previous meeting *Suzy Brain England OBE, Chair*	*Review*	1	
B	**True North SA1 - QUALITY AND EFFECTIVENESS**			**09:45**
B1	Board Assurance Framework *David Purdue, Chief Nurse / Dr T J Noble, Medical Director*	*Assurance*	3	10
B2	Nursing, Midwifery and Allied Health Professionals Update including National Patient Safety Strategy Presentation *David Purdue, Chief Nurse*	*Assurance*	6	20
B3	Medical Director Update *Dr T J Noble, Medical Director*	*Assurance*	45	10
C	**True North SA2 & 3- PEOPLE AND ORGANISATIONAL DEVELOPMENT**			**10:25**
C1	Board Assurance Framework *Karen Barnard, Director of People and Organisational Development*	*Assurance*	49	10
C2	Our People Update – including RACE Equality Code Update *Karen Barnard, Director of People and Organisational Development*	*Assurance*	51	10
BREAK 10:45 – 10:55				
D	**True North SA4 - FINANCE AND PERFORMANCE**			**10:55**
D1	Board Assurance Framework *Jon Sargeant, Director of Finance*	*Assurance*	61	10
D2	Performance Update – December 2020 *Rebecca Joyce, Chief Operating Officer*	*Assurance*	62	10

D3	Finance Update – January 2021 *Jon Sargeant, Director of Finance*	*Assurance*	83	10
D4	Covid 19 Update / Recovery of Elective Work – Looking Forward *Rebecca Joyce, Chief Operating Officer*	*Note*	-	10
E	**STRATEGY**			**11:35**
E1	Chairs Assurance Logs for Board Committees:			5
	i. Quality and Effectiveness Committee – 2 February 2021 *Pat Drake, Non-Executive Director*	*Assurance*	89	
	ii. Finance and Performance Committee – 26 January 2021 *Neil Rhodes, Non-Executive Director*	*Assurance*		
	iii. Audit and Risk Committee – 29 January 2021 *Kath Smart, Non-Executive Director*	*Assurance*		
F	**GOVERNANCE AND ASSURANCE**			**11:40**
F1	Corporate Risk Register *Fiona Dunn, Deputy Director Corporate Governance/Company Secretary*	*Review*	98	15
F2	Use of Trust Seal *Fiona Dunn, Deputy Director Corporate Governance/Company Secretary*	*Approval*	103	5
G	**INFORMATION ITEMS (To be taken as read)**			**12:00**
G1	Chair and NEDs Report *Suzy Brain England OBE, Chair*	*Information*	10	5
G2	Chief Executives Report *Richard Parker OBE, Chief Executive*	*Information*	10	5
G3	ICS Update *Richard Parker OBE, Chief Executive*	*Information*	104	
G4	Minutes of the Finance and Performance Committee – 24 November 2020 *Neil Rhodes, Non-Executive Director*	*Information*	111	
G5	Minutes of the Quality and Effectiveness Committee – 24 November 2020 *Pat Drake, Non-Executive Director*	*Information*	120	
G6	Minutes of the Audit and Risk Committee – 22 October 2020 *Kath Smart, Non-Executive Director*	*Information*	130	
G7	Minutes of the Council of Governors – 11 November 2020 *Suzy Brain England OBE, Chair*	*Information*	146	
G8	Minutes of the Management Board Meeting – 11 January 2021 *Richard Parker OBE, Chief Executive*	*Information*	153	

H	**OTHER ITEMS**			**12:10**
H1	Minutes of the meeting held on 19 January 2021 (pre-approved by the Board of Directors) *Suzy Brain England OBE, Chair*	*Approval*	162	
H2	Any other business (to be agreed with the Chair prior to the meeting) *Suzy Brain England OBE, Chair*	*Discussion*	-	
H3	Governor questions regarding the business of the meeting (10 minutes)* *Suzy Brain England OBE, Chair*	*Discussion*	-	10
H4	**Date and time of next meeting:** **Date:** Tuesday 16 March 2021 **Time:** 09:30 **Venue:** StarLeaf Videoconferencing	*Information*	-	
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. *Suzy Brain England OBE, Chair*	*Note*	-	
I	**MEETING CLOSE**			**12:20**

*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

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Action Log

A2

Meeting:	Public Board of Directors
Date of latest meeting:	19 January 2021

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

No.	Minute No.	Action	Lead	Target Date	Update
1.	**P21/01/B1**	**Corporate Risks Update** A progress update would be provided on corporate risks Q&E13 – Initial ED BDGH triage assessment processes and Q&E14 – Staffing for registered children's nurses in ED BDGH within the Chief Nurse report.	**DP**	**February 2021**	**Close.** The controls on DATIX have been updated as per the request.
2.	**P21/01/B2i**	**Clinical Governance Review Timeline Report** The Quality and Effectiveness Committee would receive a timeline report on changes undertaken as part of the clinical governance review process.	**TN**	**April 2021**	**Close**. Added to the Quality and Effectiveness Committee work plan.
3.	**P21/01/B2ii**	**Clinical Governance Review** The Medical Director would include an update on the clinical governance review as part of the Medical Director Report.	**TN**	**February 2021**	**Close**. An update was provided within Item B3.
4.	**P21/01/B2iii**	**eObservations Data** Mark Bailey and the Medical Director would discuss the data presented on e-Observations around the time of the junior doctor changeover in relation to the challenges that this may present.	**TN/MB**	**February 2021**	**Close.** A meeting was planned for 15th February 2021.

No.	Minute No.	Action	Lead	Target Date	Update
5.	**P21/01/D3**	**Delegated Authority** Delegated authority was assigned to the Director of Finance, Chief Executive Officer and Chair of the Finance and Performance Committee to review and approve the ICS wide business cases related to computer system for diagnostic services and a pathology information system. An update would be provided at the next Board meeting.	**RP/JS/ NR**	**January 2021**	**Close**.
6.	**P21/01/D4**	**EU Exit** An update would be provided to the public Board in six-months on the EU exit and any associated risk.	**RJ**	**July 2021**	**Close**. Added to the work plan.
7.	**P21/01/F1**	**Corporate Risk Register** Risk owners required to update their risk where there were older review dates.	**ALL**	**March 2021**	**Update 11/02/2021:** Progress made (see Corporate Risk Register). Some reviews still for logging on DATIX.

Board Assurance Framework – Risks to achievement of Strategic Aims

OUR VISION : To be the safest trust in England, outstanding in all that we do

True North Strategic Aim 1	True North Strategic Aim 2	True North Strategic Aim 3	True North Strategic Aim 4
To provide outstanding care and improve patient experience	**Everybody knows their role in achieving the vision**	**Feedback from staff and learners in top 10% in UK**	**In recurrent surplus to invest in improving patient care.**
Breakthrough Objective: Achieve measurable improvements in our quality standards & patient experience	**Breakthrough Objective:** Achieve a 5% improvement in our staff having a meaningful appraisal linked to our vision	**Breakthrough Objective:** The Trust is within the top 25% for staff & learner feedback	**Breakthrough Objective:** Every team achieves their financial plan for the year

Current Risk Level Summary

The entire current BAF was last reviewed in February 2021 reviewed alongside the corporate risk register.

The entire BAF and CRR were reviewed at Board Sub Committee meetings during January 2021 and by the Strategic aim sponsors in February 2021. The individual BAF sheets indicate the assurance detail.

COVID -19 BAF - The integrated pandemic governance process has been embedded and the trust is proactively managing the new and emerging risks identified as part of the restoration and recovery phase. Additional assurance continues to be sought internally and the evidence of this is referenced in the respective director reports to the January Sub Committee and Trust Board.

The key risks to outstanding patient experience remains workforce, the key risk to financial sustainability is underperformance against income plan, cost improvement plan and the underlying financial sustainability and the key risk to operational excellence remains RTT 18 and the 52 week breach position. Additional assurance continues to be sought internally and the evidence of this is referenced in the respective director reports to the December Trust Board .

There has been no change in the risk level during quarter 4 2020/2021.

Heat Map of individual SA risks (2019 -2020 BAF)

	No Harm 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Rare 1					
Unlikely 2		2 Q&E8, Q&E3	1 Q&E4	2 A&R1, F&P10	2 F&P18, Q&E10
Possible 3		1 Q&E7	3 Q&E5, Q&E2, F&P14	4 Q&E11, F&P5, F&P9, Q&E6	2 **F&P11**, F&P19
Likely 4			2 F&P12, F&P15	7 Q&E9, **F&P1**, F&P3, F&P6, F&P13, F&P8, Q&E1,	4 F&P4, F&P20 Q&E12, F&P12,
Certain 5					COVID 2472

Overall change per Strategic Aim (SA)

	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	No of risks/SA	Change
SA1	new	⟺	⟺	⟺		⟺
SA2	new	⟺	⟺	⟺		⟺
SA3	new	⟺	⟺	⟺		⟺
SA4	new	⟺	⟺	⟺		⟺
COVID	⟺	⟺	⟺	⟺	several	⟺

COVID19 Major incident

Risk Owner: Trust Board **Committee: Q&E, F&P,**	**COVID19 - Addition to SA1**	**Date last reviewed : Feb 2021**	
Strategic Objective To deliver safe & effective service to patients and staff during a 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.	**Risk Appetite:** The Trust has a **high appetite** for risks that impact on patients and staff during a worldwide pandemic.	**Initial Risk Rating** **Current Risk Rating** **Target Risk Rating**	5(C) x 5(L) = 25 extr 5(C) x 4(L) = 20 extr 3(C) x 3(L) = 9 low
Risks: • Impact on safety of patients • Impact on patient experience • Potential delays to treatment • Impact on patient harm • Impact on reputation • Adverse impact on Trust's financial position • Impact on staff & Inability to provide viable service	**Rationale for risk current score:** • Previous unknown pandemic: ○ Patients, staffing, resources etc • Data modelling predictions based on "best" guess principles from previous flu epidemics • Unknown timescale of outbreak	**Future risks:** • **Unknown if second phase outbreak/pandemic** **Opportunities:** • Change in practices, new ways of working by	
Controls / assurance (mitigation & evidence of making impact): • Pandemic incident management plan implemented. • Governance & Performance Management and Accountability Framework • ~~Gold & Silver Command pandemic management structure (Strategic & Tactical) in place 24/7~~ • Individual work streams identified to deliver a critical pathway analysis • Regular data modeling and analysis of trends and action to address shortfalls. • Continued liaison with leads of operational work streams to identify risks to delivery. • National reporting & monitoring eg PHE, NHSI/E, WHO etc • Summary of Post Implementation Review undertaken • Includes stabilization & recovery plans • response to COVID wave3 plans	**Comments:** • Temporary Site Reconfiguration • Reduction in Planned Care – Outpatients & Surgery • Vulnerable Patients • Emergency Pathways (Adult) • Increasing Critical Care Capacity • Consolidation of maternity and Delivery of Children's Services • Trauma Consolidation • Diagnostics and Pharmacy • Care of Deceased Patient • People Planning, Education and Research • Ethical Decision Making • Infection Control and Prevention Support • IT and Digital, Estates, Finance & Procurement • Partnerships, Communication and Engagement • Recovery Phase	**Assurance (evidence of making an impact):** • See evidence of plans in link (Overall Plan) • Risk log (see link) • High Level COVID Narrative • Post implementation review **Gaps in controls / assurance (actions to achieve target risk score):** • Overall delivery of work streams pandemic plans – link CRR Risk ID2472 on DATIX	

OUR VISION : To be the safest trust in England, outstanding in all that we do			
True North Strategic Aim 1 – To provide outstanding care & improve patient experience.			
Risk Owner: Trust Board **Committee: QEC**	**People, Partners, Performance, Patients, Prevention**	**Date last reviewed : Feb 2021**	
Strategic Objective To provide outstanding care and improve patient experience **Breakthrough Objective** Achieve measurable improvements in our quality standards & patient experience	**Risk Appetite:** The Trust has a **low appetite** for risks TBC **Measures:** • Ward/department quality assessment scores • Evidence of "closing the loop" • Focus on key safety risks – IPC Outbreaks, Patient experience - waits, falls • Clinical effectiveness • IQPR measures	**Initial Risk Rating** **Current Risk Rating** **Target Risk Rating**	4(C) x 5(L) = 16 extr 4(C) x 4(L) = 16 extr 3(C) x 3(L) = 9 low
Risks: • Risk of patient harm if we do not listen to feedback and fail to learn • Risk of not using available quality assurance data to best effect in order to identify areas to improve or manage patient care. • Risk to safety and poor patient experience as a result of failure to improve the estate and infrastructure. • Risk of non-delivery of national performance standards that support timely, high quality care	**Rationale for risk current score:** Impact: • Impact on performance • Impact on Trust reputation • Impact on safety of patients • Impact on patient experience • Potential delays to treatment • Possible Regulatory action	**Future risks:** • Impact of COVID on elective restoration • Staff engagement post covid • **Risk references:** Q&E9, F&P 6 and F&P 8. **Opportunities:** • Change in practices, new ways of working • Advent of more digital care • Greater opportunity for collaboration at place / system level • Implementation of National Safety Strategy • Restructure to focus on patient experience • Quality improvement processes focused on Falls in the 10 high risk areas • Workforce development plan	
Controls / assurance (mitigation & evidence of making impact): • BIR Data targets & exceptions • Clinical effectiveness measures • Quality framework outcomes ○ Quality control to Quality Assurance • Quality Improvement outcomes • Clinical Governance Review • Integrated Quality Performance Report • Accountability Framework • Annual planning process	**Comments:** • Need to ensure Trust Values are effective • Need to develop quality/patient safety strategy • Need to sustain improvements in QI initiatives • Need to widen the focus on patient and user feedback	**Assurance (evidence of making an impact):** Output from Board sub committees Internal Audit reviews on quality outcomes Positive feedback from people on the services BAF completion on specific areas, evaluated by CQC **Gaps in controls / assurance (actions to achieve target risk score):** Uncertainty re COVID recovery outcomes Uncertainty re SYB ICS changes	

Report Cover Page			
Meeting Title:	**Board of Directors**		
Meeting Date:	**16 February 2021**	**Agenda Reference:**	**B2**
Report Title:	**Nursing, Midwifery and AHP report**		
Sponsor:	**Mr David Purdue, Deputy Chief Executive and Chief Nurse**		
Author:	**David Purdue, Chief Nurse** **Cindy Storer, Deputy Director Nursing, Patient Safety, Patient Safety Specialist** **Abigail Trainer, Deputy Chief Nurse**		
Appendices:	Patient Safety Update		

Executive Summary				
Purpose of report:	**To update on the quality metrics for January** **To inform and assure the Board on the progress made with the National Patient Safety Strategy, 18 months on** **To give assurance on staffing safety**			
Summary of key issues:	• The paper identifies the key quality metrics and the plans to ensure learning. • Incidents identified in Maternity Services • The National Patient Safety Strategy, launched July 2019, describes how the NHS will continuously improve patient safety, building on the foundations of a safer culture and safer systems. There has been progress with implementation of the national strategy, despite the obvious challenges of Covid-19, with new patient safety initiatives being introduced. • To identify the mitigations to ensure safe staffing in wards and departments.			
Recommendation:	The board is asked to take assurance of the quality metrics and safe staffing and to note the changes to frameworks and reporting systems in patient's safety planned for 2021 with assurance around the progress made in the medical examiner system and digital transformation.			
Action Require:	~~Approval~~	Information	~~Discussion~~	Assurance ✓	~~Review~~

Link to True North Objectives:	**TN SA1:** ✓	**TN SA2:**	**TN SA3:**	**TN SA4:**
	To provide outstanding care for our patients	*Everybody knows their role in achieving the vision*	*Feedback from staff and learners is in the top 10% in the UK*	*The Trust is in recurrent surplus to invest in improving patient care*

Implications	
Board assurance framework:	
Corporate risk register:	Q&E9, F&P6 being reviewed
Regulation:	Supports CQC compliance in Safe, Caring and Effective

Legal:			
Resources:			
Assurance Route			
Previously considered by:		Board of Directors July 2019 for Patient Safety Strategy	
Date:		**Decision:**	
Next Steps:		Build timelines for changes in the National Patient Safety Strategy in the new Trust Quality Strategy Undertake Quality Improvement work on the 10 key falls areas	
Previously circulated reports to supplement this paper:			

Patient Safety

There have been six Serious Incidents reported in January 2021. These were in different areas and related to different processes. They are being investigated to assess the learning from the incidents and how these are shared. One incident was a never event and changes to practice have been put in place to ensure this does not happen again, including changes to theatres packs and LOCSIP in place.

The total number of Serious Incidents, year to date is 32. This includes 25 Serious Incidents for Care issues, five serious incidents for falls and two serious incidents for Category 4 HAPU.

The total number of never events, year to date is three. There are included in the Serious Incidents for Care Issues and relate to administration of the medicines, a procedure on the wrong patient and a retained swab in theatre.

The Trust progress in line with the National Patient Safety Strategy are explained later in this report.

Serious Incidents in Maternity

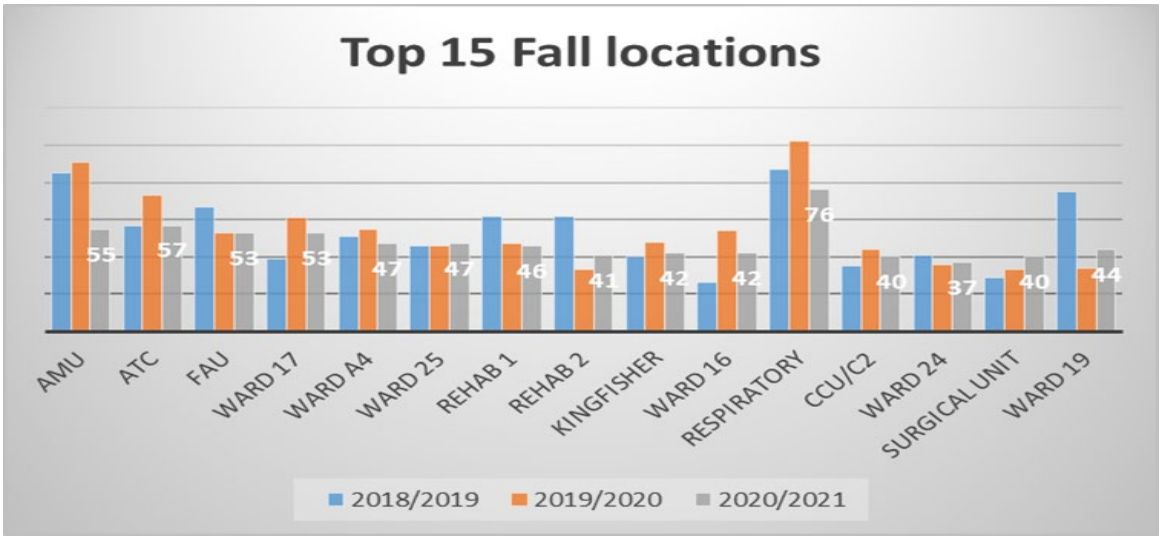
There has been 1 serious incident in Maternity in January, relating to a process in theatres. There have been five Serious Incidents relating to maternity care year to date. These include three incidents being investigated by the Trust and two Serious Incidents being investigated by HSIB. There are a further two incidents being investigated by HSIB that do not meet the SI criteria.

Falls

There were 131 patient falls reported in January. Of these falls, 4 resulted in severe harm to the patient and there were no moderate harms. These were ward 32, ward 24 and two falls on FAU.

This takes the total number of patients falling, year to date to 1158. Of these falls, 27 patients have suffered severe or moderate harm and five cases have been escalated as serious incidents.

The new Holistic Care Team has now launched, which includes the falls prevention practitioner, lead dementia nurse, person centred care nurse and pharmacy. The team are working with quality improvement to make sustainable reductions to inpatient falls; the initial focus will be on 10 wards where there is the greatest number of falls.



Hospital Acquired Pressure Ulcers (HAPU)
There were 71 HAPU (category 2 and above) reported in January. Of these, two were category 3 HAPU (both on respiratory) related to equipment.

This takes the total numbers of HAPU (category two and above) reported, year to date to 685. Of these, 48 HAPU were category 3 and 2 category 4.

- In relation to the position with falls and HAPU the impact covid 19 cannot be underestimated especially in relation to:-
    - Infection Control Measures, including no visiting
    - Staffing
    - Patient presentation
    - Staff Training and Education
    - Risk Assessment & Documentation
    - Enhanced Supervision

The issues have been fully discussed at The Quality and Effectiveness Committee and how we aim to mitigate the risks.

Infection Prevention and Control

The focus continues to reduce any nosocomial infection of Covid 19. The NHSI/E high impact interventions have been assessed and the Trust is fully compliant against the 13 standards with the exception of 1 area which relates to positive care home beds in the Bassetlaw place, which is under the control of the CCG and alternative placements out of area are available.

As part of the high impact interventions is ensuring the visitors and patients attending for clinics maintain social distancing and wear face coverings/visors, unless they have proof of a medical exemption. These messages continue to be repeated and communicated widely, with the expectation that if people do not comply with these requests they will be asked to leave the premises.

Currently we have 4 areas classed as outbreaks as they are still within 28 days of having a positive case.

The Infection Prevention and Control Team have been identified by the Chief Nursing Officer England for their work in supporting Care Homes across Doncaster during the pandemic.

Clostridium difficile
There were three cases of Clostridium difficile in January. One case was hospital associated, hospital acquired (HOHA) and two cases were community onset hospital acquired (COHA)

This takes the number of cases, year to date to 50, split as 35 cases of HOHA and 15 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 January, 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 44.

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

Patient Experience

39 formal complaints were received in January (an increase of 17 compared to December), with a year to date (1 April to 31st January) figure of 289 formal complaints.

Top themes of all feedback received were staff attitude and behaviour (29 Subjects/18 complaints) communication (27 Subjects/19 complaints), treatment (24 subjects/15 complaints), COVID-19 (15 subjects/11 complaints) and Diagnosis (14 subjects/12 complaints).

Looking specifically at formal complaints (including those from MPs) Treatment (19 subjects/ 12 complaints) rated highest, followed by communication (16 subjects/8 complaints), followed by staff attitude and behaviour (15 subjects/ 8 complaints), Diagnosis (13 subjects/11 complaints) and COVID-19 (11 subjects/8 complaints).

If we rank the top themes by number of actual complaints this would read as 1st; Treatment, 2nd; Diagnosis and 3rd; Communication, COVIDD 19 and Diagnosis

A new complaints tracker has been developed that will be used as part of a complaints tracker weekly meeting in order to proactively progress complaints. Priority will be given to those complaints open the longest and it will be discussed at the next Senior Nurse meeting a proposal to make renegotiations by exception and only following review at the complaints panel.

Facebook Insights: DBTH Facebook (public) overall rating was 4.4 out of 5, having 148 posts with 1782 negative reactions and 112,767 positive reactions. Maternity Services Facebook had an overall service rating of 5 out of 5, having 48 reviews with 103 positive reactions and 1 negative.

FFT has now recommenced and we have returned information from inpatients, out patients, maternity and ED. Percentage return rates for in patients were 17.24% and Maternity was 31%, unfortunately ED rates were 0.3% and have historically always been very low so we will be working with the department to try and find solutions to increasing the response rate. Reassuringly the vast majority of responses rated the care very good and poor care was in single figures.

Patient Involvement

Patient and public involvement is a key element of taking the Trust on the journey to outstanding. The communication and engagement department and PALS need to work more cohesively together and conversations have already taken place, to look at developing a 12 month work plan of community partnership working. By recognising the diversity of our local population, we will launch the DBTH@ 'roadshow'. Making inroads into the diverse population such as Eastern European, Traveller, Muslim, Youth council; to name a few, creating focus groups to empower them to have a say in building services around what matters to them. By actively encouraging feedback it will encourage people to speak up without making a complaint. Using this rich public pool will then steer PEEC to transgress to a committee that is represented by and patients/public.

Safe 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 breath 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.

January 2021 data

- *40 inpatient wards were open throughout January.*
- *22 (55%) were on green for planned versus actual staffing.*
- *6 (15%) were on amber for being 5% under planned versus actual staffing (CCU/C2, CCU DRI, Ward C1, Ward S11, Ward 26 and Ward 1/3).*
- *4 (10%) wards were amber for being 5% over planned versus actual staffing (ward 17, ward 16, Rehab 2 and ITU).*
- *7 (17.5%) wards were red for being 10% under planned versus actual staffing (B5, S10, A4, Respiratory, 32, G5 and M2).*
- *1 (2.5%) ward was red due to being 10% over planned versus actual staffing (ATC).*

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. The amount of wards 10% or more under planned versus actual has decreased from November and Decembers data. Also to note that three of these areas had a reduction of over 40% of patients occupying beds at midnight. Therefore although nurse staffing levels were below their planned trajectory the number of patients in their care was also significantly reduced. 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.

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

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

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.

Trust Progress against the National Patient Safety Strategy
Patient safety is 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.

1.0 The National Patient Safety Strategy was launched in July 2019, setting out what the NHS would do to achieve its vision to continuously improve patient safety. A paper was presented to the Board of Directors on 31 July 2019, highlighting the key messages and actions the Trust would need to take to deliver the National Strategy; which would also support the Trust vision to be the Safest Trust in England, Outstanding in all we do.

2.0 The national annual progress report was published in September 2020, which highlighted the obvious challenges of COVID-19 and the pace of strategy implementation to a variable extent. As well as delivering care to hundreds of thousands of people, there have been a number of beneficial changes that have occurred throughout the pandemic including: increased flexibility; problem-solving at pace; and more collaborative team working in support of colleagues redeployed to the COVID-19 response and clinical services. In the case of medical examiners, and the strategy strands of Improvement and Insight, the respective teams pivoted their programmes rapidly to aid NHS COVID-19 management.

3.0 Safer system and safety culture
Increasingly, the culture of organisations – sometimes summarised as 'what happens when no-one is watching' – is recognised as a vital component in the safety of healthcare. Both systems and culture need constant nurturing and attention to support patient safety. A patient safety culture is one in which everyone feels psychologically safe and valued for what they do.

3.1 Safety culture is currently monitored by the NHS staff survey q17 (fairness and effectiveness of reporting) and q18 (staff confidence and security in reporting), published annually.

Q18e	Feel safe in my work (New for 2020).	-	-	-	-	
Q18f	Feel safe to speak up about anything that concerns me in this organisation (New for 2020).	-	-	-	-	

3.2 Safety climate is a subset of broader culture and refers to staff attitudes about patient safety within the organisation. Measuring safety culture or climate is important because the culture of an organisation and the attitudes of teams have been found to influence patient safety outcomes and these measures can be used to monitor change over time. It may be easier to measure safety climate than safety culture.

A new Patient Safety Measurement Unit being established which will include further metrics related to safety cultures such as anonymous incident reporting and monitoring levels of staff suspension. Led by the Applied Research Company, this tool is available for free use for organisations wishing to test the safety climate (action 2)

3.3 Other ways local systems can set out their Long Term Plan, implementation plans, include formal adaptation of the Just Culture Guide. Although included in the current Serious Incident policy, this isn't widely used across the Trust. Work is soon to begin on a formal group to help embed Just Culture across the whole organisation (action 3)

3.4 Adherence to the CQC well led framework is another way the Trust can provide evidence of a safe culture (action 4).

4.0 Insight

4.1 Patient Safety Incident Management System (PSIMS)

A new national NHS patient safety incident management system (PSIMS) is in the final stages of development as a central service for the recording and analysis of patient safety events that occur in healthcare.

The new service will replace the current National Reporting and Learning System (NRLS) and Strategic Executive Information System (StEIS), offering better support for staff from all health and care sectors to record safety events, and providing greater insight and analysis to aid national and local safety improvement

PSIMS will shortly enter its public beta stage. This means that organisations with compatible local reporting systems can begin to use the new system during a final extended piloting stage instead of using the NRLS (see action 5).

4.2 Patient Safety Incident Response Framework (PSIRF)

The PSIRF is being developed to replace the current Serious Incident Framework with updated guidance on how NHS organisations should respond to patient safety incidents, including how and when a patient safety investigation should be conducted. This testing phase will be used to inform the creation of a final version of the PSIRF which we anticipate will be published in Spring 2021.

The Deputy Director of Nursing (Patient Safety) and Lead Nurse for Patient Safety are currently part of the action learning set, commissioned by NHS England to share practice for how the PSIRF will be introduced.

The pilot sites managed to reduce the numbers of deep investigations considerably, focusing on key areas of clinical risk. Where moderate or severe harm occurs, the process is a rapid review of the incident, answering the patient or families questions and ensuring the approach was still one of learning (action 6).

4.3 National Patient Safety Alerts and the role of the National Patient Safety Alerting Committee

Changes are being implemented to the way national organisations develop and issue safety alerts to healthcare providers. From September 2019, Trusts have been required to fundamentally review their systems for implementing the actions required by National Patient Safety Alerts. This includes revising policies, processes and governance systems to meet the management and oversight requirements for the implementation of these alerts (action 7).

4.4 Medical Examiner system

Medical examiner offices at acute trusts are staffed by a team of medical examiners, supported by medical examiner officers, the role of these offices is to examine deaths to:

- agree the proposed cause of death and the overall accuracy of the medical certificate cause of death
- discuss the cause of death with the next of kin/informant and establishing if they have any concerns with care that could have impacted/led to death
- act as a medical advice resource for the local coroner
- Inform the selection of cases for further review under local mortality arrangements and contributing to other clinical governance procedures.

During early autumn 2019 and early 2020 a number of Quality Improvement process mapping events including all stakeholders in the care after death pathway were held. At the baseline meeting there were 70 steps in the pathway with almost half requiring development. The majority of the areas identified for improvement fell into the process category. This gave us the opportunity to develop a ‘future state care after death pathway’ which was made up of just 37 steps and combined this with the ME function to achieve a smooth process with no duplication or delays.

The most significant and positive change was the electronic alert system which enabled the teams to be informed of the death of a patient when the deceased has been delivered to the mortuary which significantly reduced the time before the pathway could commence by almost 24 hours. These changes have seen the number of MCCDs completed within three days improve from 87% in Q1 2019/20 to 98% in Q1

2020/21, exceeding the regional and national average for timeliness of death registration days with no detriment to the quality and content of MCCDs.
Establishing an entirely new service within the Trust has been a significant challenge and heightened by the COVID-19 pandemic causing a significant rise in death rates and requiring significant changes in processes to reflect the changes in legislation laid out by the Coronavirus Act 2020.

This included producing example MCCDs for doctors to follow which were also shared to colleagues in primary care. It is noteworthy that the Trust continuing to provide a medical examiner service throughout the pandemic .The ME team now provides independent scrutiny of over 90% of deaths that occur within the Trust and fast approaching the target of 100%.

Feedback from bereaved families show the majority were happy with the care received during their relatives stay in hospital with the rest identifying need for better communication of how poorly their loved ones were and needing to understand the meaning of the cause of death on the MCCD (action 8).

4.5 Enhanced learning from litigation
NHS Resolution – Supporting the reduction in maternity incidents via the early notification scheme, CNST incentives (paused originally and now due July 2021), thematic reviews and claims score cards
The GIRFT litigation data packs for surgical specialties encourages Trusts to triangulate the learning from claims, incidents, complaints and inquests (action 9)

5.0 Involvement
5.1 The Trust has completed the process of identifying a patient safety specialist, who will lead on patient safety across the organisation as well as with local, regional and national partners. Already the value of this has been felt with access to the national updates and implementation plans (action 10).

5.2 The first National patient safety syllabus will underpin the development of curricula for all NHS staff. It addresses the role of the healthcare system in patient safety, covering incident reporting and investigation that takes place after incidents and near-misses, but also adding critical proactive approaches to prevent harm occurring in the first place. This reflects best practice in building safe systems within other safety-critical industries.
The v2 of the syllabus will be published in spring, with a planned launch by June 2021. Delivery of the syllabus will be accredited to each organisation, which will be of significance for CQC compliance.

5.3 The involvement of patients in their care and in the development of safer services is a priority for the NHS. Supporting patients to be involved in their own safety and creating the patient safety partner (PSP) role.
Patient safety partners (PSPs) are patients, carers, family members or other lay people (including NHS professionals from another organisation working in a lay capacity) who are recruited to work in partnership with staff to influence and improve the governance and leadership of safety within an NHS organisation (action 12)

6.0 Improvement
The aim of the Patient Safety Improvement Programmes (SIPs), are to deliver safety and quality improvements across the NHS in England. They are managed and led by the national patient safety team and include:

- the National Patient Safety Improvement Programme
- the Maternity and Neonatal Safety Improvement Programme
- the Medicines Safety Improvement Programme

6.1 The National Patient Safety Improvement Programme (NatPatSIP) is led by the national patient safety team. The programme is delivered by 15 regionally-based Patient Safety Collaboratives (PSCs). The PSCs are

each commissioned through one of 15 Academic Health Science Networks (AHSNs). NatPatSIP supports two areas of work:

Preventing deterioration and sepsis:

This helps the avoidance of harm or death caused by failure to recognise or respond to physical deterioration in a patient's condition, wherever they are being cared for (action 13).

Adoption and spread of effective, evidence-based practice:

There are currently four adoption and spread priorities, which are all registered with the clinical audit department (action 14)

- emergency laparotomy care bundle
- prevention of cerebral palsy in preterm labour (PReCept)
- emergency department safety checklist
- chronic obstructive pulmonary disease discharge care bundle.

The programme also works with national, regional and local partners to develop a "pipeline" of future improvements.

6.2 The Maternity and Neonatal Safety Improvement Programme (MatNeoSIP) is led and co-delivered by our national patient safety team, who work with the 15 regionally-based Patient Safety Collaboratives (PSCs) and with maternity teams from 132 NHS trusts (action 15)

MatNeoSIP aims to:

- improve the safety and outcomes of maternity and neonatal care of all women, babies and families in England, reducing unwarranted variations in care and experience of care
- help reduce maternal and neonatal deaths, stillbirths and brain injuries that occur during or soon after birth by 50% by 2025 – a national target set out in Better Births.

The programme focuses on five areas of improvement:

- increasing the proportion of smoking-free pregnancies
- optimising and stabilising very preterm infants
- detecting and managing diabetes in pregnancy
- detecting and managing low blood sugar (neonatal hypoglycaemia) in pregnancy
- early recognition and management of physical deterioration of mothers or babies during labour and immediately after birth (early postpartum).

6.3 The Medicines Safety Improvement Programme (MedSIP) is led nationally and commissioned by the national patient safety team. It supports an initial set of projects linked to the evidence base on medication errors, and the NHS Long Term Plan. The programme is developing and rolling out a framework to help care systems self-assess their approach to medicines safety, both as individual organisations and as members of integrated care systems (action 16).

7.0 CQC

In the CQC State of Care report, published October 2020, the key points were:

- The care that people received in 2019/20 was mostly of good quality
- However, while quality was largely maintained compared with the previous year, there was no improvement overall
- Before the arrival of the coronavirus pandemic, CQC remained concerned about a number of issues:
    - the poorer quality of care that is harder to plan for
    - the need for care to be delivered in a more joined-up way
    - the continued fragility of adult social care provision
    - the struggles of the poorest services to make any improvement
    - significant gaps in access to good quality care, especially mental health care
    - persistent inequalities in Pre-COVID, the health and care system was frequently characterised as resistant to change. COVID-19 has demonstrated that this is not the case.

The challenge now is to maintain the momentum of transformation and innovation, but to do so in a sustainable way that delivers for everyone. And the pace of change makes it more important than ever that there is a safety culture across health and social care where staff, patients and their families feel able to speak up openly about what has worked and what has not, and that learning is then shared and acted on (action 17).

8.0 Conclusion

The Board of Directors is asked to note the content of the update, with associated action plan as supporting the work towards the Trust ambition to be the Safest Trust in England, Outstanding in all we do.

Summary of recommendations and progress February 2021

	Recommendation	Progress against achieve	Action	Executive Owner	Time for progress/update
	Insight				
1	Improve Safety Culture – this will be monitored through the NHS staff survey (q17 fairness and effectives of reporting and q 18 staff confidence and security in reporting)	National Staff Survey is completed each year.	Divisional level data to be shared and improvements at divisional level to be included in the clinical governance objectives for each team.	Director of P&OD/ Medical Director	January 2022
2	Consider use of Safety Culture Index to help test the climate of areas	Safety Culture Index is available for free use	Share with head of leadership and development for consideration of test in some areas	Director of P&OD/ Chief Nurse	July 2021
3	Embed the principles of a safety culture, including a Just Culture guide and adherence to the well led framework	Already integrated into new SI policy but further work to embed through whole organisation needed	Deputy Director of Nursing (patient safety) to work with head of leadership and development on embedding Just Culture throughout the organisation	Director of P&OD/ Chief Nurse	July 2021
4	Adherence to the CQC Well Led framework	Current CQC rating green	Well Led inspection took place in autumn 2019 and achieved CQC good	Chief Nurse	Reassessment every 3-5 years (between 2022 – 2025)
5	Ensure compatibility with local reporting system to replace NRLS and StEIS with PSIMS	Public beta stage to begin soon with Trusts being asked to ensure compatible local reporting systems are ready.	Task and Finish group being set up in patient safety team to confirm compatibility.	Chief Nurse/ Medical Director	April 2021
6	Patient Safety Incident Response Framework to be embedded into	Publication of the PSIRF expected Spring 2021	Develop new Quality Strategy, to include	Chief Nurse/ Medical Director	April 2021

	new Quality Strategy to Investigate Less and Learn More		committee structure and reporting schedule Revise ToR for SI panel to reflect changes to the new framework Develop new policy in line with new strategy for managing and investigating patient safety incidents		
7	Review process for coordination and sharing of National Patient Safety Alerts across the Trust	Currently centralised through the MDSO and shared at PSRG	New Quality Strategy and committee structure to consider the process for sharing National Patient Safety Alerts and actions taken in line with change.	Chief Nurse/ Medical Director	April 2021
8	Continued progress on medical examiner system, moving to 100 % of notes scrutinised, while Improving systems for more timely SJR	Excellent progress made with medical examiner system, moving to target of 100% of notes scrutinised.	Continued improvements with ME team will get to 100% target. Opportunity in new quality strategy and committee structure to consider MDT approach for SJR to improve timely completion	Chief Nurse/ Medical Director	April 2021
9	Enhanced learning from litigation	CNST for maternity achieved in 2019, paused in 2020 and for completion in July 2021 Ongoing work with GIRFT	New quality strategy to consider opportunities to incorporate CNST, thematic reviews and claims score cards and GIRFT	Chief Nurse/ Medical Director	April 2021
	Involvement				

10	Confirm Patient Safety Specialist and register with National Team	Completed	Patient Safety Specialist confirmed as Deputy Director of Nursing, Patient Safety	Chief Nurse/ Medical Director	November 2020
11	Prepare for National Patient Safety Syllabus with level 1 module and level 1 Board Module published in spring 2021 and launched in June 2021	Progression of final version of syllabus and likely content shared with patient safety partners across NHS.	Working with colleagues in education on preparedness for the National Education Syllabus.	Chief Nurse	June 2021
12	Recruit and train Patient Safety Partners (PSP) in accordance to National Framework	Deputy Director of Nursing Patient Safety and Patient Experience working on process to recruit the PSP	PSP to be recruited to join the relevant quality committees and receive relevant training	Chief Nurse	June 2021
	Improvement				
13	Prevention of Deterioration and Sepsis	Roll out of electronic observations through use of nerve centre for recording observations and automatic escalation Sepsis bundle incorporated into nerve centre		Chief Nurse, CCIO	
14	Adaptation and Spread priorities to be implemented and monitored through audit programmes registered with clinical audit.	Emergency Laparotomy Care Bundle	Monitored through the National Emergency Laparotomy Audit (NELA) Improvements still being monitored and reported into annual audit and effectiveness report	Medical Director	April 2021
		Prevention of cerebral palsy in preterm labour (PReCept	PReCePT is currently ongoing in maternity at DRI and BDGH and is registered with	Medical Director	April 2021

			clinical audit for inclusion in the annual report.		
		Emergency department safety checklist	Now built into symphony and registered with clinical audit for inclusion in the annual report	Medical Director	April 2021
		Chronic obstructive pulmonary disease discharge care bundle	Part of the National COPD Audit Programme and for inclusion in the annual audit and effectiveness report.	Medical Director	April 2021
15	Deliver the maternity and neonatal safety improvement program (MatNeoSIP)	Already part of MatNeo Collaborative. A three-year programme to support improvement in the quality and safety of maternity and neonatal units across England.	Align with all maternity safety reports and recommendations	Chief Nurse/ Director of Midwifery	April 2021
16	Deliver the medication safety improvement program (MedSIP)	Medication Safety Officer (MSO) in post	Consider setting up a medication safety committee to report into new committee structure as part of new Quality Strategy	Chief Pharmacist/ MSO	Review March 2020
17	Align progress with new CQC transitional monitoring arrangements https://www.cqc.org.uk/guidance-providers/how-we-inspect-regulate/transitional-monitoring-approach-what-expect	CQC rating currently Good although Trust ambition is to move to Outstanding	Include CQC action plan monitoring and preparedness for transitional monitoring into new committee structure as part of new Quality Strategy	Chief Nurse/ Medical Director	April 2021

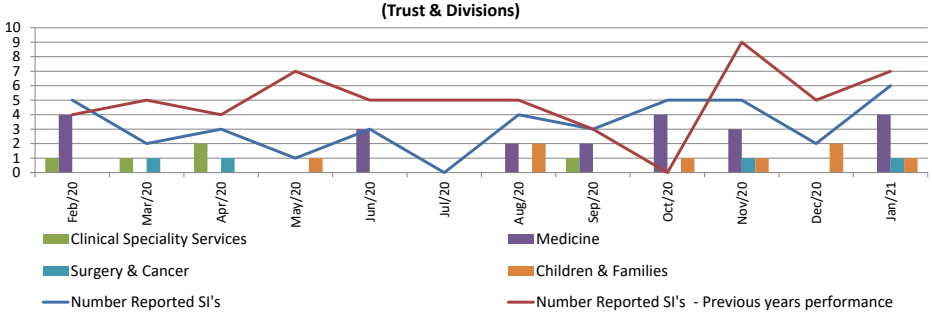
Serious Incidents - January 2021 (Month 10)

(Data accurate as at 12/02/2021)

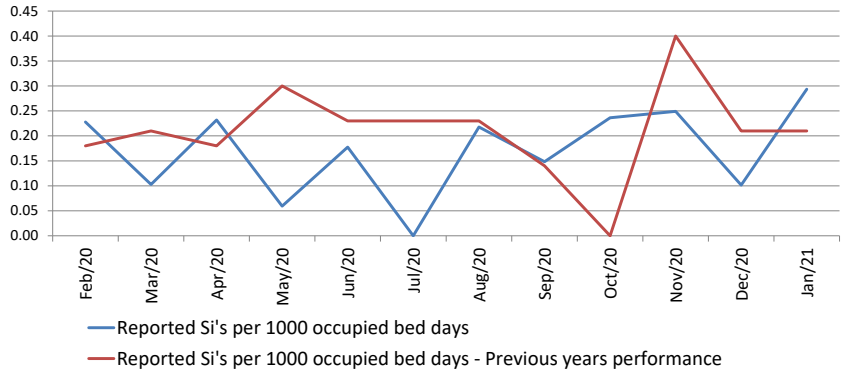
Please note: At the time of producing this report the number of serious incidents reported are prior to the RCA process being completed.

Overall Serious Incidents

Number Serious Incidents Reported (Trust & Divisions)



Serious Incidents per 1000 occupied bed days



Current YTD reported SI's (April-Jan 21)	32	Number reported SI's (Apr-Jan 20)	46
Current YTD delogged SI's (April-Jan 21)	0	Number delogged SI's (Apr-Jan 20)	6

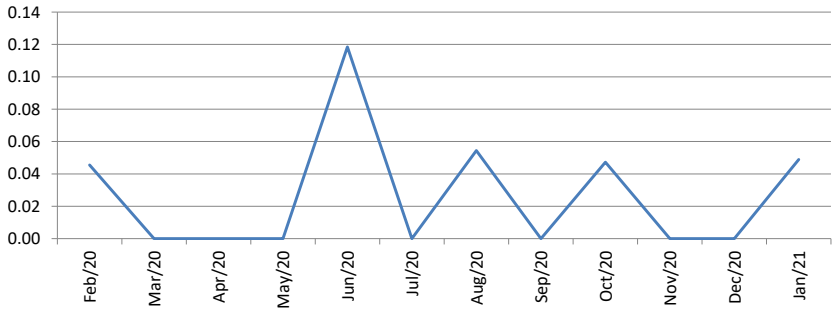
Maternity Serious Incidents

There have been five Serious Incidents relating to maternity care year to date. These include three 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.

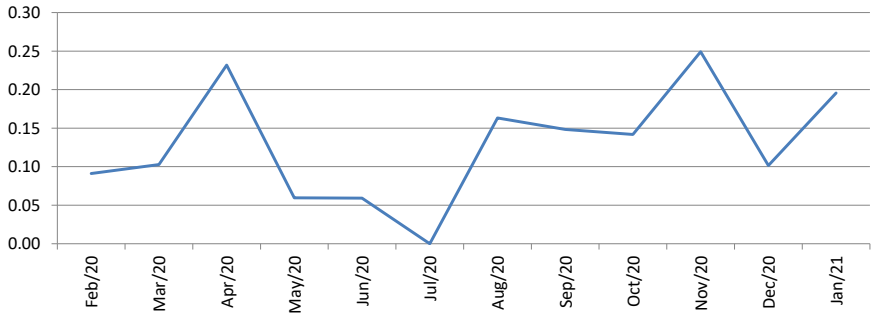
- **May 2020** - Incident around informed consent and termination of pregnancy (Trust SI)
- **July 2020** - Maternal and baby death (HSIB investigation relating to events prior to attendance at the Trust – not SI)
- **July 2020** - Neonatal death, baby born in poor condition (HBIB SI – reported to STEIS 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)
- **January 2021** – Retained swab after delivery (also never event)

Serious Incident Themes

Serious Falls per 1000 occupied bed days



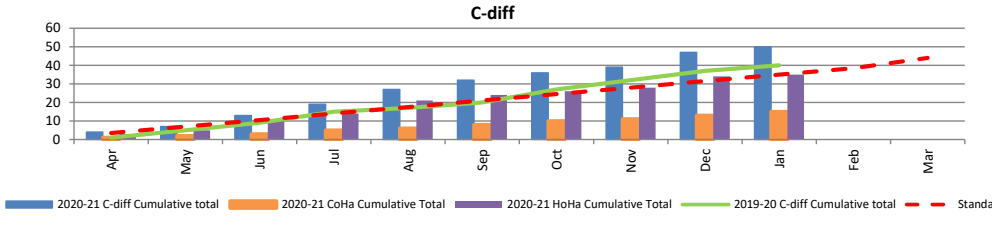
Care Issues per 1000 occupied bed days

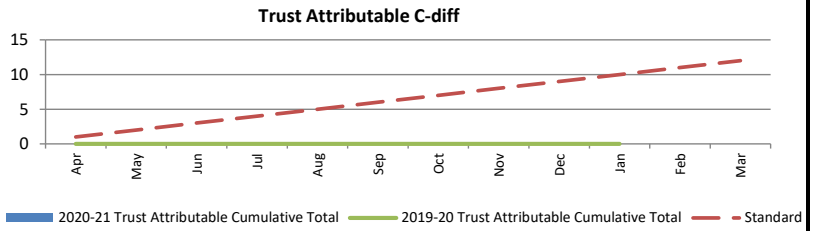


Infection Control C.Diff - January 2021 (Month 10)
(Data accurate as at 12/02/2021)

	Standard	Qtr 1	Qtr 2	Qtr 3	Jan	YTD
2020-21 Infection Control - C-diff	44 Full Year	13	19	15	3	50
2019-20 Infection Control - C-diff	39 Full Year	9	11	17	5	42
2020-21 Trust Attributable	12	0	0	0	0	0
2019-20 Trust Attributable	12	0	0	0	0	0

	Qtr 1	Qtr 2	Qtr 3	Jan	YTD
HOHA	10	14	10	1	35
COHA	3	5	5	2	15

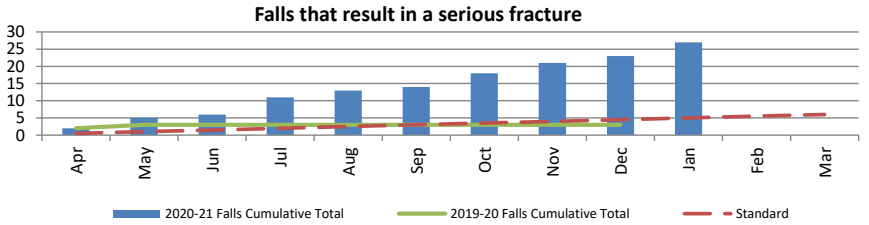




Pressure Ulcers & Falls that result in a serious fracture - January 2021 (Month 10)
(Data accurate as at 12/02/2021)

	Standard	Qtr 1	Qtr2	Qtr3	Jan	YTD
2020-21 Serious Falls (moderate/severe harm)	6 Full Year	6	8	9	4	27
2019-20 Serious Falls	10 Full Year	3	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.



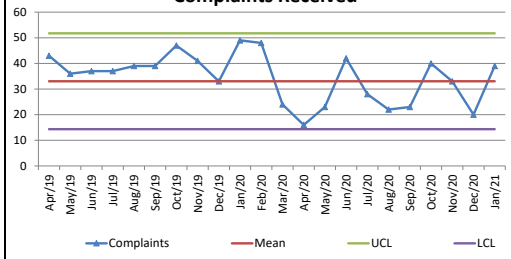
	Standard	Qtr 1	Qtr 2	Qtr 3	Jan	YTD
2020-21 Pressure Ulcers	56 Full Year	192	175	247	71	685
2020-21 Pressure Ulcers (Cat 4)		0	1	1	1	3
2020-21 Pressure Ulcers (Cat 3)		17	10	19	2	48
2020-21 Pressure Ulcers (UNS/DTI Low Harm/Cat 2)		175	164	227	68	634

Complaints & Claims - January 2021 (Month 10)

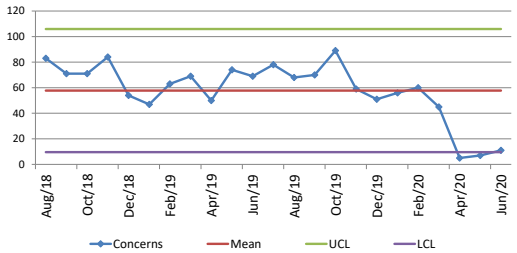
Data accurate as at 12/02/2021

Complaints

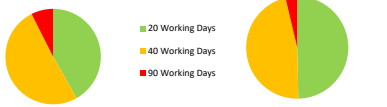
Complaints Received



Concerns Received



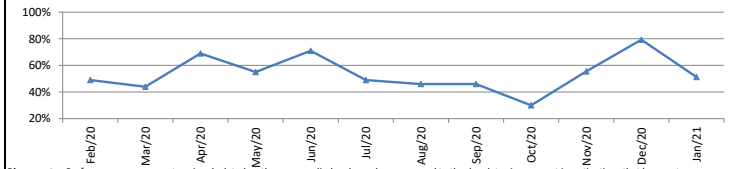
January 2021 Complaints Received Risk Breakdown



Year to Date Complaints Received Risk Breakdown

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

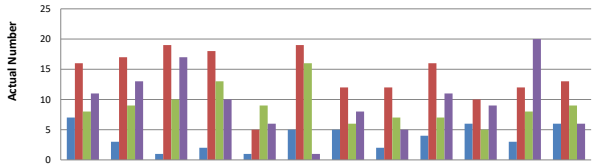
Complaints Resolution Performance



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

Complaints Closed - Outcome

Closed Complaints - Outcomes



	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
Complaints Upheld	7	3	1	2	1	5	5	2	4	6	3	6
Complaints Partially upheld	16	17	19	18	5	19	12	12	16	10	12	13
Complaints not upheld	8	9	10	13	9	16	6	7	7	5	8	9
Outcome not reported	11	13	17	10	6	1	8	5	11	9	20	6

Parliamentary Health Service Ombusdman (PHSO)

Month	Number of cases referred for investigation	Number Currently Outstanding
Jan-21	0	4

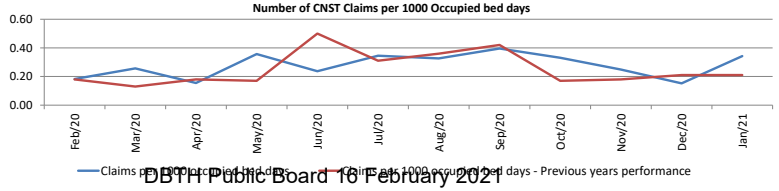
	Number referred for investigation YTD	Outcomes YTD	
2017/18	7	Fully / Partially Upheld	3
		Not Upheld	1
		No further Investigation	0
		Case Withdrawn	0
		Not Investigated	3
		Outstanding	0
2018/19	9	Fully / Partially Upheld	4
		Not Upheld	3
		No further Investigation	0
		Not Investigated	0
		Case Withdrawn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

Claims

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Clinical Negligence Scheme for Trusts (CNST) Not including Disclosures	2020/21	2	6	4	6	6	8	7	5	3	7			54
	2019/20	4	4	11	7	8	9	4	4	5	5			61
Liabilities to Third Parties Scheme (LTPS)	2020/21	2	1	2	2	1	0	1	2	2	1			14
	2019/20	5	3	1	4	0	1	4	3	1	1			23

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

Number of CNST Claims per 1000 Occupied bed days



Patient Safety Strategy 18 months on

To be the safest trust in England, outstanding in all that we do.

Our vision – True North

www.dbth.nhs.uk

Patient Safety Definition

Patient safety is 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

NHS patient safety strategy 2019


Patient Safety
Insight
Involvement
Outstanding Quality
Patient Experience
Clinical Effectiveness
Improvement

Insight:

Measurement, incident response, medical examiners, alerts, litigation

Improve our understanding of safety by drawing insight from multiple sources of patient safety information

- New Patient Safety Incident Management system - PSIMS (to replace NRLS and STEiS)
- New Patient Safety Incident Response Framework (PSIRF)
- National Patient Safety Alerts
- Medical Examiner System
- Enhanced Learning from Litigation

Involvement :

Patient safety partners, curriculum and training, specialists, Safety II

People have the skill and opportunities to improve the patient safety, throughout the whole system.

- Patient Safety Specialist confirmed
- National Patient Safety Syllabus (release spring and launch June 2021)
- Recruit Patient Safety Partners
- Using the PSIMS to learn from excellence (Safety II)

Improvement :

Deterioration, spread, maternity, medication, mental health, older people, learning disability, antimicrobial resistance, research

Improvement programmes enable effective and sustainable change in the most important areas.

- the National Patient Safety Improvement Programme
- the Maternity and Neonatal Safety Improvement Programme
- the Medicines Safety Improvement Programme

Thank you, any questions?

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Report Cover Page					
Meeting Title:	Board of Directors				
Meeting Date:	16 February 2021	**Agenda Reference:**	**B3**		
Report Title:	**Medical Director Update**				
Sponsor:	Dr Tim Noble, Medical Director				
Author:	Dr Tim Noble, Medical Director				
Appendices:	None				
Executive Summary					
Purpose of report:	To provide a summary of activity within the Medical Director's office				
Summary of key issues:	▪ Mortality reviews have not identified any particular areas of concern ▪ The Medical Examiner's process is on target to scrutinise all deaths				
Recommendation:	The Board is asked to note: ▪ Continuing progress with appraisals and revalidation ▪ Impending clinical governance review				
Action Require:	Approval	Information	Discussion	Assurance √	Review

Link to True North Objectives:	**TN SA1:**	**TN SA2:**	**TN SA3:**	**TN SA4:**
	To provide outstanding care for our patients	*Everybody knows their role in achieving the vision*	*Feedback from staff and learners is in the top 10% in the UK*	*The Trust is in recurrent surplus to invest in improving patient care*

Implications	
Board assurance framework:	No change
Corporate risk register:	N/A
Regulation:	N/A
Legal:	N/A
Resources:	N/A

Assurance Route			
Previously considered by:			
Date:		**Decision:**	
Next Steps:			
Previously circulated reports to supplement this paper:			

HSMR

As expected there was a slight rise in October with an upward trend effect on HSMR given the second wave of covid. This is evidenced by a rise in the crude mortality rate of 1% above the previous month.

Medical Examiner process

Deaths in Quarter 2 (Adult inpatients) Doncaster = 278 Bassetlaw = 65 **Total Inpatient deaths =343**	
Deaths in Quarter 2 (A&E) Doncaster = 37 Bassetlaw = 7 **Total A&E deaths = 44**	
Deaths Screened by MEO Doncaster = 282 Bassetlaw = 39 **Total MEO scrutiny = 321/93.5%**	
Deaths scrutinised by ME Doncaster = 262 Bassetlaw = 33 **Total ME team Scrutiny = 295/86%**	
Top 5 cause of death recorded on MCCD this quarter 1. Pneumonia 2. Cancer/metastatic cancer 3. Sepsis 4. Multi organ failure 5. Cardiac related	
	**Hospital Standardised Mortality Ratio (HSMR) 12 month rolling** June = 104.08 Aug = 102.87 July = 104.08 Sept = 103.74

Medical Appraisals

Completion 2020/2021	
Q1	51.69%
Q2	43.48%
Q3	32.95%
Q4	9.8%

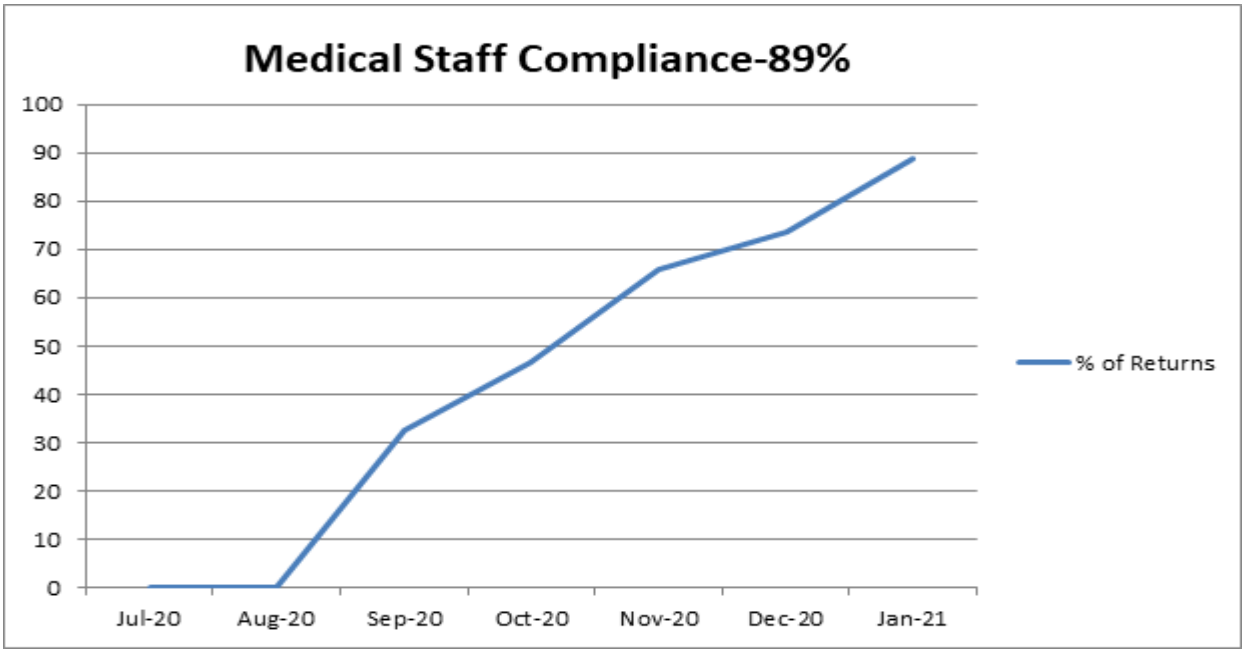
Appraisals were stood down nationally in March 2020 due to the Pandemic and NHSE Revalidation suggested that Trusts consider their positions in October 2020. In DBTH, the Revalidation Team has supported those clinicians in a position to proceed throughout the pandemic and it is pleasing to see the positive results above.

The majority of our colleagues in Anaesthetics and Respiratory have postponed their 2020/21 appraisals due to pressures in workload however they are being supported in terms of their health and wellbeing.

Revalidation

45 doctors have been recommended for revalidation during the period 1 April 2020 to date. Important to note the General Medical Council postponed all doctors due for revalidation during the period March 2020 and March 2021 by one year (and subsequently by a further 4 months thereafter) however doctors in a position to proceed have been reviewed and recommended.

Standards of Business Conduct and Employees Declarations of Interest Policy



Medical staff contribute 3 times the number of all other groups added together. The compliance with the policy has increased from effectively zero to **88.81%**, on target to achieving 100% by 31st March 2021.

Clinical Governance Review

In January, a comprehensive mapping exercise of clinical governance processes was undertaken. This confirmed that reporting lines for sub-committees underpinning governance processes are not as effective as they could be in providing the appropriate assurance to the Quality & Effectiveness Committee (QEC).

There is duplication in reporting to the three main governance groups namely QEC, Clinical Governance Committee and Patient Safety Review Group which may lead to less meaningful reporting.

Duplication was also found in the membership for each of the main groups. This needs to be addressed in order to enhance appropriate scrutiny at all levels.

The terms of reference for all sub-committees requires a full review designed to eliminate duplication and enhance effectiveness.

We are mindful of the national direction of travel with the Patient Safety Board concept of triangulation of the 3 key elements of quality.

Next steps

The Clinical Governance Team (Medical Director's Office) and the Patient Safety Team (Chief Nurse Office) will meet on 1 March 2021 to commence the full review of the current processes taking into account the identified gaps and areas for improvement.

Clinical Governance Teams

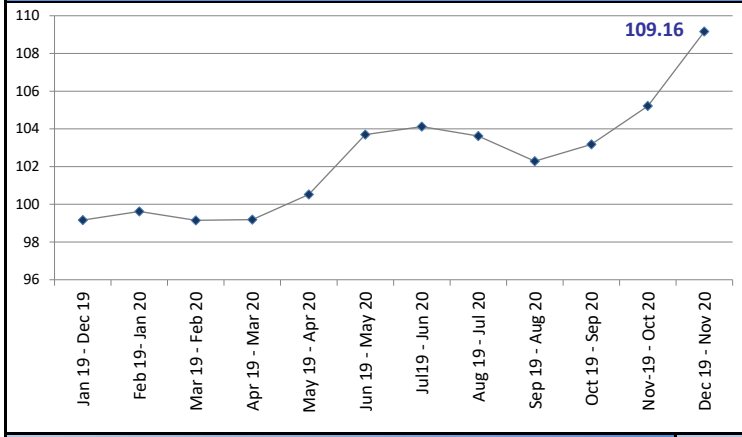
Clinical Governance meetings were stood down in March 2020 in response to the covid pandemic and slowly re-introduced from June 2020.

The majority of clinical governance meetings have continued in these difficult times. We have agreed for clinical governance meetings to be postponed subject to key issues receiving appropriate scrutiny by a small clinical governance team. This will be kept under constant review.

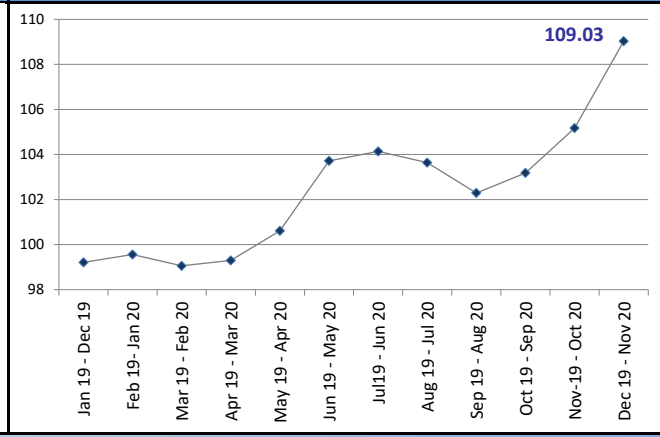
Appropriate assurance from Divisional Clinical Governance Leads is obtained from their attendance at the Clinical Governance Committee.

Hospital Standardised Mortality Ratio (HSMR) - November 2020 (Month 8)

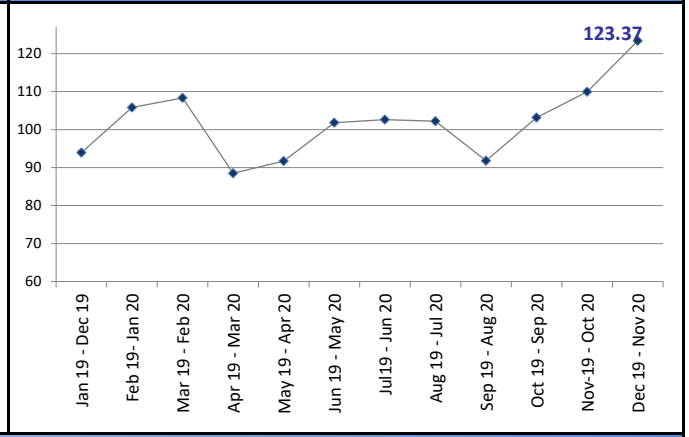
Overall HSMR (Rolling 12 months)



HSMR - Non-elective Admission (Rolling 12 months)



HSMR - Elective Admission (Rolling 12 months)

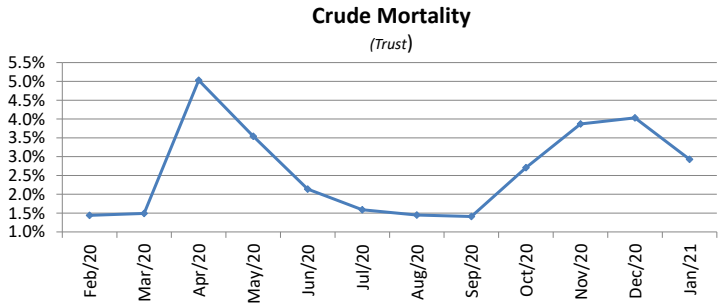


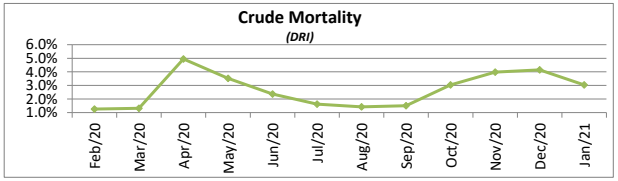
HSMR Trend (monthly)

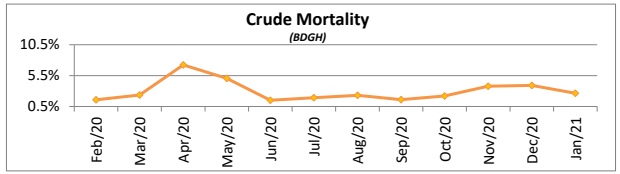
	2016	2017	2018	2019	2020
January	116.80	99.21	94.86	105.78	110.26
February	99.94	97.73	105.44	98.13	92.56
March	90.54	97.37	88.42	101.87	97.34
April	105.91	88.50	98.37	100.70	124.54
May	101.15	96.60	91.20	91.36	139.94
June	80.27	93.67	89.98	98.32	122.10
July	92.56	97.73	107.07	104.77	100.33
August	100.27	87.52	94.65	112.17	94.11
September	90.26	95.34	90.09	83.64	93.24
October	90.29	88.66	96.74	100.24	123.29
November	88.98	82.30	99.04	88.64	135.60
December	82.30	93.52	80.45	103.24	

Crude Mortality (monthly) - January 2021 (Month 10)

(number of deaths/number of patient discharged)







	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
Trust	1.44%	**1.69%**	**5.03%**	**3.54%**	**2.14%**	**1.59%**	**1.46%**	**1.41%**	**2.71%**	**3.87%**	**4.03%**	2.93%
DRI	1.26%	1.76%	4.95%	3.52%	2.37%	1.62%	1.42%	1.51%	3.04%	3.98%	4.15%	3.04%
BDGH	1.57%	1.75%	7.23%	5.05%	1.51%	1.92%	2.30%	1.61%	2.21%	3.79%	3.91%	2.65%

OUR VISION : To be the safest trust in England, outstanding in all that we do			
True North Strategic Aim 2 – Everybody knows their role in achieving the vision			
Risk Owner: Trust Board **Committee: People**	**People, Partners, Performance, Patients**	**Date last reviewed : Feb 2021**	
Strategic Objective Everybody knows their role in achieving the vision **Breakthrough Objective** Achieve a 5% improvement in our staff having a meaningful appraisal linked to our vision	**Risk Appetite:** The Trust has a **low appetite** for risks TBC **Measures:** • Staff survey results – appraisals and ability to improve • Examples of changes from local QI/innovation	**Initial Risk Rating** **Current Risk Rating** **Target Risk Rating**	4(C) x 4(L) = 16 extr 4(C) x 4(L) = 16 extr 3(C) x 3(L) = 9 low
Risks: • Risk of disconnect between ward and Board leading to negative impact on staff morale and patient care • Failure of people across the Trust to meet the need for rapid innovation and change • Impact of Covid	**Rationale for risk current score:** Impact: • Impact on performance • Impact on Trust reputation • Impact on safety of patients & experience • Possible Regulatory action • Recruitment and retention issues • Increased staff sickness levels • Deterioration in management-staff relationships	**Future risks:** • **Risk references:** F&P8 – to be changed to ownership by the People Committee QE6 – to be changed to ownership by the People committee QE1 – to be changed to ownership by the People Committee **Opportunities:** • Change in practices, new ways of working • Increase skill set learning	
Controls / assurance (mitigation & evidence of making impact): • Monitoring uptake of appraisal through accountability meetings • Staff survey action plans to ensure appraisal conversations are meaningful as defined by the staff survey • Listening events held on regular basis • Use of team brief • Extended management board sessions • Introduction of wellbeing appraisals	**Comments:** Considerations – capacity & capability of workforce including our leaders	**Assurance (evidence of making an impact):** Feedback from the appraisal season and staff survey results **Gaps in controls / assurance (actions to achieve target risk score):** • Regular feedback on appraisal discussions through Staff FFT • Impact on COVID of appraisals not taking place during the year	

OUR VISION : To be the safest trust in England, outstanding in all that we do			
True North Strategic Aim 3 – Feedback from staff and learners in top 10% in UK			
Risk Owner: Trust Board **Committee: People**	**People, Partners, Performance, Patients**	**Date last reviewed : Feb 2021**	
Strategic Objective Feedback from staff and learners in top 10% in UK **Breakthrough Objective** The Trust is within the top 25% for staff & learner feedback	**Risk Appetite:** The Trust has a **low appetite** for risks TBC **Measures:** • Learner feedback • Staff survey results on development and engagement – recommending the Trust as a place to work • Clear organisational strategy co-developed with our people	**Initial Risk Rating** **Current Risk Rating** **Target Risk Rating**	4(C) x 4(L) = 16 extr 4(C) x 4(L) = 16 extr 3(C) x 3(L) = 9 low
Risks: • Failure to provide appropriate learner environment that meets the needs of staff and patients • Failure to enable staff in self actualization • Failure to deliver an organizational development strategy that allows implementation of trust values	**Rationale for risk current score:** Impact: • Impact on Trust reputation • Impact on safety of patients & experience • Possible Regulatory action • Recruitment and retention issues • Increased staff sickness levels • Deterioration in management-staff relationships • Financial impact for the Trust	**Future risks:** • **Risk references:** F&P8 – to be changed to ownership by the People Committee QE6 – to be changed to ownership by the People committee QE1 – to be changed to ownership by the People Committee **Opportunities:** • Change in practices, new ways of working • Future new build • Focus on wellbeing and EDI across the Trust	
Controls / assurance (mitigation & evidence of making impact): • Introduction of People committee and sub committees • Work programme to implement the People Plan • Staff survey results and action plan • PPQA feedback • GMC trainee survey	**Comments:** • Requires good OD plan “fit for purpose” • Staff survey impact • Need good data • Recruitment & retention	**Assurance (evidence of making an impact):** Feedback from staff and learner networks Junior doctor forum **Gaps in controls / assurance (actions to achieve target risk score):** COVID response impacted on development work	

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Report Cover Page			
Meeting Title:	Board of Directors		
Meeting Date:	February 2021	**Agenda Reference:**	**C2**
Report Title:	Our People update		
Sponsor:	Karen Barnard, Director of People & OD		
Author:	Karen Barnard, Director of People & OD		
Appendices:	None		
Executive Summary			
Purpose of report:	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 – this paper provides an update on the Board's decision to become an early adopter of the Race Equality Code		
Summary of key issues:	***Race Equality Code*** The report provides a summary of the process by which the Trust has been assessed against the Race Equality Code launched by Karl George of the Governance forum – the action plan following this assessment will be considered by the BAME colleague network and Management Board to ensure collective ownership is created. ***People Plan and wellbeing*** The People Plan introduced the role of Wellbeing Guardian – the remit of the role has now been developed and launched – Mark Bailey has volunteered to become the Wellbeing Guardian. The People committee has held a workshop with an extended invite to develop the Trust priorities related to the NHS People Promise and People Plan linked to our Trust breakthrough objectives. The output from that workshop will be considered at the next People Committee. ***Covid update*** 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. Covid related absences saw a reduction in December with a further reduction in staff requiring a swab and subsequently testing positive. With regard to lateral flow testing – circa 0.55% of staff testing are reporting a positive result. As members will be aware we have commenced vaccinating colleagues with the Covid vaccine. In excess of 6000 colleagues working on our sites have been vaccinated as at 8 February 2021. The Trust is now working in partnership with RDaSH to facilitate the vaccination of colleagues across the wider NHS and social care.		

Recommendation:	Members are asked to receive this report.				
Action Require:	Approval	**Information**	Discussion	**Assurance**	Review

Link to True North Objectives:	**TN SA1:**	**TN SA2:**	**TN SA3:**	**TN SA4:**
	To provide outstanding care for our patients	***Everybody knows their role in achieving the vision***	***Feedback from staff and learners is in the top 10% in the UK***	*The Trust is in recurrent surplus to invest in improving patient care*

Implications	
Board assurance framework:	
Corporate risk register:	F&P 8, QE6, QE1 – the ownership of these are to be moved to the People Committee
Regulation:	
Legal:	
Resources:	

Assurance Route			
Previously considered by:		People Committee	
Date:	12 January 2021	**Decision:**	To hold a workshop to discuss the People Plan priorities for 2021/22
Next Steps:		Ongoing discussions at People Committee	
Previously circulated reports to supplement this paper:			

OUR PEOPLE UPDATE

1. RACE EQUALITY CODE

Members will recall that at a previous Board meeting we received a presentation from Karl George of The Governance Forum introducing the newly developed Race Equality Code. At that meeting we discussed whether we should become an early adopter of that code and agreed that undertaking the diagnostic associated with the early adopter process would provide us with a robust assessment against the code and provide us with an action plan to drive forward our equality, diversity and inclusion priorities.

The RACE Equality Code (REC) provides best practice guidance that helps organisations to understand, not only what is required of them by their sector, regulator and/or their stakeholders but also how to apply what is required. Stakeholders will gain assurance where an organisation is able to demonstrate compliance with the RACE Equality Code 2020. Boards, as part of their annual cycle of work, should include the RECA processes as part of their overall Equality, Diversity and Inclusion strategy. By being an early adopter we have been able to provide feedback on the code and assessment process.

There are three stages to the assessment process which are detailed below:

Stage 1 - Pre-Assessment Process

Diagnostic Document Review and Survey

Whilst the Diagnostic Document Review (DDR) is not a formal document review against any legal or regulatory requirements, the process of reviewing Doncaster and Bassetlaw's documents, was to purely focus on where or how race was embedded into its strategic documentation, and review Equality, Diversity and Inclusion documentation and practice.

Alongside this process, a survey was undertaken to start to get an understanding of the culture and leadership empathy, around race equity and representation of Black, and other ethnic groups on Doncaster and Bassetlaw's board and in the senior leadership team.

Stage 2 – tgf Governance Assessment

The 12 Principles of Governance

Level 1 of the assessment process was carried out to receive evidence and assurance of the systems employed in governing the organisation, and the impact on diversity and inclusion.

a) **Resources** - The documents that describe the governance framework.

b) **Competency** - The composition and capacity of the leadership

c) **Execution** - The work carried out in ensuring accountability of the senior leadership.

An initial assessment was then carried out as the high-level compliance to the four principles identified in the RACE Equality Code i.e. Reporting, Action, Composition and Education.

Stage 3 – Self- Assessment

RACE Code Diagnostic

Level 2 of the assessment process considers the 41 provisions of the Code and Doncaster and Bassetlaw's compliance with each of the provisions. The provisions are divided into three distinct categories. The first category relates to the **Must** provisions and there are 10 provisions with which an

organisation must comply. Where there is partial or non-compliance at the time of the assessment, an explanation and date for compliance must be given. The **Should** and **Could** sections, which make up a further 31 provisions, are examined on a comply or explain basis. Actions from each of the above stages are provided throughout a report and combined into fully referenced actions in a RACE Action Plan (RAP).

The assessment was undertaken on 12 and 30 November 2020 with feedback on that assessment being provided on 3 February 2021. The assessment involved Suzy Brain England, Richard Parker, Karen Barnard and Fiona Dunn together with Karl and his colleagues. Kirby Hussain, the Trust's newly appointed EDI lead joined us at the feedback session. At that feedback session we received a draft report and action plan – we await the finalised version of the report and confirmation of our assessment outcome. With regard to the associated action plan we intend to socialise it with our BAME colleague network and Management Board to ensure collective ownership of the narrative of our priorities including the language we use. The finalised action plan will be shared with the Board at its meeting in April and will be regularly reviewed by the People Committee moving forward.

2. PEOPLE PLAN

Members will recall the launch of the NHS People Plan last year with associated actions – the People Committee has continued to receive feedback on the work taking place within the Trust, particularly in relation to wellbeing. Within the People Plan the role of a Wellbeing Guardian was articulated, with the expectation that a Non-Executive Director would fulfil that role. Further details have now been received following a national launch event which confirms that the Wellbeing Guardian is recommended to be a board-level role that provides oversight, assurance and support to the NHS board to fulfil their legal responsibility in ensuring the health and wellbeing of our NHS people. The guidance describes that the Wellbeing Guardian should:

- Care about people, find ways to connect with staff and staff networks and listen well
- Work closely with and support the HR Director and other executives who lead in this area
- Feel confident in challenging the Board and other senior leaders, questioning decisions that could impact on the wellbeing of our NHS people, and challenging behaviours or aspects of the culture that are likely to be detrimental to others.
- Be fully cognisant of the protected characteristics outlined in the Equality Act and be committed to ensuring that disparities on the basis of a protected characteristic are eradicated.

Mark Bailey has offered to be our Wellbeing Guardian and undertake this role – members are asked to agree to Mark undertaking that role.

In reviewing our People Plan priorities for the coming year the People Committee recently held a workshop and extended an invitation to other members of the Executive Team, Board and Divisional Directors. Everyone was asked to consider priorities in relation to potential quick wins and more major pieces of work taking account of the NHS People Promise, our Trust Breakthrough objectives and our journey to Outstanding – these were then shared with attendees. The output from this workshop will be considered at the March meeting of the People committee.

COVID UPDATE

1. Staff Absence

2. Staff Testing

3. Lateral Flow testing

4**.** Covid vaccination

List of figures included with this report:

List of tables included in this report:

3. 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 – with a reduction showing in December. 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 – December 2020

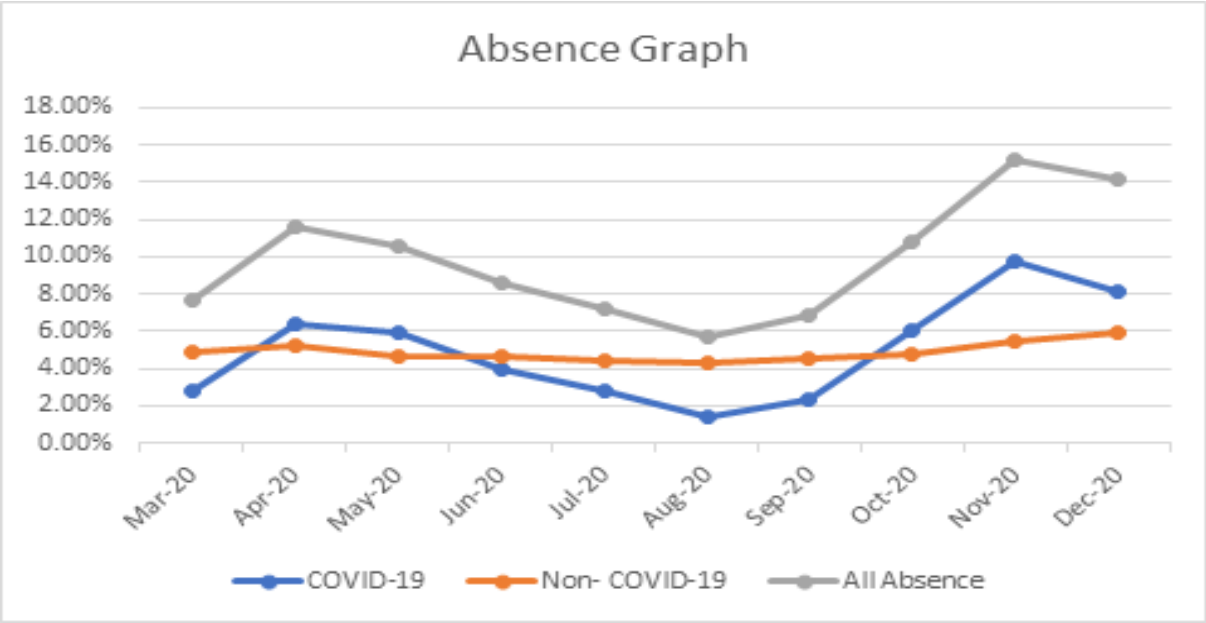
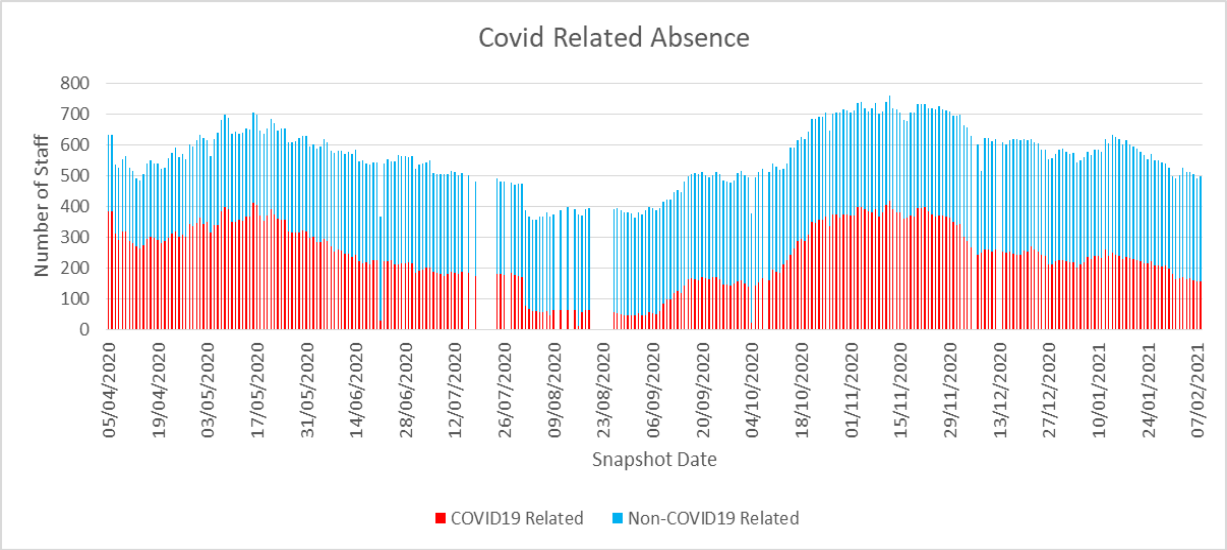


Table 1 – COVID Related Absence and Return to Work Figures

Absence Reason	Total Absences	Have not Returned	Have Returned	% Returned
Carers COVID	175	0	175	100%
COVID-19 Symptoms	581		581	100%
Medical exclusion LFT - Negative PCR	2		2	100%
Medical exclusion with Covid 19 symptoms	2362	19	2343	99%
Medical exclusion with Covid 19 confirmed	196	2	194	99%
Medical exclusion without Covid 19 symptoms	1873	33	1840	98%
Medical Exclusion – COVID Shielding	343	13	330	96%
Medical exclusion Track & Trace W/O COVID symptoms	450	23	427	95%
COVID-19 Confirmed	1127	136	991	88%
Medical exclusion LFT	87	11	76	87%
Grand Total	**7196**	**237**	**6959**	**97%**

The above table details the numbers of staff who were absent during December 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 Day basis. Reasons for absence such as Pregnancy, training, annual leave are not included within these figures. Following an increase in wave 1 levels we are seeing a gradual reduction in CThe 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.

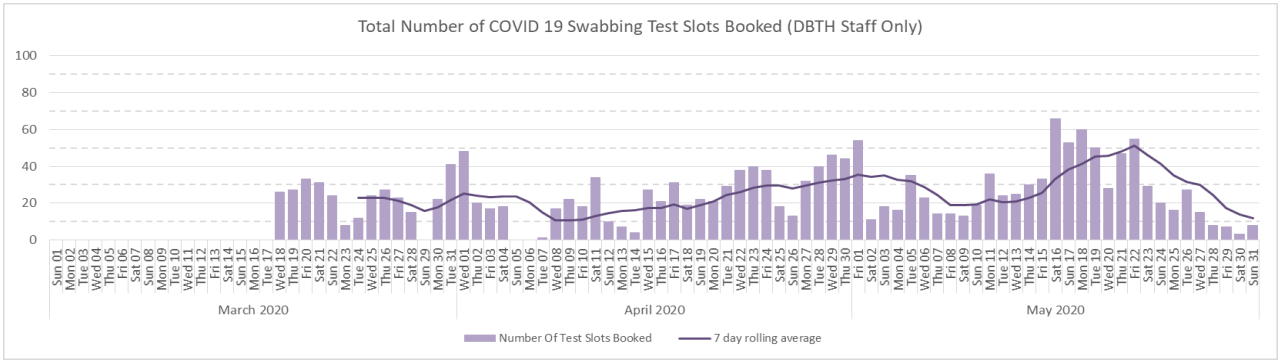
4. STAFF TESTING

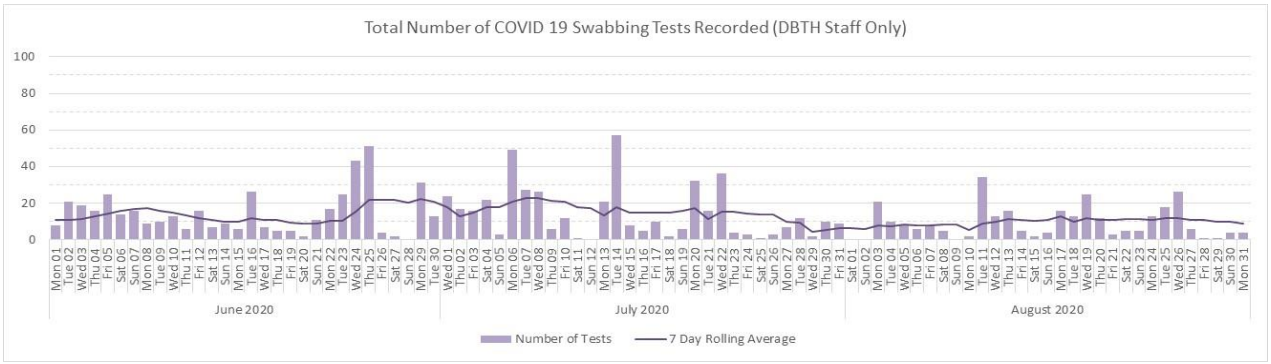
Table 2 – Staff Testing Figures

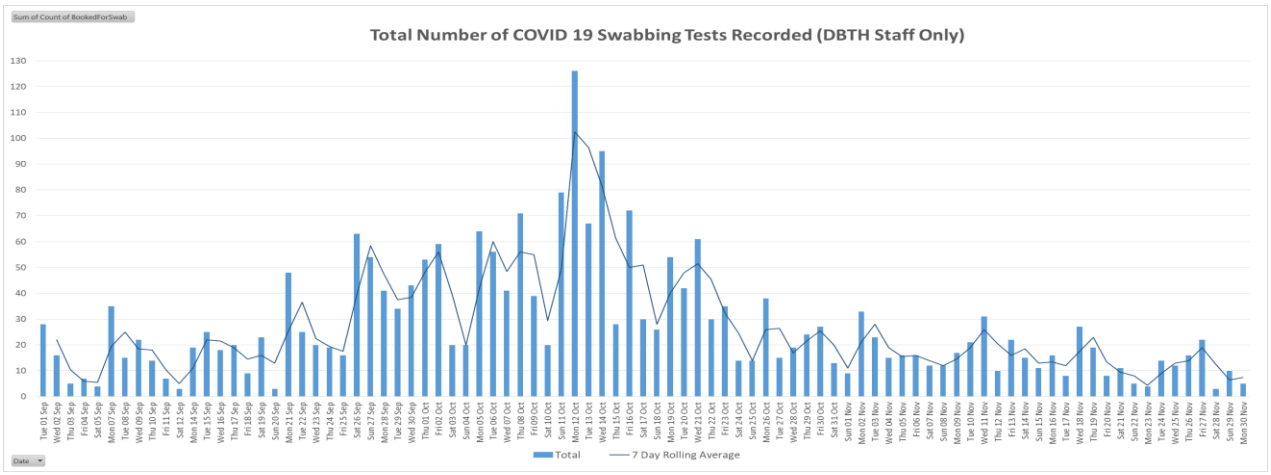
Date	March	April	May	June
Total	363	805	869	437
Date	**July**	**August**	**September**	**October**
Total	447	286	593	1352
Date	**November**	**December**	**January**	**February**
Total	443	225	157	1

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 figures reducing significantly over the last 2 months and a corresponding reduction in positive swabs.

Figure 3 – Swabbing data March 2020 to January 2021







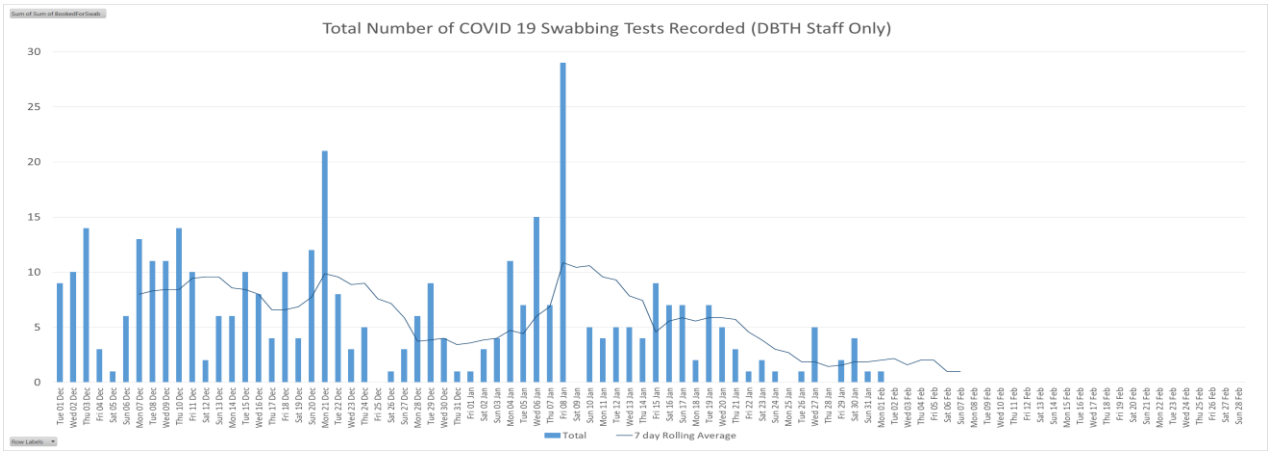


Table 3 – Total Number of Staff Testing Positive by Month & Area of Work

Count of PKAbsenceID	Column Labels												
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	3		68
272 Children & Families Division	3	13	10	2				14	15	19	18	1	95
272 Clinical Specialties Division	22	35	60	2			13	52	52	38	39		313
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	16		181
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		2		5
272 Medicine Division	24	161	97	39	5	2	11	200	153	138	30	1	861
272 Nursing Services Directorate	2	5	5					1	8	9	1	1	32
272 People & Organisational Directorate								2		1			3
272 Performance Directorate		2	13					4	15	7	9		50
272 Surgery and Cancer Division	26	70	149	33	7		3	84	74	58	26		530
Grand Total	**105**	**339**	**386**	**87**	**13**	**2**	**28**	**419**	**359**	**316**	**144**	**3**	**2201**

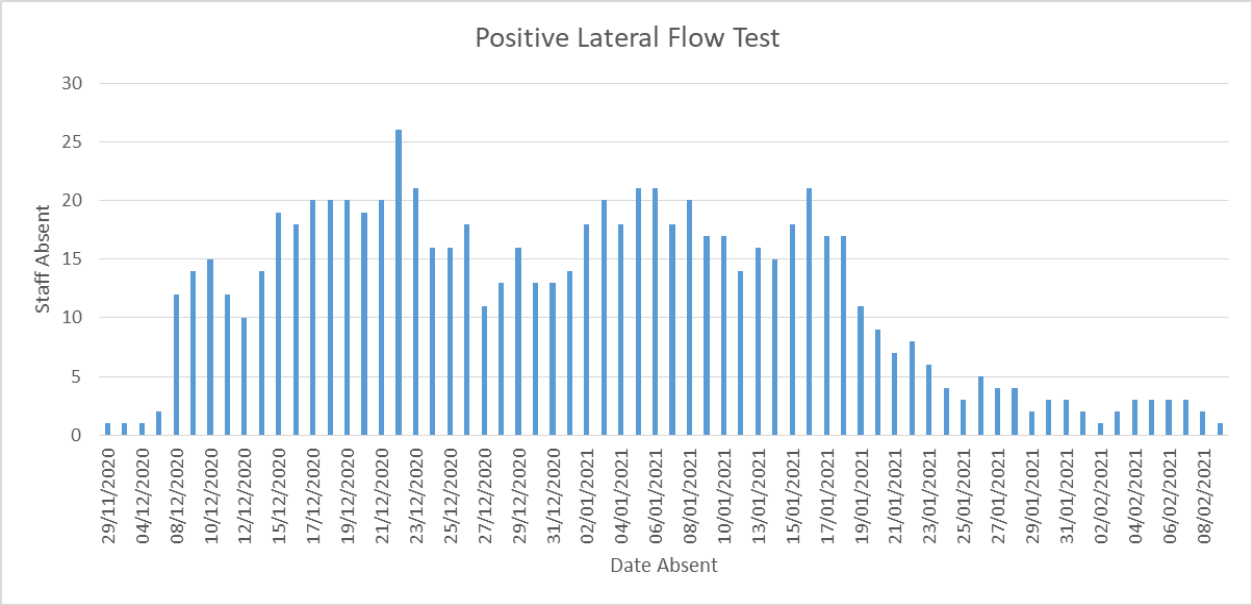
Table 4 – Positive Staff by Ethnicity

Count of PKAbsenceID	Column Labels												
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	3		78
A White - British	65	264	319	76	13	2	22	355	315	258	125	2	1816
B White - Irish		2						4	2	2			10
C White - Any other White background	5	4	3	2				9		4			27
C3 White Unspecified		2											2
CP White Polish			1							2			3
CX White Mixed										1			1
CY White Other European							2				4		6
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	2	1	65
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		1		25
LA Asian Mixed		2	2										4
LF Asian Tamil	1												1
LH Asian British										4			4
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	6		28
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
SD Malaysian											1		1
SE Other Specified	1												1
Unspecified	1	1	1					2	2				7
Z Not Stated	1	2	3	2				7	7	6	2		30
Grand Total	**105**	**339**	**386**	**87**	**13**	**2**	**28**	**419**	**359**	**316**	**144**	**3**	**2201**

5. LATERAL FLOW TESTING

This graph shows the number of staff absent on a single day due to returning a positive lateral flow test. It is pleasing to note the recent reduced number of positive tests.

Figure 4 – Positive Lateral Flow Test



Just over 4,000 staff are reporting their test results with 0.53% of tests currently returning a positive result.

6. 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 in excess of 6,000 colleagues working on our sites. In addition the Trust has been supporting the vaccination of other NHS and social care colleagues in conjunction with RDaSH.

<table>
<tr><th colspan="4">OUR VISION : To be the safest trust in England, outstanding in all that we do</th></tr>
<tr><th colspan="4">True North Strategic Aim 4 – In recurrent surplus to invest in improving patient care</th></tr>
<tr><td>Risk Owner: Trust Board
Committee: F&P</td><td>People, Partners, Performance, Patients</td><td colspan="2">Date last reviewed : Dec 2020</td></tr>
<tr><td rowspan="2">Strategic Objective
In recurrent surplus to invest in improving patient care
Breakthrough Objective
Every team achieves their financial plan for the year</td><td>Risk Appetite:
The Trust has a low appetite for risks TBC</td><td colspan="2"></td></tr>
<tr><td>Measures:
• Measures as reported through finance report
• Quality of business cases – TBC</td><td>Initial Risk Rating
Current Risk Rating
Target Risk Rating</td><td>5(C) x 5(L) = 25 extr
5(C) x 4(L) = 20 extr
3(C) x 3(L) = 9 low</td></tr>
<tr><td>Risks:
• The varied degree of commercial awareness within the organization and its impact on the effective financial business of the Trust
• Uncertainty of future financial planning and business expectations (post COVID BAU effect)</td><td>Rationale for risk current score:
Impact:
• Impact on performance
• Impact on Trust reputation
• Impact on safety of patients & experience
• Possible Regulatory action
• Financial impact for the Trust
• Reduction in hospital activity and subsequent income</td><td colspan="2">Future risks:
NHS Sector financial landscape Regulatory Intervention
• Block income arrangement
• National guidance is developing to understand how the financial regime will impact Trusts over the coming months.
Risk references:
• F&P1
Opportunities:
• Change in practices, new ways of working</td></tr>
<tr><td>Controls / assurance (mitigation & evidence of making impact):
Performance management regime in place reporting to Board
F& P Committee, ARC assurance committees
Budget Setting and Business Planning Processes (including capital) to be all approved for all areas.
Income /Activity capture and coding processes embedded and regularly audited</td><td>Comments:
• Require agreed and achievable workforce plans based on evidence
• Identification of “new normal”
• Potential changes to commissioning agendas
• Significant activity drop due to Covid</td><td colspan="2">Assurance (evidence of making an impact):
To be transferred from DATIX & reviewed
Gaps in controls / assurance (actions to achieve target risk score):
To be transferred from DATIX & reviewed</td></tr>
</table>

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Report Cover Page			
Meeting Title:	*Board of Directors*		
Meeting Date:	*February 2021*	**Agenda Reference:**	**D2**
Report Title:	**INTEGRATED QUALITY & PERFORMANCE REPORT (IQPR) / Performance Exception Report (December 2020)**		
Sponsor:	*Rebecca Joyce – Chief Operating Officer*		
Author:	*Julie Thornton – Head of Performance*		
Appendices:			

Executive Summary	
Purpose of report:	To provide assurance to the Board that the appropriate actions are being taken to support operational performance across the Trust in terms of recovery and moving towards business as usual.
Summary of key 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 (with the exception of non-obstetric ultrasound and flexi-sigmoidoscopy) • 52 Week Breaches – In December 2020 the Trust reported 986 breaches due to Covid 19 delays. This exceeded the in-month Phase 3 plan of 477 breaches. This continues to compare well to the position nationally. • For RTT in December 2020 the Trust delivered 64.6% performance within 18 weeks, below the 92% standard. This is a 2% reduction from last month, however due to increased validation, we have seen a reduction of 516 patients from the waiting list – mostly under 18 weeks so this will have had a negative impact on the RTT position. • Diagnostics – in December 2020 the Trust achieved 60.36% against a target of 99%. This is a slight improvement from last month but below the regional and national peer position. Activity reduced in December 2020 due to Christmas bank holidays (with exception of CT, Cystoscopy and Gastroscopy). Number of patients waiting have reduced in 50% of the DM01 modalities

	Emergency • 4 Hour Access – in December 2020 the Trust delivered 79.2% 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 decreased slightly in December 2020, but with 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 (49.4% against a standard of 75%. This is a significant reduction on last month's achievement due to numerous impacts of Covid 19 – mainly related to availability of staff and beds **Cancer** • In November 2020 the Trust achieved 3 out of 3 31 day nationally reported measures • In November 2020 the Trust achieved 1 out of 2 62 day nationally reported measures. There has been consistent improvement in volume of patients with open pathways over 104 days, with 3 reported in November 2020, however an increase to 10 breaches is anticipated for December 2020 due to an increase in complex pathways and delays due to patient choice. Performance remains the best in South Yorkshire and Bassetlaw.
Recommendation:	The Board is asked to note and comment as appropriate on the attached.

Action Require:	~~Approval~~	~~Information~~	~~Discussion~~	Assurance	~~Review~~

Link to True North Objectives:	**TN SA1:**	~~**TN SA2:**~~	~~**TN SA3:**~~	~~**TN SA4:**~~
	To provide outstanding care for our patients	~~*Everybody knows their role in achieving the vision*~~	~~*Feedback from staff and learners is in the top 10% in the UK*~~	~~*The Trust is in recurrent surplus to invest in improving patient care*~~

Implications	
Board assurance framework:	*No changes to BAF made – risks regarding elective restoration which this report reflects are outlined on the BAF*
Corporate risk register:	*Report regards Risks ID 6 and 2349 on the Risk Register - F&P 6 and F&P 8.* • *Failure to achieve compliance with performance and delivery aspects of the SOF, CQC and other regulatory standards* • *Failure to specifically achieve RTT 92% standard* *Report outlines actions plan to make progress, no change to risks on CRR*
Regulation:	*Report links to national quality and access standards. Performance against the standards contributes to the CQC regulatory framework.*
Legal:	*Report outlines performance against standards, published annually by NHS England, some of which are outlined in the NHS Constitution.*
Resources:	*Impact on resources of delivering activity taken account of in Trust plans*
Assurance Route	

Previously considered by:		Finance & Performance Committee	
Date:	26th January 2021	**Decision:**	Implementation and future monitoring of recovery action plan submitted as part of covid performance stock take document – January 2021
Next Steps:		Continued monitoring of recovery & associated action plans at Finance & Performance Committee	

Category	Indicator	Benchmarking Month Reported	Peer Benchmark	National Benchmark	Latest Month Reported	CURRENT MONTH			YEAR-TO-DATE			YEAR END FORECAST			Trend Graph (Jan-19 - 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)	Dec-20	80.9%	80.3%	Dec-20	95%	79.2%	-15.77%	95%	85.8%	-9.23%				
	Max time of 18 weeks from point of referral to treatment- incomplete pathway	Nov-20	60.5%	68.2%	Dec-20	92%	64.6%	-27.38%	92%	63.2%	-28.77%				
	RTT 52 Week Breaches to date	-	-	-	Dec-20	477	986	509	477	986	509				
	Waiting list size (from 1/4/19) - 18 Weeks referral to treatment -Incomplete Pathways	-	-	-	Dec-20	29935	34097	-4162	29935	34097	-4162				
	% waiting less than 6 weeks from referral for a diagnostics test	Nov-20	67.5%	75.9%	Dec-20	99%	60.4%	-38.64%	99%	50.0%	-48.98%				
Performance (Cancer)	Day 28 Standard (patients received diagnosis or exclusion of cancer)	-	-	-	Nov-20	-	-	-	-		-				
	31 day wait for diagnosis to first treatment- all cancers	Nov-20	95.6%	95.2%	Nov-20	96%	96.7%	0.72%	96%	98.4%	2.35%				
	31 day wait for second or subsequent treatment: surgery	Nov-20	95.3%	87.7%	Nov-20	94%	100.0%	6.00%	94%	98.8%	4.84%				
	31 day wait for second or subsequent treatment: anti cancer drug treatments	Nov-20	99.8%	99.4%	Nov-20	98%	100.0%	2.00%	98%	98.3%	0.31%				
	31 day wait for second or subsequent treatment: radiotherapy	Nov-20	94.9%	97.2%	Nov-20	-	-	-	-	-	-				
	62 day wait for first treatment from urgent GP referral to treatment	Nov-20	75.2%	75.6%	Nov-20	85%	79.2%	-5.83%	85%	80.4%	-4.60%				
	62 day wait for first treatment from consultant screening service referral	Nov-20	82.5%	88.0%	Nov-20	90%	100.0%	10.00%	90%	78.8%	-11.21%				
	62 day wait - 50/50 split	-	-	-	Nov-20	-	-	-	-		-				
	Cancer Waiting Times Open Suspected Cancer Pathways 104 Days +	-	-	-	Nov-20	-	3	-	-	157	-				
Performance (Activity)	A&E Attendances	-	-	-	Dec-20	-	12146	-	-	112738	-				
	Non Elective Activity - Discharges	-	-	-	Dec-20	4245	4017	-228	38205	38955	750				
	Daycase Activity (Contracted levels achieved)	-	-	-	Dec-20	1445	2890	1445	13003	20588	7585				
	Other Elective Activity (Contracted levels achieved)	-	-	-	Dec-20	281	365	85	2525	3340	816				
	Outpatient new activity (Contracted levels achieved)	-	-	-	Dec-20	6872	10427	3556	61844	77873	16030				
	Outpatient Follow Up activity (Contracted levels achieved)	-	-	-	Dec-20	14705	19440	4735	132347	158216	25868.75				
Performance (Ambulance Handover Times)	Ambulance Handovers Breaches -Number waited <= 15 Minutes	-	-	-	Dec-20	78.9%	60.2%	-18.68%	78.9%	59.1%	-19.85%				
	Ambulance Handovers Breaches -Number waited >15 & <30 Minutes	-	-	-	Dec-20	22.2%	25.2%	-3.03%	22.2%	33.7%	-11.55%				
	Ambulance Handovers Breaches-Number waited >30 & < 60 Minutes	-	-	-	Dec-20	0.0%	10.2%	-10.15%	0.0%	5.0%	-5.01%				
	Ambulance Handovers Breaches -Number waited >60 Minutes	-	-	-	Dec-20	0.0%	4.4%	-4.40%	0.0%	2.3%	-2.33%				
Performance (Stroke)	Overall SSNAP Rating	-	-	-	Sep-20	B	A	-	B	A	-				
	Proportion of patients scanned within 1 hour of clock start (Trust)	-	-	-	Oct-20	48.0%	51.9%	3.95%	48.0%	51.3%	3.25%				
	Proportion directly admitted to a stroke unit within 4 hours of clock start	-	-	-	Oct-20	75.0%	49.4%	-25.65%	75.0%	59.7%	-15.31%				
	Percentage of all patients given thrombolysis	-	-	-	Oct-20	90.0%	100.0%	10.00%	90.0%	100.0%	10.00%				

	Percentage treated by a stroke skilled Early Supported Discharge team	-	-	-	Oct-20	24.0%	78.3%	54.26%	24.0%	80.1%	56.07%				
Peformance (Theatres & Out Patients)	Out Patients: DNA Rate	-	-	-	Dec-20	8.7%	12.0%	-3.25%	8.7%	10.6%	-1.86%				
	Out Patients: Hospital Cancellation Rate	-	-	-	Dec-20	4.5%	15.3%	-10.84%	4.5%	23.8%	-19.26%				
	Typing Backlog (number / date)	-	-	-	Dec-20	3WD	51WD	-48WD	3WD	27WD	-24WD				
	Out Patient Booking - 2 weeks prior	-	-	-	Dec-20	95.0%	53.7%	-41.28%	95.0%	57.7%	-37.31%				
	Clinic Utilisation	-	-	-	Dec-20	95.0%	76.2%	18.77%	95.0%	78.5%	16.51%				
	ASIs 7 Days +	-	-	-	Dec-20	0	211	-211	0	56	-56				
	Missing Outcomes 14 Days +	-	-	-	Dec-20	0	1248	-1248	0	1248	-1248				
	Theatre Booking - 3 weeks prior	-	-	-	Dec-20	-	51.0%	-	-	52.0%	-				
	Theatre Booking - 4 weeks prior	-	-	-	Dec-20	95.0%	38.2%	-56.82%	95.0%	43.4%	-51.63%				
	Theatre Booking - 5 weeks prior	-	-	-	Dec-20	-	30.2%	-	-	37.7%	-				
	Theatre Utilisation	-	-	-	Dec-20	87.0%	81.5%	-5.50%	87.0%	76.4%	-10.57%				
	Cancelled Operations on the day (For non-clinical reasons)	-	-	-	Dec-20	1.0%	0.60%	0.40%	1.0%	0.46%	0.54%				
	Cancelled Operations-28 Day Standard	-	-	-	Dec-20	0	1	-1	0	20	-20				
	ERS Advice & Guidance Response Time	-	-	-	Sep-20	2WD	34WD	-32WD	2WD	18WD	-16WD				
	Infection Control Hosptial Onset C.Diff	-	-	-	Dec-20	TBC	5	-	TBC	33	-				
	Infection Control Community Onset C.Diff	-	-	-	Dec-20	TBC	1	-	TBC	12	-				
	Infection Control Combined Onset C.Diff	-	-	-	Dec-20	TBC	6	-	TBC	45	-				
	Infection Control MRSA	-	-	-	Dec-20	0	0	0	0	0	0				
	HSMR (rolling 12 Months)	-	-	-	Dec-20	100	105.91	-5.91	100	105.91	-5.91				
	HSMR : Non-Elective (rolling 12 Months)	-	-	-	Dec-20	100	105.88	-5.88	100	105.88	-5.88				
	HSMR : Elective (rolling 12 Months)	-	-	-	Dec-20	100	109.85	-9.85	100	109.85	-9.85				
	Never Events	-	-	-	Dec-20	0	0	0	0	2	2				
	Sis	-	-	-	Dec-20	-	0	-	-	26	-				
	VTE	-	-	-	Jan-20	95.0%	95.0%	0.00%	95.0%	95.3%	-0.28%				
	Pressure Ulcers - Category 3	-	-	-	Dec-20	5	8	-3.01	45	46	-1				
	Pressure Ulcers - Category 2 / UNS / DTI	-	-	-	Dec-20	0	69	-69	0	565	-565				
	Falls with Severe Harm / Lapse in Care / SI	-	-	-	Dec-20	0	0	0	0	12	-12				
	Falls with Moderate or Severe Harm	-	-	-	Dec-20	3	0	3	3	8	-5				

Patients	Complaints Resolution Performance (% achieved closure in agreed timescales with complainant)	-	-	-	Dec-20	90.0%	78.6%	-11.43%	90.0%	78.6%	-11.43%			
	Complaints Upheld / Partially Upheld by Parliamentary Health Service Ombudsman	-	-	-	Dec-20	-	0	-	-	0	-			
	Claims CNST (patients)	-	-	-	Dec-20	TBC	3	-	TBC	3	-			
	Claims LTPS - staff	-	-	-	Dec-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	-	-	-	Dec-20	71	79	-8	71	510	-439			
	Average Length of Stay (Elective & Non-Elective)	-	-	-	Dec-20	-	4.50	-	-	3.84	-			
	Bed Occupancy <92%	-	-	-		92%	-	-	92%	-	-			
	Mixed Sex Accommodation	-	-	-	Dec-20	0	0	0	0	0	0			
	Sepis Screening - % of appropriate patients screened	-	-	-		90%	-	-	90%	-	-			
	Sepsis Prescribing - Antibiotics within 1 Hour	-	-	-		90%	-	-	90%	-	-			
	Deaths Screened as part of Mortality Review Process	-	-	-		80%	-	-	80%	-	-			
	NICE Guidance Response Rate Compliance	-	-	-	Dec-20	90.0%	88.1%	-1.93%	90.0%	89.4%	-0.61%			
	NICE Guidance % Non & Partial Compliance	-	-	-	Dec-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 Anitbiotic Prescribing for UTI in Adults (16+)	-	-	-		60%	-	-	60%	-	-			
	Cirrhosis & Fibrosis Tests for Alcohol Dependent Patients	-	-	-		35%	-	-	35%	-	-			
	Staff Flu Vaccinations (1.9.20 - 28.2.21)	-	-	-		-	-	-	-	-	-			
	Recording of NEWS2 Scores for Unplanned Critical Care Admissions (60%)	-	-	-		60%	-	-	60%	-	-			
	Screening & Treatment of Iron Deficiency Anaemia - Major Blood Loss Surgery	-	-	-		60%	-	-	60%	-	-			
	Treatment of CA Pneumonia - BTS Care Bundle	-	-	-		70%	-	-	70%	-	-			
	Rapid Rule Out Protocol - ED Patients with Suspected Acute MI (60%)	-	-	-		60%	-	-	60%	-	-			
	Adherence to Evidence Based Interventions Clinical Criteria	-	-	-		80%	-	-	80%	-	-			
	ASIs Reviewed by a Clinician	-	-	-	Dec-20	100.0%	87.3%	-12.69%	100.0%	87.3%	-12.69%			
	ASIs booked into an appointment	-	-	-		-	-	-	-	-	-			

COVID KPIs	Patients on Cancellation List have a risk stratification category	-	-	-		-	-	-	-	-	-			
	Cancellations booked into an appointment	-	-	-		-	-	-	-	-	-			
	Patients on Active Waiting List have a risk stratification category	-	-	-	Dec-20	100.0%	92.2%	-7.76%	100.0%	78.5%	-21.54%			
	Patients on Review/Missing List have a risk stratification category	-	-	-		-	-	-	-	-	-			
	Patients on Planned Waiting List have a risk stratification category	-	-	-	Dec-20	40%	-	-	40%	5.2%	-34.81%			
	Category 1a Elective Patients Treated within 24 hours	-	-	-	Dec-20	100%	-	-	100%	-	-			
	Category 1b Elective Patients Treated within 72 hours	-	-	-	Dec-20	100%	82.8%	-17.16%	100.0%	86.0%	-13.99%			
	Category 2 Elective Patients Treated within 4 Weeks	-	-	-	Dec-20	100%	70.1%	-29.90%	100.0%	55.8%	-44.21%			
	Category 3 Elective Patients Treated within 3 Months	-	-	-	Dec-20	80%	-	-	80%	-	-			
	% Elective In Patient Activity compared to same period last year	-	-	-	Dec-20	-	54.9%	-	-	45.9%	-			
	% Elective Day case Activity compared to same period last year	-	-	-	Dec-20	-	67.0%	-	-	48.9%	-			
	% MRI Activity compared to same period last year	-	-	-	Dec-20	-	86.1%	-	-	69.0%	-			
	% CT Activity compared to same period last year	-	-	-	Dec-20	-	93.3%	-	-	89.9%	-			
	% Endoscopy Activity compared to same period last year	-	-	-	Dec-20	-	67.8%	-	-	39.1%	-			
	% Out Patient Activity compared to same period last year	-	-	-	Dec-20	-	75.8%	-	-	60.6%	-			
	Patients admitted as an emergency while on the waiting list (for the same speciality)	-	-	-	Dec-20	-	26	-	-	322	-			
	Patient death (in hospital) on waiting list - cause of death linked to condition waiting for	-	-	-		-	-	-	-	-	-			

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 Performance – October 2020

3. **Cancer Performance**

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

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 December 2020 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 – December 2020 (NHSE/I submission)	Sept 2020 (final)	Oct 2020 (final)	Nov 2020 (final)	Dec 2020 (flex)	Jan 2021	Feb 2021
Outpatient New	100%	77.1%	69.4%	58.4%	64.8%	73.6%		
Outpatient F / U	100%	79.5%	65.9%	66%	71.6%	74%		
Elective	90%	78.6%	58.7%	64.5%	42%	54.9%		
Day Case	90%	90.5%	71%	70%	68.1%	70.4%		
CT	100%	95%	92.7%	98.4%	89.1%	92.4%		
MRI	90%	95%	75.3%	89.6%	85.9%	85.5%		
Non Obstetric Ultrasound	100%	78%	66.7%	82.2%	77.8%	83.8%		
Colonoscopy	100%	120%	TBC	TBC	TBC	93%		
Flexi Sig	100%	5%	TBC	TBC	TBC	22.8%		
Gastroscopy	100%	98%	TBC	TBC	TBC	81%		
Non-Elective	N/A	N/A	94.8%	75.9%	69.4%	69.4%		

***Activity recorded at flex positon – 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	• Reduced capacity for all face to face activity due to COVID Safe Working • Continued increase in short notice cancellations / DNAs – unable to backfill • Expected reduction in activity due to Christmas bank holidays • Respiratory & Pain activity reduced to accommodate staff to support wards with Covid 19 demand) • Increased DNA rate – up to 20% in some face to face clinics (despite a pre-booked appointment & confirmation via pre-calling	• Escalation meetings taken place with surgical specialties to further increase their capacity if not back at 100%. • Increasing IT provision to support more telephone and video consultations. • Redeployed staff and students utilised for pre-call in some surgical specialties reduce DNA rate • Further work to understand DNA rates and further actions to address • Working with ICS to identify any

	for some patients) • Increase in on the day theatre cancellations due to procedures being more complex as a result of extended waits.	opportunities for mutual aid in challenged areas, particularly Ophthalmology & Breast • New theatre cancellation process being introduced from 25.1.2021 (see section e)
Elective/ Day case	• 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	• Additional Elective work stepped up from 15/12/2020. Additional lists to be maintained over coming weeks.
Diagnostics	• MRI Reduced capacity due to contracted van days • Reduced capacity due to COVID Safe Working	• 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 (Inpatients)	Actual (out patients)	Actual (Total)
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	823	163	986
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: (Inpatient / out patient split) • T&O (453 / 69)	• Foureyes will be supporting the Trust on restoration plans. Approach argeed at December 2020 Board. • OPEL 4 projected activity expectations agreed. Full recovery trajectories to be worked up as part of work with Foureyes

• Urology (79 / 28) • General Surgery (82 / 10) • Oral Surgery (72 / 9) • ENT (63 / 5) • Ophthalmology (30 / 23)	commencing January 2021. • Patient communication planned for February 2021 to provide patient choice about continuation of care – for Trust and CCG approval in January 2021. • Approval for long waiting category 3 patients to be treated if theatre capacity allows – if there are no category 2 patients available.

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. There have been incremental improvements month on month, however there has been a dip in performance for December 2020:

Specialty	Waiting List	RTT Percentage	Longest Wait (weeks)
Breast Surgery	553	95.1 %	47
Cardiology	1291	83.3 %	50
Clinical Hematology	119	90.8 %	39
Dermatology	1344	91.3 %	50
Diabetic Medicine	376	90.7 %	54
ENT	3869	54.2 %	80
General Medicine	1903	76.0 %	51
General Surgery	3229	65.6 %	84
Geriatric Medicine	96	90.6 %	53
Gynaecology	1571	86.3 %	57
Medical Ophthalmology	474	73.2 %	62
Nephrology	127	97.6 %	30
Ophthalmology	3504	57.0 %	82
Oral Surgery	1987	57.2 %	78
Orthodontics	93	55.9 %	94
Paediatric Cardiology	67	85.1 %	42
Paediatrics	344	95.6 %	43
Pain Management	373	82.3 %	57
Podiatry	168	69.6 %	63
Respiratory Medicine	576	83.5 %	55
Rheumatology	386	87.6 %	47
Trauma & Orthopaedics	8111	53.1 %	103
Upper Gastrointestinal Surgery	155	38.1 %	75
Urology	2565	53.5 %	97
Vascular Surgery	630	77.1 %	98
Grand Total	34097	64.6 %	N/A

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

Incomplete Pathways	December 2020	November 2020	October 2020
Total (Trust)	34097	34613	33925
% under 18 Weeks (Trust)	64.6%	66.1%	64.9%
Total (Doncaster CCG)	20981	21293	20788
% under 18 Weeks (Doncaster CCG)	64.9%	67.2%	66.4%
Total (Bassetlaw CCG)	7287	7339	7114
% under 18 Weeks (Bassetlaw CCG)	68%	69.7%	70.1%

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

Issues Affecting Performance	Improvement Plan
• All non-urgent 'in patient' activity stood down due to continued OPEL level 4 operating • Expected reduction in activity due to Christmas bank holidays • All elective activity metrics were below local targets for December 2020. • Continued growth of waiting list due to reduction in activity and validation	• 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 • Step up of validation of waiting list to improve cleanness of PTL. Month end position shows an overall reduction of waiting list of 516 from last month. This will have had a negative impact on the RTT position due to most of the patients being removed being under 18 weeks.

d) Diagnostics – Performance Against National Target – 99%

Performance against the 6 week target shows an improved picture compared to November 2020 (58.8% compared to 60.36%). Although activity reduced in December 2020 due to the Christmas bank holidays (with the exception of CT, Cystoscopy and Gastroscopy), number of patients waiting have reduced in 50% of the DM01 modalities

Exam Type	<6W	>=6W	Total	Performance	Longest Waits
MRI	1090	126	1216	**89.64%**	**46**
CT	1748	324	2072	**84.36%**	**50**
Non-Obstetric Ultrasound	3490	3206	6696	**52.12%**	**54**
DEXA	218	76	294	**74.15%**	**36**
Audiology	116	403	519	**22.35%**	**56**
Echo	187	100	287	**65.16%**	**14**
Nerve Conduction	104	54	158	**65.82%**	**44**
Urodynamic	32	28	60	**53.33%**	**16**

Colonoscopy	188	191	379	**49.60%**	**43**
Flexible Sigmoidoscopy	42	86	128	**32.81%**	**32**
Cystoscopy	240	107	347	**69.16%**	**45**
Gastroscopy	296	390	686	**43.15%**	**40**
Total	7751	5091	12842	**60.4%**	

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

	Waiters <6W	**Waiters >=6W**	**Total**	**Performance**
Trust	7751	5091	12842	60.36%
NHS Doncaster	5036	3290	8326	60.49%
NHS Bassetlaw	1999	1363	3362	59.46%

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

Issues Affecting Performance	**Improvement Plan**
• 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 December 2020, the number of referrals for urgent and routine CT has significantly increased, whilst the number of 2ww CT referrals has declined.	• A specific action plan has been developed for NOUS including patient calls prior to appointment to reduce DNAs. Patients are still expressing anxieties about hospital attendances. Work is ongoing to consider the impact of DNA/COVID related cancellations and how this can be tackled Trust wide. • 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 DRI 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. This arrangement will be reviewed during January 2021 to check suitability against capacity /demand.

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	**3179**	**19**	0.6%
Doncaster	2129	15	0.7%
Bassetlaw	751	3	0.4%
Other	299	1	0%

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

Issues Affecting Performance	No of Breaches	Improvement Plan
Insufficient Time / Lack of Theatre Capacity (clinical reasons)	9	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	7	Staffing pressures due to Covid 19
Missing / Wrong Notes	1	Under investigation *
Patient not on list	1	Under investigation*

Following work undertaken by the Theatre Cancellations task & finish group, the new theatre cancellation escalation process is to be implemented from 25.1.2021. The process includes a root cause analysis for all cancellations and reports all cancellations to the theatre planning group for discussion. Corresponding standard operating procedures have been produced to support this.

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

In December 2020 there was 1 operations cancelled that was not rebooked within 28 days. The patient has not been re-booked within 28 days as they have been in hospital with a condition unrelated to their surgery.

Month	Site	Specialty	TCI Date:	28 Day Breach Date	New Date	Cancellation Reason	Breach Reason	CCG
December	DRI	General Surgery	17.11.2020	15.12.2020	TBC	No DCC Bed	Patient in hospital with other condition	DCCG

2. Emergency

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

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

Hospital	% Achievement	Attendances	No of Breaches	% Streamed from FDASS
Doncaster	72.7%	7712	2109	13.36%
Bassetlaw	87.6%	3368	419	4.78%
Mexborough	100%	1088	0	1.84%
Trust	79.2%	12168	2528	9.95%

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

Issues Affecting Performance	Improvement Plan
• Covid 19 has continued to impact on both departments due to social distancing and patient cohorting in line with Infection Prevention & Control (IPC) guidance. • 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 December 2019, the Trust saw a decrease of 25.1% in attendances across all streams. However as a Trust we continue to see an increase in resus activity. • Compared to December 2019, performance has decreased from 82.26% to 79.22%. • Patient streaming pathways reduced due to COVID guidance seeing a decrease of 4.4%of patients streamed out of ED during December 2020 compared to last year.	• Works to continue during December to improve the DRI ED estate. Handover of new area to take place at the end of January 2021 • System perfect week undertaken first week in January 2021 with evidenced improvements to expedite discharge & improve flow • ICS wide planning for the introduction of Implemented 'Think 111' direct booking from 111 direct into slots in both ED • Clinical audit will take place in January 2021 with the Urgent Care Alliance to review patients attending ED, to look at alternative streams • Navigation at the front door Qi project at Bassetlaw planned for January 2021 to support the Bassetlaw Emergency Village and review streaming pathways • Team development and leadership work.

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)

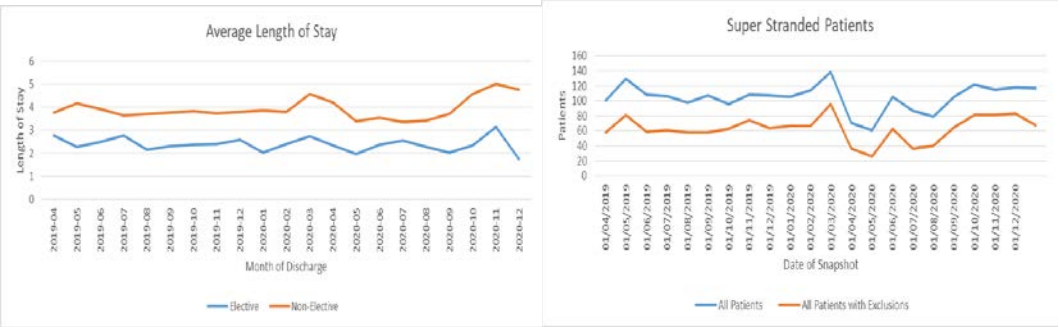
Month	Hospital	No of	% less	% between	% over 30	Longest Wait

		Arrivals	than 15 minutes	15 & 30 minutes	minutes	(hrs & minutes)
December 2020	**Doncaster**	2067	71.12%%	16.79%%	12.09%	3hrs 35 mins
	Bassetlaw	799	32.04%	47.06%	20.9%	3hrs 16 mins
	Trust	2866	60.22%	25.23%	14.55%	N/A

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

Issues Affecting Performance	Summary of Improvement Plan
• 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.	• 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 2021 (covid restrictions permitting) • Review of handover took place with the DCCG, NHSE/I, DBTH, YAS. Actions came out of the meeting and are ongoing for all services • In December a Conveyance audit took place with EMAS to review patients attending ED to maximise and identify gaps in pathways. Joint audit with EMAS, DBTH and Notts Health care

c) Length of Stay & Super Stranded Patients



*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 DI

Average LOS for super stranded patients
Bassetlaw – 42.92 days / DRI – 44.78 days
Super Stranded Patients

Admission activity and acuity of patients continued to increase in December which is reflected in the increasing number of super stranded patients reported in December at 81. Patients continue to be very sick and are taking longer to recover from Covid related issues this wave, especially the elderly with increasing numbers of younger patients recently.

The majority of super-stranded patients reported remain not medically fit for discharge, with similar themes identified from previous months related to delays during this period.

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 4 beds for nursing care patients and 6 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 and the care home can cohort and isolate appropriately without putting other residents at risk
Bassetlaw does not have designated care home beds for positive patients – relates to care home insurance	Escalated with CCG. Bassetlaw patients now accessing Doncaster designated beds
Care agencies in Bassetlaw unable to take Covid positive patients	Escalated with local authority
Bassetlaw social care staff 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 Vaccination of staff has commenced
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, however staff leave over Christmas period resulted in delays in assessment
Issues with flow to bed bases due to bed based units experiencing further IPC outbreaks. - Positive Step Unit (Doncaster) closed for a further period	PHE has been involved to identify solutions which will prevent full closure of Positive Steps, with separate units now identified that are self-contained in case of another outbreak.
Access to packages of care over the festive period is always challenging as rotas for care agencies are planned in advance	Waits for packages of care has not been as challenging as in previous years, with partners including the re-ablement team bridging gaps.
Surgical Patients awaiting specialist bed base in Sheffield/Salford for TPN training	

(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 **October 2020** outlined below:

Direct Admission within 4 Hours	Bassetlaw CCG	Doncaster CCG	Barnsley CCG	Rotherham CCG	Other CCG	Total
Yes	12	21	2	1	2	**38**
No	6	29	1	1	2	**39**
Total	**18**	**50**	**3**	**2**	**4**	**77**
Performance	66.7%	42.0%	66.7%	50.0%	50.0%	**49.4%**

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

Issues	Breaches	Improvement Plan Update
Stroke Unit Bed Availability	7	Review & update operational policy – including new patient pathways, protocols & SOPs (due December 2020) This is ongoing and will be undertaken via the Stroke Clinical Governance Lead.
Stoke Staff Availability	3	Clinical staffing issues across all acute wards have impacted on service delivery across all specialities.
Delay in Transfer from ED	9	Advanced Clinical Practitioner role has increased specialist outreach to ED for early identification of stroke patients. There is currently a vacancy in the team (recruitment process underway) and staffing shortfalls due to Covid-related sickness, resulting in the ACP being required on the ward. Outreach still happening as staffing allows.
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.	18	Inter Cranial Haemorrhage pathway now in place from ED. 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 access to acute MRI to facilitate thrombolysis of wake-up Strokes.
Patient Needs	1	N/A

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.

3 Cancer

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

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

Standard	Target	Performance
31 Day Classic	96%	96.7%
31 Day Sub – Surgery	94%	100%
31 Day Sub – Drugs	98%	100%
62 Day – IPT Scenario Split	85%	79.2%
62 Day 50/50 Split (local measure only)	85%	80.9%
62 Day – Local Performance (local measure only)	-	87.5%
62 Day – Shared Performance only 50/50 Split (local measure only)	-	48.3%
62 Day Screening	90%	100%
62 Day Consultant Upgrades (local measure only)	85% (local)	73%

b) Cancer Performance (Specialty) November 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%		87.5%	87.5%	100%	
Gynaecology	88.9%			73.7%	77.8%		
Haematology	100%		100%	72.7%	66.7%		
Head & Neck	100%			80%	75%		
Lower GI	100%	100%		66.7%	61.5%		80%
Lung	100%			57.1%	58.3%		68.2%
Skin	91.7%			88%	84.6%		100%
Upper GI	100%			72.7%	60%		100%
Urological	92.9%			91.7%	90.9%		100%
Performance	96.7%	100%	100%	80.9%	79.2%	100%	73%

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	97.2%	100%	100%	73.6%	100%	65.4%
Bassetlaw CCG	94.9%	100%	N/A	88.2%	100%	100%

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

Tumour Group	Breached Standard 31 Day /62 Day	No of Breaches	Summary of Breach Issues
Gynaecology	31 Day	1	1 x Covid 19 reason
Skin	31 Day / 62 Day	3	1 x Elective Capacity 1 x Patient & Hospital Cancellations 1 x Complex diagnostic pathway
Urology	31 Day	2	2 x Covid 19 reasons
Haematology	62 Day	2	2 x Complex diagnostic pathways
Head & Neck	62 Day	1	1 x Pathway delay to diagnostics
Lower GI	62 Day	4	3 x Covid 19 reasons 1 x Admin delay
Lung	62 Day	7	2 x Complex diagnostic pathway 2 x Covid 19 reason 2 x Diagnostic delay 1 x Admin delay
Upper GI	62 Day	3	1 x Covid 19 reasons 2 x Complex diagnostic pathway

d) 104 Day Breaches – November 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**	**Sept 20**	**Oct 20**	**Nov 20**	**Dec 20**	**Jan 21**	**Feb 21**	**Mar 21**
Cancer Waiting Times Open Suspected Cancer Pathways 104 Days +	65	47	15	5	3	3	10*	7	6	5

*Rise to 10 patients at the end of December linked to complex pathways, patient choice to wait for procedures in January and consultant annual leave or unplanned sickness. There is an expectation to see sustained recovery from January onwards

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**
• 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	• Management of endoscopy capacity remains on track over the last month with sustained improvement for earlier months performance for Upper GI 2 week wait referrals • Mutual Aid ongoing to ensure patients are treated quickly. Primary Care are encouraging locality GP's to consider offering patients the choice of the other local providers with shorter waiting times • Recruitment process underway for additional Histopathologist. (Q3/Q4) Also looking for an ICS approach to support diagnostic services across ICS footprint

Report Cover Page			
Meeting Title:	**Trust Board**		
Meeting Date:	**16th February 2020**	**Agenda Reference:**	**D3**
Report Title:	**Financial Performance – Month 10 January 2020**		
Sponsor:	**Jon Sargeant - Director of Finance**		
Author:	**Alex Crickmar – Deputy Director of Finance** **Jon Sargeant - Director of Finance**		
Appendices:			

Executive Summary	
Purpose of report:	To report the Month 10 financial position to the Trust Board including any risks to the delivery of the Trust's financial plan.
Summary of key issues:	The Trust's surplus for month 10 (January 2020) was £292k, which is broadly in line with the month 9 financial position (£274k surplus in Month 9). The in-month financial position is c. £1.9m favourable to plan (£1.7m favourable to plan in month 9). The Trust's YTD position is a £545k surplus which is c. £6.5m favourable to plan. The Trust is currently not including any fines under the Elective Incentive Scheme within the position since it is understood the Trust and SY&B COVID bed occupancy remains above the threshold (15% of General and Acute Beds). However, this will need to be reviewed over the next two months, if COVID patient numbers begin to reduce further. The favourable variance against plan continues to be driven by activity being lower than previous Divisional plans to reinstate activity, continued unfilled vacancies, underspend against the winter plan and non-clinical income being above plan. The Trust also continues to benefit from the cash advance received earlier in the year (to support COVID) having yet to be clawed back centrally by NHSI/E (now expected in March). This has led to a favourable variance against budget in month on PDC of c£0.4m (£0.9m YTD). Pay expenditure in month 10 remained in line with month 9 spend (c. £25.5m), however non-pay had a favourable movement to month 9 (c. £247k) mainly driven by reduced drugs costs and a reduction in clinical supplies expenditure. Capital expenditure spend in month 10 is £3.3m. This is £1.0m behind the original £4.3m plan and £0.3m behind the forecast. YTD capital expenditure spend is £19.5m, including COVID-19 capital spend of £1.5m. This is £6.0m behind the £25.5m plan but is £0.2m ahead of the forecast. Estates are £366k behind the YTD forecast whilst Medical Equipment and IT are £297k and £276k ahead of the YTD forecast respectively.
Recommendation:	The Board is asked to note: • The Trust's surplus for month 10 (December 2020) was £292k. The in-month financial position is c. £1.9m favourable to plan • The Trust's YTD position is a £545k surplus. The YTD position is c. £6.5m favourable to plan

Action Require:	Approval	Information X	Discussion	Assurance	Review

Link to True North Objectives:	**TN SA1:**	**TN SA2:**	**TN SA3:**	**TN SA4:**
	To provide outstanding care for our patients	*Everybody knows their role in achieving the vision*	*Feedback from staff and learners is in the top 10% in the UK*	***The Trust is in recurrent surplus to invest in improving patient care***

Implications	
Board assurance framework:	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
Corporate risk register:	See above
Regulation:	No issues
Legal:	No issues
Resources:	No issues

Assurance Route			
Previously considered by:	N/A		
Date:		**Decision:**	
Next Steps:			
Previously circulated reports to supplement this paper:			

FINANCIAL PERFORMANCE

Month 10 – January 2020

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

P10 January 2020

1. Income and Expenditure vs. Plan

Performance Indicator	Monthly Performance		YTD Performance		
	Actual £'000	Variance to budget £'000	Actual £'000	Variance to budget £'000	Plan £'000
I&E Perf Exc Impairments & top up	(273)	(1,996) F	4,843	(1,132) F	1,704
Income	(38,235)	(781) F	(359,353)	3,379 A	(37,453)
Donated Asset Income	(19)	(1) F	(186)	(186) F	0
Operating Expenditure	36,916	(783) F	351,366	(3,756) F	37,698
Pay	24,463	(1,180) F	240,004	(3,990) F	25,643
Non Pay & Reserves	12,453	397 A	111,363	234 A	12,056
Financing costs	1,027	(432) F	12,644	(942) F	1,459
I&E Performance excluding top up	**(292)**	**(1,996) F**	**4,657**	**(1,318) F**	**1,704**
Retrospective top up		0 A	**(5,201)**	(5,201) F	
I&E Performance including top-up	**(292)**	**(1,996) F**	**(545)**	**(6,519) F**	**1,704**

F = Favourable A = Adverse

Financial Sustainability Risk Rating	Plan	Actual
Risk Rating	3	3

2. CIPs

Performance Indicator	Monthly Performance		YTD Performance		Annual
	Actual £'000	Variance to budget £'000	Actual £'000	Variance to budget £'000	Plan £'000
Local	123	0 A	489	(171) F	1,238
Nursing and AHP workforce	1	2 A	5	5 A	42
Medical Workforce	20	71 A	69	288 A	650
Outstanding Outpatients	0	1 A	0	2 A	3
Procurement	17	10 A	126	(19) F	160
Total	**161**	**84 A**	689	**104 A**	**2,094**

3. Statement of Financial Position

All figures £m	Opening Balance	Closing balance	Movement in year
Non Current Assets	**213,162**	**221,616**	**8,454**
Current Assets	63,216	98,750	**35,534**
Current Liabilities	-130,077	-93,762	**36,315**
Non Current liabilities	-16,657	-15,197	**1,460**
Total Assets Employed	**129,644**	**211,407**	**81,763**
Total Tax Payers Equity	**-129,644**	**-211,407**	**-81,763**

4. Other

Performance Indicator	Monthly Performance		YTD Performance		Annual
	Plan £'000	Actual £'000	Plan £'000	Actual £'000	Plan £'000
Cash Balance		73,625		73,625	21,924
Capital Expenditure	4,324	3,238	25,549	19,507	33,945

5. Workforce

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

Key

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

1. Month 10 Financial Position Highlights

Summary Income and Expenditure – Month 10

	Mth 10			YTD	
	Plan	Actual	Variance	Actual	Variance
	£000	£000	£000	£000	£000
Income	**-37,453**	**-38,235**	**-781**	**-364,554**	**-1,822**
Pay					
Substantive Pay	24,070	22,334	-1,737	219,834	-6,673
Bank	243	955	712	7,207	2,661
Agency	746	584	-162	6,912	-138
Recharges	583	590	7	6,051	160
Total pay	**25,643**	**24,463**	**-1,180**	**240,004**	**-3,990**
Non-Pay					
Drugs	871	687	-184	6,750	-157
Non-PbR Drugs	1,511	1,393	-117	14,642	-197
Clinical Supplies & Services	2,549	2,462	-87	22,233	184
Other Costs	5,977	6,598	622	55,473	-310
Recharges	1,148	1,312	164	12,263	714
Total Non-pay	**12,056**	**12,453**	**397**	**111,361**	**234**
Financing costs & donated assets	**1,459**	**1,027**	-432	**12,644**	**-942**
(Surplus) / Deficit Position as at month 10	**1,704**	**-292**	**-1,996**	**-545**	**-6,519**

The Trust's surplus for month 10 (January 2020) was £292k, which is broadly in line with the month 9 financial position (£274k surplus in Month 9). The in-month financial position is c. £1.9m favourable to plan (£1.7m favourable to plan in month 9). The Trust's YTD position is a £545k surplus which is c. £6.5m favourable to plan. The Trust is currently not including any fines under the Elective Incentive Scheme within the position since it is understood the Trust and SY&B COVID bed occupancy remains above the threshold (15% of General and Acute Beds). However, this will need to be reviewed over the next two months, if COVID patient numbers begin to reduce further.

The favourable variance against plan continues to be driven by activity being lower than previous Divisional plans to reinstate activity, continued unfilled vacancies, underspend against the winter plan and non-clinical income being above plan. The Trust also continues to benefit from the cash advance received earlier in the year (to support COVID) having yet to be clawed back centrally by NHSI/E (now expected in March). This has led to a favourable variance against budget in month on PDC of c£0.4m (c. £0.9m YTD). Pay expenditure in month 10 remained in line with month 9 spend (c. £25.5m), however non-pay had a favourable movement to month 9 (c. £247k) mainly driven by reduced drugs costs and a reduction in clinical supplies expenditure (especially in CSS on x-ray consumables and in theatres on stents and consumables).

The Trust's month 10 financial position includes revenue costs of c. £1m relating to COVID (£11.2m YTD). The position also includes a provision for outsourcing of £1.5m (awaiting final guidance from NHSI/E) and a provision for annual leave of £2.5m 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 position is ongoing, with Divisions currently in the process of collecting information regarding this, as presented to the Finance and Performance Committee last month.

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.

Point of Delivery	Jan-21	Dec-20	Nov-20	Oct-20	Sep-20	Aug-20	Jul-20	Jun-20	May-20	Apr-20
Daycase	-44.55%	-46.37%	-50.12%	-53.21%	-59.12%	-69.01%	-72.40%	-77.19%	-81.63%	-84.05%
Elective	-50.39%	-50.97%	-51.31%	-50.98%	-56.15%	-64.22%	-67.00%	-68.75%	-67.80%	-76.99%
Non-Elective	-18.57%	-18.77%	-19.23%	-19.36%	-20.22%	-27.51%	-30.52%	-34.44%	-38.09%	-42.36%
OP First	-59.01%	-60.46%	-62.13%	-64.15%	-67.15%	-74.02%	-76.90%	-79.65%	-81.79%	-81.43%
OP Follow Up	-64.00%	-64.91%	-65.79%	-67.61%	-70.90%	-77.61%	-79.25%	-81.14%	-82.09%	-79.31%
OP Procedure	-56.21%	-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 10 non-clinical income is £163k below month 9 levels, mainly due a reduction in overseas and research income, however overall non-clinical income remains above plan.

In January 2020, CIP savings of £161k are reported, against a plan of £245k, an under achievement of £84k in month. Year to date the Trust has delivered savings of £689k versus a plan of £793k an under-delivery of £104k.

Capital expenditure spend in month 10 is £3.3m. This is £1.0m behind the original £4.3m plan and £0.3m behind the forecast. YTD capital expenditure spend is £19.5m, including COVID-19 capital spend of £1.5m. This is £6.0m behind the £25.5m plan but is £0.2m ahead of the forecast. Estates are £366k behind the YTD forecast whilst Medical Equipment and IT are £297k and £276k ahead of the YTD forecast respectively.

The cash balance at the end of January was £73.6m (December: £64.2m). Cash remains high due to the Trust receiving two months' worth of the block income in April. The increase in cash in month is as a result of receiving £9.8m of PDC Dividend relating to capital projects.

2. Recommendations

The Board is asked to note:

- The Trust's surplus for month 10 (December 2020) was £292k. The in-month financial position is c. £1.9m favourable to plan
- The Trust's YTD position is a £545k surplus. The YTD position is c. £6.5m favourable to plan

E1

BOARD OF DIRECTORS – February 2021
CHAIR'S ASSURANCE REPORT
QUALITY AND EFFECTIVENESS COMMITTEE (QEC) – Tuesday 2 February 2021

Overview:

This was a full and comprehensive meeting which focussed on the key aspects of patient safety that had been raised at the Board and previous QEC meetings.
The other area of note is the continuing areas of national reporting for Maternity Services and in particular at this meeting The Ockenden Report.
The Quality Accounts were received are have since been shared as per the statutory requirement.

AGENDA ITEM / ISSUE	COMMITTEE UPDATE	NEXT ACTION	LEAD	TIME SCALE
Ockenden Report	A position document was presented to the Committee. Great progress already made and the committee took assurance from the report.	Further update in April. An update would be provided to the Board in April.	DP	April meeting.
Patient Safety Deep Dive	Falls and pressure ulcers were key areas of the presentation and the background and context issues were discussed in detail. Assurance was provided to the committee and assurance would continue at each meeting.	N/A	DP	N/A
Stabilisation and Recovery	Assurance was provided to the committee. A key area to note was a communications plan for patients with long waits was well received.	N/A	TN	N/A
Quality Assurance Report	Assurance was provided to the committee.	N/A	TN/ DP	N/A
Patient Safety Learning Report	A full and comprehensive report was provided which would continue quarterly. Assurance was provided to the committee.	A report would be provided to board in February. An update would be provided in June to the committee.	TN	February – Board June – Committee
Incident Reporting	Some assurance was given on closing incidents but there was further work to do. The chair sets time frame for the closing of incidents to three months. Serious incidents were discussed, and it was agreed that the full	Further report in April.	TN	April meeting.

AGENDA ITEM / ISSUE	COMMITTEE UPDATE	NEXT ACTION	LEAD	TIME SCALE
	position statement would come to the committee in April.			
Trust Winter Plan	Assurance was provided to the committee.	N/A	DP	N/A
Learning from Deaths Report	Full assurance was provided, an excellent report and the challenges faced by medical examiners in informing patients was noted.	N/A	TN	N/A
Safer Staffing	Assurance was provided, wards and departments have been safely staffed, but there had been staffing challenges.	Further progress to be made on the report provided and in future to include the safe care section of Allocate.	DP	April meeting
Patient Experience	Assurance provided, some good examples of change processes noted.	N/A	DP	N/A
Complaints	Partial assurance given. There is an internal order in progress and a deep dive would be provided to the meeting in April.	Deep dive on complaints in April.	DP	April meeting
Accessible Information Standard	Partial assurance was given by a position statement report. Progress had been made but further work required on the action plan.	Further work required on the action plan.	DP	April meeting
Research and Innovation	Assurance provided.	N/A	DP	N/A
CRR and BAF	An update was provided on the risk management review.	N/A	FD	N/A
CQC	Assurance was provided by a full report on the changes in CQC inspections and the current status of the action plan.	N/A	FD	N/A
WHO Checklist	All recommendations and actions completed. The committee was assured.	N/A	DP	N/A

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

Pat Drake – Chair of Quality and Effectiveness Committee: 4 February 2021

KEY
CLOSED
ASSURED
PARTIALLY ASSURED / SOME ACTION TO TAKE

NOT ASSURED / ACTION REQUIRED

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

BOARD OF DIRECTORS – 16 February 2021
CHAIR'S ASSURANCE REPORT
FINANCE AND PERFORMANCE COMMITTEE – 26 January 2021

Overview

The meeting took place by teleconference owing to the Covid 19 critical incident being managed across the Trust.

Performance/operational delivery

A precis of current performance will be provided with Board papers and I will not restate the data here. However, it was greatly assuring to see evidence of the beginnings of a levelling off of Covid cases, with slightly fewer deaths and fewer people over 60 being hospitalised.

F+P spent almost an hour examining performance data, Covid situation reports and considering plans to ensure the Trust makes progress towards restoring close to normal levels of service, profiled and prioritised by need, in tandem with managing the current pressures. Despite the gravity of the situation assurance was taken from progress being made.

Finance

We noted the detail of the monthly financial report, which had been presented in outline to the last Board meeting. By the time of the next Board a further update will have been shared.

In broad terms the Trust's position shared with us was –

"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.
The Trust's forecast for year end has been updated and would suggest the Trust will deliver close to a break even financial position.

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."

Items for escalation to Board

There were no items for escalation to board, but a conversation is to take place between the F+P Chair and Board Chair/CEO in relation to sustaining pressure for the funding of Bassetlaw Emergency Care Village.

AGENDA ITEM / ISSUE	COMMITTEE UPDATE	NEXT ACTION	LEAD	TIMESCALE
Minutes and Actions from previous meetings	The Committee approved the minutes from the previous meeting and noted progress on actions being assured that all were appropriately tracked	None	N/A	N/A
Integrated performance report and Covid 19 update	The Committee was assured by the report and noted the considerable pressures the frontline staff were currently operating under.	Progress update at next F+P	COO	February meeting
EU Exit	A paper setting out the current, predominantly satisfactory position following EU Exit was received.	Item discharged. Emergency Planning staff to be thanked for a consistently professional approach over past few months.	N/A	N/A
Financial performance and financial plan	The Committee noted the report as set out above.	Progress update at next F+P	DoF	January meeting
Bassetlaw Emergency Care Village	Despite being announced in the House of Commons, funding has not yet been made available for this programme of work. Continuing preparatory work for the programme was agreed to ensure slippage is minimised at proportionate financial risk.	To be included in Governor Briefing Session in the near future and discussed with Chair/CEO in relation to sustaining political pressure.	F+P Chair	February meeting
Planning and budget setting	The Director of Finance shared a detailed approach, plan and assumptions to ensure the budget for the year ahead is built in a timely manner.	Milestones noted and agreed. Monthly progress reports requested through to the start of the next financial year.	DoF	February meeting
Annual leave financial risk	Covid response has led to staff carrying significant amounts of annual leave forward, leading to cost pressures and operational concerns.	Update on progress, in particular to quantifying leave owed to staff whose duties are not	DoF	February meeting

	Director of Finance set out the approach to monitoring and managing this.	managed via E-Roster to next meeting.		
Corporate Risk Register and BAF	Corporate risks were considered and a detailed proposal based on financial risks shared, as a basis for restructuring the BAF.	Next progress update at February meeting with more substantive consideration in March	TBS	February meeting
Information Items	The meeting also received and noted the minutes of a number of sub-committees and approved the minutes of its last meeting.			

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

BOARD OF DIRECTORS – February 2021
CHAIR'S ASSURANCE REPORT
AUDIT AND RISK COMMITTEE (ARC) – Friday 29 January 2021

Overview:

ARC was undertaken by videoconference and in addition to the 4 NED members in attendance there was: Internal Audit (KPMG); the Trust DoF plus snr Finance Team members; the Local CounterFraud Officer; our Governor observers (Bev Marshall & Dennis Atkin) and the Trust Board secretary. The Director of Estates and Head of Compliance joined ARC for the Security Management update.

AGENDA ITEM / ISSUE	COMMITTEE UPDATE	NEXT ACTION	LEAD	TIME SCALE
Minutes and Actions from previous meetings	The Committee approved the minutes from the previous meeting and noted progress on actions being assured that most were appropriately tracked	None	N/A	N/A
Counter Fraud	Counter Fraud report - Quarter 3 Update 2020/21 • Monitors delivery against risk assessed plan and how NHS Provider standards are being met • Fraud SET training = 98%; • Oversight of ongoing investigations with 11 cases of which 8 now closed, 2 cases awaiting sanction and 1 under investigation;	Reports gave assurances that Fraud risks and activity is being managed, monitored and overseen.	Director of Finance	N/A
Internal Audit Update and Delivery (KPMG)	IA Progress Report 20/21 KPMG demonstrated they were on target to deliver the audit plan for 2020/21. Discussion was held on the IA Planning for 2021/22 year, with work to be carried out with Execs and NEDs prior to the next Audit Committee.	Satisfactory progress to date	N/A	N/A
Internal Audit Report – Corporate Governance	The Audit Report concluded **Significant Assurance with minor improvement opportunities** on the systems and processes in place to ensure the Trust has processes in place to comply with the registration requirement of its regulators and had appropriately responded to Government guidance for a no-deal Brexit.	2 medium recommendations were made. All have agreed dates	Board Secretary	
Internal Audit Report – Clinical	The Audit Report concluded **Significant Assurance with minor improvement**	2 medium and 3 low recommendations	Medical Director	

AGENDA ITEM / ISSUE	COMMITTEE UPDATE	NEXT ACTION	LEAD	TIME SCALE
& Quality Governance Waiting List Prioritisation	**opportunities** on the systems and processes in place to clinically prioritise the increasing number of patients on the waiting list due to the pandemic. The Trust had designed a governance framework to oversee the prioritisation process to ensure a consistent risk based process for all patients waiting for treatment.	made. All have agreed dates		
Internal Audit Report – Data Quality	The Audit Report concluded **Significant Assurance with minor improvement opportunities** on the systems and processes in place to ensure good data quality in the following areas:- 1. Patient Falls Investigations; 2. Patient consultations recording; 3. Falls, Sepsis and Pressure Ulcers	2 medium and 6 low recommendation were agreed by management. All have dates when they will be followed up.	Director of Nursing/ Director of Finance	
Informatics Audit Report Update	The original Audit Report issued in 2019 had concluded "**Partial Assurance"** and the team gave ARC an update on what had been implemented, and also what had paused due to the Covid-19 pandemic. ARC were satisfied that progress had been made and noted areas due to re-commence during 21/22 including Business Partner, new Data Warehouse, QA project. It was also noted the teams contribution to the Covid-19 response including new information sets, data production, Covid-19 dashboard and production of the Waiting List Stratification Report		DoF	
Internal Audit Recommendations Follow-up	Out of the 33 Audit Recommendations, 16 remain outstanding & overdue. It is believed that progress may have been made on some areas, however, the ongoing pandemic response is hindering responses back to KPMG. ARC took assurance that following KPMG attending ELT with 33 outstanding recommendations, this reduced to 16 by the ARC Meeting date. ARC requested ongoing dialogue with colleagues to get the required update and revised implementation date	Report to next ARC from KPMG	DoF	Mar 2021
Security Management – LSMS Report	Quarter 3 Update 2020/21. A comprehensive report was given from the Director of Estates. Concerns were expressed about Violence and Aggression incidents and staff safety & the Committee wanted assurances of absolute focus on those incidents and risk reduction. The Committee received assurances on CCTV improvements, staff safety, fire prevention and detection. Discussion was also held around the standard of accommodation at Lister Court and	Q4 report due Mar/ May 2021	Director Of Estates	Mar 2021

AGENDA ITEM / ISSUE	COMMITTEE UPDATE	NEXT ACTION	LEAD	TIME SCALE
	how that can be improved. ARC were assured security risks are being identified and managed. Missing patients review was referred to QEC for information			
Corporate Risk register and BAF	ARC reviewed and noted the current risk register and risk position. Re-enforcement of points made at Board meeting of older risks not reviewed, mitigations and those risks 15+ and their ownership and mitigating actions. KPMG are starting their audit of Risk Management and agreed to review these issues.		Board Secretary	Mar 2021
Declarations of Interest 2020/21	The process showed Trust wide compliance of 90.5%, and demonstrated consultant grade as having a much improved compliance of 87%. Consideration is being given to future years process being smoother and more effective and ensuring the culture of completing DoI and other such requirements is positive.	Report to March ARC	Board Secretary / Medical Director	Mar 2021
Internal and External Audit Procurement and Tender process	The process had been circulated to ARC members outside the meeting, and the DoF briefly outlined the process, especially with the Trust supporting Governors to make their External Auditor appointment.	Future reports to CoG and ARC	DoF	Set out in the paper
Single Tender Waivers	The Committee were assured of the process.	None	DoF	
Losses & Compensations	The Committee were assured	None	DoF	

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

Kath Smart – Chair of Audit & Risk Committee: 1 February 2021

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

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Report Cover Page			
Meeting Title:	**Board of Directors**		
Meeting Date:	16 February 2021	**Agenda Reference:**	**F1**
Report Title:	**Corporate Risk Register**		
Sponsor:	Fiona Dunn, Deputy Director Corporate Governance/Company Secretary		
Author:	Fiona Dunn, Deputy Director Corporate Governance/Company Secretary		
Appendices:	CRR Feb 2021		

Executive Summary	
Purpose of report:	For assurance that the Trust risk management process is being followed; new risks identified and current risks reviewed and updated in a timely way.
Summary of key issues:	<u>Key changes to the CRR this period:</u> • No new corporate risks added or escalated from Management Board • Currently there are 101 risk logged rated 15+ across the Trust . • 18 of these risks are currently monitored via Corporate Risk register (CRR) <u>Internal Audit Assurance</u> • KPMG has undertaken successive audits on the risk management system over the last 2 years and recommendation implemented as outlined above • A further audit is scheduled for quarter 4 to check on previous recommendations and to sample several risk rated 15+ from the risk log for compliance with the risk management policy. <u>Action required</u> • 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. • Further internal audit to check on previous recommendations and to sample several risk rated 15+ from the DATIX risk log for compliance with the risk management policy.
Recommendation:	The Board is asked to note the Corporate Risk Register information and the progress from the previous report.

Action Require:	~~Approval~~	Information	~~Discussion~~	Assurance	~~Review~~

Link to True North Objectives:	**TN SA1:**	**TN SA2:**	**TN SA3:**	**TN SA4:**
	To provide outstanding care for our patients	*Everybody knows their role in achieving the vision*	*Feedback from staff and learners is in the top 10% in the UK*	*The Trust is in recurrent surplus to invest in improving patient care*

Implications	
Board assurance framework:	The entire BAF has been reviewed alongside the CRR. The corresponding TN SA's have been linked to the corporate risks.
Corporate risk register:	This document
Regulation:	All NHSF trust are required to have a corporate risk register and systems in place to identify & manage risk effectively.
Legal:	Compliance with regulated activities and requirements in Health and Social Care Act 2008.
Resources:	Actions required are currently being delivered within existing trust Resources highlighted in individual risks

Assurance Route			
Previously considered by:		Board, ARC, F&P, QEC	
Date:	Jan 2021	**Decision:**	Reviewed and updated
Next Steps:		Continuous review of individual risk by owners on DATIX risk management system	
Previously circulated reports to supplement this paper:		None	

Corporate Risk Register Summary February 2021

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**	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 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. There a number of issues causing it: - 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 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	Barker, Andrew	**Extreme Risk**	**16**	High Risk	Dec-20	⟺
2472	**COVID1**	31/03/2021	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	Feb-21	⟺
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**	Failure to ensure that estates infrastructure is adequately maintained and upgraded in line with current legislation, standards and guidance. 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 (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	⟺

Corporate Risk Register Summary February 2021

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**	Failure to protect against cyber attack - leading to: (i) Trust becoming non-operational (ii) Inability to provide clinical services (ii) Negative impact on reputation The top 3 DSP risk areas have been recognised as: (1) Insider threat (accidental or deliberate) (2) New / zero day vulnerability exploits (3) Failure to wholly implement patch management	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**	(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)	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**	Inability to recruit right staff and have staff with right skills leading to: (i) Increase in temporary expenditure (ii) Inability to meet FYFV and Trust strategy (iii) Inability to provide viable services	Barnard, Karen	Extreme Risk	16	High Risk	May-20	⟺
1854	Q&E13	31/03/2021	Medical Services	Emergency Department / A & E / Acute	**Initial ED BDGH triage assessment processes**	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.	Carville, Kate	Extreme Risk	16	Moderate Risk	Feb-21	⟺
2426		29/12/2020	Information Technology	Not Applicable (Non-clinical Directorate)	**Multiple software systems end-of-support**	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.	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**	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	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**	Risk of critical lift failure leading to: (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	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**	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 conatained within this overarching entry. For further details please consult the EF risk register. leading to : (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 No change to risk - work ongoing.	Edmondson-Jones, Kirsty	Extreme Risk	20	High Risk	Nov-20	⟺
1855	Q&E14	31/03/2021	Medical Services	Emergency Department / A & E / Acute	**Staffing for registered children's nurses in ED BDGH**	C- Lack of paediatric nurses in ED E- Breach in safe staffing levels E- Patients at risk of harm. Potential staff injury/sickness	Carville, Kate	Extreme Risk	16	High Risk	Feb-21	⟺
2144	F&P22	25/01/2021	Estates and Facilities	Not Applicable (Non-clinical Directorate)	**EFA/2018/005 - Assessment of Ligature Points**	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. EFA/2018/005 - advises that Trust's should review and update ligature risk assessments, anti ligature policies and associated forms/toolkits. 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.	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**	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. No change to risk - work ongoing.	Timms, Howard	**High Risk**	**12**	Moderate Risk	Nov-20	

F2

Title	**Use of Trust Seal**		
Report to:	**Board of Directors**	Date:	**16th February 2021**
Author:	**Fiona Dunn – Deputy Director Corporate Governance/Company Secretary**		
For:	**For approval**		

Purpose of Paper: Executive Summary containing key messages and issues

The purpose of this report is to advise of use of the Trust Seal in accordance with section 14: Custody of Seal and Sealing of Documents of the Standing Orders of the Board of Directors:

Seal No.	Description	Signed	Date of sealing
124	WH Smith Hospital Limited, WH Smith Hospitals Holding Limited and Doncaster and Bassetlaw Teaching Hospitals renewal lease by reference to an existing lease.	Richard Parker Chief Executive	8th February 2021
		Jon Sargeant Director of Finance	

Recommendation

The Board is requested to approve the use of the Trust Seal.

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Report Cover Page					
Meeting Title:	**Board of Directors**				
Meeting Date:	16 February 2021	**Agenda Reference:**	**G1**		
Report Title:	**Chair & NEDs Report to Board**				
Sponsor:	Suzy Brain England				
Author:	Suzy Brain England				
Appendices:	None				
Executive Summary					
Purpose of report:	To update the Board of Directors on the Chair and NED activities since the last board meeting.				
Summary of key issues:	This report for information only.				
Recommendation:	The Board is asked to **note** the contents of this report				
Action Require:	~~Approval~~	Information	~~Discussion~~	~~Assurance~~	~~Review~~
Link to True North Objectives:	**TN SA1:** *To provide outstanding care for our patients*	**TN SA2:** *Everybody knows their role in achieving the vision*	**TN SA3:** *Feedback from staff and learners is in the top 10% in the UK*	**TN SA4:** *The Trust is in recurrent surplus to invest in improving patient care*	

Implications	
Board assurance framework:	None
Corporate risk register:	None
Regulation:	None
Legal:	None
Resources:	None

Assurance Route			
Previously considered by:	N/A		
Date:		**Decision:**	
Next Steps:	N/A		
Previously circulated reports to supplement this paper:			

Race Equality Code (REC)

Since the last Board report work has continued with The Governance Forum, to progress the Trust's early adoption of the REC. A governor development session, hosted by Dr Karl George MBE and attended by myself, Non-executive Directors and Karen Barnard provided an excellent overview of the code and its accountability framework. The session was well received, and attendees were briefed on all elements of the code, including its four guiding principles - **R**eporting, **A**ctions, **C**omposition and **E**ducation. Adoption of the code signals a pro-active Board down approach to address the issue of diversity. Clarity was provided on what must, should and could be actioned.

On 3 February I attended the Race Equality Code Diagnostic feedback meeting, facilitated by the Governance Forum and Rob Neil OBE, Race Code consultant. I was joined by, Richard Parker, Karen Barnard, Fiona Dunn and the Trust's Equality & Diversity Lead, Kirby Hussain. Based on the various stages of the assessment process DBTH demonstrated a good level of compliance. A RAG rated action plan has been developed, actions which require more urgent attention will be addressed within the next three months, with all actions being completed within a 12 month period.

Council of Governors

At the end of January, the Council of Governors met, chaired on this occasion by Neil Rhodes, Deputy Chair. Colleagues were thanked for their continuing support and dedication and the amazing efforts of all those involved in the planning and delivery of the vaccination programme were acknowledged. The support of our local communities was recognised, and governors were encouraged to continue to stay safe and promote the hands, face, space message with their family and friends.

Governors received an update from the Chief Executive which included the latest Covid 19 position, as our numbers remained stable, we were on standby to provide mutual aid to those organisations in need of support. The vaccination programme was progressing well, a significant majority of our front-line staff had now been vaccinated; Yorkshire was noted to be second only to the Midlands in terms of the number of vaccinations administered across the country.

Further updates were received from the Lead Governor, Hazel Brand and the Chairs of Finance & Performance, Quality & Effectiveness and the People Committee.

The Director of Finance also briefed Council on the requirement to retender for the external auditor contract, which was due to expire on 31st October 2021, with a new contract, and potential for a new provider, to commence from 1st November 2021. Whilst the Council of Governors have oversight of the external auditor tendering process, there was also a need to re-tender the internal audit contract in a similar timescale and as potential suppliers may tender for both it was proposed that the process be conducted at the same time and considered by one evaluation panel.

NHS Providers

Virtual Governor Workshops

At the beginning of February, I attended one of NHS Providers virtual governor workshops. The session ran for approximately 2 hours and 30 minutes and comprised of a policy and governor support update, unseen showcases from the Governor Focus Conference and facilitated breakout sessions. Three sessions had been hosted from mid-January and a total of 86 trusts and 270 delegates had attended.

NHS Providers continue to evaluate their offer in the virtual world and are considering hosting round table network sessions by peer group, e.g. newly appointed governors.

NHS Providers Board Meeting

As a Board Trustee I also attended NHS Providers board meeting during the first week of February. At this meeting further consideration was given to the draft NHS Providers Strategy 2021-2024, which had been updated to include feedback from January's meeting. The next phase will be the launch of the member consultation, which will run between 15 February and 8 March 2021, the feedback from which will be analysed and presented at March's board meeting for consideration and possible sign off. To close the meeting, we received the Chief Executive and Director Update.

Governor Advisory Committee (GAC)

The final Providers event I joined was GAC on 11 February, agenda items included:

- GAC 2021-2024 Elections

  55 nominations covering each of the 8 constituencies had been received; the election window will be open until noon on 26 March with results published early April

- Delivery of virtual Governwell training
- Review of the Governor Focus Conference (November 2020)
- Review of GAC's Code of Conduct

Care Quality Commission Strategy Review Workshop

The Care Quality Commission (CQC) has undertaken a review of its current strategy (2016 -2021) and has set out how it plans to develop its approach, considering the changing health and care landscape, the impact and learning from Covid 19, development of system working and increased use of digital technologies. The draft strategy, currently under consultation covers 2021 and beyond and has been built around four key themes: **People & Communities, Smarter Regulation, Safety through Learning and Accelerating Improvement.** In order to ensure

feedback is considered and reported by the deadline of 4 March David Purdue led a workshop for the Chair and Non-executive Directors, supported by the Deputy Directors of Nursing for Patient Safety and Patient Experience. The themes were considered, and discussions to understand the extent to which we agreed with the proposals, understanding the reason behind our decisions.

David also took the opportunity to introduce the initial draft of the quality framework that is currently being developed to support our journey to be an outstanding organisation.

Other meetings

My regular meetings with Richard and the lead governor continue, I have also met with Kathryn Lavery, Chair of Yorkshire Ambulance Service.

I have observed the Quality and Effectiveness Committee, and attended Charitable Funds Committee, now Chaired by Mark Bailey.

Along with the Company Secretary I have also met with our newly appointed partner governor, Wendy Baird, who replaced Professor Rob Coleman. Wendy is the Director of Research in the Faculty of Medicine, Dentistry and Health at the University of Sheffield.

NED Reports

Sheena McDonnell

This month has been a short but busy one and has seen Sheena have individual catch up sessions with three governor buddies. Sheena has also met with the Emergency Department consultant and reviewed progress on the Freedom to Speak up Project Board as well as a visit to ED, prior to the People Committee in March.

An update on Freedom to Speak Up cases has been carried out with the Guardian and discussions with the Ethics Committee chair on items relating to staff wellbeing.

In preparing for the Charitable Funds Committee Sheena has prepared a paper on the Fred and Ann Green Committee, following liaison with the remaining relatives of the Legacy Fund donors.

Sheena has participated in a People Plan workshop and buddy meeting with Karen Barnard and has attended Charitable Funds Committee and a board workshop on CQC Strategy in support of the consultation response

Finally, Sheena has attended the Quality & Effectiveness and Audit & Risk Committees this month.

Mark Bailey

Since the last Board report Mark has participated in the Board Committees for Audit & Risk and Quality & Effectiveness. In an observer capacity he also attended part of the Finance & Performance Committee covering the Trust's Covid performance and recovery planning.

Mark attended the Council of Governors and the Governor briefing and development sessions; the latter concentrated on the new Race Equality Code where our Trust will be an early adopter.

As part of the work of the People Committee, Mark supported the workshop to define the Trust's local priorities for people development. In addition, he attended the NHS E/I launch event for prospective Wellbeing Guardians. The NHS People Plan 2020-21 sets out national health and wellbeing policy ambitions to create a culture of wellbeing, where our NHS people are well looked after and cared for. Boards are encouraged to appoint Wellbeing Guardians to look at their organisation's activities from a health and wellbeing perspective and act as a critical friend.

Conversations with Executives and fellow Non-Executives have continued on digital transformation, patient experience and charitable fund policy have continued alongside 'one to one' buddy meetings with Governors.

From April, Mark will chair a new Teaching Hospital Board which has been constituted as a strategic educational and research board to drive forward the Teaching Hospital ambitions of the Trust. Preparatory sessions with Executives are being held and in the near future will begin with key external stakeholders.

Kath Smart

Since the last report, Kath has attended her regular Committee meetings including Finance & Performance, People Committee and Council of Governors.

As Audit Chair, Kath undertook sessions in preparation for January's Audit Committee, these included: -

- Audit Committee Planning meeting with the Director of Finance and Company Secretary
- 1:1 meeting with the Local Counter Fraud Officer
- Briefing and discussions with our Internal Auditors (KPMG) regarding progress and future internal audit planning;
- Met with the Director of Finance to discuss proposals for the procurement of audit services during 2021

She also met with the NHS Audit Chairs from Doncaster Place which is aimed at building partnership arrangements and relationships.

Finally, she attended the NHSI/E Audit Chairs Briefing session led by NHS I/E COO Amanda Pritchard and Chief Financial Officer, Julian Kelly relating to year-end audit requirements and current challenges faced by the sector for 2020/21.

Neil Rhodes

Since the last Board meeting Neil has chaired both the Finance and Performance Committee and the Wholly Owned Subsidiary Board, responsible for managing our pharmacy.

In the absence of Suzy Brain England, Neil chaired the public and confidential meetings of the Council of Governor on 28 January. He has also attended the Audit and Risk and Charitable Funds Committee.

He has chaired two appeal hearings relating to job planning and Clinical Excellence Awards and in preparation for the next Finance and Performance Committee has held a planning and agenda setting meeting.

Pat Drake

Since the last Board report Pat has had a further meeting with Dawn Leese, Clinical NED at RDASH, discussing patient safety related matters. She has met with Abby Trainer, Deputy Chief Nurse, to talk through her areas of responsibility and hear her plans for the new way of reporting safer staffing. She has met with the Medical Director, her executive buddy and the Director of People & Organisation Development.

Pat has chaired the second Organ Donation Committee and work is in train to provide a memorial on site at DRI and BDGH for donor families. She has also chaired the Quality & Effectiveness Committee which had a key focus on falls and pressure ulcers and the Employer Based Awards Committee (EBAC).

In addition to the above Pat has attended the Finance and Performance Committee, Council of Governors, CQC Consultation workshop, the People Plan workshop and the Charitable Funds Committee.

Finally, Pat has met with the Chief Nurse and Director of Midwifery to discuss her new role as the NED Safety Champion role in the context of the Ockenden Report.

Chief Executive's Report
February 2021

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

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

Throughout the past month, the number of patients requiring care for COVID-19 has remained fairly stable.

We had expected a spike in admission in mid-January, thankfully this did not occur. This does not mean however that our hospitals are empty, and we continue to care for patients suffering with complications of COVID-19 as well as other illnesses which occur at this time of year.

A reducing level of activity from COVID locally is a positive step forward this remains in contrast with some providers across the country. The NHS cared for over 100,000 COVID-19 patients in January, one of the busiest months since the pandemic began in March. As a result of our local position we have been able to provide some capacity for mutual aid, in order to support organisations who remain under extreme pressure for critical care capacity and urgent surgical cases.

As a Trust, we have taken the opportunity to focus upon our vaccination efforts, more of which can be read further within this report.

Since the turn of the year and when local and national lockdown restrictions were announced, local people across the counties we serve have been spectacular in their support, and for that I share my thanks. While undoubtedly we still have some distance left to run with this pandemic, I believe that we are starting to see the green shoots of recovery.

I urge everybody to continue to observe hands, face and space, as well as adhere to government guidance, only travelling when absolutely necessary. We have gained ground locally, let's keep it up as we head towards spring.

COVID-19 vaccination

At the time of writing, almost all of our front-line colleagues have received the Pfizer-produced COVID-19 jab. This is thanks to the efforts of our team, who have worked non-stop throughout the past two months, inoculating health and social care workers across both Doncaster and Bassetlaw.

Due to the pace set by the team, we have almost finished offering first dose vaccination, and have been using any spare capacity to support our partner NHS organisations, as well as other key workers.

The efforts coordinated locally have been nothing short of fantastic, and I believe we all owe a debt of thanks to our administrators, vaccinators and volunteers for taking to this task with such dedication. With more than 11,000,000 people vaccinated across the country, I am proud to reflect that we have contributed to this locally and across South Yorkshire and Bassetlaw.

Maternity visiting extended to include induction

As of Monday 8 February, birthing partners are now permitted to accompany mothers during the induction of labour at Doncaster and Bassetlaw Teaching Hospitals (DBTH), following a rapid COVID-19 test.

Testing will take place before at the ward entrance, and partners will be asked to wait in their vehicle or in the foyer until results return. Known as the 'Abbott Test', the COVID- 19 test is a rapid screening process that consists of a nasal swab. It takes approximately 20 minutes for results to be returned and is completely painless.

If the test is negative, then access will be given to the ward for up to four hours during the induction process.

In the case of a positive test, access will be denied to the ward and individuals will have to isolate at home following government guidance. Colleagues will endeavour to keep partners up-to-date about mother and baby.

This change has been made in order to extend access for families during this special time, whilst minimising the potential risk of spreading infection, protecting mother, baby and attending clinicians.

Partners have been able to support women in labour all the way throughout this pandemic. Once mums are in a single room on the Labour Ward, partners can stay throughout and for up to two hours once baby has been delivered, and the same every day after until discharge home.

Partners are asked not attend if you have any symptoms of COVID- 19, or are a contact of a confirmed COVID- 19 positive person and have been told to stay at home.

Colleague screening for COVID-19

In late 2020, we offered all front-line colleagues lateral flow devices enabling them to undertake regular screening for COVID-19 from home.

With over 5,000 kits distributed with each kit containing a three month supply of tests, the intention was to catch any asymptomatic carriage of the illness into the Trust, with colleagues performing the nasal swabs twice weekly. All results are registered via a central system, with a confirmatory PCR test (which is more accurate) undertaken for any positive tests.

With the process now established, we will be re-supplying colleagues with another three months' supply of tests, as well as looking at a wider roll-out to all staff, stocks permitting.

South Yorkshire and Bassetlaw Integrated Care System

Chief Executive Report

Health Executive Group

9 February 2021

Author(s)	**Andrew Cash**
Sponsor	

Is your report for Approval / Consideration / Noting

For noting and discussion

Links to the ICS Five Year Plan (please tick)

Developing a population health system

- ☑ **Understanding health in SYB including prevention, health inequalities and population health management**
- ☑ **Getting the best start in life**
- ☑ **Better care for major health conditions**
- ☑ **Reshaping and rethinking how we flex resources**

Strengthening our foundations

- ☑ **Working with patients and the public**
- ☑ **Empowering our workforce**
- ☑ **Digitally enabling our system**
- ☑ **Innovation and improvement**

Building a sustainable health and care system

- ☑ **Delivering a new service model**
- ☑ **Transforming care**
- ☑ **Making the best use of resources**

Broadening and strengthening our partnerships to increase our opportunity

- ☑ **Partnership with the Sheffield City Region**
- ☑ **Anchor institutions and wider contributions**
- ☑ **Partnership with the voluntary sector**
- ☑ **Committment to work together**

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 January 2021.

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

9th February 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 January 2021.

2. Summary update for activity during January

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

As at the end of January, the latest figures show that for South Yorkshire and Bassetlaw over 170k people in the highest priority groups had now been vaccinated. Just over 60k of those are 80 years old or over which is around 80% of the total number of people in this category we need to. The remainder of the 170k are either people 75 years and above, people who are classed as clinically extremely vulnerable and patient facing NHS and social care staff. The numbers are, of course, changing all the time. The latest statistics for South Yorkshire and Bassetlaw are published weekly here: https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/

All local primary care centres continue to vaccinate as planned and additional vaccination capacity has opened at Sheffield Arena. The Arena team is vaccinating 7 days a week, 12 hours a day and the first week of operation saw all available appointment slots taken up. The majority of care home residents across the region have now been vaccinated and vaccinations for patients registered as housebound with their GP practice have also commenced. Patient facing NHS and Social Care staff across the region also continue to be vaccinated.

Partners in each of our places, including NHS, Local Authority and Community, Voluntary and Faith groups are working together to ensure vaccination myths are dispelled and community leaders are helping to support positive messaging around the vaccination campaign, particularly in our communities that have been identified as most vaccine hesitant or who are seldom heard. Partners are also sharing Covid-19 vaccine facts resources to help combat a rise in the incidence of vaccine fraud.

All five places in South Yorkshire and Bassetlaw have been chosen to receive £1.4 million national funding for the Community Champions scheme, which awards councils and voluntary organisations funding to deliver a wide range of measures to protect those most at risk - building trust, communicating accurate health information and ultimately helping to save lives. This will include developing new networks of trusted local champions where they don't already exist and will also support areas to tackle misinformation and encourage vaccination take-up.

In terms of COVID-19 cases, the trend is a slowly downward. The lockdown is starting to have an effect, albeit slowly, with progress slow because the rates were high before the lockdown and the newer (more contagious) Covid-variants that have since been identified. Across the five places in SYB, rates are all falling with fewer outbreaks reported, and death rates continue to decline. Cases

of COVID-19 in the over 80s are also declining which, it is hoped, is an early sign that the vaccination programme is having an impact.

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 January focused on Wave 3 surge plans, the COVID-19 response and vaccination programme.

In addition to operational issues, ICS Leaders have been involved in discussions about the development of integrating care across four workstreams. These workstreams mirror the development work that is taking place in SYB: Place-based partnerships; provider collaboratives; how the nature of commissioning will change; and the integrated care system.

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.

It also set 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). A helpful summary by the NHS Confederation can be read here.

As part of national efforts to support all regions with the ongoing challenges of COVID-19, Amanda Pritchard, Chief Operating Officer for NHS England and NHS Improvement (NHS E/I) sent a further letter to NHS leaders on Tuesday 26th January.

The letter titled 'Reducing burden and releasing capacity to manage the COVID-19 pandemic' explains that systems should ensure they make pragmatic decisions about how best to free up management capacity and resources to focus on additional competing priorities around the vaccination programme and continued non-Covid care.

The letter encourages NHS trusts and foundation trusts to consider options including the pausing of all non-essential oversight meetings, streamlining assurance and reporting requirements and only maintaining those existing development workstreams that support recovery.

2.4 Safe Maternity Services during the COVID-19 Pandemic

The South Yorkshire and Bassetlaw Local Maternity and Neonatal System (LMNS) has published its 'Safe Maternity Services during the COVID-19 Pandemic' strategy. The document offers best practice guidelines to midwives and midwifery teams to ensure the care for women (and families) during the pandemic remains as unaffected as possible.

The LMNS has been ensuring service users are engaged with during these unprecedented service adaptions. By providing the most up to date evidence based information, the LMNS is working with partners to enable women to make choices that are personalised to their individual needs, wishes

and requirements.

The full document is published here:
https://www.healthandcaretogethersyb.co.uk/application/files/9516/0994/1635/Covid_Safety_Strategy_LMS_210104_v7_-_final.pdf

2.5 Sheffield City Region

The Sheffield City Region Mayoral Combined Authority and Local Enterprise Partnership approved their 20-year Strategic Economic Plan (SEP) on 28th January. The Plan sets out local leaders' blueprint to drive the region's recovery from COVID-19 and transform South Yorkshire's economy and society for people, businesses and places.

The SEP paves the way to a stronger, greener and fairer economy as the region looks to unlock its potential and create prosperity and opportunity for all. The ambition of the 20-year Strategic Economic Plan is for the South Yorkshire economy to look very different in 2041, with an extra £7.6bn Gross Value Added (GVA), 33,000 extra people in higher level jobs, reduced income inequality and improved wages by over £1,500 for the lowest paid, and a net zero carbon economy.

2.6 Mental Health White Paper

The government has published the Reforming the Mental Health Act White Paper, which sets out proposed changes to the Mental Health Act 1983. The paper also sets out proposals and ongoing work to reform policy and practice to support the implementation of a new Mental Health Act. The proposals take forward the majority of the recommendations made by the Independent Review of the Mental Health Act 1983.

The government is seeking views, until 21 April 2021, on the implementation and impact of the reforms. Feedback will inform the drafting of the Bill to amend the Act, which will be brought forward when parliamentary time allows.

2.7 SYB Recovery Plan

The pandemic has caused an unprecedented rise in waiting times for hospital and diagnostic care, interrupted ongoing care in the community for mental health and other long-term conditions and assessments for social care support. The impact has been devastating on our population, particularly on health inequalities which continue to widen. Our plan has always been to address inequities in access and outcomes through a collective partnership approach and we must now accelerate our efforts.

Before the Pandemic, South Yorkshire and Bassetlaw (SYB) had one of the lowest number of people nationally waiting over 52 weeks and today the region continues to hold a comparatively smaller over 52-week waiting list. Nonetheless, we are keen to address any delays and reduce the impact on our population.

The innovation and resourcefulness that helped to enable SYB's health and care system to continue delivering safe patient care during the pandemic will also be integral to our future plans. Our close partnership with the Yorkshire & Humber Academic Health Science Network will see the continuation of our co-developed Rapid Insights research - with a view to implementing recommendations where opportunities exist across the system.

As a partnership, we are now starting to shape the development of priorities for the coming year utilising the expertise and experience of our wider health and care partners to meet these challenges in the months and years ahead.

2.8 Sheffield Olympic Legacy Park

Proposals for the Sheffield Olympic Legacy Park (SOLP) were unveiled in January. The project, which involves and is supported by SYB partners, is set to yield significant economic and health benefits within SYB and across the UK.

It joins up a number of prestigious commercial (IBM and Canon Medical Systems Europe) and regional public sector partners on the 35-acre site benefiting from the cluster of specialised health and care, academia, clinical research and sports engineering centres.

Situated in the east of Sheffield, newly unveiled plans over the next five years are set to see a further 5,600 high value jobs created whilst generating over £2bn in Gross Value Added (GVA) benefits to support a post-pandemic and post-Brexit UK economy.

This development site is already home to a number of established research and development hubs including the English Institute of Sport Sheffield (EISS), Advanced Wellbeing Research Centre (AWRC) and National Centre of Excellence for Food Engineering (NCEFE), alongside the Oasis Academy Don Valley and the FlyDSA Arena, ensuring that it provides excellent transport links to the M1, tramway inter-connectivity to Sheffield and Rotherham but also with the possibility of greener links via the Sheffield & Tinsley Canal.

Perhaps one of the standout facilities on the Park will be development of the new national Centre for Child Health Technology (CCHT), thought to be the first of its kind globally, tasked with focusing on addressing issues that affect children and young people – with the added benefit of delivering over £200m in savings to the NHS in the next ten years.

In addition, Canon Medical Systems Europe will also host a world-leading diagnostic imaging lab and research centre, delivering ultramodern digital research and development capabilities to support the enhancement of diagnostics in the NHS.

I would like to acknowledge SYB partners Sheffield City Council, Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield Hallam University, Sheffield City Trust, Sheffield Children's NHS Foundation Trust and Yorkshire & Humber Academic Health Sciences Network for their exceptional work in supporting this key transformational project.

2.9 Anchor Networks

The impact the NHS has on people's health extends beyond the role as a provider of treatment and care. As large employers, buyers, and capital asset holders, our health care organisations are well positioned to use their spending power and resources to address social, economic and environmental factors that widen inequalities and contribute to poor health.

Anchor institutions are key to making a strategic contribution to the health and wellbeing of the local population and the local economy and include the NHS, along with local authorities, universities and other non-profit organisations. An Anchor Network goes one step further to bring the institutions together and early discussions are now taking place with the national team on what this means for SYB. A proposal is being developed with the four North ICSs taking a collective approach which will be informed by a system-wide event.

3. Finance update

At Month 9 the system is reporting a forecast surplus of £36.1m compared with a plan deficit of £3.9m. This is a significant improvement on the Month 8 forecast and reflects a reassessment of the forecast position at Month 9 and the continued impact of under-performance on elective activity and reduced cost pressures on CCG budgets.

Capital slippage has increase in Month 9 to a forecast £21.6m on planned spend of £163m or 13.2%. The slippage is due to the challenges of delivering a capital programme during the

pandemic, significant additional capital allocations for COVID-19 and critical infrastructure and the revisiting of a material business case. The slippage has been offset by a forecast unplanned charge of £9.5m for the Rotherham Carbon Energy scheme.

Because of the ongoing impact of the pandemic the financial framework that is in place for the second half of 20/21 will be rolled forward into at least the first quarter of 21/22. Further details are awaited.

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

Date: 3 February 2021

G4

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

FINANCE AND PERFORMANCE COMMITTEE

Minutes of the meeting of the Finance and Performance Committee
Held on Tuesday 24 November 2020 at 09:00am via Microsoft Teams

Present:	Neil Rhodes, Non-Executive Director (Chair) Pat Drake, Non-Executive Director Rebecca Joyce, Chief Operating Officer Jon Sargeant, Director of Finance Kath Smart, Non-Executive Director	
In attendance:	Fiona Dunn, Company Secretary Katie Shepherd, Corporate Governance Officer (Minutes) (KAS)	
To Observe:	Bev Marshall, Governor	
Apologies:	Marie Purdue, Director of Strategy and Transformation	
		ACTION
FP20/11/A1	**Welcome and Apologies for Absence (Verbal)**	
	The Chair welcomed the members and attendees. The apologies for absence were noted. The committee formally thanked the executive directors in the meeting and their teams, for their hard work and dedication during the second wave of the Covid19 pandemic. It could not be underestimated how difficult this had been for our colleagues, and the executives were asked to formally thank their staff on the Committees behalf.	
FP20/11/A2	**Conflict of Interest**	
	No conflicts of interest were declared.	
FP20/11/A3	**Action Notes from Previous Meeting (Enclosure A3)** Action 1 - FP20/09/C3 – Quality Improvement Feedback Reporting Pat Drake noted that she had asked for a quality framework presentation at the Quality and Effectiveness Committee on 24 November 2020. An in depth discussion took place regarding when and how quality improvement would be reported to Board Committees. Quality improvement was a tool and a discussion took place that any qualitative or quantitative schemes related to the improvement of quality would be reported to the relevant Committee that the Board had delegated to do so. It was agreed that this should be reflected in each Committee terms of reference.	

	It was agreed that relevant senior responsible officers should be held to account for performance on quality improvement initiatives, and not the Director of Strategy and Transformation directly. Following a question from the Director of Finance it was confirmed that the review undertaken by the Company Secretary and Director of Strategy and Transformation was aligned to the performance framework review that the Head of Performance had undertaken. <u>Action 2 – FP20/10/B1 – Emergency Department Action Plan</u> **–** This would be reported to the People Committee on 3 November 2020, therefore the action was closed. <u>Action 3 - FP20/10/D6 – Contract Monitoring Procedures</u> **–** This was added to the work plan and linked to Action FP20/09/C4 IT Contract Management. Once the IT Contracts Review was complete, Ken Anderson would provide a report on the benefits realisation of the IT contract review. This action was closed. <u>Action 4 - FP20/10/E1 – Corporate Risk Register</u> **–** The work plan had been updated to reflect the change in frequency. This action was closed.	
	Action: It would be reflected in the Board Committee terms of reference that any review of schemes related to the improvement of quality would be reported to the relevant Committee that the Board had delegated authority to do so.	**FD**
	The Committee: - ***Noted the updates and agreed, as above, which actions would be closed.***	
	<u>Action</u>: Katie Shepherd would update the Action Log.	
FP20/11/A4	**<u>Request for Any Other Business (Verbal)</u>** There were no requests for any other business.	
FP20/11/B1	**<u>Integrated Performance Report October 2020 (Enclosure B1)</u>**	
	The Chair noted the comprehensive executive summary which steered the reader to the detail in the main report and noted it was helpful to know who the author of the paper was. The Chief Operating Officer provided an update on performance for October which highlighted that the Trust did not meet its Phase 3 Elective activity standards due to Covid19 related pressures, with the notable exception of CT, Non-Obstetric Ultrasound and EL IP. The Trust reported 393 52-week breaches due to Covid19 delays, however noted that this continued to compare well to the national position. The Trust achieved 64.9% performance for RTT, which was below the 92% standard, however did demonstrate a slight improvement from the previous month. The Trust delivered 76.0% for 4-hour access in October 2020 against a national target of 95%. Ambulance delays demonstrated poor performance against the standards. Length of stay for non-elective patients had increased, alongside a growth in super stranded patients. Focused work with partners was ongoing to improve complex discharge pathways. All standards were delivered for Stroke performance, with the exception of direct admission	

	within 4-hours to the Stroke Unit (52.4% against a standard of 75%). Cancer performance for September 2020 reflected that the Trust had achieved 2 out of 3 31-day nationally reported measures, and 1 of out 3 62-day nationally reported measures. The number of long waiting patients (over 104 day and over 62 day) had continued to improve since September and was the best in SYB Following a query from Pat Drake regarding the levels of non-attendance in diagnostics, the Chief Operating Officer advised that this was a known issue and the Medical Director and Communications and Engagement Team had worked to encourage patients to attend and to provide guidance to patients that every effort had been made to keep patients safe whilst in attendance at appointments. Following a question from Pat Drake related to patient flow in the Emergency Department, it was confirmed that works were ongoing and would be completed late December/early January, however, some works had been completed which provided greater space within a senior early assessment unit which was expected to assist with ambulance handovers. Pat Drake noted the inappropriate breast cancer referrals and asked for confirmation that this had been rectified within Primary Care. The Chief Operating Officer advised that a meeting had taken place with primary care to discuss the quality of breast referrals and this would be monitored. Kath Smart asked, in relation to diagnostic performance, for a reflection to be made in the performance report, to monitor delivery against something other than the 99% target, so that departments could be held to account against realistic targets. It was agreed that this be reflected in the report. In response to a query from Kath Smart regarding the continuation of minor injury clinics at Montagu, it was confirmed that there had been no reflection in the reports of an impact on activity at Doncaster. The Chair noted that the performance reports were received within a challenging context, in particular on the Emergency Department with the impact of Covid19 and clinical pathways. Bev Marshall noted on behalf of the Council of Governors, the support and appreciation that they have for colleagues during the difficult period. In response to a query from Bev Marshall on the future of virtual clinics, the Chief Operating Officer advised that virtual clinics would be a fixture for the future and noted that the Trust would undertake this with what felt appropriate for the best care clinically and to balance the experience and convenience for patients. Following a question from Bev Marshall about the future use of the Keepmoat Stadium for phlebotomy services, it was confirmed that these models would be evaluated, however, noted that although it had been the right route during the Covid19 pandemic, the Trust would need to find a balance between the longer-term use and financial implications, against the availability of sites to the Trust.	
	Action: A reflection would be made in the performance report, in relation to diagnostic performance, to triangulate various performance measures, acknowledging monitor delivery against the 99% target alone would not be fully representative at the current time.	**RJ**

	The Committee: - ***Noted the information provided in the Emergency Department Deep Dive.***	
FP20/11/B2	**<u>Covid19 Update (Enclosure B2)</u>**	
	The Chief Operating Officer presented to the Committee an update on the operational position of the Trust in relation to Covid19 which advised that there had been a reduction in the number of community cases which was in line with the reduction in Covid19 hospital admissions. Although hospital admissions had slightly decreased, this was within a challenged context due to restoration of activity. The Information Services Team had modelled four scenarios for the next several weeks to allow the Trust to plan accordingly. Lateral flow testing of Covid19 would commence for colleagues within the week and therefore this may impact staff absence. There was an opportunity to increase elective work during December however the two-week isolation period required prior to surgery was noted (do hence an early decision was required). It was expected that the first two-weeks of January 2021 would be challenging and the Trust would plan for a potential third wave of Covid19 with partners. A priority was to ensure that elective was in a good position as the Trust moved into the new financial year, during a period when the Covid19 vaccination would be available for the public. The Trust was committed to the improvement of operational flow and would take learning from other Trusts. Enhanced operational management and support continued with the dedicated leadership and management arrangements in place between the hours of 08:00 and 20:00. A "hot evaluation" had been undertaken with approach refined to include some sharp operational learning and broader reflections on restoration and the wider lessons learned. The wellbeing of the workforce remained a priority and the Trust continued to review how it could further support colleagues. Following a question raised by the Chair in regards to the probable impact that lateral flow testing would have on the workforce, it was advised that where the asymptomatic testing model had been used before there had been approximately 2.9% positive return rate and the roll out would be incremental to avoid mass absence. The Women's and Children's Hospital would commence the pilot of the asymptomatic screening programme the following week. Following a concern raised by the Chair, it was noted that the Chief Operating Officer was aware of the workforce challenge with ward clerks and support had been sought from corporate areas. The Director of Finance noted that this was not an issue that had arisen due to the Covid19 pandemic, although heightened by it, it was historical based on a number of factors. In response to a query regarding partnership arrangements, it was confirmed that good arrangements were in place at Doncaster which had assisted in the flow of patients and contributed towards quicker discharge. The Trust continued to work with RDASH on admission avoidance. There was some further work with Bassetlaw CCG who were looking to confirm positive care home capacity. Twice weekly surgical mutual aid meetings took place across the ICS. Mutual aid had taken place in relation to urgent surgical cases, critical care and ambulance diverts.	

	In response to a query from Pat Drake, the Chief Operating Officer advised that she would check with nursing colleagues regarding the protocol for a nominated individual to contact the ward for information/updates on patients, as this would lessen the number of phone calls received to the ward. Pat Drake noted that there had been some indication of bed waits in the Emergency Department and asked for clarification on the position with outliners within the organisation. It was confirmed that there had been challenges with bed waits when the Trust had reached towards 40% of general beds occupied with Covid19 positive patients, which was contributed to with the infection prevention and control restrictions, however wards had been reconfigured to manage the increased number of patients. Pragmatic and sensible solutions had been identified for managing outliers. There were plans to undertaken day case activity at Montagu Hospital to free up capacity at Bassetlaw Hospital. In response to a query from Kath Smart, it was noted that the Trust had and would continue to follow a clear prioritisation plan in terms of the step up of elective activity. Kath Smart noted that the use of digital innovation should be sustained and developed with the use of videoconferencing and tele-medicine. It was noted that capital had been agreed for additional kit to support digital working. The Director of Finance advised that the ICT strategy would be revised. Pat Drake asked that in the event of a potential wave 3 of Covid19, if conversations would be undertaken with YAS and EMAS regarding the reconfiguration of services to avoid batching at the Emergency Department and to support a wider ICS/regional response. The Chief Operating Officer advised that this was not the sole issue that contributed to the current performance measures however noted that it was an area for review.	
	Action: The Chief Operating Officer would check with nursing colleagues regarding the protocol for a nominated individual to contact the ward for information/updates on patients, as this would reduce the contact made per patient.	**RJ**
	The Committee: - ***Noted the information in the Covid19 update.***	
FP20/11/C1	**<u>Financial Performance – October 2020 (Enclosure C1)</u>**	
	The Trust's deficit for month-7 was £160k. The underlying year-to-date financial position was reported as £5.4m before the retrospective top up payment for months 1-6. The in-month financial position was c. £1.1m favourable to plan and was submitted to NHSI/E in month-7 before any fines related to the elective incentive scheme. The in-month financial position was c. £0.1m favourable to plan after potential year-to-date fines. There had been an increase in pay and non-pay expenditure above months 1-6 run rate of £1m. The Trust had included a provision for annual leave of £483k related to the expectation that the Trust would have increased liability to carry forward annual leave as a result of the Covid19 pandemic.	

	Capital expenditure spend was reported as £2.8m, which was £0.5m behind the £3.3m plan in-month. This was £3.3m behind plan YTD, as a result of the original phasing of the HSDU scheme in the Critical Infrastructure plan (£1.9m), a delay in progression of the Critical Infrastructure projects (£0.5m), expected HSDU underspend (£0.5m) and a delay in the progression some of the IT schemes (£0.4m). The cash balance at 31 October 2020 was £64.1m which remained high due as the Trust received two months' work of block income in April 2020. It was noted that the one-off provision for PPE at £0.65m was incurred for month-6 related to the Trust's share of ICS PPE orders. In response to a query from Kath Smart in relation to recent reports that indicated that South Yorkshire and Bassetlaw had the highest percentage of beds occupied by Covid19 positive patients, and the challenge this therefore presented to maintain elective activity, the Director of Finance advised that all decisions related to the payment of activity fines would be made centrally by the ICS and NHSI/E. Progress would continue to be monitored. The Director of Finance advised that as the Trust was awaiting approval of whether it would be in receipt of £1.49m Covid19 phase 1 money, it had undertaken a process to review operational priorities and this had been reflected in the revised capital plan signed off by the Executive Team. A discussion took place regarding the management of creditors in relation to 7-day payments. The Director of Finance advised that the Trust's position on this had improved in light of an improved internal process. It was noted that there was a discrepancy on how the number of days were counted, however overall there had been good improvements. Work had been undertaken with suppliers with payment terms and to indicate what the 7-day payment meant. Pat Drake noted that the windows on Ward 17 were not on the priority list for capital spend at the moment and asked for assurance that temporary measures were in place to ensure patient comfort. The Director of Finance confirmed that this formed part of the capital plan but was not sighted on whether it had been completed yet.	
	The Committee: - ***Noted the financial performance for October 2020.***	
FP20/11/C2	**<u>ICS Risk Share / Financial Regime (Enclosure D2)</u>**	
	The Director of Finance advised that the future financial regime for the NHS was under review. The NHS Long Term Plan had previously signalled that there should be a move away from payment-by-results and towards a more collaborative process, based on the system based plans. An in depth discussion took place to identify the potential financial regime changes and the implications that they may have on the Trust, which included: - Delegated powers of and roles of Trust Boards, - Levels of trust and assurance between organisations,	

	- Local plans organisations, Place and ICS, - Accountability for financial (and performance) variances, - Risk/reward appetite and how that plays into a regional system, - Internal Risk, - Risks from partners actions. Governance arrangements within the ICS were discussed and it was agreed that the following should be factored in: - A clear view of the ICS role, - Performance management versus strategic planning, - A clear view on decision making inclusive of checks and balances, - The requirement of an independent chair, - Clear accountability for delivery, - An agreed set of principles that all work within. It was agreed that members of the Committee should send any further discussion points to the Director of Finance relating to the future of the financial regime for the Trust.	
	Action: All members of the Committee should send any further discussion points to the Director of Finance relating to the future of the financial regime for the Trust.	**All**
	The Committee: - ***Noted and agreed with the actions following the discussion on the financial framework for 2021/22 onwards.***	
FP20/11/C3	**<u>Month 7 – 12 Financial Plan, (Enclosure C3)</u>**	
	The Deputy Director of Finance noted that as previous advised, the Trust submitted its financial plan to the ICS and NHSI/E for October-to-March on 22 October 2020. As part of this process it was also agreed that the Trust would look to reset its budgets for the same period and would try to align these budgets to the financial plan but also look to align pay budgets more closely to the rotas Divisions are working to now, as previously there has been mismatches between the staffing position in the financial system (ledger), operational system (e-roster) and what the Divisions think they are working to. This would allow all teams to work to an agreed position and would provide clarity to all parties on agreed staffing levels. This would also allow for clear oversight, transparency and control through the Trust's financial governance processes. The Executive Team had agreed any YTD underspends against budget in month were not allowed to be used/spent in subsequent months (thereby working to in-month budgets). Only the winter/Covid19 plan underspends can be recycled and used if there was an under spend in any given month. The Director of Finance and Chief Nurse would meet each of the Divisions to review the rotas provided with the aim to agree a final normal rota position. This would then be translated into the recurrent budget. In the interim, to ensure there were no quality/patient impact and that the Trust does not commit to a recurrent financial pressure: - Divisions could continue to fill rotas over the next 8-weeks to the higher budget presented, on a temporary basis.	

	- Divisions could continue to recruit permanently to the budget that was set and signed off by the Committee and Trust Board in late February (and submitted to NHSI/E before the Covid19 pandemic). It was noted that there had been a series of elements that had contributed toward the deviation from the plan including bed swaps between Divisions and the impact of Covid19. In response to a comment from Pat Drake that skill mix needed to form part of the identification of required establishment, it was confirmed by the Director of Finance, that this would form part of the review process. The capital plan update was presented which had been signed off by the Executive Team. The Committee noted and supported this. It was noted that within appendix 2 of the report, which demonstrated revised costs for capital unapproved schemes, that those with TBC were the schemes that had not been prioritised and would not be undertaken this financial year.	
	The Committee: - ***Considered the information provided on the financial regime for 2021/22 and agreed on a number of actions for the Director of Finance to take forward.***	
FP20/11/C4	**Sodexo Contract Update (Enclosure C4)**	
	In recognition of the impact that Covid19 had on commercial businesses who provide services on a contractual basis to the healthcare sector, the Government issued two notices to public bodies on their responsibilities to support these businesses to ensure services were maintained. The outsourced catering contract with Sodexo fell into this category, and therefore the Trust had entered into an urgent review of the Sodexo contract portfolio. This included the implementation of measures to support cash flow and to ensure that invoices submitted by suppliers were paid immediately upon receipt to maintain cash flow. A discussion took place regarding the future contract sustainability and that it was crucial to the operation of the Trust that Sodexo provide patient meals. The Trust would continue to meet with Sodexo to review the contract and an update would be provided at future Committee meetings. The Director of Finance assured the Committee that there was no immediate risk to the provision of patient meals, however noted there was a level of operational and financial risk to the Trust. In response to a comment raised by Pat Drake regarding the previously discussed facility improvements required at Bassetlaw and whether that had formed a part of the recent discussions with Sodexo, the Director of Finance advised that this formed part of the revised capital plan signed off by the Executive Team, however the final design was yet to be agreed. It was noted that the PPN notice did not impact other contracts to the extent that it did with Sodexo. Saba and Steris required little support.	
	The Committee: - ***Noted the work undertaken and support provided to date via the agreed PPN 02 20/PPN 04 20 to Sodexo;***	

	- ***Note and support the further work required to explore and understand the position in light of providing interim support to Sodexo in line with PPN 04 20 to return the contract to a pre-Covid19 position with support up to a maximum of £553k per annum (£46k per month).***	
FP20/11/F1	**<u>Escalation (Verbal)</u>** No issues were identified for escalation to/from: - F1.1 F&P Sub-Committees; - F1.2 Board Sub-Committees; - F1.3 Board of Directors.	
FP20/11/G1	**<u>Sub-Committee Meetings (Enclosure F1):</u>** There were no sub-committee meeting minutes to note.	
FP20/11/G2	**<u>Minutes of the meeting held on 27 October 2020 (Enclosure G2)</u>**	
	Following a query from Kath Smart it was agreed that an amendment would be made to the second to last paragraph of section FP20/10/E1 to: *The Director of Finance noted that the Datix report would be a live document and would need to be embedded into the way in which the Trust works and suggested the creation of a standing operating procedure or policy to ensure that middle and junior management understood the risk and how it should be managed.*	
	The Committee: - ***Noted and approved the minutes from the meeting held on 27 October 2020 subject to the above amendment.***	
FP20/11/G3	**<u>Committee Work Plan (Enclosure G3)</u>**	
	The Committee: - ***Noted the Committee Work Plan.***	
FP20/11/G4	**<u>Any Other Business (Verbal)</u>**	
	There were no items of any other business.	
FP20/11/G4i	**<u>Date and time of next meeting (Verbal)</u>**	
	Date: **Tuesday 26 January 2021** Time: **09:00** Venue: **Video-Conference**	

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Minutes of the meeting of the Quality and Effectiveness Committee Held on Tuesday 24 November 2020 via StarLeaf Videoconferencing

Present: Pat Drake, Non-Executive Director (Chair)
Sheena McDonnell, Non-Executive Director
Mark Bailey, Non-Executive Director
David Purdue, Deputy Chief Executive and Director of Nursing, Midwifery and AHP
Dr Tim Noble, Medical Director

In attendance: Abigail Trainer, Deputy Chief Nurse
Cindy Storer, Acting Deputy Director of Nursing & Midwifery and AHP
Karen Humphries, Clinical Governance & Professional Standards Co-ordinator
Fiona Dunn, Deputy Director Corporate Governance / Company Secretary
Sam Debbage, Deputy Director of Education and Research
Lesley Barnett, Deputy Director of Quality and Governance
Marie Purdue, Director of Strategy and Transformation
Stacey Nutt, Head of Nursing for Cancer and End of Life Care Services ***(Item B1)***
Rosalyn Wilson, Corporate Governance Officer (Minutes)

To Observe: Clive Tatley, Partner Governor

Apologies: Dr Alasdair Strachan, Director of Education and Research

ACTION

Q24/11/A1 **Welcome and Apologies for Absence (Verbal)**

Pat Drake welcomed the members and attendees. Apologies for absence were noted.

Q24/11/A2 **Conflict of Interest**

No conflicts of interest were declared.

Q24/11/A3 **Action Notes from Previous Meeting (Enclosure A3)**

Action 1 & 2 – Agreed to be closed
Action 3 – Update to be provided to Februarys meeting.
Action 4 – Remains ongoing.
Action 5 to 9 – Agreed to be closed
Action 10 - David Purdue working on the strategies and will advise where to fit in.
Action 11 – Dr Noble to continue to review and provide an update at next meeting.

The Committee:

- ***Noted the updates and agreed, as above, actions that would be closed.***

Q24/11/A4 **Request for Any Other Business (Verbal)**

There were no other items of business requests.

Q24/11/B1 **ReSPECT Deep Dive (Enclosure B1)**

Stacey Nutt, Lead Nurse Cancer and End of Life Care presented an update on ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) one year on from the National implementation within the Doncaster locality.

The ReSPECT process is a summary of personalised recommendations for a person's clinical care in a future emergency in which they do not have capacity to make or express their own choices, the process is to respect both patient's preferences and clinical management.

NHS England asked Trusts to work together to remove the number of forms used in the Trust and replace with one form that captures the information required.

In the Doncaster locality the ReSPECT forms were introduced in 2019.

Stacey Nutt advised that it takes on average 18 to 24 months to change culture, the Trust is now 18 months into using the ReSPECT forms and change is now being noticed.

One of the main issues patients have fed back is around the legal status of the form and how this is misunderstood.

The Trust would be reviewing the documentation and looking how this can be written into the clinical systems so information can be shared with other NHS Trusts to ensure that patient's wishes are taken into consideration throughout treatment.

Stacey Nutt advised of the plan to circulate a Survey Monkey to the Consultants to see how the forms were being used and if they were working well. Version three of the form is due to be released once it has been through the version control panel within the Resus Council.

The ReSPECT forms should be a live documents and shared with the patients GP.

Stacey Nutt explained that the audit process would be reviewed as at present it focuses on patients who have had a cardiac arrest only. The work stream would build the audit into the ward accreditation reporting and audits.

Mark Bailey asked if patients on the ward with a Do Not Attempt CPR (DNACPR) in place is there a confidential way of displaying this information so ward staff are aware.

David Purdue advised that patients who are End of Life care and DNACPR had an icon against their name to alert staff.

David Purdue also updated that any patient who has a DNACPR in place over the last 12 months had ReSPECT forms in place, Primary Care are responsible to ensure that changes have been made with community patients.
Pat Drake suggested that the Frailty Assessment Ward should be a focus for the audit due to the nature of the patients on the ward.

Action: Stacey Nutt to attend QEC in August 2021 with the outcome of the audit.

The Committee:

SN

- ***Noted the update on ReSPECT.***

Q24/11/B2 **Quality Framework and True North – (QI) (Enclosure B2)**

David Purdue, Tim Noble and Marie Purdue have met prior to the Quality and Effectiveness meeting and discussed the planning for the future of the Quality Strategy that would be reviewed at each QEC meeting.

David Purdue discussed the True North Objective One, (To provide outstanding care & improve patient experience) and the breakthrough objective for this year; achieve measurable improvements in our quality standards & patient experience.

There were three measures discussed in detail and what the plans are for the Trust to achieve this objective:

- Ward department quality assessment scores
- Evidence of closing the loop
- Focus on key safety risks – IPC outbreaks, patient experience (waiting times) and falls.

Board Assurance Framework was discussed also and assurance was given on how QEC would be assured on activity.

Marie Purdue discussed the Quality Management Framework and how the development process would include stakeholders in line with the Quality Improvement (QI) Principles.

The recent Board QI work is due to be in draft format by February 2021 with consideration required around the overlap of committees such as leadership, culture and performance.

The organisation approach is being reviewed as the Health Foundation identifies that the majority of NHS Trusts in England that have CQC Outstanding have implemented the organisational approach.

Marie Purdue gave examples that are used across other Trusts.

There were in depth discussions about how the Trust could develop a single cohesive quality strategy that would define quality as fundamental to the DBTH vision and objectives.

The single strategy would set the direction to identify the long term aspirations in a single, simply easy to use document.

The processes and governance that underpin the delivery of the quality agenda would be reviewed and ensure more detailed plans and associated documents were in place.

Marie Purdue discussed the strategies that would be incorporated:

- Clinical Governance Strategy 20107-20222
- Patient Engagement and Experience Strategy 2017-2022
- QI Improvement and Innovation Strategy 2017-2022

The strategies that will be directly linked and referenced would be:

- Clinical strategy (in development – superseding Clinical Site Development Strategy)
- Infection Prevention and Control 2019-2022
- Research & Development Strategy 2017-2022
- Corporate Digital Strategy 2017-2022 (but under review)
- People and Organisational Development Strategy 2017-2022 (link to culture and leadership)
- Related clinical strategies
    - *Learning Disability Strategy 2022*
    - *Mental Health Strategy 2019-2021*

The proposed quality strategy development timelines were discussed with the proposed ratification at the July 2021 Board of Directors meeting.

The Committee:

- ***Noted the update Quality Framework and True North Objectives.***

Q24/11/C1 **<u>Breakthrough Objectives</u> – Discussed in section B2.**

Q24/11/C2 **<u>Stabilisation and Recovery – (Enclosure C2)</u>**

Dr Noble gave an update on the Risk Stratification Assurance Body (RSAB) paper.

This highlights the current levels of risk stratification within the Trust and the agreed approaches to be taken for both admitted and non-admitted patients.

As of 11 November 2020, 90% of admitted patients had been clinically reviewed excluding Endoscopy, planned waiters and diagnostics.

Guidance circulated in October 2020 states admitted patients on the waiting lists should be validated in two or three stages:

- Technical Validation
- Patient Discussion
- Clinical Consultation

Dr Noble discussed how patients could be excluded from the process and the introduction of a further two risk categories.

The Trust has until 31 December 2020 to provide evidence to the National Team that all admitted patients on the waiting list have been validated. There has been a workshop held with stakeholders to ensure the Trust is adhering to National requirements.

Divisions have access to the weekly assurance report that is updated at the close of business on a Tuesday.

There were three escalations noted in the report from the Risk Stratification Assurance Body.

There were discussion around patients being seen and treated at other NHS Hospitals but the South Yorkshire and Bassetlaw ICS advised that the region will stay as it is.

Sheena McDonnell asked what the expectation of the Risk Assurance Stratification is. If the Trust is at 90% why isn't it at 100%?

Dr Nobel advised that the Divisions are working on their risks and the 10% may be patients that are out of the remit of the Trust.

Pat Drake asked if all Consultants are engaged.

Dr Noble advised each speciality has this piece of work to be completed and all Consultants are working together.

Mark Bailey asked how the Trust is working with local GPs.

Dr Noble advised that a weekly, meeting with Bassetlaw CCG suggests that if patient's symptoms are worsening they would go back to their GP for further clinical input. All GPs are aware that the Risk Stratification work is going ahead.

Quality Performance Impact Assessments (QPIA) (Stabilisation and Recovery)

Dr Noble advised the committee that the progress the Trust has made with Outpatient reconciliation remains consistent and no cause for concern.

The Committee:

- ***Noted the update on Stabilization and Recovery.***

Q24/11/C3 **Quality Assurance Report - (Enclosure C3)**

Dr Noble plans to review the open outstanding incidents and review the historical ones to see how they can be closed down.

Pat Drake asked who monitors issues with the blood transfusion and asked for a timescale for rectification.

Fiona Dunn advised that the blood transfusion incidents are categorised separately and go to the Clinical Governance Committee on a quarterly basis.

Action: Outcome to the incidents to be included in Februarys report. **TN**

Sheena McDonnell asked what was the process for managing NICE Guidance .

Dr Noble explained that there is a committee who meet to discuss the guidance and monitors the divisional decisions if compliant or not

Pat Drake noted that the Audit and Effectiveness report would not be going to the Audit and Risk Committee for assurance and there would be a meeting with the

Head of Audit and Effectiveness and the Medical Director to review how the information would be reported in future.

The Mental Health Annual Report would be reported to the Board of Directors in December.

Action: To be included in the Chairs report to Board. **PD**

Falls and Pressure Ulcers were discussed and it was agreed that there would be a report at the next meeting with trends analysis and comparable data.

Action: David Purdue to provide trends analysis report on Falls and Pressure Ulcers at the next meeting. **DP**

The prevention of further deaths report was discussed and noted that KPMG the Internal Auditors had been commissioned to complete and audit on the documentation.

Action: Cindy Storer to provide an update on the second prevention of further deaths notice at February's meeting. **CS**

Q24/11/C4 **Trust Winter Plan (Verbal)**

David Purdue gave a verbal update on the Trust Winter Plan and advised that the Trust currently has 30-33% of inpatients with COVID and there was a 95-98% bed occupancy. There are daily update briefings on the Critical Care and Respiratory Wards.

It was noted that there were no issues currently with PPE supplies although there had been issues with the FFP3 masks availability as the original suppler had changed the design and was not appropriate. The Trust has now had a delivery of FFP3 masks and alternatives were being sought to ensure continuity.

There are currently two sites in Doncaster for patients discharged with COVID-19 these are Lazenby Suite and Manor View where patients can safely be discharged to and receive the appropriate care they require.

The Trust Winter Plan remains a standing agenda Item.

The Committee:

- ***Noted the update on Patient Safety Learning***

Q24/11/C5 **Nosocomial Infection (Enclosure C5)**

David Purdue provided an update to the committee on the guidance issued by NHSE&I on what was required by the Trust.

The actions noted in the report had been identified as best practice. The Trust had undertaken a gap analysis against each recommendation to prevent Nosocomial infection.

Some off the key areas noted were:

- Where two metre social distancing could not be adhered to, beds had been removed to create a safe space on Wards B5, B4, Greasley and Orthopaedics
- Patients are not moved from yellow areas until two negative results obtained
- The Board Assurance Framework (BAF) had been revised to capture the best practice actions.

Action: Pat Drake to escalate the IPC BAF to the Board of Directors. **PD**

The Committee:

- ***Noted the update on Nosocomial Infection.***

Q24/11/C6 **Safer Staffing (Enclosure C6)**

Abigail Trainer, Deputy Chief Nurse asked the committee to take the paper as read. The report would be reviewed and changed for the February meeting to include harm so there is triangulation of reporting that includes staffing and harm.

The Chair was assured by the report and welcomed the review of information to be reported to the next committee meeting.

The Committee:

- ***Noted the update on safer staffing.***

Q24/11/D1 **Patient Experience –Volunteers and Response Volunteers - (Enclosure D1)**

Lesley Barnett discussed the work that had been undertaken with the Volunteers over the last 12 months.

In 2019 the Trust was successful in a bid for response volunteers but unfortunately due to COVID-19 the programme had been put on hold. The project would pick back up in the Spring of 2021.

A new bid for End of Life Volunteers was submitted and the Trust had received notification that they had been successful with the bid and work would now be undertaken to implement the project.

A new opportunity had been released across South Yorkshire and Bassetlaw ICS and Expressions of Interest are due by Friday 27 November 2020.

The hospital sites are in need of Volunteers to be back on site to help support patients who are attending for appointments, plans are being drawn up to safely bring back response volunteers who have received their training in December 2020.

Action: Patient Experience –Volunteers and Response Volunteers to be added to the People Committee work plan. **RW**

The Committee:

- ***Noted the Patient Experience –Volunteers and Response Volunteers update***

Q24/11/D2 **Patient Story - (Enclosure D2)**

Pat Drake thanked Lesley Barnett for providing the two patient stories for today's meeting. They had two different outcomes and asked for the positive feedback from patient story number two be shared with the Orthotics team.

Action: Lesley Barnett to provide the feedback to the Orthotics team.

The Committee:

- ***Noted the two patient stories.***

Q24/11/D3 **Inpatient Survey Action Plan - (Enclosure D3)**

Lesley Barnett provided an update on the inpatient survey action plan.

The questionnaire used for the NHS Inpatient Survey 2019 was developed by the CQC and their Survey Coordination Centre.

The key improvements since 2018 were noted form the reports along with the areas that continue requirements to be addresses.

The top five and bottom five scores were discussed alongside the most improved and least improved areas.
Unfortunately due to COVID-19 the workshop that was planned in April 2020 was paused with Picker to review the results.

The next Inpatient Survey is due out between September and November 2020.

Appendix one and two of the report was discussed by the committee and will be due back to QEC in June 2021.

Action: To add to work plan for June. **RW**

The Committee:

- ***Noted the Inpatient Survey Action Plan.***

Q24/11/E1 **Research and Effectiveness – (Enclosure E1)**

Sam Debbage gave an update and oversight of the Trust current research and innovation activity across DBTH. This outlined and confirmed the Trust aspiration for research expansion specifically in the area of clinical academic activity and wider partnerships.

An application would be submitted to the Fred and Ann Green Legacy to invest into

clinical research and a business case is currently being developed to support this ambition.

The Teaching Board paper is due to go to the Executive Team for review on Wednesday 28 November.

Action: To add to the work plan for June 2021. **RW**

The Committee:

- ***Noted the update on the Research and Effectiveness report.***

Q24/11/F1 **Quality Strategy – Current Status and Future Plans**

Discussed under B2

Q24/11/G1 **Corporate Risk Register & Board Assurance Framework (Enclosure G1)**

Fiona Dunn updated that all current live risks within the Trust are being reviewed within Datix at the Clinical Governance meetings. An update was provided to the last Board meeting on 17 November 2020 for all risks.

The Committee:

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

Q24/11/G2 **CQC (Care Quality Commission) and Regulatory Visits (Enclosure G2)**

Fiona Dunn updated that the CQC action plan wasshared with the CQC in October and a detailed update was provided on the MUST actions.

The CQC were assured with the update provided and no concerns raised.

CQC report on Mental Health in Acute Trusts was also shared.

Patient First – Emergency Department CQC update has been fed back to the Board of Directors.

The Committee:

- ***Noted the update on CQC and Regulatory Visits.***

Q24/11/H1 **KPMG Internal Audit Report**

No reports for today's meeting.

Q24/11/I1 **Quality Improvement (Enc I1)**

Reviewed under section B2.

Q24/11/J1 **Governor Clarification**

Clive Tattley asked if the benchmarking for falls and pressure ulcers would be done against other Trusts within the ICS boundaries.

David Purdue would pick this up.

Clive Tattley asked if the blood transfusion identification problems were recorded as a SI or just an incident.

Fiona Dunn advised they are all logged as incidents.

Q24/11/K1 **Sub Committee Minutes and Reports (Enclosure K1)**

- Clinical Governance Committee – July & Aug 2020
- Audit and Effectiveness Annual Report
- Patient Safety Report

The Committee:

- ***Noted the subcommittee minutes and reports.***

Q24/11/L1 **Minutes of the meeting held on 29 September 2020 (Enclosure L1)**

The Committee:

- ***Approved the minutes from 29 September 2020 as a final version.***

Q24/11/L2 **Items to escalate to Board of Directors**

Pat Drake would escalate the following areas to The Board of Directors meeting.

The Mental Health Annual Report
IPC Board Assurance Framework

Q24/11/L5 **Date and time of next meeting (Verbal)**

Date: 2 February 2021
Time: 14:00
Venue: Microsoft Teams Videoconferencing

Q24/11/M **Meeting Close 17:00**

ARC22/10/A1 – ARC22/10/K3

FINAL

Audit and Risk Committee

Minutes of the meeting of the Audit and Risk Committee
Held on Thursday 22 October 2020 via Microsoft Teams Videoconferencing

Present: Kath Smart, Non-Executive Director (Chair)
Sheena McDonnell, Non-Executive Director
Neil Rhodes, Non-Executive Director
Mark Bailey, Non-Executive Director **(MCB)**

In attendance: Jon Sargeant, Director of Finance
Matthew Bancroft, Head of Financial Services (MB)
Dan Spiller, External Audit Manager, Ernst Young
Mark Bishop, Counter Fraud and Security Services Manager
Harriet Fisher, Internal Audit Manager, KPMG
Rob Jones, Internal Audit Manager, KPMG
Fiona Dunn, Acting Deputy Director of Quality and Governance/Company Secretary
Karen Barnard, Director People & Organisational Development
Sean Tyler, Head of Compliance, Estates
Kirsty Edmondson Jones, Director of Estates and Facilities
Roz Wilson, Corporate Governance Officer (Minutes)
Ken Anderson – Acting Chief Information Officer
David Linacre - IT Operations - Security and Continuity Manager

To Observe: Bev Marshall, Public Governor

Apologies: None

Action

ARC22/10/A1 **Welcome and Apologies for Absence (Verbal)**

Kath Smart welcomed the members and attendees. No apologies for absence were noted.

ARC22/10/A2 **Conflict of Interest**

No conflicts of interest were declared.

ARC22/10/A3 **Request for any other business**

There were no request for other business.

ARC22/10/A4 Action Notes from Previous Meeting (Enclosure B4)

The following updates were provided;
Action 1 – DOI, Action 10 - Risk Mgt, Action 14 - WHO Checklist and Action 19 - Cyber Security were all on the ARC agenda and could be closed unless there were new actions arising on discussion; Actions 2,3,4, 7,8,9, 11, 12,13, 15,16,17,18, were all agreed as complete.
This left Action 5 - Committee self-assessment process and Action 6 - Quality Accounts as still outstanding. F Dunn to progress both of these areas.

The Committee:

- ***Noted the updates and agreed, as above, which actions would be closed***

Action: Action Log to be updated **RW**

ARC22/10/B1 **Cyber Security Update (Enclosure B1)**

Ken Anderson (Acting Chief Information Officer) and David Linacre (IT Operations - Security and Continuity Manager) presented to the committee an update on the Trust Cyber Security. The Trust submitted the Data Security and Protection Toolkit (DSPT) assessment for 2019/20 on time and passed all areas.

The Digital Transformation team are working through the cyber security work plan for 2020 / 21 and highlight other challenges faced and activities undertaken to improve cyber security within the Trust.

NHS England have identified risk areas nationally and have asked Trusts to consider the adequacy of their cyber security, these five key questions are being responded to through Digital Transformation Directorate as part of the work in progress plan for 2020/2021.

The five key areas are identified as

1. Do we have adequate backup arrangements in place (especially for critical systems) that will enable us to restore data quickly in the event of ransomware attack or other systems compromise?
2. Are we regularly implementing critical security patches?
3. Do we operate any unsupported software and is adequate mitigation in place to protect them?
4. Have we implemented Advanced Threat Protection (ATP) across the networked IT estate?

5. Are we planning to on board as quickly as possible to the new NHS Secure Boundary?

ARC received assurances on each of the questions and the submission sent to NHSE.

It is noted that NHS Digital have awarded the Trust funding to support mitigation measures and equipment upgrades. In operating to the mandatory elements of the DSPT the Trust has an adequate process in place for managing cyber security compliance requirements.

David Linacre recommended to the Audit and Risk Committee that the Trust continued to invest further in cyber security assurance and preventative measures on an annual basis. This should go beyond the mandatory elements of the DSPT; incorporating in addition the desirable elements of that framework, and also looking at the Networks & Information Systems (NIS) regulations and coverage of the associated Cyber Assessment Framework (CAF) using a maturity model approach.

Sheena McDonnell thanked David and Ken for the update and expanding on the written presentation and asked given the challenges that we are aware of and the mitigations, how do we go beyond the minimum and how do we go past this? David Linacre responded if the Trust was to go beyond the minimum, potentially some capital challenges as there were many issues based on revenue as the cloud based systems have a financial impact. The Trust would focus on the mandatory elements of the toolkit but there were desirables in there that would show good practice. The key aim is to have a team who can move forward as currently reliant on robotics but where incidents that cannot be resolved a member of staff from the Infrastructure team has to respond to the incident and there needs to be a robust plan in place to provide education to staff on how minor incidents can be fix.

Following a member question regarding one of the biggest IT risk for the Trust being human error, how do we encourage learning? Ken Anderson discussed the changes of behaviour within the Trust, there was a continuous Programme to ensure SET compliance is monitored and regular articles are put in BUZZ on cyber security. All projects that are rolled out, cyber security are included. The number of issues reported back to IT are increasing and staff were more aware of cyber security.

Mark Bailey discussed the update and noted there was a lot of assurance from the update but there is no assurance on IT ownership. All Trust IT systems should be managed centrally Mark Bailey asked that Ken Anderson resolved this and it was noted an audit is underway.

Mark Bailey asked the team to reflect on the model that is used in Counter

Fraud (where there is a network partnership with a number of Trusts) whether this can be mirrored in IT and get other local Trust working in Partnership.

The Committee:

- ***Noted the update on Cyber Security.***

ARC22/10/C1 **Local Counter Fraud Specialist (LCFS) Progress Report Q2 2020/2021 (Enclosure C1)**

Mark Bishop gave an overview of the LCFS report and provided an overview of how the NHS Provider Standards 2020/21 are being met in accordance with the current Counter Fraud Operational Plan and provided a general outline of the counter fraud work undertaken within the Trust.

A key point for noting on the Counter Fraud Operational Plan 2020/2021, the plan had been reviewed with the Director of Finance and there had been no changes to note. Notwithstanding, both documents will remain under monthly review whilst the threats from fraud relating to Covid-19 remain at the current level.

The Fraud Collaboration is due to have a new LCFS starting in December who will support Lincolnshire Partnership NHS Foundation Trust (LPFT) and Lincolnshire Community Health Services NHS Trust (LCHS) as well as the wider collaboration.

The previous Self Review Tool that is submitted on an annual basis was due to be replaced by the new Counter Fraud Functional Standard Return that was due to be published by the Cabinet Office. The NHS Counter Fraud Team are working on the new format and will submit to the Director of Finance for sign off. April 2021 will be the submission deadline for all NHS bodies new Counter Fraud Standard Return.

The NHSCFA National Data Benchmarking (England) was released in January 2020 although a revised version released in September 2020 due to the sensitivity of this data only the ARC Chair, Director of Finance and LCFS have access to the portal, it was reported to the Audit and Risk Committee that DBTH remained broadly consistent in this current release to the 2018/19 data in that:

- DBTH ranked # 6 out of 30 Teaching Hospitals for the number of referrals received.
- DBTH ranked # 6 out of 50 NHS organisations with a similar headcount for referrals, with the other two member Trusts of the collaborative appearing at # 4 and # 16 in this same group.
- DBTH ranked # 11 out of 50 NHS organisations with a similar

headcount for the amount of fraud identified and # 7 in this same group for the amount of fraud recovered.

The Fraud Awareness SET training remains at 97% compliant for the Trust, the LCFS has developed an e-learning package to be able to deliver the training by MS Teams until face to face training can recommence.

Mark Bishop reiterated the message of reporting Fraud and Scam activity within the Trust especially the email scams that are coming through that post a cyber security risk to the Trust.

Following member questions, a brief update was given on the number of investigation referrals within the Trust, the report gave details on the seven updates and eight new referrals, which had been progressed since the last report to the ARC. In summary; three were pending sanction outcomes. One was pending debt recovery, six have now been closed and five remain open for further development. A full breakdown was provided in the report.

Sheena McDonnell congratulated Mark Bishop for the SET compliance figures and the work put in to create additional resources for staff to complete the training.

Mark Bishop updated the committee that the Freedom of Information request that came in recently from Plymouth University requesting the information on the front page of self-review tool. After investigating the request this was found to be a genuine request and all NHS Trusts received the request.

The Committee:

- ***Noted the update on Counter Fraud.***

ARC22/10/D1 **<u>Internal Audit Progress Report and Sector Update (Enclosure D1)</u>**

Harriet Fisher provided an update on the Internal Audit progress since the last meeting, it is to be noted that KPMG are happy with the progress the Trust has made in delivery of its audit plan to date, given the pandemic response.

KPMG have provided 101 out of 205 internal audit days to date and provided the next steps on what work is required through quarter three.

Neil Rhodes asked for it to be noted that during COVID-19 the normal rules had not applied to reporting in Finance and Procurement with processes adapted and ways of working changed due to restrictions and to be able to stay on track, appreciation cards to be completed by the Chair as a Thank you to both teams.

Action: Kath Smart to complete thank you cards for Finance and

Procurement.

The sector update report was helpful to the Non-Executive Directors.

Rob Jones (KPMG) advised that External Audit (Ernst Young) would be providing an update on the Redmond Review with an overview to scrutinising value for money and asking auditors to do more hours involving increase cost.

Sheena McDonnell advised that she had read the summary of the resetting of the people, global workforce is one of the Trust biggest risk, is KPMG doing any work around this or can they facilitate discussions. Rob Jones to review this and suggested discussions as part of audit planning in Jan – Feb 2021. All NEDs to be included in audit planning discussions in Jan-Feb.

Action: To undertake a Workforce briefing to NEDs & wider on the Workforce paper from KPMG **KPMG**

The Committee

- ***Noted the KMPG Internal Audit Progress Report***

ARC22/10/D2 **<u>Recommendation Tracker</u>**

Harriet Fisher provided an update on the work that had been completed with the recommendation tracker, as of today's date there are currently seven outstanding medium priority recommendations, (three from 2018/19 and four from 2019/20) which had an original action date up to 8th October 2020. There are also a further three outstanding High priority recommendations from 2019/20.

Jon Sargeant will discuss the updates for the Informatics actions as there has been a lot of work completed and a number of work streams in progress but due to the nature of the recommendation the due by dates will be hard to predict as there are a number of factors to consider.

Fiona Dunn advised that the risk actions had been escalated to the Board of Directors and all risks are now managed on Datix. The Non-Executive Directors have had an overview session on Datix to gather an understanding on how Datix works.

Sheena McDonnell suggested that today's update was a more positive picture than in recent meetings and the stocktake outcomes have mitigating circumstances.

Jon Sargeant advised that the Information Team had been running on a high reduction in staffing but working to tight deadlines, extra resource had gone

out for recruitment of 12 new posts within the team and advert to close at the end of October. Jon Sargeant also advised of the hard work and dedication that Duncan Carratt and his team had put in to provide the daily COVID-19 data and business as usual. It was noted that the committee thank both Duncan and Stan for their hard work.

Action: Informatics update to January ARC - a report to be provided on what has been achieved and what is still outstanding - Jon Sargeant to speak to Duncan and his team. **JS**

Kath Smart asked for an update on the Discharge audit in relation to the red and green system What are we doing to ensure a timely discharge, what is being used to measure this Jon Sargeant briefed the Committee on the system in place and further evidence could be gained from the Nursing Team.

Action: David Purdue to provide a formal update on the outstanding risk on discharge planning from 2018/2019. **DP/JS**

The Committee:

- ***Accepted the update on the Recommendation Tracker.***

ARC22/10/D3 **<u>Updated on WHO Checklist Recommendation (Enclosure D3) "Partial Assurance"</u>**

Lesley Barnet, Deputy Director of Quality and Governance, attended the meeting to provide an update on the work that has commenced to respond to the recommendations on the WHO Checklist audit.

There is now a task and finish group that meet every 6 weeks where issues are discussed and resolutions sought.

Within each Division where there was not a specific checklist, there was now a generic checklist, this had been signed off and would be provided a stock WP number (order code) so these can be ordered independently by each ward area.

Matrons and Ward Managers have planned audits and area visits, also observation audits will be set up within the Divisions. The new WHO Checklist Draft Policy has been sent out for comment.

Kath Smart asked if the Trust was confident that no areas are left without an appropriate safety check list? Lesley Barnet advised that all areas had either a generic or area specific checklist in place and regular audits will be carried out to ensure they are in use.

The Committee:

- ***Noted the update on WHO Checklist.***

ARC22/10/D4 **Legacy IT Review (Enclosure D4) "Partial Assurance"**

Ken Anderson advised the committee that the legacy IT Review was requested as the department felt that there were areas of concern and that he required assurance that issues identified were completed, the audit confirmed Ken's assumptions.

The outcome of this audit was not a surprise to the team and were expecting this, the areas for improvement had been discussed within the IT department and the recommendations are already well underway and being looked into.

Rob Jones from KPMG advised the committee that they do not have any concerns with the outcome of this audit.

The Committee:

- ***Noted the update on Legacy IT Review.***

ARC22/10/D5 **Recruitment and Staff Records – TRAC and ESR (Enclosure D5) Partial Assurance**

Karen Barnard discussed the outcome of the audit, TRAC receiving significant assurance and ESR partial assurance with improvements required. Although a pleasing report, implementation of both systems the ESR element was focussing on Self Service and it was identified that managers are not submitting items on time for payroll deadlines. Self Service was to reduce paper being sent across site with the risk of being lost and having to implement the GDPR rules. It was evident that self-service wasn't being used effectively and work needs to be done with manager to ensure that self-service is efficient. The outcome of the ESR audit will support the P&OD to reinforce the message on getting it right first time when using self-service.

One of the previous outcomes was that staff were being overpaid and it's now reversed that staff were being underpaid due to missing payroll cut off.

Staff off on maternity or paternity remains a manual process for payroll but a checklist system is in place and is currently working well.

There is a team in place who hold accountability meetings where they identify overpayments, errors in timesheet and review any hotspots and take action before it becomes a risk.

Jon Sargeant asked was there a way to monitor retrospectively and be proactive to pick up errors? Karen Barnard advised that the current payroll provider could not provide this data, with the tender out for the Trust Payroll services this has been factored in as part of the requirements to enable the Trust to monitor effectively and be proactive.

Sheena McDonnell advised the roll out of self service will be monitored through People Committee. Managers need to take accountability to ensure the system was used correctly. Karen Barnard advised that ESR is National roll out and there is only one Trust in England not using ESR. The system is evolving and will support the Trust to monitor the use and identify the hotspots timely.

It is to be noted that the data sample that was used in this audit there was no identification of late terminations and no overpayments.

The Committee:

- ***Noted the update on Recruitment and Staff Records – TRAC and ESR***

ARC22/10/D6 **<u>COVID-19 Business Continuity, Pandemic Response Plan and Remote Working (Enclosure D6) - "Significant Assurance"</u>**

Rebecca Joyce gave background information and the purpose of this audit was to test how well the Trust's business continuity and pandemic response plans prepared it to initially respond to COVID-19. This included the extent to which additional planning was required to respond to the longer-term nature of COVID-19's impact on the Trust's operations.

The design and implementation of processes around remote working and staff redeployment were reviewed along with ensuring robust and resilient systems were in place to ensure patient and staff safety.

There was a lot of detail around good practice noted and that's thanks to all staff for supporting getting the continuity plans in place.

The Committee:

- ***Noted the update on COVID-19 Business Continuity, Pandemic Response Plan and Remote Working***

ARC22/10/D7 **<u>COVID-19 Financial Governance and Controls (Enclosure D7) "Significant Assurance"</u>**

Jon Sargeant gave an update on the audit outcome for Financial Governance

and Controls through COVID-19, the Trust had to introduce revised financial governance processes and controls in response to spending related to COVID-19. It was important that the Trust maintains a robust financial control environment to protect its resources during the response to COVID-19, but also that it remains responsive to clinical need and does not slow down the purchasing of new equipment and supplies given the fast-moving nature of the outbreak.

Overall a good outcome during the COVID-19 pandemic, Jon Sargeant thanked the staff within the Finance team for their hard work on this audit.

The Committee:

- ***Noted the update on COVID-19 Financial Governance and Control.***

ARC22/10/D8 **Referral to Hospital Access Final Report (Enclosure D8)**

Harriet Fisher advised that Management responses had now been received and this is the final report, partial assurance with improvements required, this would be reported to Finance and Performance Committee for discussion.

The Trust Referral to Hospital access policy was reviewed with a focus on the escalation of risks within the divisions through to the Board of Directors.

The Committee:

- ***Noted the update on Referral to Hospital Access.***

Governor Observations

Bev Marshall gave a reflection onto the first part of the meeting and noted that very important business items for the running of the Trust had been discussed in depth, keeping matters under review such as Cyber Security and Legacy IT review, constantly reviewing of LCFS and recruitment.

Also noting the importance of the role of Internal Audit to bring external observations of good practice to the committee.

ARC22/10/E1 &E2 **Quarterly Report on Security Management (Enclosure E1)**

Sean Tyler and Kirsty Edmondson Jones attended the meeting to give an update on security management within the Trust.

Sean Tyler discussed the report covers all aspects of security management at a local level within the Trust and provides updates on work streams and what work has been completed. The future work plan for 2020/2021 was also provided for information.

The report provides information from July 2020 and September 2020.

The Trust is committed to ensuring the provision of a safe and secure environment for staff, patients, visitors and the general public as well as the security and protection of its premises and assets, whilst recognising the need for accessible clinical care and desirability of a welcoming non-threatening healthcare environment.

Key points to note in the update:

- Additional installation of upgraded Closed Circuit Television (CCTV) cameras throughout
- Networked back to the Trust CCTV Control room
- Additional improvement to external CCTV coverage at the BDGH triangle car park in response to a staff incident involving the removal of vehicle parts
- Trust Lone working system and the issues on retrieving data

The Trust highlighted that concerns raised by South Yorkshire Police (SYP) regarding the high number of missing patients over the last reporting year 2019/2020.

Sheena McDonnell asked for clarification on the missing patients from the Trust (ward areas) picked up by SYP and not the Trust and whether there was an issue that the Trust was not picking these up following reported incidents? Kirsty Edmondson Jones advised that incidents reported to SYP by DBTH. The police are wanting to work to reduce the amount of calls and missing patients. These have been reviewed and Sean Tyler and Kerry Williams and work would be ongoing with the Divisions and Divisional Matrons. Sean Tyler advised that there needs to be work done on reporting these missing patients appropriately through Datix so that they can be managed and trends reviewed. Staff are reporting this direct to SYP and not following policy on recording on Datix. This remains work in progress.

Throughout the reporting period, Saba have completed the installation of a new electronic patrol management system (deister) at BDGH and MMH in line with the current system installed at DRI.

Saba had maintained full service delivery and support throughout the COVID-19 Pandemic including provision of an additional Multi Skilled Officer at DRI ensuring that the Trust can maintain a safe and secure environment for staff, patients and visitors at all times.

Neil Rhodes asked that the executive summary could state highlights and lowlights and to be at the beginning of the report on the cover sheet.

Mark Bailey suggested that safety of staff is monitored due to recent posts on the staff Facebook page that highlight concern of staff challenging members of the public over wearing masks and being verbally abused. Mark Bailey asked how the Trust was supporting and protecting staff in these incidents.

Kirsty Edmondson Jones advised this would be raised at the Executive Team and guidance to be developed and displayed in main footfall areas. Staff to be supported on how to challenge non-compliant mask wearers.

Kirsty Edmondson Jones advised that the Doncaster Park and Ride car park was being resurfaced and a review being undertaken on its capacity for staff and patients using the bus.

Action: Director of Estates to feedback to ARC on outcome of Executive Team discussion on challenging non-mask wearing members of the public
Post Meeting note: The Director of Estates notified the Chair of ARC that following Executive Team discussion on 6 November that 2 articles in Buzz, and posts on the staff FB have now offered support and advice to staff of actions in this event.

Health & Safety Committee Biannual Report

Sean Tyler updated the committee on the Trust Health and Safety, this report (bi-annual report for April 20 to Sept 20) highlighting he requirement to develop a Trust Health and Safety Strategy which would set out the Trust's aims and objectives. This strategy would utilise the PAM as a method of self- auditing for assurance with performance against the Health and Safety Strategy and Policy. Work to develop the Strategy would be taken forward as part of the H&S work plan.

IOSH training was discussed for the staff in Pathology and why this had not been completed due to the area being level three and was a written action on the risk assessment.

Action: Sean Tyler to review timescales to implement the training and that there is a written Pathology update in next report final report. **ST**

DBTH had been added to the national Oxygen Infrastructure programme to get a second unit installed onsite as only having the capacity the Trust currently has is a risk to the Trust. This was due to be completed mid-December increasing the availability to 5000mil per minute.

The report provided an update on asbestos management and the annual asbestos re-inspection surveys, which included the capital investment from the critical infrastructure programme to undertake abatement and remedial work in order to remove a number of significant risks from the Trust Asbestos Register.

Risks, incidents and accident data for the reporting period was provided in Section 4 of the report with all associated data from Datix including RIDDOR information.

Jon Sargeant and Kirsty Edmondson Jones would meet to discuss the format of the report and reduce the information to provide a more detailed Executive Summary.

Kath Smart asked about the recommencement of the fire work, and whether there were any concerns with Fire Service? Kirsty Edmondson Jones responded that the Trust has worked with SY Fire and Rescue for assurance, selected areas that wouldn't be effective if a second wave and shouldn't be impacted.

The Committee:

- ***Noted the Quarterly Report on Security Management & Health & Safety Committee Biannual Report***

ARC22/10/E3 **NHS Core Standards for Emergency Preparedness, Resilience and Response (enclosure E3)**

Rebecca Joyce (Becky) Chief Operating Officer gave an update on the action plan.

The actions and responses were discussed.

Learning from Appendix B would be used throughout wave two.

Kath Smart asked regarding learning from Trust response structure, an area of concern is the recovery what is the Trust doing about this. Becky Joyce responded that work was being rolled out with the Division to support the recovery and build learning into wave two.

Neil Rhodes commended the positive report but asked what would "return to normal" look like whilst dealing with wave two and acknowledged on how staff have stepped up to the mark.

Becky Joyce responded that one of the major differences was staff morale. Fatigue and sickness rate is over 10% and Becky Joyce said this would continue to be discussed at Board of Directors and the new People Committee on how the Trust will support this over the next 6 months.

Action: Kath Smart to report the EPRR to the October Board of Directors. **KS**

The Committee:

- ***Noted the update on Emergency Planning Core Standard Returns -***

EPRR

-

ARC22/10/F1 **<u>Corporate Risk Register (Enclosure F1)</u>**

Fiona Dunn gave an update on the Corporate Risk Register and advised that the module had been adapted to capture the required information to ensure transparency on the risk.

Dashboards were available for Divisions which would allow for a better management of risk.

The Trust Risk Policy would need reviewing and aligned with this new risk form so that corporate and operational risks are in line with the Board Assurance Framework.

Risks should be reviewed by the appropriate Divisions and highlighted to Management Board for risks over a score of 16 for consideration on the Corporate Risk Register as per policy

Sheena McDonnell asked how are we get to the risk level and the management of the risk and how are these managed from the dashboard approach as you cannot see the mitigation.

Neil Rhodes suggested that the theory of the risk and backing sheet with the story behind it would slim the dashboard and have the individual sheet.

Fiona Dunn advised that due to other challenges the changes to include individual sheets has not yet happened. This should be done operationally within the Divisional meetings as the dashboards should be updated in the meeting as a live document.

Jon Sargeant advised that the Governance teams need to be careful that we don't lose sight on what is required and who is reviewing.

Work continues with the Board of Directors to align all risks within the Trust with the Board Assurance Framework.

The Committee:

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

ARC22/10/F2 **<u>Annual Declarations of Interest (Enclosure F2)</u>**

Rosalyn Wilson updated the committee on the work that has been carried out on the Staff Annual Declarations of interest over the last month.

The current position is **52%** completed with the Consultants staffing area only at **37.5%.**

Neil Rhodes expressed that this wasn't acceptable and would be raised at the Board of Directors. He acknowledged that although a lot of work had gone into this, Consultants should be leading by example and be completing these forms.

Jon Sargeant and Kath Smart to pick this up via Octobers Board meeting with Dr Tim Noble to ensure compliance by the consultants. Report due back to ARC in January's meeting for an update on numbers

Action: Tim Noble to provide assurance and an update on how this will be achieved and report back to ARC on compliance rate at its January meeting. **TN**

The Committee:

- ***Noted the update on the Declarations of Interest.***

ARC16/07G2 **<u>Single Tender Wavers (STW) (Enclosure G2)</u>**

Jon Sargeant gave an update on the Single Tender Wavers. It was noted that a number of STW were rejected due to the level of information provided. Work to be continued with Divisions to ensure appropriate reasoning was used when submitting for sign off. Queries were raised regarding those STW's which stated previously tendered or previously known supplier to ensure they met the criteria for a STW

Action: Jon Sargeant to discuss with Richard Somerset on how the report "reasons" can be clarified for future meetings. **JS**

The Committee:

- ***Noted the update on Single Tender avers.***

ARC22/10/G3 **<u>Losses and Compensation (Enclosure G3)</u>**

Matthew Bancroft updated the committee from the paper and asked for the claims detailed to be noted for sign off.

Sheena McDonnell asked about the claim for the necklace and asked for assurance on the processes undertaken to ensure that this was a legitimate claim.

Jon Sargeant advised the committee that this claim had been declined four times previously. On further investigation it was noted that the patient came in as an emergency and was not actually in a position to keep their possessions

secure. A senior member of staff verified that this was a legitimate claim and was then signed off by two Directors.

The Committee:

- ***Noted the losses and compensation paper.***

Governor Observations

Bev Marshall - Well done on the work carried out.

Declarations of Interest – Bev noted that those not signed should be carried out as priority

ARC22/10/I1 **Issues for escalation to Board of Directors, QEC or F&P Committee**

For discussion at Octobers Board - EPRR and Declarations of Interest (Consultants)

Action: Kath Smart would produce the Chairs report for November's Board. **KS**

ARC22/10/J1 **Information Governance Group –Meeting Minutes of 17 August 2020 noted.**

ARC22/10/J2 **Health and Safety Committee Minutes 17 July 2020 Meeting Minutes noted.**

ARC22/10/J3 **Gifts and Hospitality Update During COVID-19 – Noted.**

ARC22/10/K1 **Minutes of the ARC meeting held on 16 July 2020**

The committee:

- ***Approved the minute as a final version. No amendments were noted.***

ARC22/10/K2 Any Other Business (Verbal)

No Any Other Business items were raised to the Chair.

ARC22/10/K3 **Date and time of next meeting (Verbal)**

Date: **29 January 2021**
Time: **13:30**
Venue: **Microsoft Teams**

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

FINAL

COUNCIL OF GOVERNORS

Minutes of the meeting of the Public Session of the Council of Governors Held on Wednesday 11 November 2020 14:30hrs Via Microsoft Teams Videoconferencing

Present:			
Chair	Suzy Brain England – Chair		
Public Governors Via Starleaf	Peter Abell Dennis Atkin Mike Addenbrooke Philip Beavers Hazel Brand (Lead Governor) Mark Bright	Linda Espey David Goodhead Jackie Hammerton Maria Jackson James Lynne Logan Beverley Marshall	Steve Marsh David Northwood Pauline Riley Lynne Schuller Mary Spencer
Staff Governors	Kay Brown Duncan Carratt	Sophie Gilhooly Vivek Panikkar	
Partner Governors	Rob Coleman Tina Harrison	Alexis Johnson Ainsley Macdonnell	Susan Shaw Clive Tattley
In attendance:			
Board Members	Richard Parker OBE – Chief Executive Jon Sargeant – Director of Finance Pat Drake, Non-Executive Director and Senior Independent Director Sheena McDonnell – Non-Executive Director Neil Rhodes – Non-Executive Director Kath Smart – Non-Executive Director Emma Shaheen – Head of Communications and Engagement Kirsty Edmondson Jones – Director of Estates and Facilities Ken Anderson – Acting Chief Information Officer Mark Bailey – Non Executive Director Fiona Dunn - Company Secretary		
In attendance:	Dan Spiller – Ernst Young, External Audit Rosalyn Wilson – Corporate Governance Officer (Minutes)		
Apologies:			
Governor Apologies	Anthony Fitzgerald Geoffrey Johnson	Phil Holmes Victoria McGregor Riley	
Board Member Apologies	Karen Barnard - Director of People and Organisational Development David Purdue – Deputy Chief Executive and Director of NM&AHP		

Rebecca Joyce – Chief Operating Officer
Dr Tim Noble – Medical Director

ACTION

CC11/11/A1 **Welcome and Apologies for Absence (Verbal)**

Suzy Brain England, Chair to the Board welcomed all to the meeting and advised that Dan Spiller from Ernst Young would be providing an update on the Annual Audit Letter and would take questions from Governor on the paper.

CC11/11/A2 **Declaration of Governors' Interests (Enclosure A2)**

Lynne Schuller advised that one of her declarations was missing and has now been added for future meetings.

The Council:

- ***Noted and confirmed the Declaration of Governors' Interests.***

CC11/11/A3 **Actions from previous meetings (Enclosure A3)**

There were no outstanding actions on the Public Council of Governors action log.

CC11/11/B1 **Annual Audit Letter 2019/2020 to the Council of Governors (Enclosure B1)**

Dan Spiller from Ernst Young provided an update on the report. The ISA260 positive conclusion had not changed since presenting at the year end audit and Risk Committee (ARC) on 4 June 2020 and confirmed that this was the final report from EY for 2019/20.

It was advised that the purpose of this annual audit letter was to communicate to the Council of Governors the key issues arising from the external audit work which should be considered and then brought to the attention of the Trust.

Suzy thanked Dan Spiller for the update and asked the Council of Governors for questions.

Bev Marshall advised that as a Public Governor observer on the Audit and Risk Committee he has seen the work completed over the last 12 months and is assured with the progress the Trust is making and the audits are a good contribution to the Trust.

Mark Bright commented that the Trust had reported a good year from the outcome of the report.

Dan Spiller responded that the external auditors were not concerned with the changes into the threshold and the miss interpretation of data from the

Department of Health and Social Care.

Peter Abell asked that the Trust provides on behalf of the council of governors a congratulatory letter to the Finance Team for their hard work to maintain growth in the Trust.

Suzy Brain England asked the Governors if there were any more questions. No further questions and the Council were asked to receive the report.

Dan Spiller thanked Jon Sargeant and the Finance team for the open working relationship which had enabled the audit work to be continued throughout COVID-19.

Kath Smart advised that as the Chair of the Audit and Risk Committee the external audit was a good positive outcome.

Richard Parker asked that the minutes record the positive comments and the thanks to the Finance team. – record in minutes for work that goes into the finances

The Council:

- ***Received the Annual Audit.***

CC11/11/C1 **Reports on Activity, Performance and Assurance Presentation (Enclosure C1)**

The Council of Governors were presented updates on the Trust performance since the last meeting and the key points were noted from each presenter; the Non-Executive Directors updates.

Richard Parker, Chief Executive

Verbal update of the current COVID-19 data as of 11am 11 November 2020

- Current Covid-19 patients: **212**
- Total Covid-19 patients in Intensive Care: **18**
- Total Covid-19 discharges: **872**
- Total number of patients who have died: **381**
- Total number of patients who have been cared for: **1,467**

The Trust October activity was noted.

- By mid-October the Trust had the 3rd highest bed occupancy in the country. 98.6%.
- Testing capacity is being focused on in the following areas, Emergency,

Cancer and Urgent Services.

- Daily review meetings stepped back up, plus four times a day operational meetings.
- Maternity Services returning to Bassetlaw on 2 November.
- New COVID-19 diagnostic equipment on Trust sites.
- Flu vaccination programme for all staff.
- Road side parking restrictions relaxed again with DMBC.
- Ward areas being provided sandwich bags.
- All staff to have a wellbeing risk assessment.

Suzy Brain England, Chair to the Board

- Key message to staff, visitors and communities – Hands, Face, Space.
- The Trust is recruiting two Associate Non-Executive Directors in line with the Trust People Plan.
- Welcoming new Governors to meetings and the new digital normal.
- Thanked the local communities for supporting the Trust.
- Big thank you to all DBTH staff for unswerving dedication.

Hazel Brand, Lead Governor

- Welcome to new and re-elected Governors to their first full Council of Governors.
- Update on the Governwell conference.
- Training and development sessions update.
- Trust Board Office reviewing the Governor Observers on committees.
- Update on how Governors can help in wave two.

Neil Rhodes, Non-Executive Director, Deputy Chair to the Board and Chair Finance and Performance

- Update on performance challenges and what is discussed to support the delivery of KPIs including 52 week breaches and RTT.
- Focus on embedding new ways of working including Out Patient Clinics, drive through testing and diagnostics.
- Four hour A&E wait performance improving.
- Work required on ambulance delays.
- Internal Audit given significant assurance on the recent audit COVID Financial Controls and systems.

Pat Drake, Non-Executive Director, Chair Quality and Effectiveness

- Observed the Clinical Governance Committee and Patient Experience and Engagement Committee
- Attended in capacity of Non-Executive Director two QI events within the maternity team.
- Clinical Specialities Division presented and update on Governance to the Quality and Effectiveness Committee (QEC).
- Recent Complaints deep dive and further update and review to QEC in February 2021.
- Stabilisation and Recovery on the QEC agenda as a standing agenda items for every meeting.
- Changes within the Senior Leadership team within the Director of Nursing structure and a warm welcome to Abigail Trainer, Deputy Chief Nurse.
- Focus on Patient Safety Learning, Mortality Governance and Safer Staffing.
- Learning Disabilities strategy will be reviewed at QEC along with the other Mental Health Strategies.
- Although the People Committee has been formed, workforce assurance will still be presented to QEC.
- ReSPECT and End of Life Care will be presented at QEC at the end of November.
- Research and effectiveness will continue to come to QEC.

Kath Smart, Non-Executive Director, Chair Audit and Risk Committee

- Cyber Security presented to Audit and risk Committee (ARC) in October and update given on the work plan for 2020/21.
- The Internal Audit programme had re-commenced for Quarter 2.
- Counter Fraud prevention and detection assurance is ongoing with update given on the work done within the remit of the Local Security Management Specialist.
- Health and Safety have realigned their reporting for the ARC committee for more consistency in data.
- Declarations of Interests was discussed and will be addressed by the Medical Director.
- Four internal audit reports presented and representative teams moving forward with the outcomes.
- Council of Governors will be required to appoint the External Auditors during 2021.

Sheena McDonnell, Non-Executive Director, Chair People Committee

- Now the Chair of the new People committee that will focus on, People Plan, Staff Survey, Absence and Freedom to Speak up FTSU.
- Ongoing work with FTSU to support staff within areas that have raised concern.
- Promote the positive work being done with the Health and wellbeing committees and Equality and Diversity.
- New Equality and Diversity Lead starting in the Trust end of November.
- Fred and Ann Green will be chaired by Mark Bailey at the next meeting.
- Trust has appointed a new Fundraiser.
- Fred and Ann Green will link in with the Charitable Funds Committee.
- Fred and Ann Green have sponsored a star that will be illuminated at Mexborough Montague throughout December and also made a donation to the Memorial Gardens.

Suzy Brain England asked the Council of Governors for questions.

No questions raised.

The Council of Governors:

- ***Noted the update on the Trust activity and performance.***

CC11/11/D1 **Minutes of Council of Governors held on 24 September 2020 (Enclosure D1)**

No changes to note.

The Council of Governors

- ***Noted the minutes as a true copy.***

CC11/11/D2 **Minutes of the Annual Members Meeting held on 24 September 2020 (Enclosure D2)**

No changes to note.

The Council of Governors

- ***Noted the minutes as a true copy.***

CC11/11/D3 **Chair & NED Objective Setting and Appraisal Process (Enclosure D3)**

The Council of Governors are asked to approve the paper.

The Governors approved the paper presented.

The Council of Governors

- ***Approved the Chair and NED Objective setting and appraisal process.***

CC11/11/E1 **Questions from members or the Public (verbal)**

There were no questions submitted by the public for today's meeting.

CC11/11/F1 **Any Other Business (Verbal)**

DBTH Governor Showcase Video

Fiona Dunn advised the Council of Governors about the work that had been undertaken and the reason behind the making of the showcase video. Governors were sent the link to watch the video.

CC11/11/F2 **Items for escalation to the Board of Directors (Verbal)**

There were no items raised for the Board of Directors.

CC11/11/F3 **Date and time of next meeting:**

Date – 28 January 2021
Time – 15:00
Venue – Microsoft Teams - Videoconferencing

CC11/11/G **Meeting Closed 17:00**

MB12/01/A – MB12/01/H

FINAL

Management Board

Minutes of the meeting of the Management Board held in on Monday 11 January 2021, 2.00pm via Microsoft Teams

Present Via Star leaf: David Purdue, Deputy Chief Executive and Chief Nurse
Richard Parker – Chief Executive – Dialled in 15:30
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

In Attendance: Rosalyn Wilson, Corporate Governance Officer (Minutes)
Simon Brown – Deputy Director of Nursing, Clinical Specialities Division
Alex Crickmar – Deputy Director of Finance
Paul Mapley – Efficiency Director

Apologies: Jochen Seidel, Divisional Director, Clinical Specialties Division

ACTION

MB12/01/A1 **Apologies for absence**

The Management Board:

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

MB12/01/A2 **Matters Arising / Action Log**

Action 1 – Action not due until February 2021.
Action 2 – Dr Noble to bring back an update on the charter for February 2021.
Action 3 – SAS Doctor Accommodation due to be completed by March 2021.
Action 4 – Ongoing agenda item

Management Board

Noted the actions and confirmed the closed actions.

MB12/01/A3 **Conflicts of Interest**

None declared.

Management Board

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

MB12/01/A4 **Request for any Other Business**

There were three items raised that are detailed under section F1.

MB12/01/B1 **Emergency Planning Update – Wave 3 COVID (Enclosure B1)**

Data correct as of 10 January 2021.

Becky Joyce gave an update on the Trust figures regarding COVID patients including the rolling 7 day average.

There is a slight reduction of mortality in the Trust and an increase in none COVID bed occupancy.

There was a discussion regarding system perfect that includes Doncaster Partners, RDaSH capacity is currently being reviewed for wave three along with the patient flow.

Alasdair Strachan asked about mutual aid and critical care and how this would be factored in including Derbyshire and Chesterfield for level 3 patients.

It was noted that Rotherham Hospital was currently unable to carry out inpatient category two cancer surgery.

Antonia Durham Hall expressed that this was not acceptable with different levels of care being done at different Hospitals within South Yorkshire.

Nick Mallaband discussed patients Oxygen usage figures being reported to NHS England, Benchmarking figures for Respiratory and patients with COVID on Oxygen numbers are being reported wrong as not including AMU, and other wards.

The Mutual Aid for Critical Care is based on ODN.

Discussions were had regarding the patients on Respiratory ward on oxygen and if they are included within the DCC Critical Care capacity. It was agreed that the Respiratory ward would be included in the figures.

David Purdue will discuss at the Chief Nurse meeting tomorrow 12 January and Simon Brown to take to the ODN.

Alasdair Strachan asked about the workforce modelling and education for staff supporting DCC and Respiratory. There has been additional monies from Health Education England to support the training of staff.

The Executive Team would be looking at the upskilling requirements to back fill positions as the Trust will be providing COVID Vaccinations and staff supporting Respiratory. Full discussions will be had around moving staff to prevent cancellation of elective cases.

Becky Joyce discussed that the Cancer Alliance request to protect Endoscopy capacity during wave three.

Karen Barnard thanked staff who were supporting the COVID Vaccine programme. Vaccinations onsite 1400 members of staff, 1000 at Keepmoat, and approx. 1000 at Rutland House.

There has been an analysis of high risk staff groups who are front line who require the vaccine are being reviewed. Also working with PLACE to vaccinate areas within Social Care settings.

Antonia Durham Hall asked if there is any scope for vaccinating vulnerable in patients.

Karen Barnard is awaiting the data for long stay patients based on those who are an inpatient 3 weeks or more, this includes 80 year old plus.

Tim Noble asked for those Colleagues who are booked on for second dose at Rutland House should they attend.

Karen Barnard said no they must not attend as per national mandate.

Nick Mallaband thanked Karen Barnard and the vaccination team for their hard work in getting staff vaccinating.

Eki Emovon asked for those staff requiring the second dose how would they be notified.

Karen Barnard advised that second dose colleagues would be offered second dose from approximately week 9 to 12.

Management Board

- ***Noted the update on Emergency Planning Update – Wave 3 COVID.***

MB12/01/B2 **EU Exit Review (Enclosure B2)**

The Government EU Exit plan went well and there were no major disruptions to the country or the Trust NHS Services.

There were discussions around the shortage of Medications for Critical Care.

Becky Joyce advised that there is a protected avenue for these to come into the country.

Management Board

- ***Noted the update on EU Exit Review.***

MB12/01/B3 **Internal Audit Plan 2020/21 (Enclosure B3)**

Jon Sargeant discussed the Internal Audit plan for KPMG that was agreed with the Executive Team and the Non-Executive Directors and the reasoning why the topics on the plan were there.

Page 6 details the topics for audits for the following year and the number of audit days and what quarter they will be carried out.

Management Board

- ***Noted the Internal Audit Plan for 2020/21.***

MB11/01/B4 **Finance Update**

Jon Sargeant gave a verbal update on the Trust Finance position. The Trust is slightly ahead of plan but awaiting finalisation of figures.

It is noted that there is a significant amount of money/resource within the ICS that have a significant underspend. Jon Sargeant to have a discussions with Doncaster CCG for the use of the monies for stepping up Elective cases or private work.

There were also a number of Capital projects being discussed .

Management Board

- ***Noted the update the Trust Finance Position.***

MB11/01/B5 **Staff Survey (Enclosure B5) – Strictly Confidential Paper – Embargoed Results.**

Response Rate 50%

Jayne Collingwood presented the staff survey paper and noted the key areas of improvement and areas that were lower than previous year's results.

Karen Barnard asked the management team what they felt their priority areas are for their division, feedback can then be provided to Karen and Jayne Collingwood for consideration.

There were a number of questions raised regarding the staff survey data, it was advised that the information can be distributed and shared internally only until the embargo is lifted.

Karen Barnard asked for assurance that managers were completing appraisals with staff, and that wellbeing appraisals were being noted as the annual appraisals.
Managers should be uploading the data to ESR, data is indicating that appraisals are not taking place.

MB11/01/B6 **Planning Update (Enclosure B6)**

Paul Mapley, Efficiency Director and Alex Crickmar, Deputy Director of Finance attended to present an update on Planning.

The Trust received a letter on 23 December 2020 from Amanda Pritchard and Julien Kelly relating the key areas of focus for Acute Trusts.

Full guidance would be available on 25 January .

Antonia Durham Hall asked about Ophthalmology, short timeframe as includes ENT. Different Business Managers, Antonia asked for timeframes to be reviewed.

Action: Jon Sargeant agreed to go and look at this and where this could be supported.

Action: Services were being asked to provide capacity from April 2021.

Alasdair Strachan asked for Divisions to link in with the College tutors to ensure that capacity from 1 April 2021 trainees were supported.

Guidance from the Centre will support the activity planning against capacity. This activity will give the Trust the best possible start for 2021.

Paul Mapley advised that the business plan is in line with the letter received from Amanda Pritchard and the run rate has been amended to reflect this.

Exceptions will be reviewed to ensure Divisions can achieve the goals and would be signed off with the Executive Team.

Antonia Durham Hall asked if there could be one way that the capacity planning could be done.

Paul Mapley advised that there woud be one template and will be continued going forward.

Training and development would be rolled out with the Business Managers in each division.

Alex Crickmar discussed the budget setting for 2021/22 both clinical and non-clinical. QIPP savings may be reintroduced this financial year within Doncaster CCG.

Planning guidance on the pay award would follow for the incremental drift as the previous three year pay deal comes to an end on 31 March 2021.

Non-Pay budgets would be reviewed alongside the guidance.

Capital would go through the bidding process through CIG. Justin Fowler is the contact for this process and this would be communicated to the divisions by the finance team.

There was an agreement that annual leave planning needs to be a key area for 2021/22 due to the carryover agreed due to COVID-19 from 2020/21.

Management Board

- ***Noted the update on Planning Update.***

MB12/01/C1 **Emergency Theatre Capital Works**

Eki Emovon discussed that the Level 6 theatre is due to be closed for 16 weeks from 1 Feb 2021 along with the birthing pool room. The birthing room would be transformed into a theatre short term. This does prevent expectant mothers having access to the birth pool until May 2021.

Action – Eki Emovon to discuss with Consultants and ensure birthing pool and delivery plans are reviewed. EE

Alasdair Strachan asked if an Anaesthetist had been involved in discussions.

Eki Emovon advised that yes an Anaesthetist was involved in the discussion.

Management Board

- ***Noted the update on Emergency Theatre Capital Works.***

MB12/01/D1 **CIG Minutes**

Jon Sargeant advised that the meetings are now back up and meeting again and that there was nothing to report.

Management Board

- ***Noted the update on CIG meetings.***

MB12/01/D2 **Children and Families Board (Enclosure D2)**

David Purdue raised that the Okendon report had been released and actions to address the recommendations are on track.

Management Board

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

MB11/01/D3 **Windows 10 Upgrade**

Ken Anderson advised that over the last 12 months the upgrade had been taking place.

Windows 7 devices would no longer be able to connect to the Internet from Wednesday 13 January 2021.

The Clinical Systems that will not run on Windows 10 are being managed separately and these areas within the Trust have been notified on the contingency plans.

Management Board

- ***Noted the update on Windows 10 Upgrade.***

MB12/01/E1 **Minutes of the Meeting 14 December 2020**

There were amendments required to the minutes.

Wording, Surgical Handover and not Medical Handover to be amended. Once amended to be recorded as a true version once amendments have been made. TBO

MB12/01/E2 **CORP/RISK 27 – Server Weather Plan**

The Severe Weather Plan was discussed and approved.

Management Board

- ***Noted and approved the sever winter plan.***

MB12/01/E4 **EU Governance Group – Terms of Reference**

The Terms of Reference were approved as an approved copy for distribution.

Management Board

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

MB14/11/F1 **Any Other Business (Verbal)**

Alasdair Strachan raised that the Surgical Handover that takes place in the Education Centre that the attendees were not following Trust guidance on wearing a mask and socially distancing. The education centre staff were being ignored when speaking to members of staff who were not complying.

Dr Dan Beral has escalated this to Antonia Durham Hall, if behaviours do not improve they will have to find alternative location for their meeting.

Anaesthetist – Emergency Cases – in Obs and Gynea

Post COVID, anaesthetists have discussed that they will no longer provide emergency case cover on level 6 and will only carry these out in Main Theatres.

David Purdue advised that this had not been discussed at Clinical Governance Committee.

Jochen Seidel to discuss with Eki Emovon. Fiona Dunn to discuss with Simon Brown and would escalate to David Purdue.

Eki Emovon expressed this issue has not been addressed and is now causing risk.

David Purdue advised that these changes in practice cannot be made without following Trust processes.

Action: Simon Brown and Fiona Dunn to meet with Dr Padma Gopal in Jochen Seidel's absence. This is Priority.

Elective Surgical Ward

Park Hill had given their capacity up to the end of Jan 2021. From February onwards Park Hill would be running private clinics again.

Respiratory Floor

Nick Mallaband asked if S10 would remain surgical, and if he could be included in the discussions for Consultant cover.

Airvo equipment discussed. The Trust already has two and may need to order a further 4. David Purdue to review the area and wards and take forward.

Management Board

- ***Noted and discussed the Any Other Business.***

MB12/01/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.***

MB12/01/G **Date and Time of Next Meeting (Verbal)**

Date 8 February 2021
Time 14:00 via Microsoft Teams

MB12/01/H **Close of Meeting (Verbal)**
The Meeting Closed at 16:20

H1

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

BOARD OF DIRECTORS – PUBLIC MEETING

Minutes of the meeting of the Trust's Board of Directors held in Public on Tuesday 19 January 2021 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 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 Dennis Atkin – Public Governor – Doncaster (until item P21/01/B2) Hazel Brand – Lead Governor/Public Governor – Bassetlaw Mark Bright – Public Governor – Doncaster Gina Holmes – Staff Side Chair Lynne Logan – Public Governor - Doncaster Steven Marsh – Public Governor Bassetlaw Susan McCreadie – Public Governor – Doncaster	James McHale – Mölnlycke Health Care Sally Munro – Staff Governor Jodie Roberts – Deputy Chief Operating Officer Lynne Schuller – Public Governor – Bassetlaw Sue Shaw – Partner Governor (Item P21/01/B2 onwards) Jo Wright – General Manager – Clinical Specialities Division
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. 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.	**ACTION**
P21/01/A1	**Apologies for absence (Verbal)**	
	There were no apologies for absence.	

P21/01/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.***	
P21/01/A3	**Actions from Previous Meetings (Enclosure A3)**	
	All actions outstanding from the previous meeting were closed, either actioned, to be discussed during the meeting or had been forwarded to the relevant Board committee for follow up. In relation to Action 4 – Clinical Audit and Effectiveness Update, it was noted by Pat Drake that the target date for this action had been postponed to June 2021 to allow for a full 12-month report, however this had been reflected on the Quality and Effectiveness Committee work plan, and was therefore closed,	
	The Board: - ***Noted the updates and agreed which actions would be closed.***	
P21/01/B1	**Chief Nurse Update (Enclosure B1)**	
	The Chief Nurse provided the highlights of key patient safety, quality and experience performance against the Trusts outcomes for December 2020, which included: - Two serious incidents had been reported in month, one related to a potential missed diagnosis and one to a neonatal death in Theatre. This brought the total year-to-date figure to 19, - A process was in place to ensure that any outlying patients were clearly documented with the patient movement to take place by 22:00 at the latest. It was noted that due to the Covid19 pandemic, the ability to transfer patients had been limited, - 152 falls were reported in month. Work had been undertaken to identify that the Trust had seen a reduction in falls from 2015 to 2019, with a slight increase in-year, due to the visiting restrictions. The falls strategy was under review to focus on learning, - The Trust reported five Covid19 outbreaks. Communications continued to promote the infection prevention and control guidance to staff, - All wards were safely staffed throughout December 2020 and a robust process was in place for the management of wards and the movement of staff, - Collaborative work was underway within the ICS and NHS Professionals to ensure that all Trusts have the same offer.	

	Pat Drake assured the public Board that hospital acquired pressure ulcers and safer staffing were high on the Quality and Effectiveness Committee agenda. Although a report on complaints was expected at the February Quality and Effectiveness Committee meeting, it would be received in April 2021 due to the ongoing internal audit assessment. It was noted that trolley waits would be discussed at the Finance and Performance Committee on 26 January 2021. In response to a question from Pat Drake, the Chief Nurse advised that there continued to be support for staff working in areas different to their speciality. The Chief Nurse advised in response to a question from Pat Drake that a review of all hospital acquired pressure ulcers were undertaken via a tissue viability internal group. A report would be presented to the Quality and Effectiveness Committee in February 2021. Following a comment from Pat Drake in relation to record keeping of falls, it was advised by the Chief Nurse that the Trust was reviewing how record keeping could be moved an electronic system. Following a query raised from Kath Smart regarding two risks on the Corporate Risk Register: Q&E13 – Initial ED BDGH triage assessment processes and Q&E14 – Staffing for registered children's nurses in ED BDGH, it was agreed that a progress update would be provided at the next Board of Directors meeting. It was noted that staffing levels had improved in ED, however remained an issue in paediatrics. The Chief Executive advised that Q&E14 was identified as a risk following a change in standards. The Trust did not have an inpatient children's service at Bassetlaw. Benchmarking data was expected on recruitment to registered nurse posts in smaller units to identify if this was a collective challenge, as opposed to a local one. Sheena McDonnell noted that the number of complaints reported did not demonstrate a negative indication, and should be seen as a positive that the Trust welcomed feedback from patients and their families.	
	<u>Action</u>: A progress update would be provided on corporate risks Q&E13 – Initial ED BDGH triage assessment processes and Q&E14 – Staffing for registered children's nurses in ED BDGH within the Chief Nurse report.	**DP**
	The Board: - ***Noted and took assurance from the Chief Nurse Update.***	
P21/01/B2	**<u>Medical Director Update (Enclosure B2)</u>**	
	The Medical Director provided an update for December 2020, which highlighted: - There had been an increase in overall HSMR to 103.74 in line with the impact of the second wave of the COVID19 pandemic, - Deaths continued to be scrutinised through the Medical Examiner process and any learning shared with the team had been shared more widely through the Sharing How We Care newsletter. Positive feedback had been received from families and teams involved in this process on the level of communication undertaken with them,	

- Medical appraisals continued and included the opportunity for a wellbeing discussion,

- The Trust continued to undertake the revalidation process where able to,

- The Medical Director's office continued to provide pastoral support, advice and guidance to medical staff, and quarterly meetings with the General Medical Council Employer Liaison Advisor had continued through the pandemic,

- Compliance with the standards of business conduct and employees declaration of interest policy had increased to 81.4% from the reported figure in the papers of 72.1%,

- The clinical governance process review continued, and discussions had taken place to align the review to the National Patient Safety Learning Strategy,

- As the Caldicott Guardian, the Medical Director advised of the key achievements under the Information Governance Committee Assurance Framework. The Trust demonstrated full compliance with the Data Security & Protection Toolkit following an audit undertaken by KPMG.

Following a query from Pat Drake, it was agreed that the Quality and Effectiveness Committee would receive a timeline report on changes undertaken as part of the clinical governance review process. The Medical Director advised that progress had been made with the review and the outputs would be known later in the year, however would include an update in his report at the next Board meeting.

Neil Rhodes noted his appreciation in the improvement of Consultant compliance with the business conduct and employees declaration of interest policy.

Sheena McDonnell informed the Board that the People Committee had received assurance from the GMC survey, however noted that the response rate had been relatively low. There were few areas that require action. The Medical Director noted that the GMC survey provided the Trust with a good insight, and highlighted the positives also which included direct working with seniors and increased supervision.

Kath Smart asked that in relation to the risk management strategy review, that the Trust's claims, complaints and incidents all feature in the right forum at the right time and noted that the Corporate Risk Register was one way that the Board was able to have oversight of them. The Medical Director advised that these issues were reviewed at several meetings including that of Management Board in terms of overall progress. The Medical Director Office was working closely with the Deputy Director of Nursing for Patient Safety to align patient safety and risk management.

Kath Smart noted that the position on the corporate risk register had not moved over the previous quarter, and that there should be an active management of the corporate risk register, as opposed to the process of risk review and reporting. The Chief Executive advised that the report the Company Secretary would provide later in the meeting outlined the risk management process to manage risk actively from Board to ward in a way that demonstrate a consideration of each risk that would impact the Trust's achievement of its strategic aims and objectives.

	Mark Bailey advised the Board that the Non-Executive Directors and Governors had received a briefing on e-Observations and digital transformation which highlighted the impact that the junior doctor changeover had on the increase in time it took to accept a task on e-Obs, and asked if there were any way to during alleviate the pressure during those periods with staffing. The Medical Director advised that this takes place at the same time each year and many actions have been taken to mitigate the issues associated with it. The Trust had a good induction programme, with staggered rotations, but noted that the challenges were presented due to the environmental change that junior doctors face when rotation occurs. It was agreed that Mark Bailey and the Medical Director would discuss this item outside of the meeting to review the data presented. The Chief Executive noted that one of the many benefits of the introduction of the e-Observation system, it provided evidence on some challenges that were already known, but could be used to mitigate risks associated with it as it presented clear information as opposed to perceived information. In response to a query from Mark Bailey, The Chief Nurse added that the patient safety, experience and clinical effectiveness strategies were to be merged into one, in line with the national quality strategy, which would include visual illustrations so that the strategy was easier to digest.	
	<u>Action</u>: The Quality and Effectiveness Committee would receive a timeline report on changes undertaken as part of the clinical governance review process.	**TN**
	<u>Action</u>: The Medical Director would include an update on the clinical governance review as part of the Medical Director Report.	**TN**
	<u>Action</u>: Mark Bailey and the Medical Director would discuss the data presented on e-Observations around the time of the junior doctor changeover in relation to the challenges that this may present.	**TN/MB**
	The Board: - ***Noted and took assurance from the Medical Director Update.***	
P21/01/C1	**<u>Our People Update (Enclosure C1)</u>**	
	The Director of People and Organisational Development provided an update on December 2020, which highlighted: - COVID19 related absence remained significant at approximately , and included those self-isolating either due to having symptoms themselves or members of their household having symptoms, particularly children, - The Trust continued to offer the staff COVID19 swabbing service at Bassetlaw, with a varying level of positive return rates, - Approximately 4,000 colleagues were undertaking twice weekly lateral flow tests for COVID19. The positive return rate was 0.69%, - The COVID19 vaccination programme for colleagues continued and the Board sent their thanks to those involved in the programme. Approximately 5,000 staff had received the vaccine, which included on-site staff of partners including Park Hill,	

	Sodexo, Saba, NHS Professionals among others. A change of instruction had been received from NHSEI in relation to the provision of a second dose vaccine meaning that the Trust would commence second doses in March 2021. A short survey had been sent to colleagues to understand why they had not yet booked to receive a vaccine, - The Trust was a hospital hub for COVID19 vaccines, therefore efforts had been made to coordinate the vaccinations for over 15,000 colleagues from social care. In response to a question from the Chair, in relation to the provision of schooling for key worker children, the Director of People and Organisational Development advised many colleagues had received schooling for their children during the lockdown, however was aware of some that had been encouraged to reduce the number of days their children attend school. The Trust continued to support colleagues through escalation to the council where schools had not been forthcoming in supporting colleagues. Sheena McDonnell echoed the good work undertaken with the quick mobilisation of the vaccination hub. The Board wished to record their thanks to those involved in the vaccination programme. The Trust was in receipt of the high-level data from the staff survey; however, this information was in draft format until the final report would be received in March. The People Committee had reviewed this data and had commenced action to identify areas for improvement.	
	The Board: - ***Noted and took assurance from the 'our people' update.***	
P21/01/D1	**<u>Covid19 Operational Update (Presentation)</u>**	
	The Chief Operating Officer presented an operational update which highlighted that there had been an increase in community infection rates of Covid19 since the Christmas period, which had reflected in a steady increase in hospital admissions. It was noted that the over 60 category accounted for over 80% of those admissions. The total Covid19 bed occupancy was reported as 30.3%, with an active case occupancy of 21.5%. There was continued pressure within the intensive care units, although it had reduced slightly since the peak of wave 2. It was noted that the length of stay during wave 2 had reduced and the average mortality had decreased in comparison to wave 1. Whilst the Trust continued to manage the Covid19 operational challenges, it had maintained all cancer and urgent elective activity throughout and had commenced plans to carefully increase elective activity. Long waiting routine activity would commence in February 2021 within the Park Hill facility. The Trust continued to provide mutual aid where required for urgent elective cases. Staff absence remained a challenge, and a link had been made within increased absence and the level of Covid19 cases.	

	The Trust had undertaken a scenario planning exercise using NHS England modelling and local data to identify expected Covid19 bed occupancy on a best case, middle case and worst-case basis. It was not expected that the Trust would reach the worst-case scenario. The wave 2 plans had been refined in preparation for wave 3 and included working with Divisional teams to refine their plans, a refreshed elective plan for February onwards and refined emergency planning arrangements were in place. Pat Drake commended the work undertaken to refine plans. In response to a question from Pat Drake, the Chief Operating Officer advised that active dialogue continued with primary care partners in relation to the levels of referrals seen. An increase in cancer referrals in most tumour groups had been seen which demonstrated genuine demand, as well as some areas where referral quality could be improved. The Chief Executive noted that GPs continued to provide primary care services and that they should be the first point of contact for non-urgent and non-emergency care. Following a query from Kath Smart, it was confirmed that the Finance and Performance Committee on 26 January 2021 would receive a comprehensive update on the current elective position and would include a review of the Covid19 indicators including long waiters and a plan to address the challenges. In response to a query from Mark Bailey regarding whether the Trust might see an impact of mutual aid requests from other Trusts, it was noted that there were clear regional and national operational plans in place for mutual aid requirements, and weekly regional mutual aids meetings were in place to support this. The Chief Executive advised that regional planning took place based on Covid19 rates, trends and the impact this may have on the provision of hospital services in the following weeks. Following a question from Mark Bailey on the impact that the 111 service had had on the number of emergency department referrals, the Chief Operating Officer advised that it was too early to tell, however, the 'talk before you walk' system was in place and work continued with partners to monitor this. The Chair noted that the presentation of the information in graph format was helpful.	
	The Board: - ***Noted the information provided in the Covid19 Operational Update.***	
	<u>Integrated Performance Report (Enclosure D2)</u>	
	The Chief Operating Officer provided and update on performance for December 2020 which highlighted: - The Trust did not meet its phase 3 elective activity standards due to Covid19 related pressures, - 631 52-week breaches were reported due to Covid19 related delays, which exceeded the in-month plan of 406, however this continued to compare well to the position nationally,	

- The Trust achieved 66.1% performance within 18-weeks in November 2020, below the 92% standard, however it was noted that this was over 15% ahead of peers when benchmarked,

- A slight improvement was seen in month on diagnostic performance at 61.85% against a target of 99%,

- Work continued in the emergency department on patient flow and leadership arrangements. There would be new emergency department standards in place from April which provided an opportunity to reset and refresh the associated processes,

- The Trust did not achieve any of the three nationally reported 62-day cancer measures for October 2020, however improvements had been seen since and excellent progress was being made on reducing the number of patients waiting a prolonged period.

Following a question from Pat Drake in relation to challenges seen with ambulance handovers, it was noted that the challenges remained however dialogue continued with YAS. Similar issues had been seen regionally. Challenges with the estate had contributed to this issue and work had been undertaken to reconfigure the space in the emergency department. It remained a focused piece of work.

In response to a query regarding patient safety from Pat Drake, the Chief Operating Officer confirmed that letters would be sent to all long-waiting patients to validate their position for further discussion with primary care. The Medical Director advised that a risk assessment was undertaken on an individual patient basis through the ethical framework process. This process had been audited, and the Trust had been externally commended on this work. In relation to the challenges seen with 62-day cancer performance, a comprehensive process was in place to review these patients. It was noted that there had been an increase in referrals and the Trust continued to see patients in the order as it had done throughout the pandemic, after clinical priorities had been managed.

It was confirmed by the Chief Nurse, following a question from Pat Drake regarding the discharge of patients in Bassetlaw, that these patients could be accepted into care homes in Doncaster and north Nottinghamshire to prevent delays.

Non-attendance at outpatient appointments remained high, however communications continued to be sent out to try to reduce this position.

Following a question from Neil Rhodes regarding the principal strands of work underway, the Chief Operating Officer advised that a Covid19 framework had been in place since the beginning of the pandemic which included indicators which identified issues relating to activity, back log and patient safety. This allowed the Trust to assess its position regularly. An update on these measures, benchmarked against regional and national data would be reviewed at the Finance and Performance Committee in January. The Chief Executive advised that external support had been commissioned to support the recovery plans to ensure that the right outcomes would be achieved.

Kath Smart noted that a consultation document had been circulated to Trusts about the emergency department standards to commence from 1st April 2021 and asked for an update on the Trust's position on this. The Chief Operating Officer advised that the Trust would submit a response, working with partners across SYB, however this was still to be completed.

	The measures had to be considered in the Covid19 context, where different pathways were required, and increased infection prevention and control measures were in place.	
	The Board: - ***Noted and took assurance from the Performance Update – November 2020.***	
P21/01/B2	**<u>Finance Update – December 2020 (Enclosure B2)</u>**	
	The Trust reported a surplus position for December 2020 of £274k, following a £138k deficit the previous month. The in-month financial position WAs c. £1.7m favourable to plan. The Trust's YTD position was £253k surplus and the YTD position was c. £4.5m favourable to plan, with a forecast that the Trust would break even at year-end. 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 Finance and Performance Committee would receive a report on 26 January 2021 on the risk associated with the carry forward of annual leave over year-end. Capital expenditure in-month was £3.0m, which was £0.6m behind the original £3.6m plan. Year-to-date capital expenditure was £16.3m, which included Covid19 capital spend of £1.5m. There had been challenges with schemes commencing however, it was anticipated that they would commence in March 2021. The cash balance at 31 December 2020 was £64.2m. The Director of Finance advised the Board that the Trust had received notification that the current financial regime would continue through the first quarter of 2021-22, with an expectation that planning guidance would be received during that quarter. This meant that the block contract would remain until 30 June 2021. <u>ICS Wide Partnership Business Case</u> The Director of Finance advised the Board that an ICS wide business case would require sign off within the week, however information had not been received in time for the Board meeting, and would require rapid approval. The two businesses cases related to a computer system for diagnostic services and a pathology information system. A request was made for delegated authority to be assigned to the Chief Executive Officer, Director of Finance and Chair of the Finance and Performance Committee to review and approve the business cases once received due to the short turn around time. A discussion took place regarding the concerns associated with short turn around times on the approval of system wide business cases and governance processes. It was agreed that the Chief Executive Officer would raise this centrally as the Trust required time to respond to such business cases in a systematic way to ensure that financial implications were mitigated. The Board supported the opinion that whilst supportive of transformation projects, they should form part of longer-term strategic planning and robust governance processes were required. Kath Smart noted that it was pleasing to see that the elective incentive fines had been removed, and asked for further information on the year-end ICS financial position projections. It was noted that a meeting was planned for that afternoon to discuss that matter, however it was expected that all partners would be ahead of plan or be in a position to break-even.	

	Action: Delegated authority was assigned to the Director of Finance, Chief Executive Officer and Chair of the Finance and Performance Committee to review and approve the ICS wide business cases related to computer system for diagnostic services and a pathology information system. An update would be provided at the next Board meeting.	**JS**
	The Board: - ***Noted and took assurance from the finance update for December 2020.***	
P21/01/D4	**EU Exit Update (Enclosure D4)**	
	The Chief Operating Officer advised that there had been no disruption to the Trust in the UKs transition from the EU. The Trust would continue to monitor any potential impact. It was agreed, following a request from Mark Bailey that an update be provided to the public Board in six-months on the EU exit.	
	Action: An update would be provided to the public Board in six-months on the EU exit and any associated risk.	**RJ**
	The Board: - ***Noted the information provided in the EU exit update.***	
P21/01/E1	**Chairs' Assurance Logs for Board Committees (Enclosure E1)**	
	There were no comments.	
	The Board noted the update from the: - ***People Committee – 12 January 2021***	
P21/01/F1	**Corporate Risk Register and Board Assurance Framework (Enclosure F1)**	
	The Deputy Director Corporate Governance/Company Secretary advised there were no new risks to report, however highlighted that the risk related to Covid19 was ongoing and the formal position of the EU Exit had been formalised onto the corporate risk register. Work continued to embed the risk management process, and training would take place on how to access and navigate the live dashboard. Sheena McDonnell reiterated the need for the active management of risk, and asked for assurance on the mitigation of actions, related to several risks that had not bee reviewed for some time. The Company Secretary advised that each risk owner was responsible for the review and mitigation process, and advised that risk would be reviewed at the Board sub-committees, where further information can be requested for assurance. Kath Smart added that the Audit and Risk Committee would take place on 29 January 2021 where KPMG would discuss the audit they intend to undertake on the risk register.	
	The Board: - ***Considered and noted the information in the Corporate Risk Register.***	

P21/01/F2	**<u>Board Effectiveness Review Update (Enclosure F2)</u>**	
	The Company Secretary advised that the policy was yet to be written, however the process had moved forward and would include an annual review of the effectiveness of all Board committees, which would mirror the process undertaken on the review of the Audit and Effectiveness Committee. The policy would be presented in draft format for comments in March 2021, which approval and roll out in April 2021.	
	The Board: - ***Noted the update provided on the Board effectiveness review.***	
P21/01/G1 -G7	**<u>Information Items (Enclosures G1 – G7)</u>**	
	The Board noted: - ***Chair and NEDs Report,*** - ***Chief Executives Report,*** - ***ICS Update,*** - ***Minutes of the People Committee – 03/11/2020 and 01/12/2020,*** - ***Minutes of the Management Board Meeting – 09/11/2020 and 14/12/2020.***	
P21/01/H1	**<u>Minutes of the Meeting held on 17 November 2020 (Enclosure I1)</u>**	
	The Board: - ***Received and Approved the Minutes of the Public Meeting held on 15 December 2020.***	
P21/01/H2	**<u>Any Other Business (Verbal)</u>**	
	There were no other items of business.	
P21/01/H3	**<u>Governor Questions Regarding the Business of the Meeting (Verbal)</u>**	
P21/01/H3(i)	The Lead Governor wished to thank on behalf of the Council of Governors for their ongoing work throughout the Covid19 pandemic. The Lead Governor asked on behalf of the Council of Governors: <u>When contacting patients waiting for elective surgery, was there any additional; support provided, in addition to the phone call or letter?</u> The Chief Operating Officer advised that there were many groups availability that patients could access for support such as cancer support groups. The Chief Executive advised that any additional support required would be sourced from a patient's general practitioner on the basis that the Trust would only provide care for the matter that they have been referred for. A further question related to complaints however had been answered during the course of the meeting.	

	Had the Trust seen an impact on the number of complaints received during the Covid19 pandemic, in comparison to pre Covid19 levels? The Chief Nurse advised that there had not been a significant impact on the number of complaints, however noted that Covid19 related complaints had been received and were categorised as such, due to cancellation of appointments or a delay in treatment. How many staff had refused the Covid19 vaccination, if any? The Director of People and Organisational Development advised that this was not known, however noted that there have been small numbers of colleagues that had booked to have their vaccine but were unable to have it at that time. The Trust was not collating refusals, however noted that a survey had been sent to colleagues to identify reasons why they hadn't yet accessed the vaccine. It was expected that some colleagues had not accessed the vaccine due to uncertainty about the potential impact on their individual circumstances. The vaccination programme still continued. The Chair advised the Board that all questions raised by Governors had been collated into a spread sheet that would be presented to the Council of Governors on 28 January 2021.	
	The Board: - ***Noted the comments raised, and information provided in response.***	
P20/12/H4	**Date and Time of Next meeting (Verbal)** **Date:** Tuesday 16 February 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 12:05.	