Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Board of Directors Meeting Held in Public
To be held on Tuesday 16 March 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*	4	
B	**PRESENTATION**			**09:45**
B1	eObservations *Ken Anderson, Interim Chief Information Officer*	*Information*	-	15
C	**True North SA1 - QUALITY AND EFFECTIVENESS**			**10:00**
C1	Board Assurance Framework *David Purdue, Chief Nurse / Dr T J Noble, Medical Director*	*Assurance*	6	10
C2	Chief Nurse Update *David Purdue, Chief Nurse*	*Assurance*	9	10
C3	Medical Director Update *Dr T J Noble, Medical Director*	*Assurance*	23	10
	BREAK 10:30 – 10:40			
D	**True North SA2 & 3- PEOPLE AND ORGANISATIONAL DEVELOPMENT**			**10:40**
D1	Board Assurance Framework *Karen Barnard, Director of People and Organisational Development*	*Assurance*	28	10
D2	Our People Update *Karen Barnard, Director of People and Organisational Development*	*Assurance*	30	10
D3	Staff Survey Results *Karen Barnard, Director of People and Organisational Development*	*Assurance*	38	10
D4	Freedom to Speak Up – Annual Report *Paula Hill, Freedom to Speak up Guardian*	*Assurance*	51	10

E	**True North SA4 - FINANCE AND PERFORMANCE**			**11:20**
E1	Board Assurance Framework *Jon Sargeant, Director of Finance & Rebecca Joyce, Chief Operating Officer*	*Assurance*	64	10
E2	COVID-19 Update / Recovery of Elective Work – Looking Forward *Rebecca Joyce, Chief Operating Officer*	*Note*	-	10
E3	Performance Update – January 2021 *Rebecca Joyce, Chief Operating Officer*	*Assurance*	65	10
E4	Finance Update – February 2021 *Jon Sargeant, Director of Finance*	*Assurance*	91	10
F	**STRATEGY**			**12:00**
F1	*No items*		-	
G	**GOVERNANCE AND ASSURANCE**			**12:00**
G1	Proposal of Committee Effectiveness Review Framework *Fiona Dunn, Deputy Director Corporate Governance/Company Secretary*	*Approval*	97	10
G2	Corporate Risk Register *Fiona Dunn, Deputy Director Corporate Governance/Company Secretary*	*Review*	110	5
G3	Charitable Funds Committee Annual Report *Sheena McDonnell, Non-Executive Director*	*Assurance*	114	5
H	**INFORMATION ITEMS (To be taken as read)**			**12:20**
H1	Chair and NEDs Report *Suzy Brain England OBE, Chair*	*Information*	119	5
H2	Chief Executives Report *Richard Parker OBE, Chief Executive*	*Information*	124	5
H3	ICS Update *Richard Parker OBE, Chief Executive*	*Information*	129	
H4	Minutes of the People Committee – 12 January 2021 *Sheena McDonnell, Non-Executive Director*	*Information*	137	
H5	Minutes of the Charitable Funds Committee – 16 June 2020 *Mark Bailey, Non-Executive Director*	*Information*	149	
H6	Minutes of the Management Board Meeting – 8 February 2021 *Richard Parker OBE, Chief Executive*	*Information*	156	
I	**OTHER ITEMS**			**12:30**
I1	Minutes of the meeting held on 16th February 2021 *Suzy Brain England OBE, Chair*	*Approval*	165	

I2	Any other business (to be agreed with the Chair prior to the meeting) *Suzy Brain England OBE, Chair*	*Discussion*	-	
I3	Governor questions regarding the business of the meeting (10 minutes)* *Suzy Brain England OBE, Chair*	*Discussion*	-	10
I4	**Date and time of next meeting:** **Date:** Tuesday 20 April 2021 **Time:** 09:30 **Venue:** StarLeaf Videoconferencing	*Information*	-	
I5	**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*	-	
J	**MEETING CLOSE**			**12:40**

***Governor Questions**

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

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

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

- Questions at the meeting must relate to papers being presented on the day.
- Questions must be submitted in advance to Hazel Brand, Lead Governor.
- Questions will be asked by Hazel Brand, Lead Governor at the meeting.
- If questions are not answered at the meeting Fiona Dunn will coordinate a response to all Governors.
- Members of the public and Governors are welcome to raise questions at any other time, on any other matter, either verbally or in writing through the Trust Board Office, or through any other Trust contact point.

Suzy Brain England, OBE, Chair of the Board

Action notes prepared by: Katie Shepherd
Updated: 24 February 2021

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Action Log

Meeting:	Public Board of Directors
Date of latest meeting:	16 February 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/F1**	**Corporate Risk Register** Risk owners required to update their risk where there were older review dates.	**ALL**	**March 2021**	**Update 11/03/2021:** Progress made (see Corporate Risk Register). Some reviews still for logging on DATIX.
2.	**P21/02/B2**	**Implementation of Patient Safety Partners** An update be provided on the implementation of the Patient Safety Partners to the Quality and Effectiveness Committee in August 2021.	**DP**	**August 2021**	**Close.** Added to the Quality and Effectiveness Committee work plan.
3.	**P21/02/B3**	**Thank You** A formal thank you would be provided to those involved in the achievement of compliance against the standards of business conduct and employee's declaration of interest policy.	**SBE**	**February 2021**	
4.	**P21/02/C2**	**RACE Equality Code Action Plan** The final Race Equality Code action plan would be provided to Board in April 2021 and the People Committee in May 2021.	**KB**	**April 2021**	**Close.** Added to the Board and People Committee work plans.

Action notes prepared by: Katie Shepherd
Updated: 24 February 2021

No.	Minute No.	Action	Lead	Target Date	Update
5.	**P21/02/C2**	**People Plan Priorities 2021/22** The People Plan priorities for 2021/22 would be presented at the Board in March 2021.	**KB**	**March 2021**	**Update 11/03/2021** – This would be presented to the Board in April 2021.
6.	**P21/02/H3**	**Governor Briefing – Outcome of White Paper ICS Consultation** Governors would receive an update on the outcome of the white paper following NHSE/I ICS Consultation.	**FD**	**April 2021**	
7.	**P21/02/H3**	**Governor Briefing - Bassetlaw Emergency Care Village** Governor would receive an update on the Bassetlaw Emergency Care Village.	**FD**	**February 2021**	**Close.** Took place on 24 February 2021.
8.	**P21/02/H3**	**Governor Briefing – Patient Safety** Governor would receive a brief on patient safety.	**FD**	**March 2021**	**Close.** Planned for 24 March 2021.

Appendix Level1

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 March 2021 reviewed alongside the corporate risk register.

The entire BAF and CRR were reviewed at Board Sub Committee meetings during February 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 February Trust Board .

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

Heat Map of individual SA risks (identified 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				NEW DCC ID 2664	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	⟺

<table>
<tr><th colspan="4">COVID19 Major incident</th></tr>
<tr><td>Risk Owner: Trust Board
Committee: Q&E, F&P,</td><td>COVID19 - Addition to SA1</td><td colspan="2">Date last reviewed : MAR 2021</td></tr>
<tr><td>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.</td><td>Risk Appetite:
The Trust has a high appetite for risks that impact on patients and staff during a worldwide pandemic.</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:
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</td><td>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</td><td colspan="2">Future risks:
Unknown of second phase outbreak/pandemic
Opportunities:
Change in practices, new ways of working by</td></tr>
<tr><td>Controls / assurance (mitigation & evidence of making impact):
Pandemic incident management plan implemented.
Governance & Performance Management and Accountability Framework
<s>Gold & Silver Command pandemic management structure (Strategic & Tactical) in place 24/7</s>
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</td><td>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</td><td colspan="2">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</td></tr>
</table>

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 : MAR 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	

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Report Cover Page					
Meeting Title:	*Board of Directors*				
Meeting Date:	*16.03.2021*	**Agenda Reference:**	**C2**		
Report Title:	*Chief Nurse Report*				
Sponsor:	*David Purdue, Chief Nurse*				
Author:	*Cindy Storer, Deputy Director of Nursing for Patient Safety* *Stacey Nutt, Deputy Director of Nursing for Patient Experience* *Abigail Trainer, Deputy Chief Nurse* *Lois Mellor Director of Midwifery* *David Purdue, Chief Nurse*				
Appendices:					
Report Summary					
Purpose of report:	• The paper identifies the key quality metrics and the plans to ensure learning. • The introduction of the National Maternity safety dashboard and actions being undertaken to improve perinatal mortality. • Feedback on patient experience and increasing involvement. • To identify the mitigations to ensure safe staffing in wards and departments.				
Summary of key issues/positive highlights:	• A new approach to the report which follows the 3 National safety principles of, insight, Involvement and Improvement. • A review of the current progress against delivery against the Maternity Dashboard, including training requirements. • Assurance to the Board that nurse staffing is safe.				
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.				
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				
Implications					
Board assurance framework:	*BAF in relation to TN1 has been reviewed and no new risks identified.*				
Corporate risk register:	Q&E9, F&P6 reviewed and down graded				
Regulation:	Supports CQC compliance in Safe, Caring and Effective				
Legal:					
Resources:	A case being developed for the introduction of Perfect Ward				
Assurance Route					

Previously considered by:		Quality and Effectiveness Committee	
Date:	02.02.2021	**Decision:**	*No issues to escalate, next meeting in April*
Next Steps:		Gap analysis against HSE standards for Covid Compliance	
Previously circulated reports to supplement this paper:			

Safer Culture, Safer Systems

The national strategy translates the high level objectives for the safety culture and safety system strands into more tangible deliverables. Safety culture indicators should not be used to assess performance or for regulatory purposes, but more to support and enable Trusts to improve safety culture through embedding a continuous cycle of understanding the issue – developing a plan – delivering the plan – evaluating the outcome.

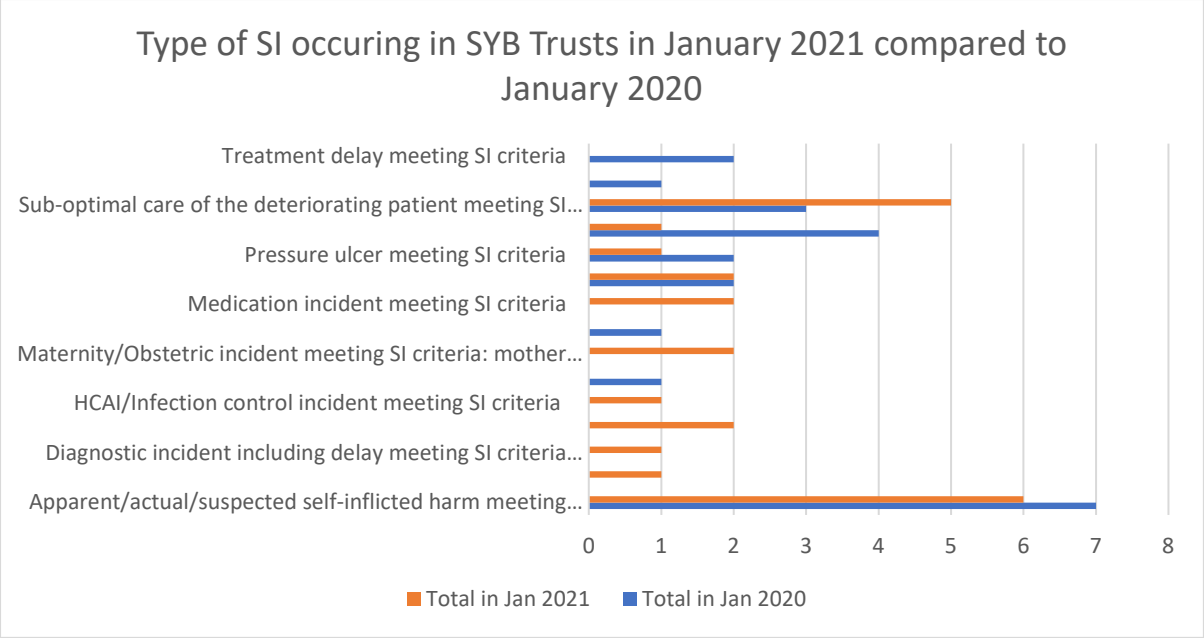
The Safety Culture Index (SCI), a psychometrically-sound measure designed to assess the extent of shared attitudes, values and beliefs that support safety at work and is made available to health organisations on a commercial basis. Due to the new network of Patient Safety Specialists, this tool has been offered to DBTH free of charge.

The first two test areas are now confirmed (NNU and Main Theatres) to analyse how far cultural values influence safety at work. Results will be monitored through the Clinical Governance Committee and included in the Quality and Effectiveness Committee quarterly learning from patient safety report.

INSIGHT

There was one Serious Incident (SI) reported in February 2020, which related to maternity. This brings the total number of SI for care issues, year to date to 26. There are five SI relating to falls with severe harm and two SI relating to Category 4 Hospital acquired pressure ulcers. This brings the total number of SI reported to the Strategic Executive Information System (StEIS) to 32 incidents. All Trust SI are reported on the date the incident is reported on StEIS.

A piece of work was done across the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) in January 2021 compared to January 2020. The graph below shows the total number of SI that were reported, on StEIS during this period.



The largest decrease (3) was seen in the slips/trips/falls meeting SI criteria type. The largest increase (2) in the number of SIs was seen for three types of SIs:

- Disruptive/ aggressive/ violent behaviour meeting SI criteria
- Medication incident meeting SI criteria
- Sub-optimal care of the deteriorating patient meeting SI criteria

Actions from Serious Incidents at DBTH.

For 2020-21 SI, there have been 69 actions as a result of the Serious Incident Investigation. 45 actions have been completed. 24 actions still to be completed, 6/24 (25%) are overdue between 1 and 6 months. 18/24 (75%) are in date for the proposed completion dates.

SI action themes:

- Policy – 7 (10%)
- Education and training – 24 (35%)
- Documentation – 8 (11%)
- iQAT accreditation – 4 (6%)
- Audit – 9 (13%)
- IT related action – 2 (3%)
- Process – 6 (9%)
- Reflection – 8 (12%)
- Other – 1 (1%)

Falls

There were 133 patient falls reported in February. Of these falls, 4 resulted in severe harm to the patient (St Leger, C2/CCU and two on ATC). There was one moderate harm in ED DRI.

Year to date, 31 falls have resulted in severe or moderate harm to patients and five incidents have been escalated as Serious Incidents. The now established 'Learning from Falls' panel is extracting learning from these cases, which is sent out to all ward managers, matrons and divisional directors

of nursing as live as possible. A year end collation of themes will be also shared across the Trust so the falls accreditation can be based around local learning.

The new Holistic Care Team has now launched, with the support if the Qi team. This will include the falls prevention practitioner, lead dementia nurse along with a MDT. The initial focus will be on the top 10 wards, with wards 16 and 17 the first 2 wards started the work.

Hospital Acquired Pressure Ulcers (HAPU)

There were 79 HAPU (category 2 and above) reported in February. Of these, two were category 3 HAPU (ward 24 and B5) and there were no Category 4 HAPU.

This takes the total numbers of HAPU (category two and above) reported, year to date to 759. Of these, 50 HAPU were category 3 and 2 were category 4.

The now established 'Learning from HAPU' panel is extracting learning from these cases, which is sent out to all ward managers, matrons and divisional directors of nursing as live as possible. A year end collation of themes will be also shared across the Trust so the Skin Integrity accreditation can be based around local learning.

Infection Prevention and Control

Clostridium difficile

There were four cases of Clostridium difficile in February. Two cases were hospital associated, hospital acquired (HOHA) and two cases were community onset hospital acquired (COHA).This takes the number of cases, year to date to 53, split as 36 cases of HOHA and 17 cases of COHA.

No lapses in care have been identified as yet, with patients appropriately being prescribed antibiotics. The laboratory processes are currently being reviewed in light of 4 issues raised with inadequate sample sizes and this may alter the testing schedule. The Trust has purchased 2 new hydrogen peroxide decontamination machines and 2 ultra-violet systems to increase the effectiveness of cleaning in ward and departmental areas.

Nosocomial Covid

There were 3 outbreak areas in February, no new outbreaks were declared. Learning from outbreaks continues.

The Health and Safety Executive have undertaken spot checks across 17 acute providers and developed a checklist to undertake a self-assessment. This assessment will be reviewed in the April Board of Directors.

MRSA bacteraemia

After almost a year with no cases, there have been 1 MRSA bacteraemia reported in February on ward 24.
The first post infection review (PIR) has taken place and learning will be shared in the April Board.

MRSA Colonisation

There was one reported MRSA colonisation in February, leaving the total number of cases, year to date to thirteen.

INVOLVEMENT

The completed framework for the Patient Safety Partners (PSP) is expected by Q3 2021/22 after an additional series of focus groups. The PSP will sit on safety-related clinical governance committees and elsewhere as appropriate. The Trust action plan for delivery of the patient safety strategy will aim to have the PSP in post by the end of Q4 2021/22.

The National Patient Safety Syllabus will be launched and available to all staff by Q2 2021/22. An identified accreditation model will accompany the syllabus by Q1 2021/22. This will enable benchmarking against other Trusts on the adoption and implementation of the syllabus.

One Patient Safety Specialist (PSS) has been identified for the Trust to date, with learning sets for the role expected by Q4 of 2021/22. Virtual technology is giving access to a network of PSS across the country with a local network already in place and new networks as far as Cornwall.

IMPROVEMENT

Managing Deterioration

The ongoing work to implement eObservations, fluid balance and sepsis, via nerve centre has continued at pace, with all wards at BH, medicine and frailty now complete. The next phase is the surgical wards at DRI. This work is essential for improvements on deterioration management tools such as NEWS2.

The inpatient accreditation for eObservations was produced quarterly but will now be produced monthly. There is alive view on all ward screens so ward managers and matron can see at a glance how many observations are in time and how many overdue, plus patient acuity at a glance.

Adaptation and spread improvement programmes

The adaptation and spread safety improvement programs are launched and registered with clinical audit and will be monitored through divisional clinical governance and in the annual audit and effectiveness report.

The Maternity and Neonatal Safety Improvement Programme (MatNeoSIP)

MatNeoSIP is working nationally reduce the rate of still births, neonatal deaths and brain injury by 50% by 2025. This work is continuing with the Local Maternity System (LMS) in conjunction with other recent safety improvement recommendations.

In February 2021, the Office for National Statistics (ONS) released data on the stillbirth rate in England reaching its lowest level on record and the neonatal mortality rate in England fell from 2.8 to 2.7 per 1000 live births between 2018 and 2019. The 2019 rate is 6.5% lower than the 2010 baseline of 2.9 per 1000 live births.

The Medication Safety Improvement Programme (MedSIP)

MedSIP is led by the Medication Safety Officer for the Trust to help reduce avoidable medication-related harm in the Trust. There is a planned launch date for the upgrade of the current Electronic Prescribing and Medicines Administration (EPMA), with a task and finish group on plan and 6 ward managers working as champions to build the final version. This will also enable symphony to work with the system to improve prescribing in the Emergency Department.

Maternity Report

CQC Maternity Ratings	Overall	Safe	Effective	Caring	Well-Led	Responsive
	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Good

	Jan	Feb	Mar	Apr
Findings of review of all perinatal deaths using the real time data monitoring tool	See report	See report		
Findings of review all cases eligible for referral to HSIB.	No reports	See report		
Report on: • The number of incidents logged graded as moderate or above and what actions are being taken • Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training • Minimum safe staffing in maternity services to include Obstetric cover on the delivery suite , gaps in rotas and midwife minimum safe staffing planned cover versus actual prospectively.	See narrative report	See narrative report		
Service User Voice feedback	See nreport	See report		
Staff feedback from frontline champions and walk-abouts		Process now set up		
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust	No	No		
Coroner Reg 28 made directly to Trust	None	No		
Progress in achievement of CNST 10	See report	See report		

Findings of review of all perinatal deaths using the real time data monitoring tool

3 Babies meet the criteria

Gestation /age	Initial review findings care until the birth of the baby	Initial review findings of care of the baby	PMRT and investigation /review outcome
22+4	BMI 30, Spontaneous labour. 999 transfer to Triage. FD on arrival. SROM, Cord Prolapse	Apgar 2,2. Resus stopped after 5 mins. 530g, Cause of death agreed – extreme prematurity and cord prolapse	C,C,A Met relevant CNST
37+4	Low papa 0.36 Known hypoplastic left heart, planned compassionate care, GDM, BMI 40	Known hypoplastic left heart. Apgar 2,4. No resus as previous planned. Compassionate care provided on CDS as declined bluebell	PMRT in progress and for discussion at next meeting
29+5	Smoker, increased alcohol intake when found out pregnant, low risk AN screening	Apgar 2, 6. Multiple unsuccessful to intubate. Transferred to NNU. ? Dysmorphic features commented. RIP on NNU	PMRT in progress and for discussion at next meeting

Findings of review all cases eligible for referral to HSIB.

Report on:

• The number of incidents logged graded as moderate or above and what actions are being taken

Reports Received

2007-2263 – Maternal death (July 2020)

Concern raised about neonatal resuscitation equipment in Accident & Emergency by HSIB. This has already been identified and actions put in place to address prior to the letter received August 2020.

The additional equipment has arrived and is now in place.

No recommendations for the Trust

2 Outstanding HSIB reports

Serious Incidents

2020/23991 – NND (HSIB case 2010 – 2579)

2021/27 – Never Event

Immediate actions put in place (removal of tampons from the packs) and relaunching the LOCCSIPs standard operating procedure.

Training compliance

Overall O&G SET Compliance – 85.57%

For any staff with a Level 4 resus qualification please ensure that they have completed the relevant annual self-declaration to complete their competence. This can be accessed via ESR.

PROMPT Compliance

MDT Role	Number of staff available to train	Number of staff that have attended PROMPT	Compliance
DIVISIONAL	328	242	73.7%

CTG compliance

MDT Role	Number of staff available to train	Number of staff undertaken Intrapartum CTG training	Compliance %
DIVISIONAL	235	196	83.4%

Concerns & Actions:

PROMPT

- Due to high acuity and workload for anaesthetics staff in light of current pandemic, we may not achieve 90% compliance in PROMPT from anaesthetic staff. Discussions have been had with Anaesthetic rota co-ordinators and divisional director is aware. Release of staff to attend is limited due to clinical need. Revised submission date of 15th July 2021 does provide some scope to increase numbers if clinical need decreases accordingly.
- All PROMPT training will be delivered via MS Teams until further notice. This gives us scope to have up to 40 attendees per session. Therefore increasing compliance. All dates up to March 2021 shared with medical and midwifery staff.

Workforce

The midwifery staffing workforce model meets Birthrate+ requirements. There are currently 13 WTE vacancies in the service, and a recent advert had resulted in 8 furthger midwives being interviewed. The next recruitment of student midwives (due to qualify in Oct 2021) will be undertaken as a LMS.

Service User Voice feedback
The maternity service Facebook page receives lots of positive feedback.
There are discussion with the newly formed MVP's on both sites and there has been feedback and work ongoing on the following:

Doncaster MVP

- Communication from staff
- Access for partners to scans
- Women concerned about the number of midwives seen AN, and wanting continuity of care
- Bereavement care and a new room
- EPAU scanning and services

Bassetlaw MVP

- Verbal positive feedback about care during covid
- Pleased about the 2 new continuity of carer team being launched on 22nd Feb 2021
- Needing a permanent chair and planning what to do going forward
- Planning how to get feedback from women by using a survey monkey questionnaire

Progress in achievement of CNST 10

- A further updated version of the safety actions was published in Jan 2021
- Currently the service is working on compliance, areas of concern are:
  Safety Action 7 – Maternity Voices partnership meetings (clarification from NHSR needed)
  Safety Action 8 – Attendance at MDT training, plans in place to achieve 90 % by July 2021 for current training levels please see above

BIR February 2021

Insight

There are many sources of patient insight:

Complaints

There was an overall reduction in complaints in February with 37 (40/90 WD), however there were 2 MP complaints (compared to 0 in January). This brings the total number of complaints year to date to 328.

February feedback has seen a change in the top 3 main subjects; Competence (18); Communication (16) and Staff Attitude and Behaviour (7) However, as previously stated one complaint can have multiple subjects and on review of the number of complaints per each subject, communication has the highest number of complaints. There are currently 166 feedback cases open (113 complaints, 50 ACQ's, 1 CQC and 2 MP) of which 65 (87 in January) feedback cases are overdue with having breached their original timescale with the complainant; 33 are complaints and 32 ACQ's.

FFT

The FFT provides a simple, headline metric and therefore when interpreting FFT data it is important to

triangulate it with other sources of insight about patient experience so that the bigger picture can be built. FFT data collection recommenced in December 2020 and from 2021 there will no longer be a calculation or publication of response rates. However, the number of responses and number of eligible patients will be published – the data collected in December will be published in April. Local data intelligence demonstrates a response rate of 17.98% for inpatient areas and 0.05% for ED. Work is being undertaken with ED to look at alternative ways in which to increase the response rate.

National Survey Programme

Samples have just been submitted for childrens and young people (575) and for inpatients (1177), fieldwork is expected to be completed by June.

Involvement

A working group has been established to look at developing a strategy for public involvement with the starting point to define the strategic intent and mission statement. DBTH already has variety of groups that are used by different specialties and professionals but it is difficult to be able to capture and detail what and where they are.

First steps will be to scope and develop a directory of different public involvement groups in order to establish a resource that can accessed when undertaking Qi projects, patient pathway developments to name a few examples.

In February we have started to form partnerships with the Patient Focus Group, Carers Strategic Oversight Group and Carers Action Group.

Improvement (Learning)

Increase in subject category Competence

The increase in subjects being classified as competence is a concern and work needs to be done in order to understand what this means. Upon review of the Datix system, when selecting the subject it appears to be quite subjective and open to interpretation based on the skills and knowledge of the individual completing it. In comparison with the South Yorkshire and Bassetlaw ICS topics they are much more specific, such as delayed diagnosis, prescriptions, referrals, death certificates etc.

Therefore a working group is to be formed to review the Datix fields to focus the key topics and therefore improve the identification of learning.

Communication

Communication and explanations – this is more apparent due to the lack of visiting for inpatients. By reviewing the complaints there is a common theme of families requesting explanations about decision making, the completion of DNACPR's (ReSPECT forms) and information about procedures. It is anticipated that this will improve when visiting restrictions are revised

Nursing and Midwifery Staffing

All NHS Trust providers are required to publish Nursing and Midwifery staffing data on a monthly basis. The

data describes planned hours for staffing based against the actual hours worked. In addition to this the care hours per day (CHPPD) are reported as a monthly metric. In the last 12 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.

February 2021 data

40 inpatient wards were open throughout February, however, at the time of writing this report the staffing data from the Central Delivery Suite was not available and therefore it is important to note that any percentages noted within are based on 39 wards.

- *18 (46.1%) were on green for planned v actual staffing.*
- *7 (17.9%) were on amber for being 5% under planned v actual staffing (B5, Ward 1/3, Ward S11, Ward A4, ATC, Respiratory and Gresley).*
- *5 (12.8%) wards were amber for being 5% over planned v actual staffing (Haematology, ward S12, Rehab 2, Rehab 1 and SAW).*
- *8 (20.5%) wards were red for being 10% under planned v actual staffing (M2, G5, Ward 32, CCU DRI, C1, CCU/C2, S10 and B6).*
- *1 (2.56%) ward was red due to being 10% over planned v actual staffing (ITU BDGH).*

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 remained static between the months of January and February. 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.

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
- 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
- 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 Enhanced Care Nurse to ensure complex patients receive the correct plan of care
- Rapid cohorting of Covid 19 patients to minimise outbreaks and reduce risk to patients and staff

Future Developments

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

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

SafeCare is x3 times a day staffing software that matches staffing levels to patient acuity, providing control and assurance from bedside to board. It allows comparison of staff numbers and skill mix alongside actual patient demand in real time, allowing you to make informed decisions and create acuity driven staffing. This option is currently being scoped by the Deputy Chief Nurse and E roster team. This workstream will be a key objective of the newly appointed workforce matron in April 2021.

The Trust has also entered into a partnership with NHS Professionals to recruit 50 international nurses by the end of the calendar year. These will be in cohorts of 10 with the first staff arriving July 2021. These new recruits will support areas with high vacancies across all three divisions.

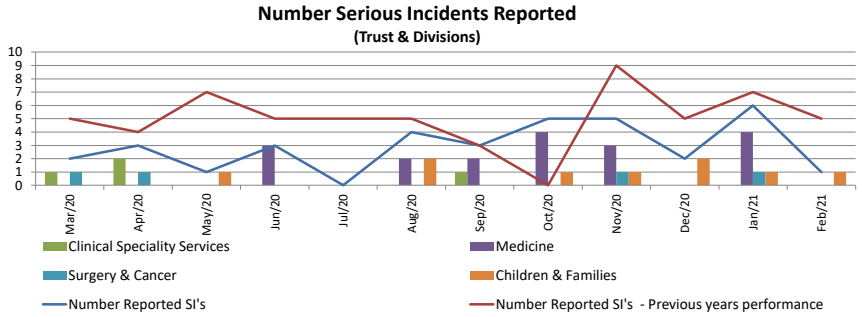
The Deputy Chief Nurse is leading a workstream around enhanced care and bed watch allocation. The aim is to ensure patient assessments are robust, requests for enhanced care and bed watches are scrutinised by a senior nurse before being approved and that patient safety is maintained. There is an expected financial return from this work as the current model isn't always cost effective.

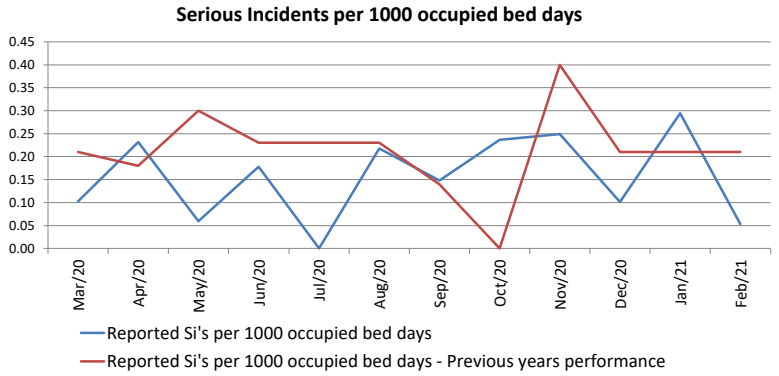
Serious Incidents - February 2021 (Month 11)

(Data accurate as at 08/03/2021)

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





Current YTD reported SI's (April-Feb 21)	33	Number reported SI's (Apr-Feb 20)	50
Current YTD delogged SI's (April-Feb 21)	0	Number delogged SI's (Apr-Feb 20)	6

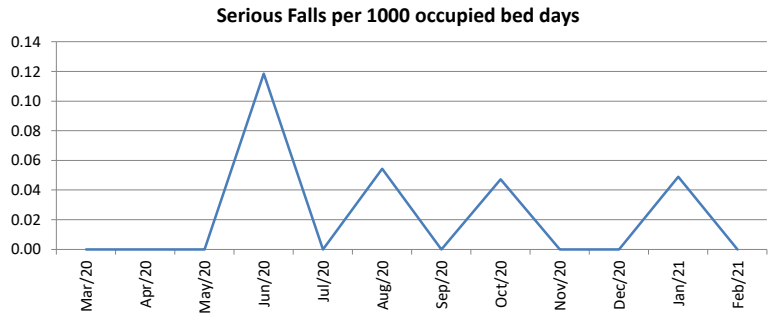
Maternity Serious Incidents

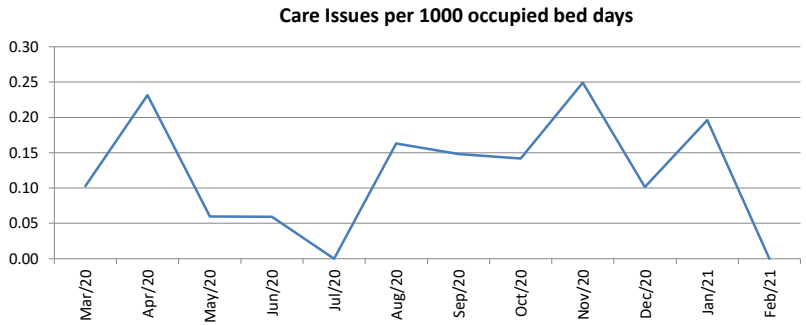
There have been six Serious Incidents relating to maternity care year to date and these are included in the list below;

- **May 2020 -** Incident around informed consent
- **July 2020 -** Maternal and neonatal death (HSIB)*
- **July 2020 -** Neonatal death (HSIB)
- **August 2020** - Incident around lack of robust record keeping during investigation.
- **October 2020** – Stillbirth (HSIB)
- **December 2020** – Cooled baby (HSIB)*
- **January 2021** – Retained swab after delivery (also never event)
- **February 2021** – Stillbirth

Four of these investigations are being carried out by HSIB although two cases* were not reported to StEIS as they didn't meet the SI framework criteria. Clarification has now been received that all HSIB investigations should be reported to StEIS, which will be actioned and included in next month's report.

Serious Incident Themes

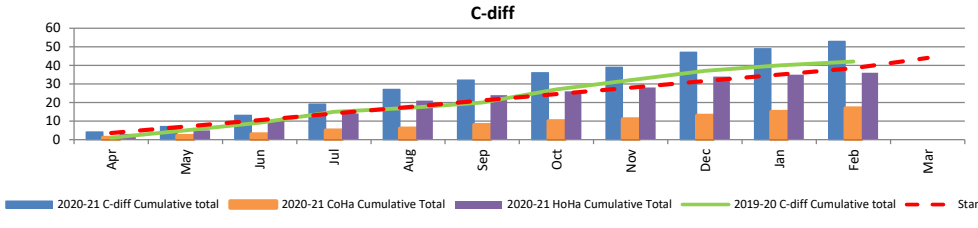


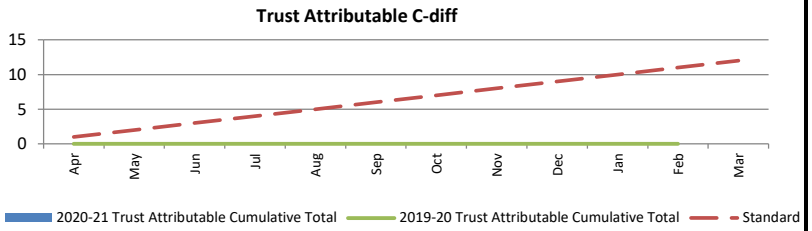


Infection Control C.Diff - February 2021 (Month 11)
(Data accurate as at 08/03/2021)

	Standard	Qtr 1	Qtr 2	Qtr 3	Jan	Feb	YTD
2020-21 Infection Control - C-diff	44 Full Year	13	19	15	2	4	53
2019-20 Infection Control - C-diff	39 Full Year	9	11	17	3	2	42
2020-21 Trust Attributable	12	0	0	0	0	0	0
2019-20 Trust Attributable	12	0	0	0	0	0	0

	Qtr 1	Qtr 2	Qtr 3	Jan	Feb	YTD
HOHA	10	14	10	0	2	36
COHA	3	5	5	2	2	17

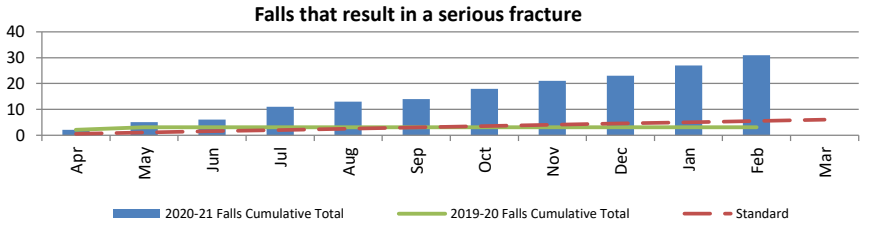




Pressure Ulcers & Falls that result in a serious fracture - February 2021 (Month 11)
(Data accurate as at 08/03/2021)

	Standard	Qtr 1	Qtr2	Qtr3	Jan	Feb	YTD
2020-21 Serious Falls (moderate/severe harm)	6 Full Year	6	8	9	4	4	31
2019-20 Serious Falls	10 Full Year	3	0	0	0	0	3

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



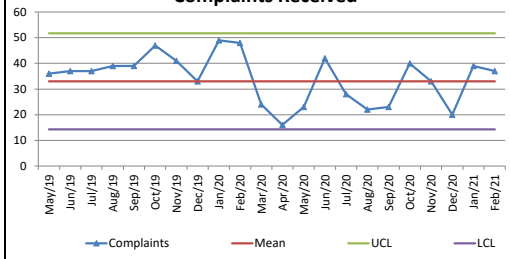
	Standard	Qtr 1	Qtr 2	Qtr 3	Jan	Feb	YTD
2020-21 Pressure Ulcers	56 Full Year	192	175	247	73	87	774
2020-21 Pressure Ulcers (Cat 4)		0	1	1	1	0	3
2020-21 Pressure Ulcers (Cat 3)		17	10	19	3	2	51
2020-21 Pressure Ulcers (UNS/DTI Low Harm/Cat 2)		175	164	227	69	85	720

Complaints & Claims - February 2021 (Month 11)

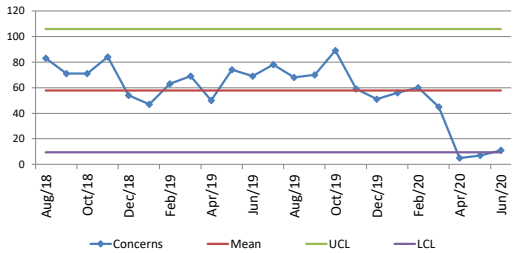
Data accurate as at 08/03/2021

Complaints

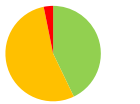
Complaints Received



Concerns Received



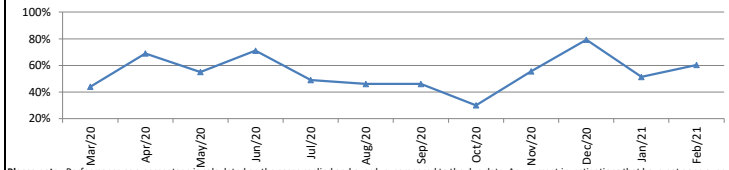
February 2021 Complaints Received Risk Breakdown



Year to Date Complaints Received Risk Breakdown

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

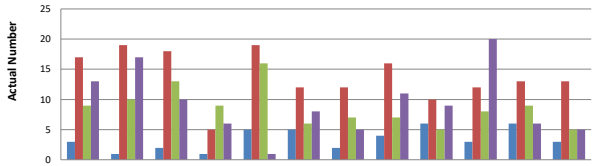
Complaints Resolution Performance



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



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

Parliamentary Health Service Ombusdman (PHSO)

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

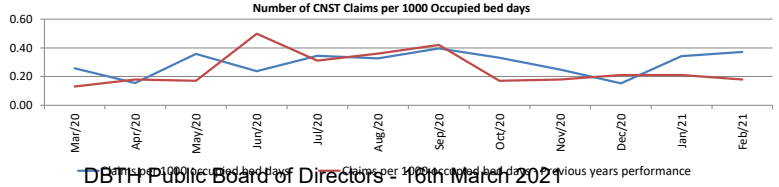
	Number referred for investigation YTD	Outcomes YTD	
2017/18	7	Fully / Partially Upheld	3
		Not Upheld	1
		No further Investigation	0
		Case Withdrawn	0
		Not Investigated	3
		Outstanding	0
2018/19	9	Fully / Partially Upheld	4
		Not Upheld	3
		No further Investigation	0
		Not Investigated	0
		Case Withdrawn	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	7		61
	2019/20	4	4	11	7	8	9	4	4	5	5	4		65
Liabilities to Third Parties Scheme (LTPS)	2020/21	2	1	2	2	1	0	1	2	2	1	0		14
	2019/20	5	3	1	4	0	1	4	3	1	1	0		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



Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Report Cover Page					
Meeting Title:	Board of Directors				
Meeting Date:	16 March 2021	**Agenda Reference:**	**C3**		
Report Title:	Medical Director Update				
Sponsor:	Dr Tim Noble, Medical Director & Responsible Officer				
Author:	Dr Tim Noble				
Appendices:	n/a				
Report Summary					
Purpose of report:	To update the Board on activity within the Medical Director's Office				
Summary of key issues/positive highlights:	▪ To note increased compliance in terms of medical appraisal despite covid pandemic ▪ Forthcoming appraisal training re-scheduled to enhance the Medical Appraisal Team ▪ Significant increased compliance with Standards of Business Conduct & Employees Declarations of Interest Policy ▪ Progression with the clinical governance review				
Recommendation:					
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:	No risk identified.
Regulation:	Appraisals of medical staff and subsequent revalidation is a core requirement for doctors to retain their licence to practice. The Trust's appraisal system monitors robustly to significantly reduce risk of a doctor's non-compliance to the revalidation process.
Legal:	n/a
Resources:	n/a

<table>
<tr><th colspan="5">Assurance Route</th></tr>
<tr><td colspan="2">Previously considered by:</td><td colspan="3">HSMR is discussed at Mortality Governance Group and Clinical Governance Committee.

Appraisal/Revalidation information in respect of Medical Staff will be discussed annual at the Peoples Committee</td></tr>
<tr><td>Date:</td><td>HSMR – 19/2/2021</td><td>Decision:</td><td colspan="2">HSMR - Noted and monitored on a monthly basis</td></tr>
<tr><td colspan="2">Next Steps:</td><td colspan="3">HSMR is a standing item on the agenda for Mortality Governance Group and Clinical Governance Committee and monitored monthly.</td></tr>
<tr><td colspan="2">Previously circulated reports to supplement this paper:</td><td colspan="3">Supplementary to previous Medical Director’s updates</td></tr>
</table>

Report Title: Medical Director Update Author: Dr Tim Noble Report Date: 16 March 2021

EXECUTIVE SUMMARY

The Board is asked to note the update on work undertaken within the Medical Director's office in particular increased compliance and continued engagement in terms of medical appraisal despite the covid pandemic.

HSMR

Overall HSMR (Rolling 12 months) continues to rise slightly, although compared with neighbouring Trusts this remains at a reasonably expected level given the pandemic.

Monthly HSMR reported from November had returned to where we were at the beginning of the pandemic. It is recognised that Hospital Standardised Mortality Ratio (HSMR) does not appear to be a valid monitoring tool during a pandemic.

Crude mortality is decreasing on both sites. While both non-elective and elective admission have seen an increase in HSMR, these figures are not a cause for concern. Overall this is expected to remain for some time (at least 6 months) until deaths due to the pandemic begin to fall.

Medical Appraisals

Completion 2020/2021		
	At 8/2/21	At 8/3/21
Q1	51.69%	62.35%
Q2	43.48%	56.10%
Q3	32.95%	48.78%
Q4	9.8%	16%

Engagement with the appraisal process has been commendable despite the pandemic. With the recent appointment of Revalidation Support Co-ordinators, individualised support is being provided and has been crucial in improving engagement.

For those areas experiencing pressures in workload due to Covid, we have agreed to defer appraisals for the 2020/21 period, an approach approved at national level. These individuals will include 2 years data within their next appraisal due 2021/22. It is important to note that these numbers are not currently included in the compliance figures above. These approved deferrals will count in the annual audit of compliance.

Appraisers

We currently have 52 registered appraisers within the Medical Appraiser Team with several potential new appraisers awaiting training. Training was postponed due to the pandemic however this is now re-scheduled for April, May and June 2021.

Standards of Business Conduct and Employees Declarations of Interest Policy

Medical staff compliance with the above policy has increased to **94.75%**, on target to achieving 100% by 31st March 2021.

Clinical Governance Review

The Clinical Governance Team (Medical Director's Office) and the Patient Safety Team (Chief Nurse Office) met on 1 March 2021 to commence a full review of the current clinical governance processes taking into account the requirements of the national Patient Safety Strategy.

Two elements of the work need to be considered both of which are necessary and interlinked.

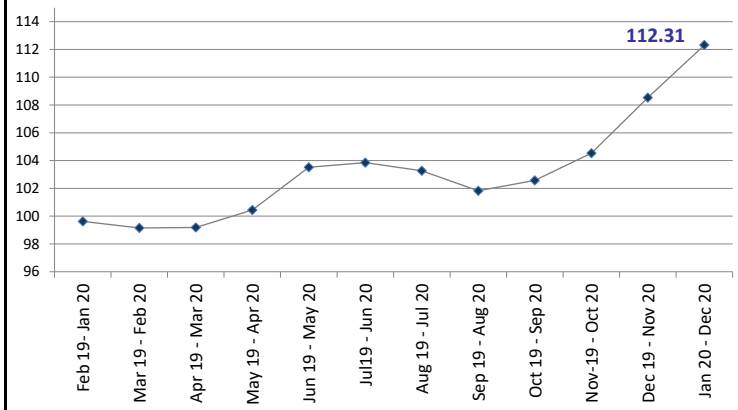
1. The implementation of the Patient Safety Strategy which is a significant undertaking to ensure this is fully embedded within the organisation. In parallel with this are the revisions to the governance arrangements to make them more effective.
2. The divisional structure will need to interlink with the three pillars of Patient Safety, Patient Experience and Audit & Effectiveness and these committees will need to be modified to receive the right reports. There is then a need to review divisional team support.

Serious Incident Panel & Inquest Panel

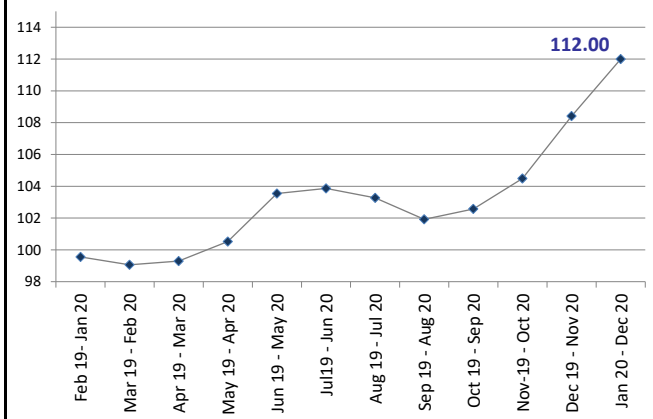
The processes in place support the identification and investigation of Serious Incidents and preparation in terms of forthcoming inquests. These have continued to run throughout the pandemic with twice weekly meetings led by a Deputy Medical Director.

Hospital Standardised Mortality Ratio (HSMR) - December 2020 (Month 9)

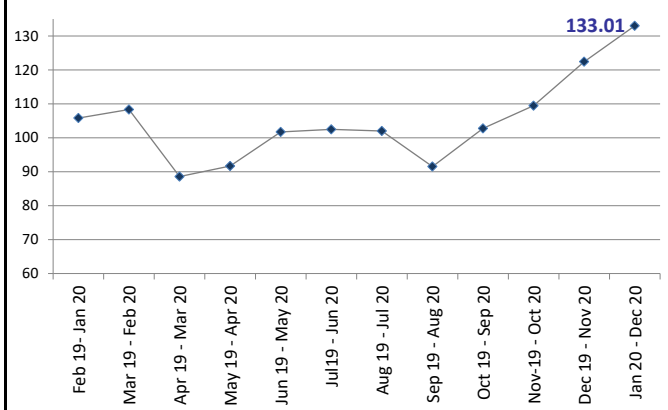
Overall HSMR (Rolling 12 months)



HSMR - Non-elective Admission (Rolling 12 months)



HSMR - Elective Admission (Rolling 12 months)

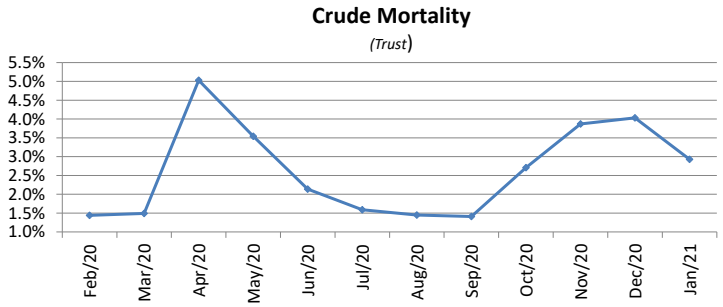


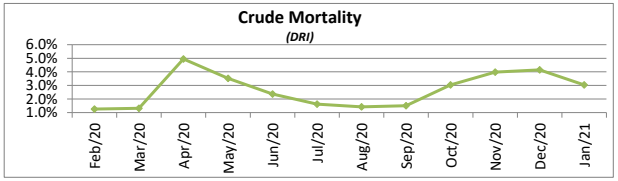
HSMR Trend (monthly)

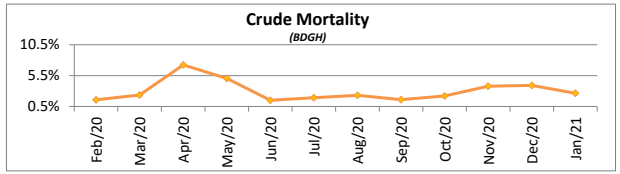
	2016	2017	2018	2019	2020
January	116.80	99.21	94.86	105.78	110.26
February	99.94	97.73	105.44	98.13	92.56
March	90.54	97.37	88.42	101.87	102.51
April	105.91	88.50	98.37	100.70	122.75
May	101.15	96.60	91.20	91.36	137.95
June	80.27	93.67	89.98	98.32	102.33
July	92.56	97.73	107.07	104.77	95.88
August	100.27	87.52	94.65	112.17	92.73
September	90.26	95.34	90.09	83.64	91.53
October	90.29	88.66	96.74	100.24	122.53
November	88.98	82.30	99.04	88.64	136.44
December	82.30	93.52	80.45	103.24	144.18

Crude Mortality (monthly) - February 2021 (Month 11)

(number of deaths/number of patient discharged)







	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Trust	**1.69%**	**5.03%**	**3.54%**	**2.14%**	**1.59%**	**1.46%**	**1.41%**	**2.71%**	**3.87%**	**4.03%**	2.92%	1.99%
DRI	1.76%	4.95%	3.52%	2.37%	1.62%	1.42%	1.51%	3.04%	3.98%	4.15%	3.04%	1.87%
BDGH	1.75%	7.23%	5.05%	1.51%	1.92%	2.30%	1.61%	2.21%	3.79%	3.91%	2.65%	2.53%

Appendix Level1

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 : MAR 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** 4(C) x 4(L) = 16 extr **Current Risk Rating** 4(C) x 4(L) = 16 extr **Target Risk Rating** 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:** • Morale and resilience of colleagues as we move into recovery phase **Risk references:** PEO1 & PEO2 **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

Appendix Level1

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 : MAR 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:** • Morale and resilience of colleagues as we move into recovery phase **Risk references:** PEO1 & PEO2 **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:	March 2021		**Agenda Reference:**	D2	
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 covid related activities				
Summary of key issues:	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 an increase in January with a further reduction in staff requiring a swab and subsequently testing positive. With regard to lateral flow testing – circa 0.4% of staff testing are reporting a positive result. As members will be aware we have completed the first phase of the covid vaccination programme with second doses starting to be delivered this month. In excess of 6000 colleagues working on our sites have been vaccinated with circa 85% of our colleagues being vaccinated.				
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:	SA2 & 3 – future risks in relation to morale and resilience of colleagues as we move into the recovery phase
Corporate risk register:	PEO1 Failure to engage and communicate with staff and representatives in relation to immediate challenges and strategic development PEO2 Inability to recruit right staff and have staff with right skills leading to: (i) Increase in temporary expenditure (ii) Inability to meet and Trust strategy

	(iii) Inability to provide viable services		
Regulation:			
Legal:			
Resources:			
Assurance Route			
Previously considered by:	People Committee		
Date:	2nd March 2021	**Decision:**	
Next Steps:	Ongoing discussions at People Committee		
Previously circulated reports to supplement this paper:	None		

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:

1. STAFF ABSENCE

As can be seen Covid related absence did reduce after April but has risen since August, specifically staff who are self isolating either due to having symptoms themselves or members of their household having symptoms, particularly children – with a reduction showing in December. However in January we saw a small rise. It should be noted that non covid related sickness absence continues at a similar rate to previous years, with usual seasonal rise. The Trust has seen a reduction more recently in the numbers of staff being confirmed as covid positive, however members will be aware that a further tranche of shielding letters were issued nationally which has impacted on the number of staff absences recently.

Figure 1 – Absence Graph, March 2020 – January 2021

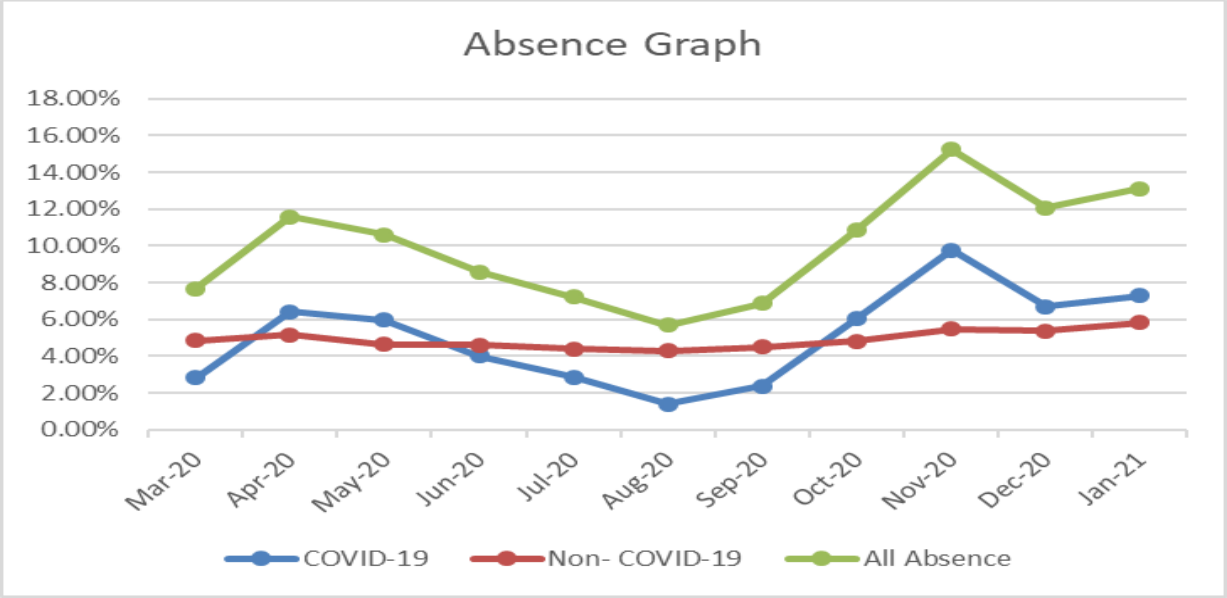
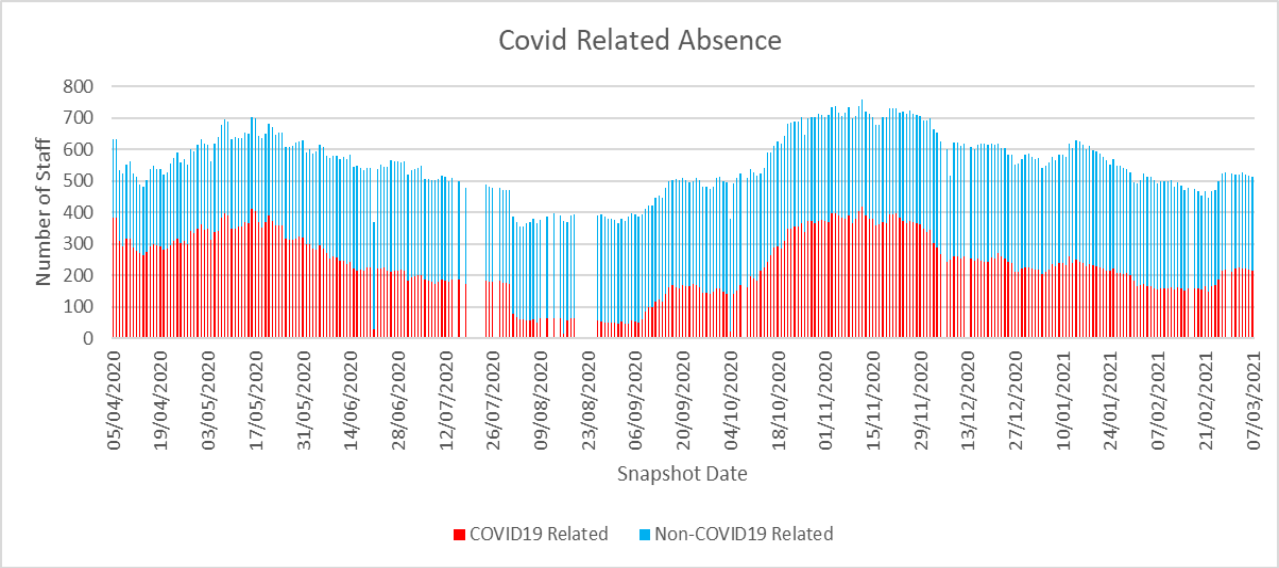


Table 1 – COVID Related Absence and Return to Work Figures

Absence Reason	Total Absences	Have not Returned	Have Returned	% Returned
Medical exclusion LFT - Negative PCR	3		3	100.00%
Medical exclusion with Covid 19 confirmed	205		205	100.00%
Medical exclusion with Covid 19 symptoms	2494	8	2486	99.68%
COVID-19 Symptoms	585	2	583	99.66%
Carers COVID	194	1	193	99.48%
Medical exclusion without Covid 19 symptoms	2047	15	2032	99.27%
Medical exclusion LFT	160	2	158	98.75%
Medical exclusion Track & Trace W/O COVID symptoms	541	15	526	97.23%
COVID-19 Confirmed	1328	98	1230	92.62%
Medical Exclusion – COVID Shielding	429	82	347	80.89%
Grand Total	**7986**	**223**	**7763**	**97.21%**

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.

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 excess of wave 1 levels we are seeing a gradual reduction in covid related absences.

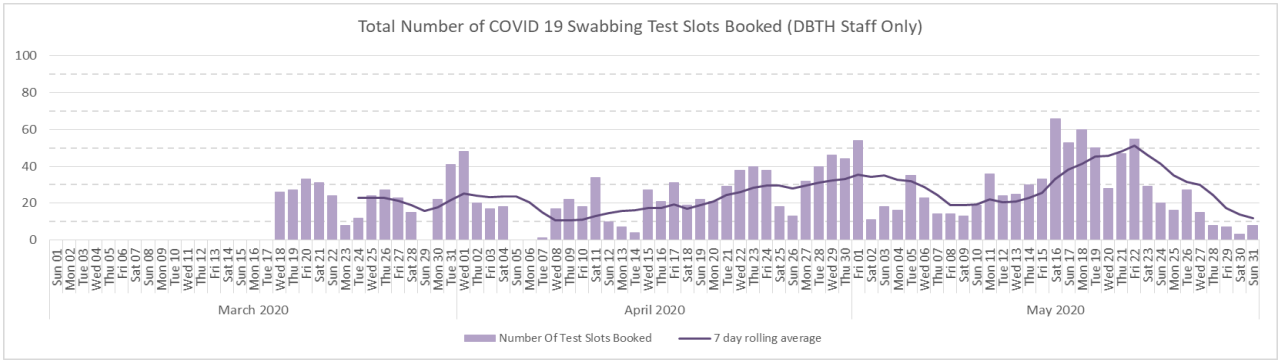
2. STAFF TESTING

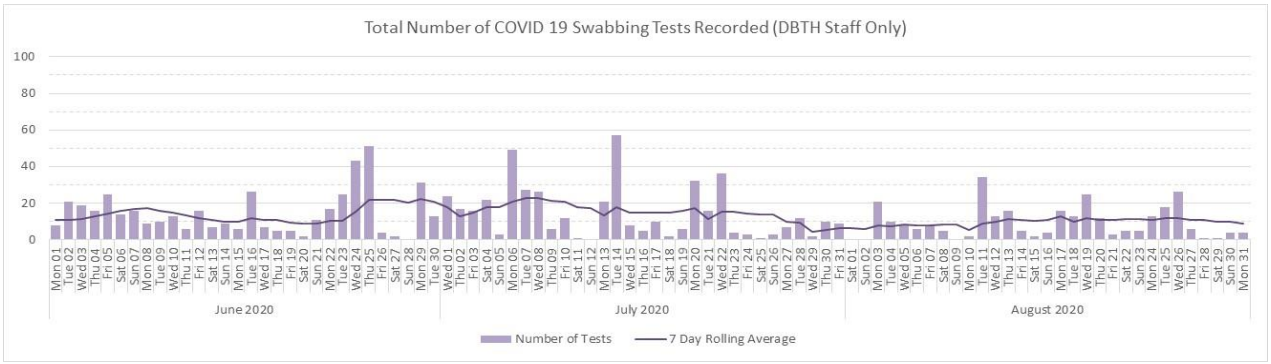
Table 2 – Staff Testing Figures

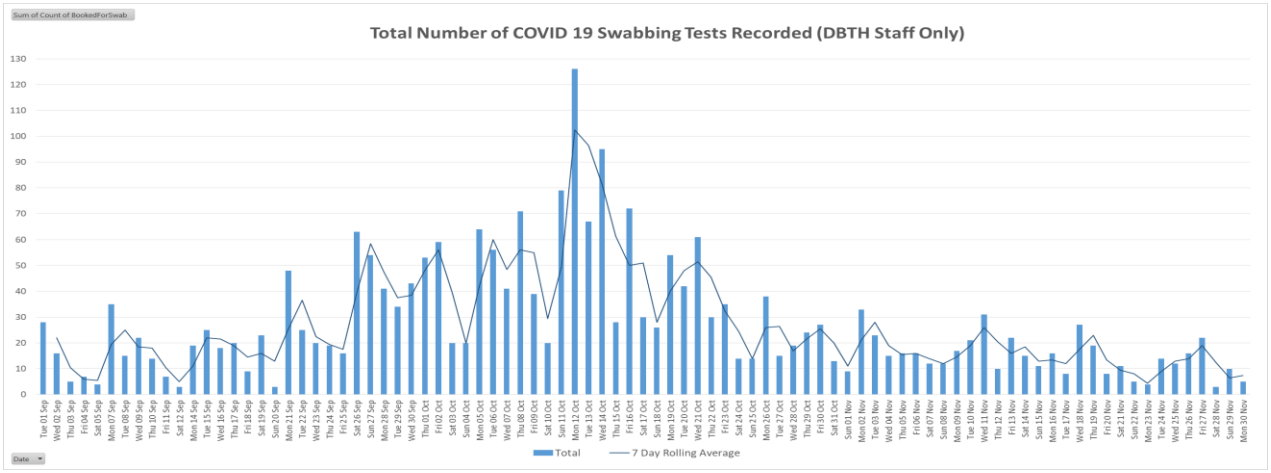
Date	March	April	May	June
Total	363	805	869	437
Date	**July**	**August**	**September**	**October**
Total	447	286	593	1352
Date	**November**	**December**	**January**	**February**
Total	443	225	183	400

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 February 2021







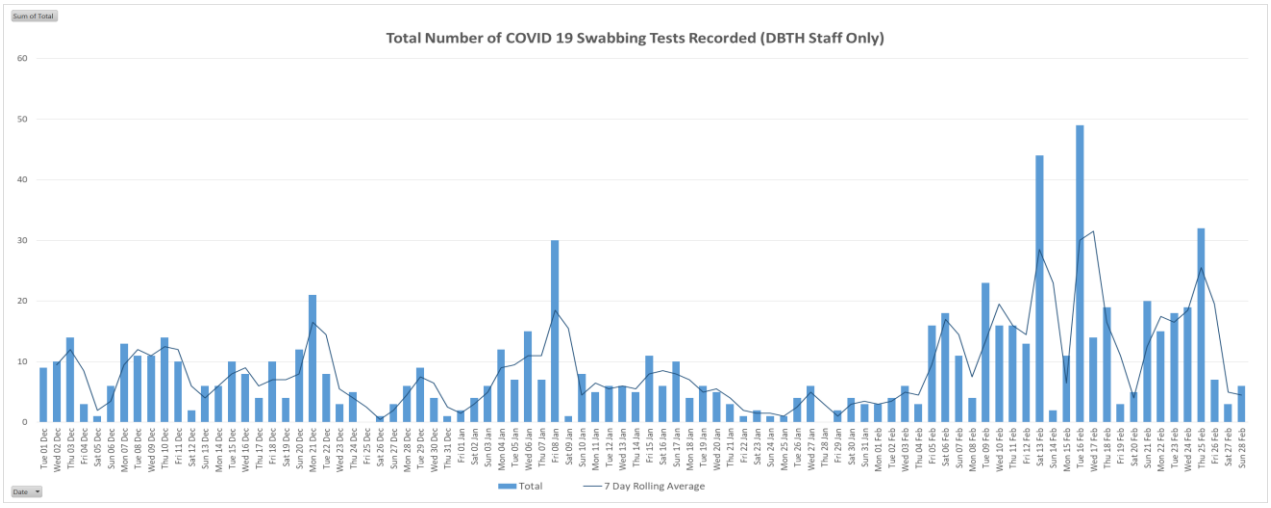


Table 3 – Total Number of Staff Testing Positive by Month & Area of Work

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**	**2021/02**	**No Date**	**Grand Total**
	7	17	7					11	12	12	3	3		72
272 Children & Families Division	3	13	10	2				14	15	19	23	12	1	112
272 Clinical Specialties Division	22	35	60	2			13	52	52	40	58	22		356
272 COVID-19			1	3				4	6	3	1			18
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	41	37	4		218
272 Executive Team Board	10	5	3					4		1				23
272 Finance & Healthcare Contracting Directorate	1	1			1			2	6	2		2		15
272 IT Information & Telecoms Directorate		2							1		2			5
272 Medicine Division	24	161	97	39	5	2	12	200	153	155	44	20	1	913
272 Nursing Services Directorate	2	5	5					1	8	10	1	1	1	34
272 People & Organisational Directorate								2		1				3
272 Performance Directorate		2	13					4	15	7	9	4		54
272 Surgery and Cancer Division	26	70	148	33	7		3	84	74	70	33	22		570
Grand Total	**105**	**339**	**385**	**87**	**13**	**2**	**29**	**419**	**359**	**361**	**211**	**90**	**3**	**2403**

Table 4 – Positive Staff by Ethnicity

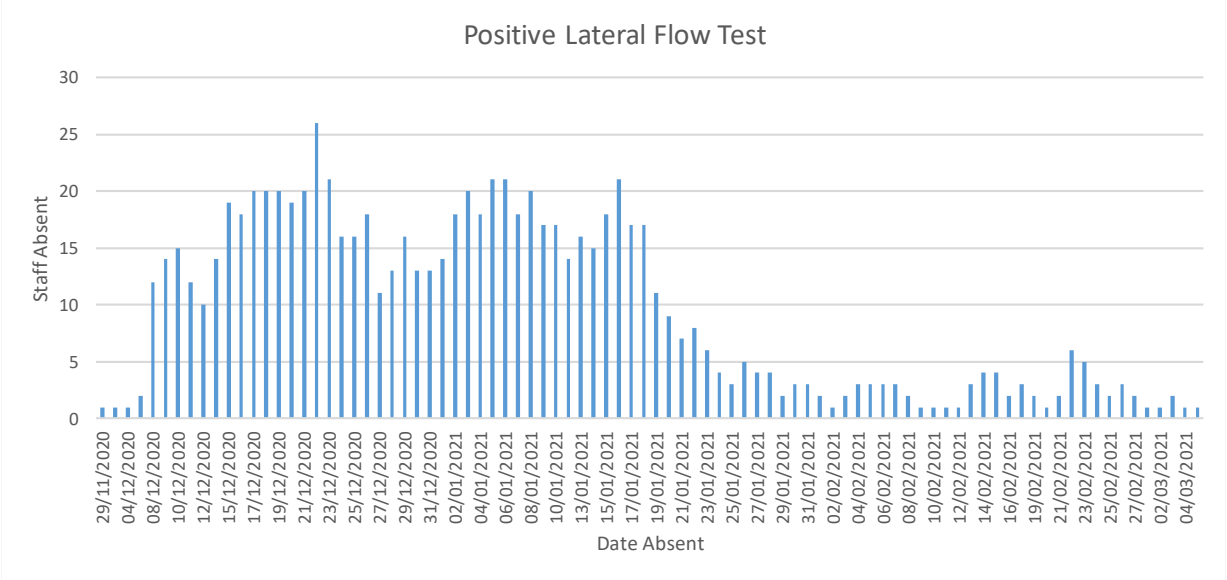
Count of PKAbsenceID	Column Labels													
Row Labels	**2020/03**	**2020/04**	**2020/05**	**2020/06**	**2020/07**	**2020/08**	**2020/09**	**2020/10**	**2020/11**	**2020/12**	**2021/01**	**2021/02**	**No Date**	**Grand Total**
	7	18	9	1				15	13	13	3	3		82
A White - British	65	264	318	76	13	2	23	355	315	290	188	83	2	1994
B White - Irish		2						4	2	4				12
C White - Any other White background	5	4	3	2				9		6	2			31
C3 White Unspecified		2												2
CP White Polish			1							4				5
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	16	2	2	1	72
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	1		26
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	7	4	1		34
Grand Total	**105**	**339**	**385**	**87**	**13**	**2**	**29**	**419**	**359**	**361**	**211**	**90**	**3**	**2403**

3. 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

Positive Lateral Flow Test



Over 5,000 staff are reporting their test results with 0.4% of tests currently returning a positive result.

4. COVID VACCINATION

Through working with primary care colleagues we were able to offer the Covid vaccine to Trust colleagues from the 21 December 2020. We were then allocated vaccine in our own right as a wave 4 hub commencing 4 January 2021. Through a combined effort we have been able to vaccinate 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.

All DBTH staff have now had the opportunity to have their vaccination on site with circa 85% of all staff having received a vaccine. Managers are now being asked to have conversations with their team members who have not availed themselves of the vaccine to understand why they have not and to encourage them to do so. As we are no longer vaccinating on site staff who do now wish to receive the vaccine are being directed to the national booking service.

The schedule for second doses has now commenced – we are being advised that the supply of vaccine will match our first dose delivery schedule and so we are unlikely to be able to bring those second doses forward.

With the support of a primary care roving team we were able to vaccinate a number of long stay inpatients – we continue to review eligible patients to assess the need for further vaccinations to be given.

Report Cover Page					
Meeting Title:	Trust Board				
Meeting Date:	March 2021	**Agenda Reference:**	**D3**		
Report Title:	Staff Survey Benchmark Report				
Sponsor:	Karen Barnard, Director of People & OD				
Author:	Jayne Collingwood, Head of Leadership & OD				
Appendices:					
Report Summary					
Purpose of report:	To update the Trust Board on the DBTH Staff Survey results benchmarked against 128 Acute and Acute and Community Trusts				
Summary of key issues/positive highlights:	• DBTH returned a 50% response rate, which is above the median of 45.4% for Acute Trusts • There is an overall 4% positive improvement in people reporting that patient care is my organisations top priority, happiness with standard of care provided and recommending DBTH as a place to work. This result strongly suggests that people are positive advocates and ambassadors for the organisation. • There is a statically significant improvement in the health and wellbeing domain. • There are no statically significant changes in the domains of equality, diversity and inclusion, immediate managers, morale, safe environment (bullying and harassment and violence) safety culture and staff engagement. • There is a statically significant deterioration in quality of care and team working. • Whilst there hasn't been the level of improvements we saw last year much of our results have been maintained which indicates we have the opportunity to make further improvements over the coming year. • The key priorities for the Trust in relation to our people is ensuring that our HR processes are robust, that we have a strong leadership development/talent management and organisational development offer to our teams and leaders at all levels and also that we strengthen our wellbeing offer to staff and leaders building on the initiatives we have brought in during the pandemic.				
Recommendation:	The Trust Board are asked to note the information contained in the report and support the identified priorities.				
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:	SA2 & 3 – future risks in relation to morale and resilience of colleagues as we move into the recovery phase
Corporate risk register:	PEO1 Failure to engage and communicate with staff and representatives in relation to immediate challenges and strategic development PEO2 Inability to recruit right staff and have staff with right skills leading to: (i) Increase in temporary expenditure (ii) Inability to meet and Trust strategy (iii) Inability to provide viable services
Regulation:	CQC Well led domain
Legal:	
Resources:	Future priorities require the involvement of leaders across the Trust

Assurance Route			
Previously considered by:		The embargoed data from Picker was shared with the People Committee and the confidential meeting of the Board of Directors. The embargo is lifted on 11 March 2021.	
Date:	2 March 2021	**Decision:**	
Next Steps:		The results of the staff survey help inform the Trust priorities in achieving the breakthrough objectives and our People Plan	
Previously circulated reports to supplement this paper:			

Report Title: Staff Survey Benchmark Author: Jayne Collingwood

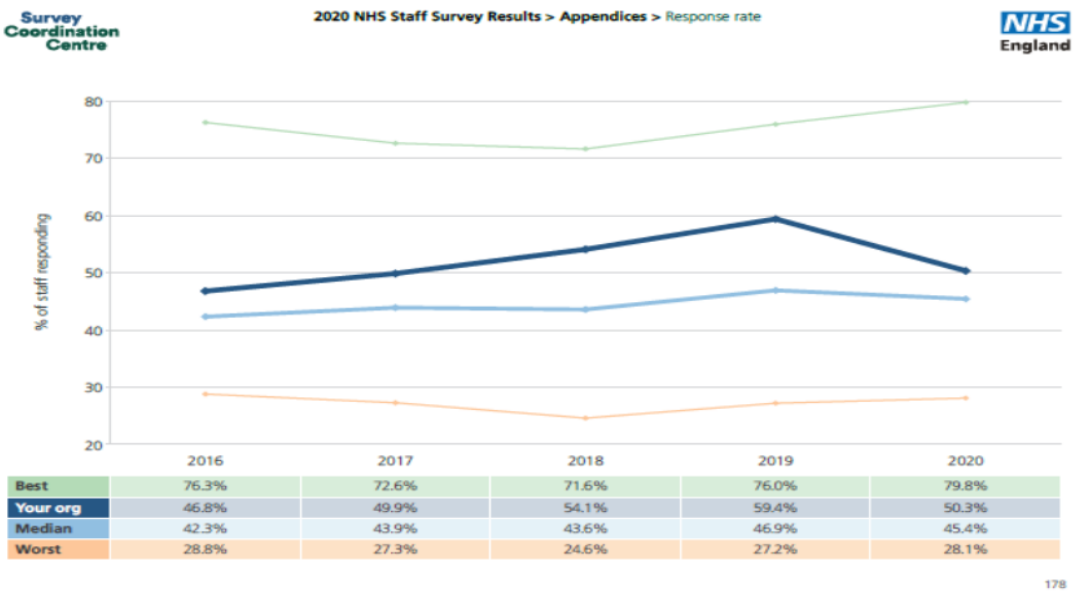
EXECUTIVE SUMMARY

Purpose

The purpose of this report is to give Trust Board information regarding DBTH Annual Staff Survey results 2020 which are benchmarked against 128 Acute and Acute and Community Trusts. This information allows DBTH to look beyond organisational boundaries and undertake a wider system comparison of performance in this area. It is important to recognise the context within which the full staff survey was undertaken. The DBTH survey was open during October and November 2020. During this period the organisation was deeply immersed in the second wave of the Covid-19 pandemic. This context will without doubt have impacted upon our people and their experiences personally and professionally during this unprecedented time.

The chart below reflects the DBTH annual staff survey response trend over the 5-year period 2016 -2020. Whilst the overall trend has been positive in terms of percentage response rate, the response rate fell in 2020 to 50.3% (a decrease of 9.1% from 2019). However a response rate above 50% is considered favourable considering the when the contextual circumstances.

DBTH Response Rates



	2016	2017	2018	2019	2020
Best	76.3%	72.6%	71.6%	76.0%	79.8%
Your org	46.8%	49.9%	54.1%	59.4%	50.3%
Median	42.3%	43.9%	43.6%	46.9%	45.4%
Worst	28.8%	27.3%	24.6%	27.2%	28.1%

Overview

The benchmark report is presented in 10 key domains; equality and diversity, health and wellbeing, immediate managers, morale, quality of care, safety environment -bullying and harassment, safe environment – violence, safety culture, staff engagement, team working.

The table below presents the results of significance testing conducted on this year's theme scores and those from last year*. It details the organisation's theme scores for both years and the number of responses each of these are based on. The final column contains the outcome of the significance testing indicates upward arrow reflects that the 2020 score is significantly higher than last year's, whereas the downward arrow indicates that the 2020 score is significantly lower. If there is no statistically significant difference, it is 'Not significant'.

It is apparent from our significance testing results that DBTH has demonstrated a statistically significant improvement in health and wellbeing domain. There are no statically significant changes in the domains of equality, diversity and inclusion, immediate managers, morale, safe environment (bullying and harassment and violence) safety culture and staff engagement. Areas where there is a statically significant deterioration are quality of care and team working.

These results contrast heavily compared to 2019 results where there was improvement in all domains with statically significant improvement in 9 out of 10 areas. However it is notable that the pandemic will have impacted upon this.

Theme	2019 score	2019 respondents	2020 score	2020 respondents	Statistically significant change?
Equality, diversity & inclusion	**9.3**	3603	**9.3**	3064	Not significant
Health & wellbeing	**5.8**	3621	**5.9**	3077	↑
Immediate managers †	**6.8**	3617	**6.7**	3082	Not significant
Morale	**6.3**	3559	**6.2**	3028	Not significant
Quality of care	**7.5**	3282	**7.4**	2753	↓
Safe environment - Bullying & harassment	**8.3**	3581	**8.3**	2961	Not significant
Safe environment - Violence	**9.5**	3582	**9.5**	3066	Not significant
Safety culture	**6.7**	3586	**6.8**	3054	Not significant
Staff engagement	**7.0**	3647	**6.9**	3111	Not significant
Team working	**6.4**	3608	**6.1**	3084	↓

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

† The calculation for the immediate managers theme has changed this year due to the omission of one of the questions which previously contributed to the theme. This change has been applied retrospectively so data for 2016-2020 shown in this table are comparable. However, these figures are not directly comparable to the results reported in previous years. For more details please see the technical document.

6

The following summary chart presents a useful overview of how DBTH results compare to the best, worst and average for the 128 organisations in the benchmark group.

Overview

5

From the above summary graph it is evident that DBTH are;

Above average domains;

- Equality diversity and inclusion DBTH score = 9.3 and the Average = 9.1
- Safe environment bullying and harassment DBTH =8.3 and the Average = 8.1

Equal to the average domains;

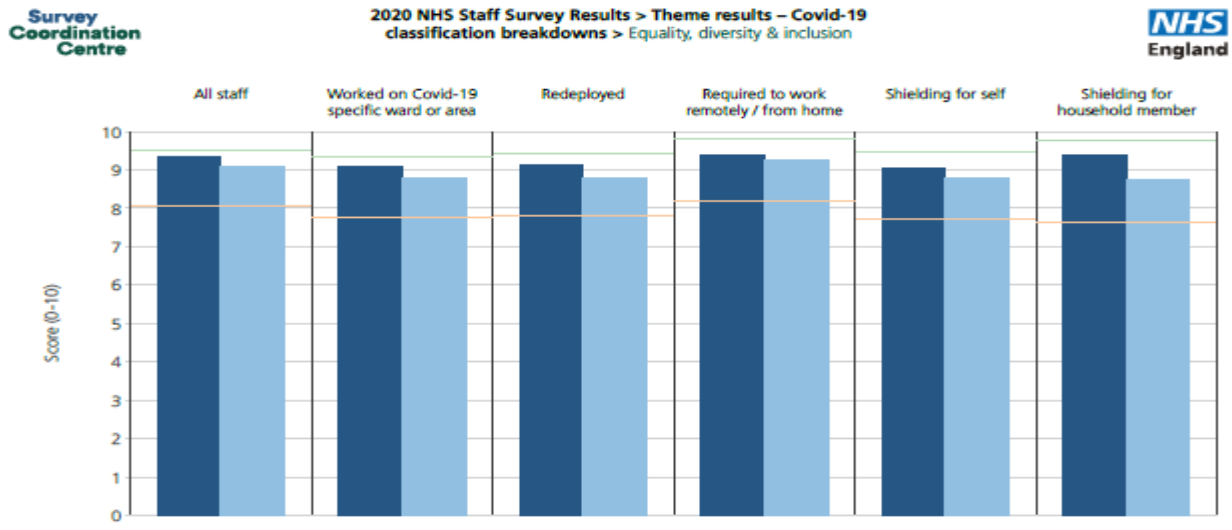
- Morale = 6.2
- Safe environment – Violence = 9.5
- Safety culture = 6.8

Below average domains;

- Health and wellbeing DBTH =5.9 Average =6.1 (but an improvement for us this year)
- Immediate managers DBTH= 6.7 average =6.8
- Quality of care DBTH =7.4 Average =7.5
- Staff engagement DBTH =6.9 Average =7.0
- Team working DBTH =6.1 Average =6.5 (most deteriorated)

Whilst the above charts reflect the position compared to the other 128 Trusts and in some areas DBTH are below average it is notable that the differences are relatively small. With focused effort over the coming 12 months there is confidence that this the DBTH position can be recovered.

For the first time this year in the survey there were additional questions regarding where people worked. The purpose of this was to pull out relevant context in relation to Covid 19. The following chart gives the overview in terms of people completing the survey. It is evident from the graph below that a large proportion (32%) of respondent were working on Covid wards when completing the survey – below is an example of the analysis conducted.

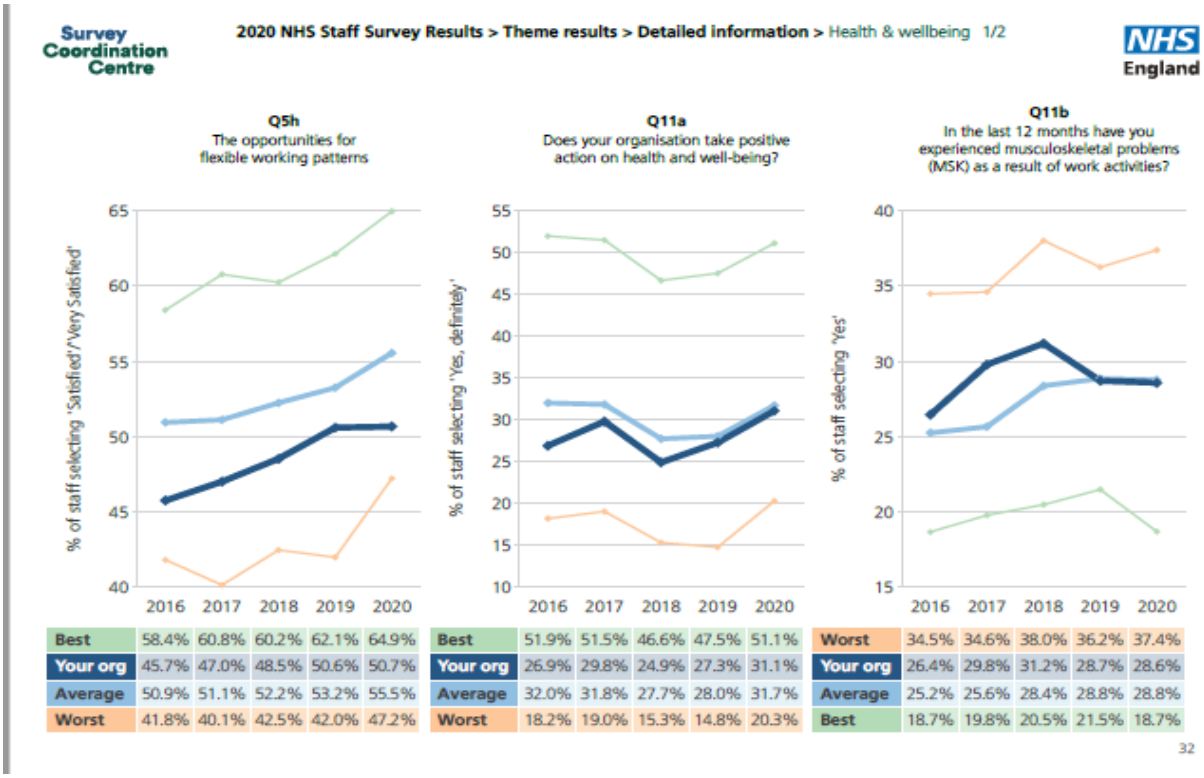


	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home	Shielding for self	Shielding for household member
Highest	9.5	9.3	9.4	9.8	9.5	9.8
Your org	9.3	9.1	9.1	9.4	9.0	9.4
Average	9.1	8.8	8.8	9.2	8.8	8.8
Lowest	8.1	7.8	7.8	8.2	7.7	7.6
Responses	3,064	1,265	590	503	158	68

19

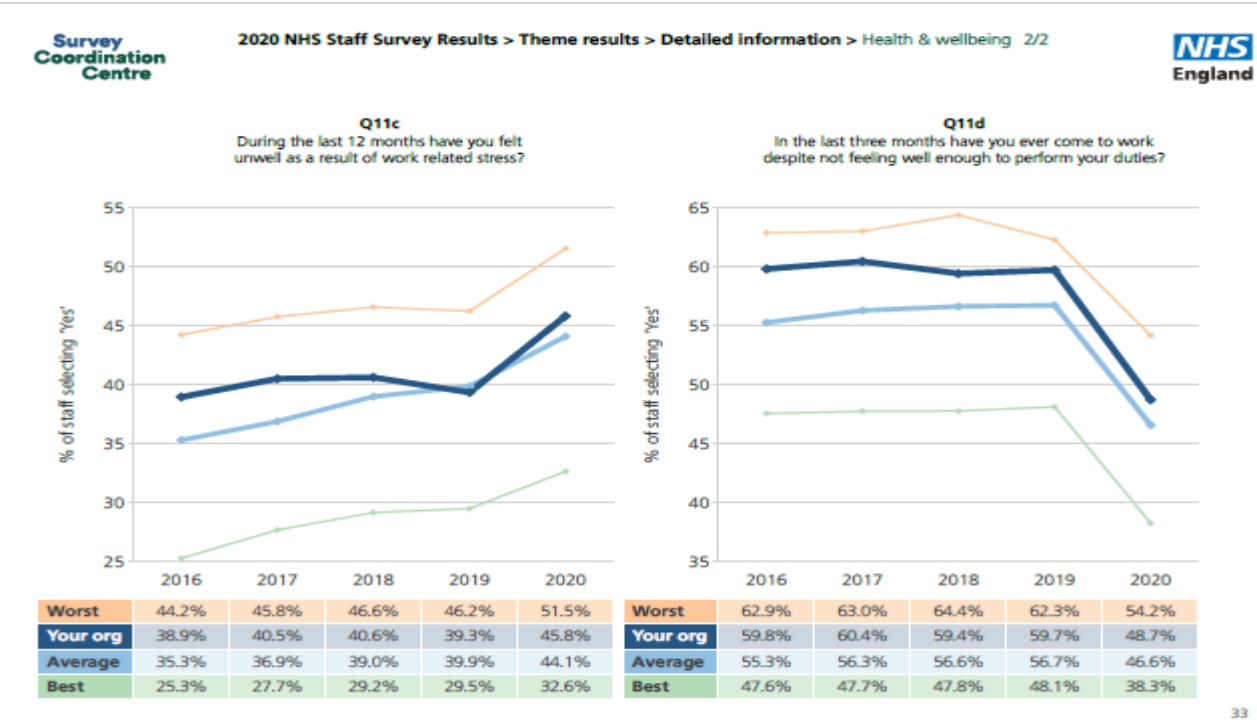
A snapshot of some of the detailed trend lines are provided below. A link to the benchmark reports will be provided to members once the embargo is lifted.

Health and Wellbeing



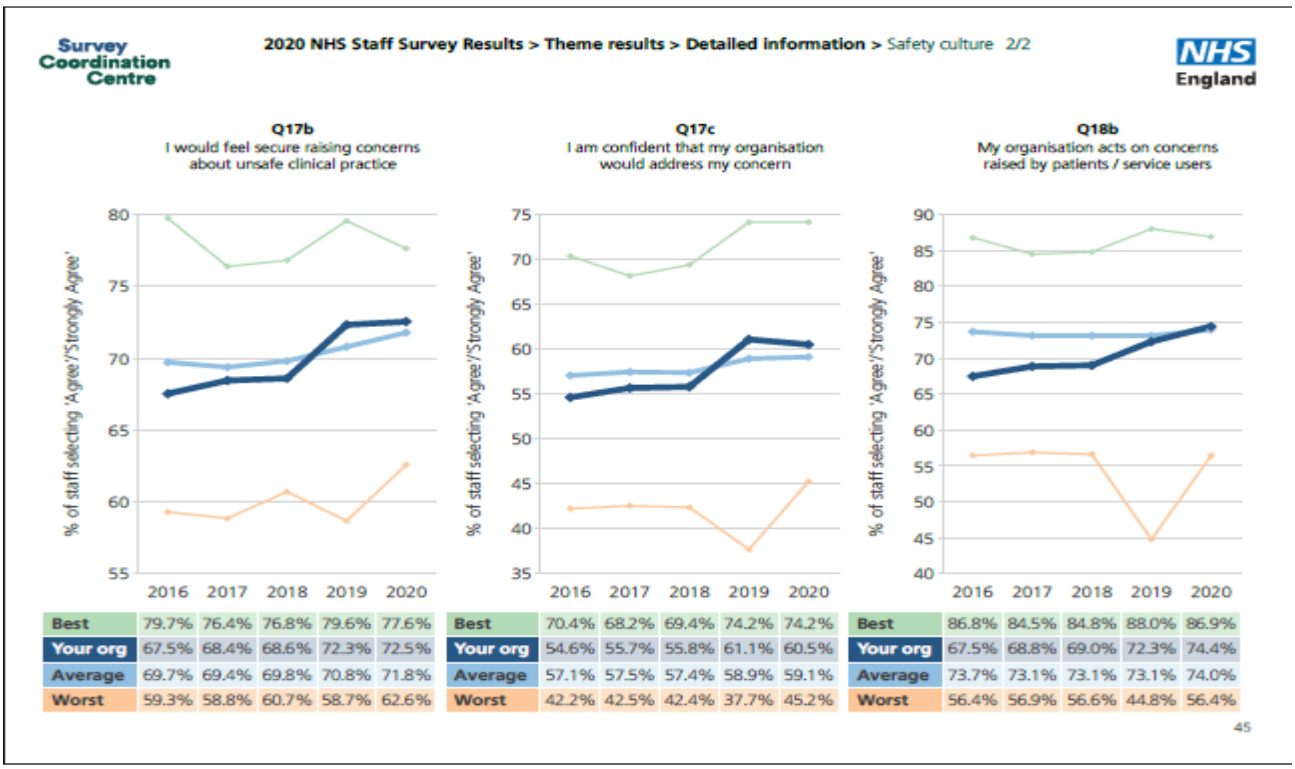
For opportunities for flexible working there has been a slight improvement to 50.7% but DBTH are below the average of 55.5%.

It is positive that there is an increase in the percentage of people reporting that the organisation takes *'positive action on health and wellbeing'* from 27.3% in 2019 to 31.1%. This may reflect the work undertaken around welfare calls from the TLC (Talk, Listen, Care) service, positive messaging around support for wellbeing and the employee assistance provision. There has also been a slight reduction in the percentage of staff experiencing musculoskeletal difficulties as a result of work-related activities (note a decline in % reporting musculo-skeletal difficulties is an improvement).



From the above chart it is evident that DBTH shows a 6.5% increase in people experiencing work related stress, which is an area of concern. This could be a reflective of the challenges and pressures the pandemic has presented the staff but it should also be noted that there is a similar trend line for other Trusts. However this contrasts with the improvement noted and the above average position for the % of people reporting that they have come to work despite not feeling well enough to perform your duties (presenteeism).

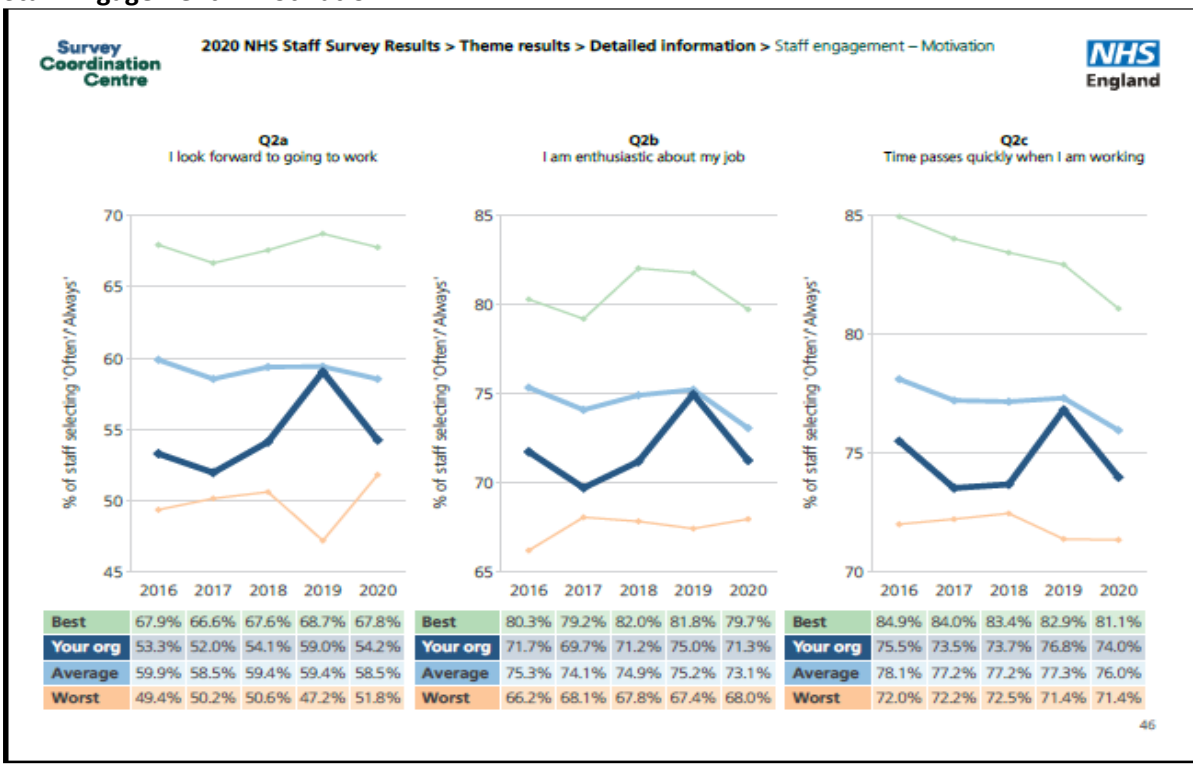
Safety Culture



DBTH are above average for Acute Trusts in the areas of *'confidence around raising concerns about unsafe clinical practice and that the organisation would address concerns and the organisation acts on concerns raised by patients and services users.* This could be reflective of the work on developing an inclusive safety focused culture and speaking up to make a difference where openness is encouraged.

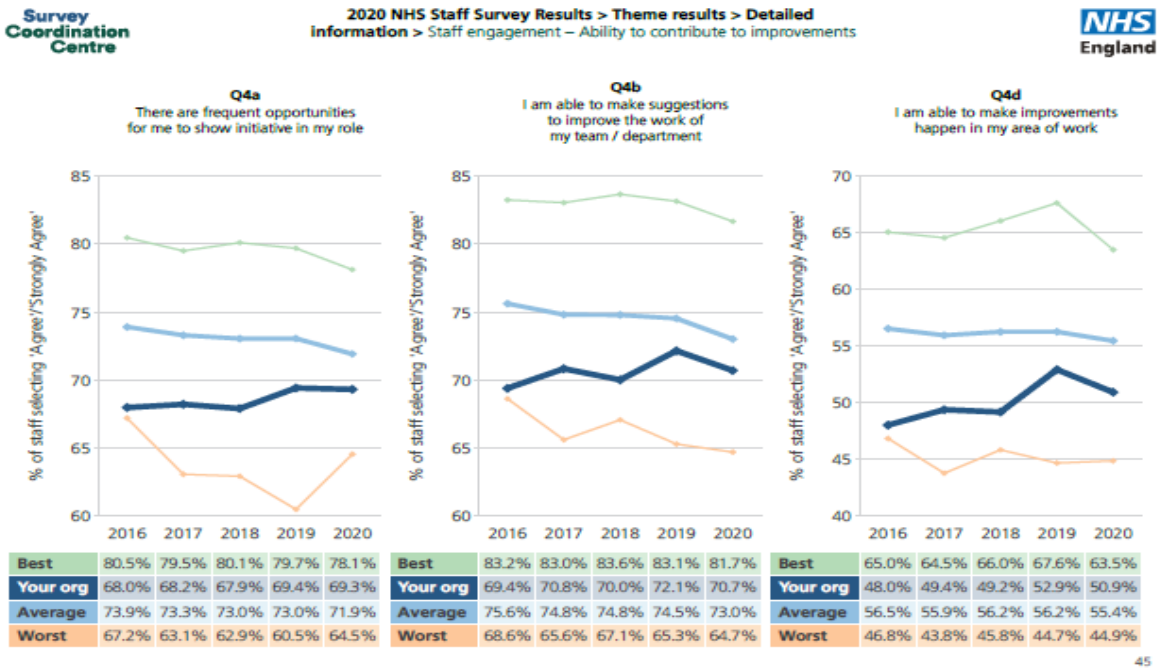
Staff Engagement – the overarching staff engagement figure is calculated using motivation, advocacy and involvement

Staff Engagement – Motivation

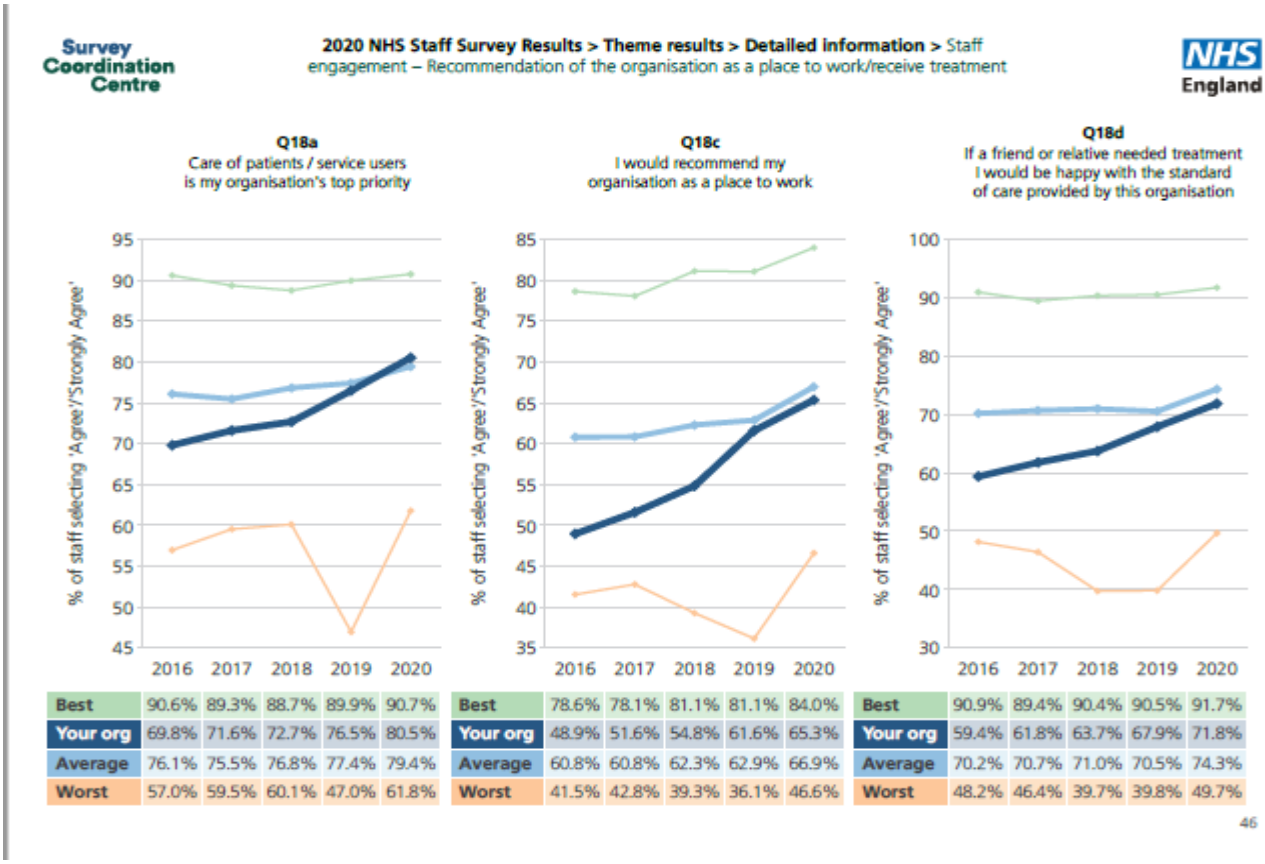


The above charts reflect a small deterioration in % of people *'looking forward to going to work, enthusiastic about the role and time passing quickly whilst at work'.* This could be a symptom of the climate in which people have been functioning and working.

Staff engagement – Ability to Contribute to improvements



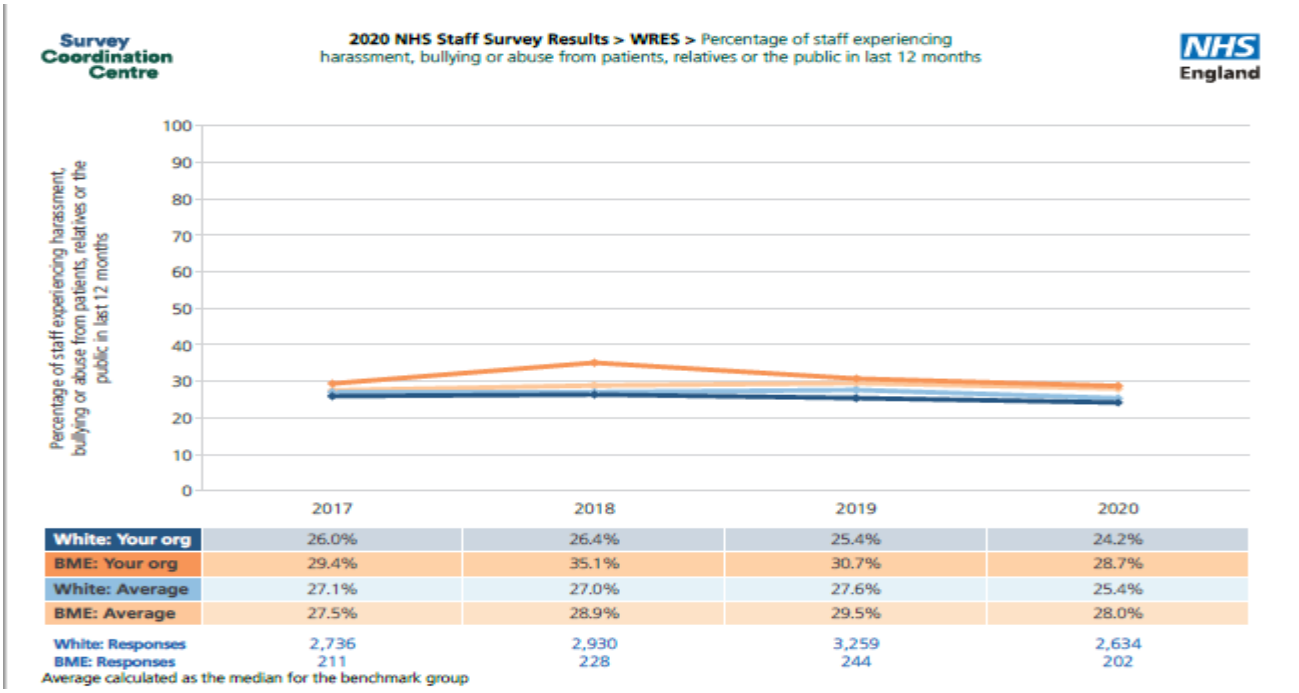
Staff engagement -Recommendation as a place to work/receive care



The above charts reflect a significant positive upward shift of around 4 % *of 'staff agreeing /strongly agreeing that care of patients/service users is my organisations top priority'* from 76.5% - 80.5%.
'I would recommend my organisation as a place to work' 61.6% - 65.3% which is a positive shift. Positive shift *in' friend or relative treatment I would be happy with the standard of care provided by this organisation'* from 67.9%to 71.8%. This result strongly suggests that our people are advocates and ambassadors for the organisation which is extremely positive.

Workforce Race Equality Standards (WRES)

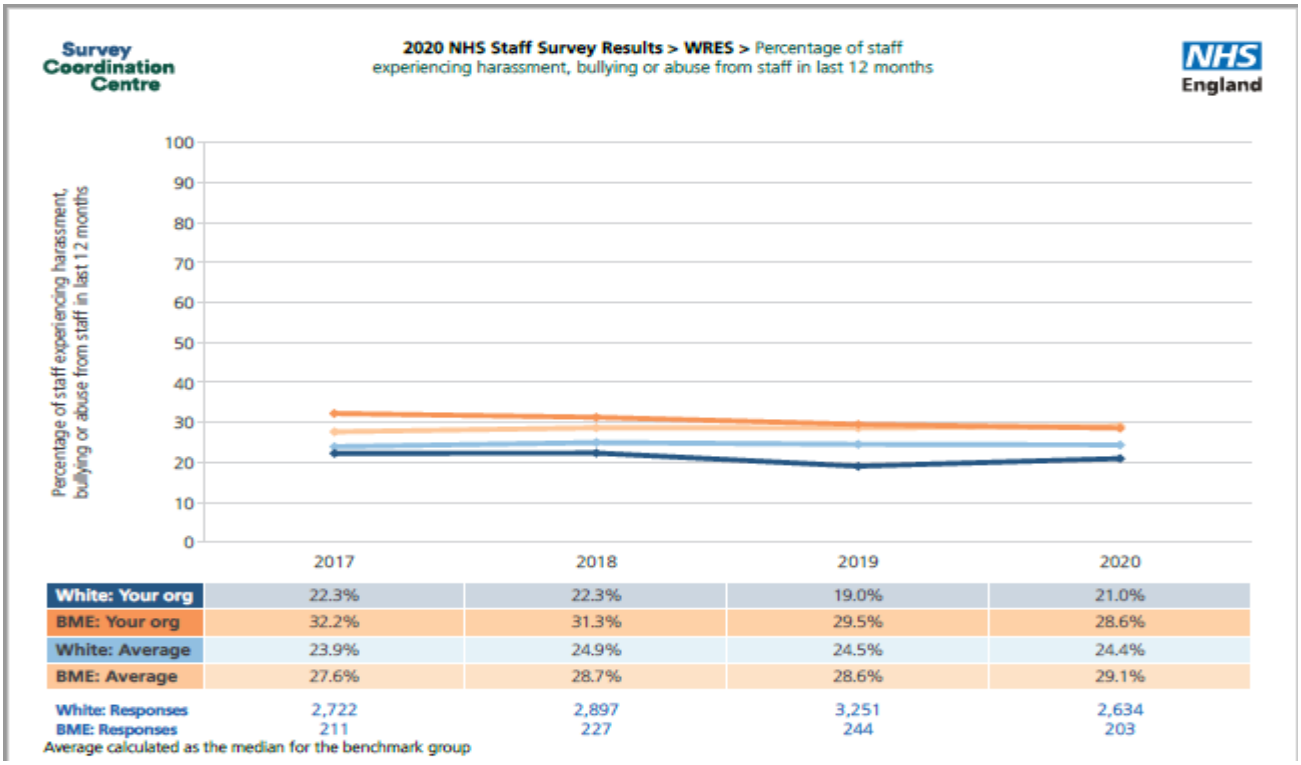
The NHS Workforce Race Equality Standard (WRES) was introduced in 2015 to ensure NHS employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. The following charts reflect the progress made in this area at DBTH.



	2017	2018	2019	2020
White: Your org	26.0%	26.4%	25.4%	24.2%
BME: Your org	29.4%	35.1%	30.7%	28.7%
White: Average	27.1%	27.0%	27.6%	25.4%
BME: Average	27.5%	28.9%	29.5%	28.0%
White: Responses	2,736	2,930	3,259	2,634
BME: Responses	211	228	244	202

Average calculated as the median for the benchmark group

From the above trend line graphs it is positive to report that we have seen a reduction in the % of both white and BME people reporting bullying or abuse from patients, relatives and the public in the last 12 months.

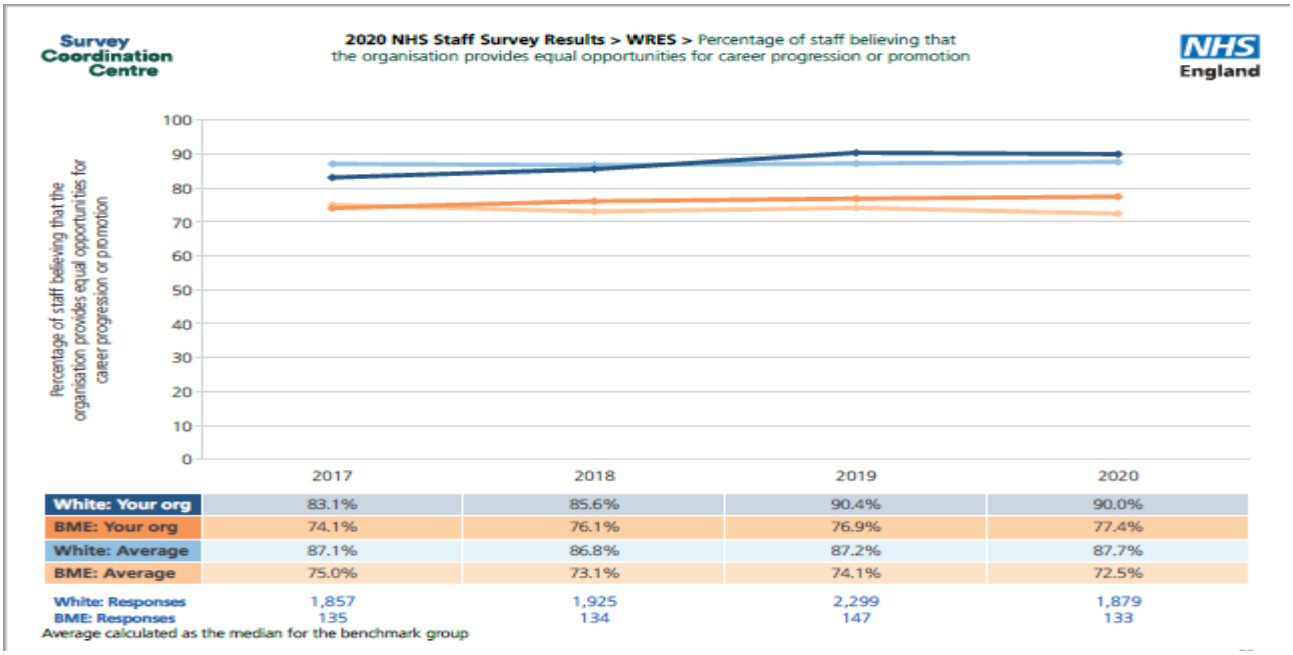


	2017	2018	2019	2020
White: Your org	22.3%	22.3%	19.0%	21.0%
BME: Your org	32.2%	31.3%	29.5%	28.6%
White: Average	23.9%	24.9%	24.5%	24.4%
BME: Average	27.6%	28.7%	28.6%	29.1%
White: Responses	2,722	2,897	3,251	2,634
BME: Responses	211	227	244	203

Average calculated as the median for the benchmark group

From the above graph it is evident that there is an improvement in the percentage of BME staff reporting harassment, bullying and abuse from staff from 29.5% to 28.6%, this is not the case for white staff which has risen from 19% to 21% at DBTH. It is positive to report that DBTH are below the Acute Trust average for both groups.

Organisation provides equal opportunities for career progression or promotion

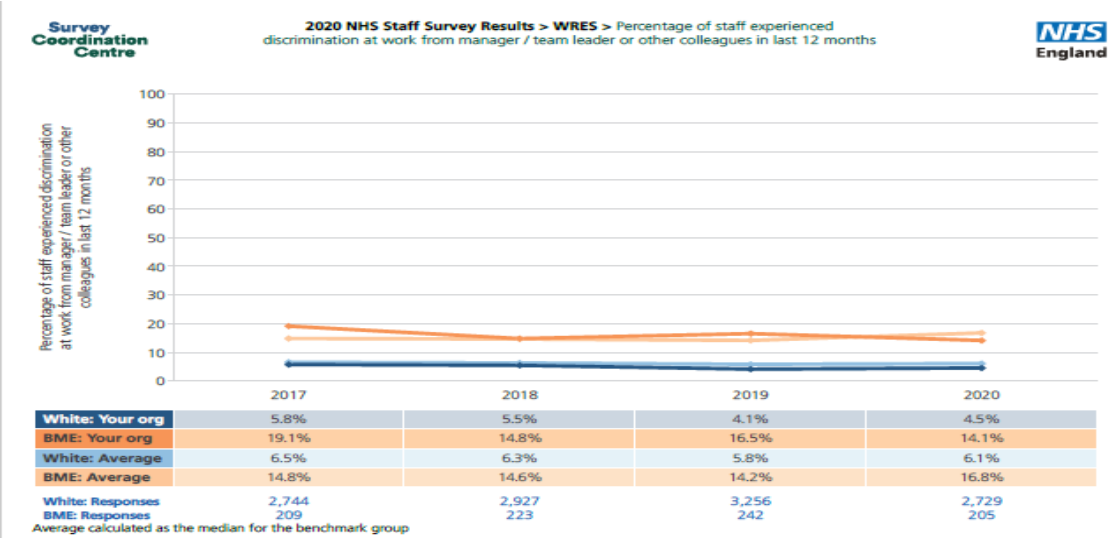


	2017	2018	2019	2020
White: Your org	83.1%	85.6%	90.4%	90.0%
BME: Your org	74.1%	76.1%	76.9%	77.4%
White: Average	87.1%	86.8%	87.2%	87.7%
BME: Average	75.0%	73.1%	74.1%	72.5%
White: Responses	1,857	1,925	2,299	1,879
BME: Responses	135	134	147	133

Average calculated as the median for the benchmark group

It is positive to report in BME groups that we have observed an improvement in the % of people reporting that the organisation provides equal opportunities for career progression or promotion and that DBTH is above the average for Acute Trusts.

Discrimination from manager



	2017	2018	2019	2020
White: Your org	5.8%	5.5%	4.1%	4.5%
BME: Your org	19.1%	14.8%	16.5%	14.1%
White: Average	6.5%	6.3%	5.8%	6.1%
BME: Average	14.8%	14.6%	14.2%	16.8%
White: Responses	2,744	2,927	3,256	2,729
BME: Responses	209	223	242	205

Average calculated as the median for the benchmark group

Whilst it is positive to report that we remain below the average for Acute Trusts in both BME and white staff we have a seen a slight deterioration in white staff reporting discrimination from manager or team leaders or other colleagues in the last 12 months.

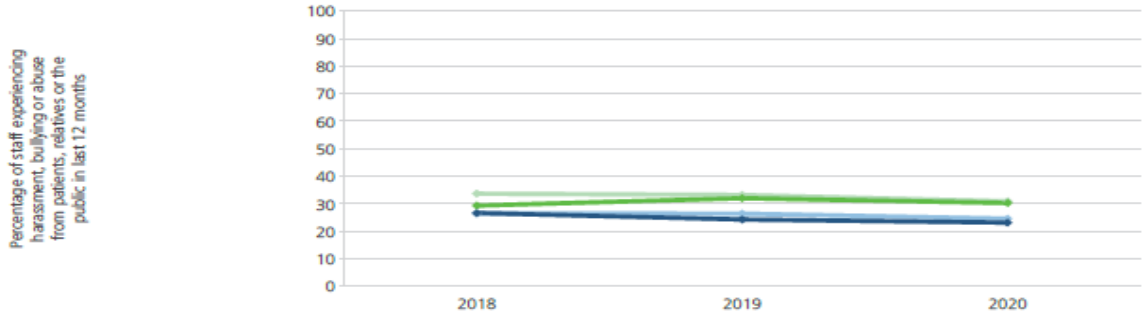
Workforce Equality Disability Standards (WDES)

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of Disabled and non-disabled staff. The reports below reflect the WDES indicators and progress in the area of disability equality.

Survey Coordination Centre

2020 NHS Staff Survey Results > WDES > Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

NHS England



	2018	2019	2020
Staff with a LTC or illness: Your org	29.3%	32.0%	30.2%
Staff without a LTC or illness: Your org	26.6%	24.2%	23.1%
Staff with a LTC or illness: Average	33.6%	33.2%	30.9%
Staff without a LTC or illness: Average	26.5%	26.4%	24.5%
Staff with a LTC or illness: Responses	512	644	569
Staff without a LTC or illness: Responses	2,608	2,887	2,315

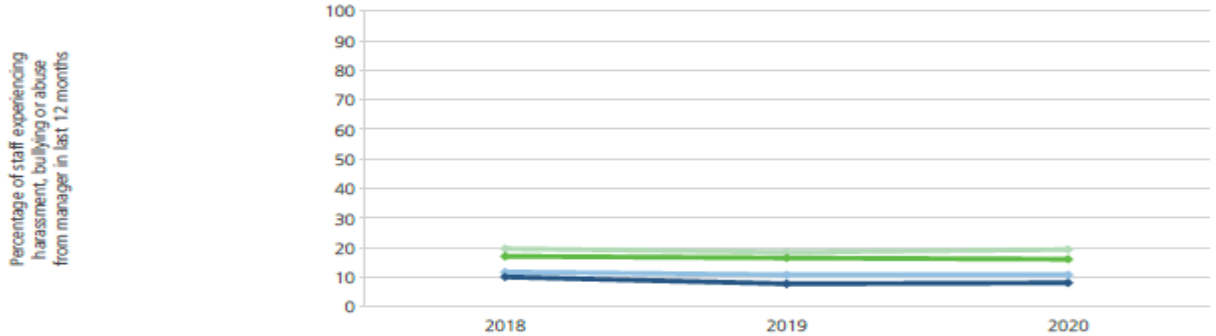
Average calculated as the median for the benchmark group

From the above chart it is evident that DBTH people with and without a long-terms condition (LTC) are reporting less harassment, bullying or abuse from patients, relative or the public compared to 2019 and that DBTH remains below the average for Acute Trusts. However it is important to highlight that people with LTC or illness are reporting a greater percentage of them experiencing harassment, bullying and abuse at 30.2% as opposed to 23.1% of people without a LTC or illness.

Survey Coordination Centre

2020 NHS Staff Survey Results > WDES > Percentage of staff experiencing harassment, bullying or abuse from manager in last 12 months

NHS England



	2018	2019	2020
Staff with a LTC or illness: Your org	17.1%	16.5%	16.0%
Staff without a LTC or illness: Your org	10.1%	7.7%	8.1%
Staff with a LTC or illness: Average	19.6%	18.5%	19.3%
Staff without a LTC or illness: Average	11.7%	10.8%	10.8%
Staff with a LTC or illness: Responses	504	643	567
Staff without a LTC or illness: Responses	2,576	2,867	2,305

Average calculated as the median for the benchmark group

From the above graph it is apparent that the percentage of people with a LTC or illness are reporting less bullying and harassment or abuse from managers in the last 12 months compared to 2019. However staff without illness or LTC are reporting a slight increase at 8.1%.

Summary

This report gives an overview of the staff survey and benchmarked against other Acute Trust organisations. It is fair to report that whilst we have not seen such positive improvements this year, DBTH has maintained a relatively strong position despite the context in which the team have been working.

The key priorities for the Trust in relation to our people is ensuring that our HR processes are robust, that we have a strong leadership development/talent management and organisational development offer to our teams and leaders at all levels and also that we strengthen our wellbeing offer to staff and leaders building on the initiatives we have brought in during the pandemic.

Report Cover Page			
Meeting Title:	Board of Directors		
Meeting Date:	16th March 2021	**Agenda Reference:**	**D4**
Report Title:	Freedom to Speak Up (FTSU) Annual report		
Sponsor:	Karen Barnard, Executive Lead for FTSU		
Author:	Paula Hill – Freedom to Speak Up Guardian		
Appendices:	N/A		

Report Summary	
Purpose of report:	To provide assurance in relation to FTSU processes and performance against the FTSU strategy. This is presented in the form of an annual report from November 2019 to March 2021
Summary of key issues/positive highlights:	• Performance against the Board Annual Self-assessment (P) • Accepting and supporting an open FTSU Culture (P) • Acknowledging and responding to concerns (P) • Introduction of the FTSU Champions (12)(P) • Increase in staff awareness/reporting (P) • Maintained staff survey and FTSU Index results (P) • The work of the senior leaders in committing to support the FTSU agenda (P) • Understanding and leadership of, Values led behaviours (Further action) • Ensuring cohesive communication and learning from all events (Further action) • Roll out of HEE FTSU Training (Further action)
Recommendation:	1. Consider the content and context of this paper in conjunction with the additional reading suggested as part of the ongoing FTSU assurance process 2. Acknowledge the significant change in case numbers and trends and move to support senior leaders participation in the cultural and Leadership &OD elements of the FTSU strategy 3. Acknowledge the findings of the annual FTSU Self-Assessment Tool and the NGO FTSU case reviews analysis, noting the further short and long term actions required by the Trust.

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:	SA2 & 3 – future risks in relation to morale and resilience of colleagues as we move into the recovery phase
Corporate risk register:	PEO1 Failure to engage and communicate with staff and representatives in relation to immediate challenges and strategic development PEO2 Inability to recruit right staff and have staff with right skills leading to: (i) Increase in temporary expenditure (ii) Inability to meet and Trust strategy (iii) Inability to provide viable services
Regulation:	The Annual report is line with the requirements of NHSE/I and National Guardians Office. These are both linked to the requirements if the CQC as part of the "Well Led" inspection, under KLOE 3.
Legal:	
Resources:	

Assurance Route			
Previously considered by:		People Committee, 2nd March 2021	
Date:	2nd March 2021	**Decision:** Assurance	This is not an escalation by the subcommittee but a planned annual report (directly to board) in line with national requirements
Next Steps:		Bi Monthly consideration by the people committee following receipt of the FTSU Forum minutes. 6 monthly presentation to the People Committee to provide ongoing assurance. Ad hoc submission to the people committee in line with changes to national regulation and or guidance.	
Previously circulated reports to supplement this paper:			

EXECUTIVE SUMMARY

In line with National requirements, this paper provides an update on DBTH FTSU activity since the last Annual Report in November 2019 and uses the results of the National Guardian's Office (NGO) data collection, Staff Survey data (Freedom to Speak Up Index), NGO Case Review analysis and the results of the DBTH FTSU self-assessment, alongside wider information to provide an insight into organisational performance and overall context.

It provides information to support the activities, improvements and future learning across all of these areas, whilst providing key data and national and local evidence to support the organisations progress.

The paper shares positive improvements in relation to performance against strategy and acknowledges the work of the senior leaders in committing to support the FTSU agenda, improving culture and acknowledging and responding to concerns. It celebrates the introduction of the FTSU Champions and the increase in staff awareness, which is visible from the staff survey and FTSU Index performance.

It also highlights areas where improvements are still required including, monitoring and addressing behaviours, ensuring cohesive communication and learning from all events. The paper also explores FTSU data trends and notes the improvements in numbers and shift in trends. These are considered against national perspectives for comparison.

It discusses the work that is planned to roll out the newly introduced HEE FTSU training modules and discusses the inks with the DBTH Leadership offer.

Finally the paper discusses the many documents that have been developed, considered or reviewed as part of the FTSU monitoring process and provides these for further reading as appendix a.

Introduction

This paper is presented to the People Committee and the Board to provide assurance on matters relating to Freedom to Speak Up strategic direction and operational practice.

This paper provides an update regarding DBTH activity since the last Annual Report in November 2019 and uses the results of the National Guardian's Office (NGO) data collection, Staff Survey data (Freedom to Speak Up Index), NGO Case Review analysis and the results of the DBTH FTSU self-assessment, alongside wider information to provide an insight into organisational performance and overall context.

It also provides information to support the activities, improvements and future learning across all of these areas, whilst providing key data and national and local evidence to support the organisations progress.

Strategic Context

FTSU principles are mandated within the NHS contract and monitored by the Care Quality Commission (CQC), who assess the Trusts Freedom to Speak Up Culture during inspections, under the Well Led Framework, integral to Key Line of Enquiry 3.

In addition, strategic drivers are provided by NHSE/I and the National Guardians Office (NGO) to ensure cohesion and consistency across trusts and supporting the pursuit of a compassionate, open and transparent culture. The NHS People Plan connects good 'Speak Up' cultures with improved patient safety, higher staff wellbeing and retention, lower levels of dissatisfaction and higher care quality.

The ability of staff to speak up and the impact that speaking up has on many elements of an organisations culture and practices has been an ongoing consideration for the National Guardians office, in their drive for consistent data collection that allows effective comparison for benchmarking and learning purposes.

This work has recently seen the introduction of the new FTSU section of Model Hospital, Revised NGO, HEE training resources and Wellbeing support for FTSU guardians.

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH) acknowledges that one of the key elements to ensuring outstanding patient safety and a safe and effective workforce is the provision of an open and responsive "Speak Up" Culture, where staff feel confident and empowered to raise concerns.

In order to achieve this goal, the Trust has approved a 3 year FTSU strategy that focusses on a partnership approach to raising awareness, sharing best practice and supporting staff when they need it the most. Therefore the strategy has key actions to support awareness and prevention, response and recovery and learning and governance.

<u>Performance against strategy</u>

Delivery against this strategy in 2020/21 has seen increased communication and engagement to improve awareness and understanding of what Speaking up means and how everyone can access all speaking up partners across the organisation. This involved the revision of all communication resources to provide a more engaging visual set off tools that staff would easily understand. These were also made in a format that they would provide a strategy/policy on a page, to encourage staff to read materials. Staff were involved in the development of these resources and these are now available across all areas and sites. The revised resources also saw the introduction of a number of slogans which are used to promote different elements of the strategy.

"Speak up to me" (displayed on badges worn by FTSU partners and senior leaders) – promote an open door and encourages staff to come forward to discuss their concerns.

"Speak up to make a difference" (used in the strategy/policy and all promotional materials) – promotes working in partnership to explore issues and engage in service improvement and or personal development.

"I support speaking up because……." (used for senior leader/partner/managers) – creates an environment where it is seen as okay to speak up as this will be supported by the organisation and its senior leaders.

FTSU information, new guidance and learning from stories and case reviews is shared through BUZZ on a bi monthly basis. This will be increased to monthly going forward.

FTSU month in October 2020 used the alphabet of speaking up to explore what it means to different people. This received some interesting responses with staff sharing both positive and negative perceptions of speaking up, including words such as anonymity, bullying, caring, confidentiality, culture, listening, openness, respect, support and zero tolerance. Members of the executive and non-executive directors also shared what FTSU means to them demonstrating their commitment to an open FTSU culture.

All of these elements of the communication strategy have been received well but further work is still required to expand them across the organisation. A revised communication plan has been created and this will see an increased use of the new visual resources for FTSU including and new interactive section on HIVE.

<u>FTSU model and capacity</u>

The development of the FTSU Champion service continues to gain momentum with 12 champions now in place and 3 applications submitted/considered. The January Champion's Network recently took place and ongoing work to recruit further champions and enhance the existing champion offer is being considered. The Champions felt strongly that they had continued to support their colleagues during these difficult times and they will look to share some of these experiences to enhance learning in the future. These stories will also be considered for presentation to the board at a later date.

The FTSU Forum has recently been strengthened by the inclusion of the new Equality, Diversity and Inclusion (EDI) lead and the Deputy Director of patient safety. This change and the inclusion of learning from case reviews on a bi monthly basis has seen a revision of the groups Terms of Reference (ToR's) which were ratified in February 2021.

<u>Education, learning and development</u>

Education, learning and development plans (both internally and from external sources) have been revised to include the introduction of Health Education England's FTSU training. This includes level 1 - speaking up (for all staff, learners, appropriate volunteers, and contractors) level 2 – listening up (for line and middle managers). These are delivered as an online learning module, which will then be supported by local elements to share the DBTH values, by utilising staff voices and sharing personal FTSU experiences. Level 3 – Following up (for senior leaders, executives and board members) will be available from June 2021. This has also been included in the Learning needs analysis but levels 2 and 3 will be delivered in conjunction with DBTH leadership offer through the Leadership &OD service.

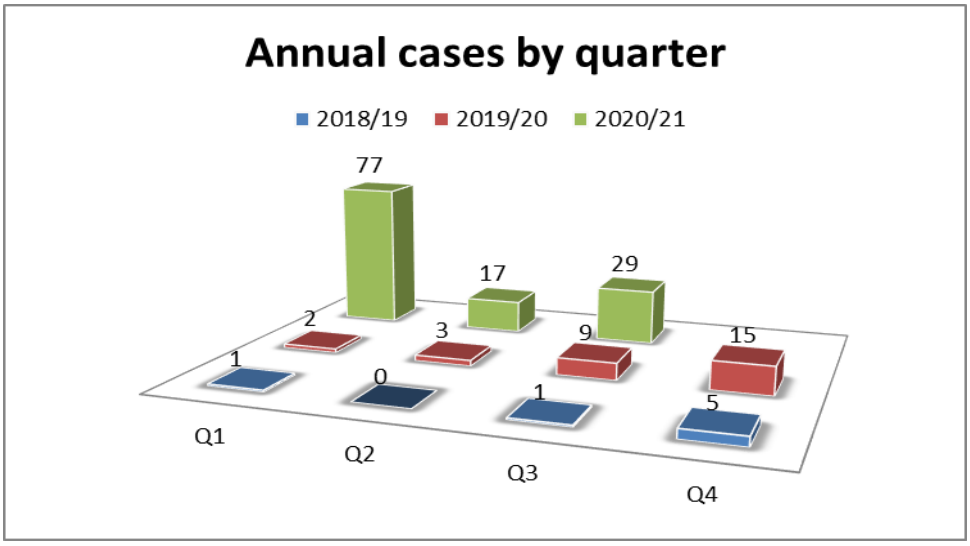
Internal awareness level training and FTSU SET information has been successfully delivered throughout 2020/2021. This has included all corporate induction programs and additional local training courses as required.

Understanding Data

Improved data collection and data triangulation has been a key focus of the FTSU forum. Understanding and sharing the data held by all partners to allow improved learning has been planned into the revised forum model. This will allow open discussion in relation to layers of information including those from patient safety incidents, L&OD and QI interventions, staff side support, grievances, case management reviews and FTSU cases. This will also link to the introduction of the new FTSU section of Model Hospital, suggesting the opportunity to utilise this data to support annual self-assessment and provide greater internal learning and Board assurance in the future

The Assessment of FTSU Issues

In the 2019 annual report it was suggested that using 2016 to 2018/19 data, DBTH remained on outlier across all of the NGO data submission categories. 2019-2021 has seen a significant shift in this information, not only through the number of cases raised but also in areas such as who is raising concerns and what concerns are being raised about. There has also been an increase in the number of collective concerns raised in the last year.



The chart above demonstartes the significant increase across the years and the impact of collective cases on overall numbers.

Understanding the data in detail

Quarter 1 saw 77 individuals raise concerns across 12 Cases. 16 staff raised COVID -19 either wholly or partially during their concern.

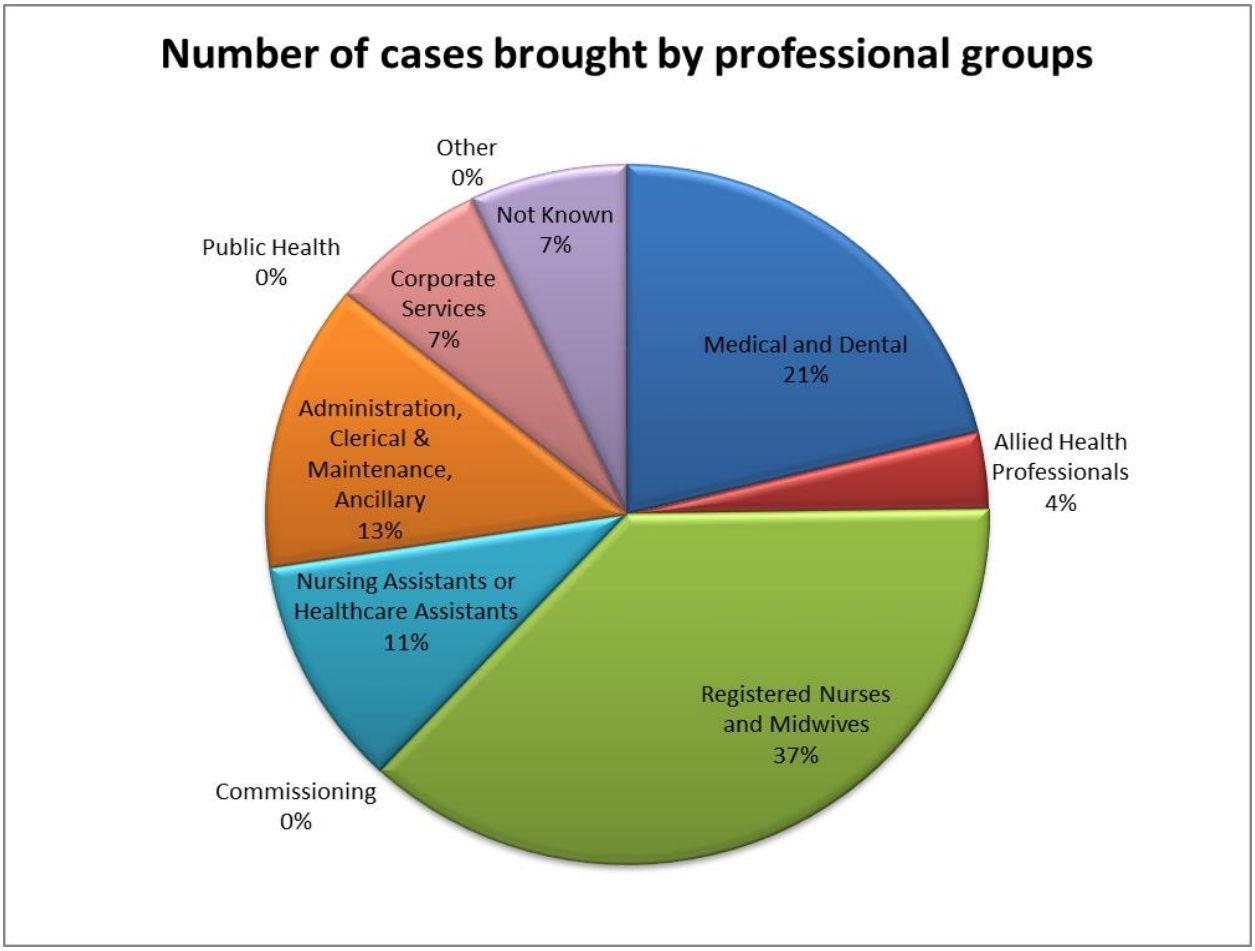
Quarter 2 saw 17 individuals raise concerns across 12 Cases. 2 staff raised COVID -19 either wholly or partially during their concern.

Quarter 3 saw 29 people raise concerns across 11 cases. 5 staff raised COVID -19 either wholly or partially during their concern.

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

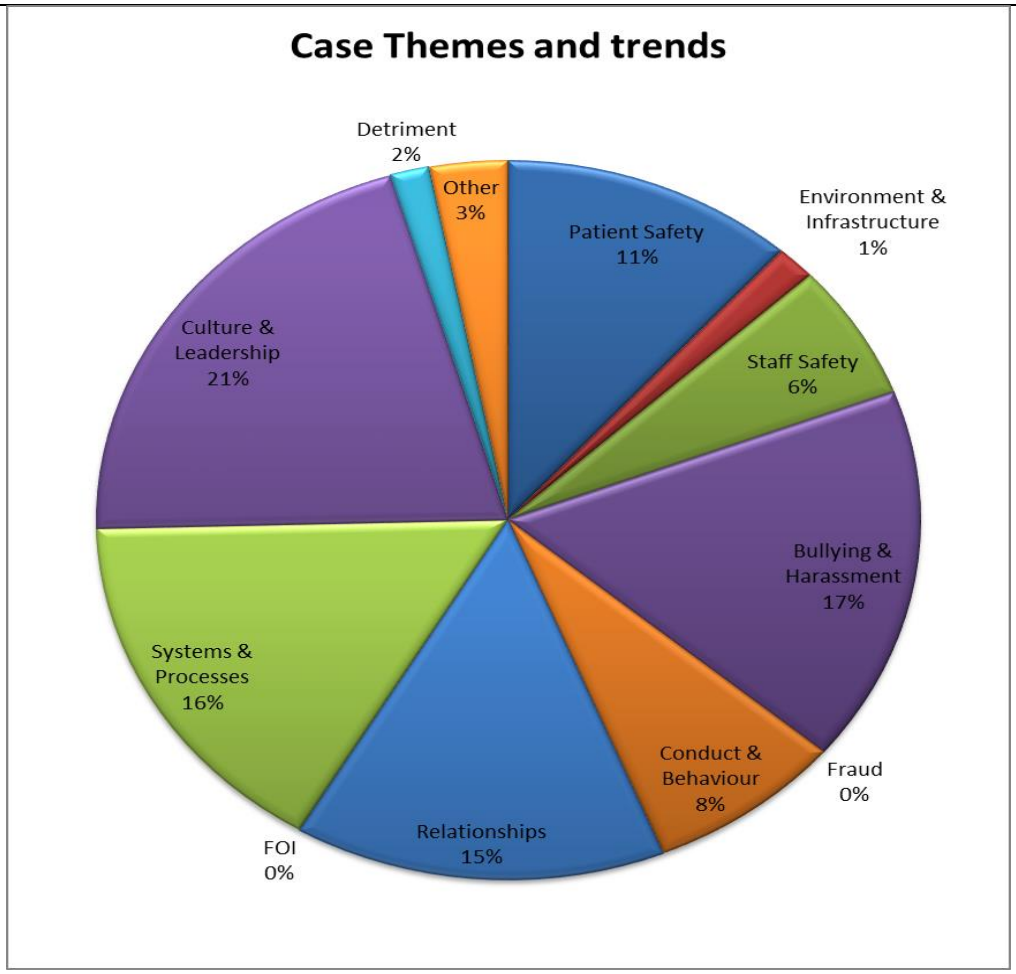
Data to support who is Speaking Up

The percentage of who are speaking up appears to remain constant across both nurses and wider healthcare staff, but there has been a significant increase in the number of medical and administration staff who have been involved in recent cases. In 2020/21 the Trust has also received concerns from a wider range of staff from different roles, directorates and levels of seniority.



Data to support what people are speaking up about

During 2019/20 and 2020/21 there has been a significant shift in the themes and trends identified from the FTSU concerns raised. Historically DBTH had low levels of concerns in relation to culture, leadership, behaviours and bullying and harassment and collectively these concerns were one of the significant outliers in relation to national data. Due to the categories used in the NGO data submissions, bullying and harassment can be considered and counted subjectively, as there are no sub categories to help understand the concerns further. Through the FTSU Forum, work has taken place at DBTH to expand the categories used to explain the themes in a more useful way. These are explained in the chart below.



Although the increase in cases and the change in themes could be attributed to the increased vulnerability of staff and their reduced resilience, we also have to acknowledge the work that has been completed to raise awareness and simplify the process for speaking up within the Trust prior to and during the pandemic.

<u>Freedom to speak up cases with outstanding actions:</u>

Of the 141 individuals (46 cases to date) who have been supported since April 2020, 36 cases have been successfully resolved through:

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

However, despite close working arrangements and strong partnership working, a number of FTSU cases remain open and have outstanding issues that need to be resolved before the cases can be closed.

One of these cases has received a hugely positive response from the Board and executive members, supporting the development of a program board and project group who are delivering on the recommendations and outcomes of the joint reports received in relation to this area. This work is being

supported by the Leadership &OD team and has prompted a number of positive messages of feedback to the FTSU service, acknowledging the response to their concerns and the commitment that the Trust is making.

Two further cases still require progress and feedback and Board colleagues are asked to provide support to enable their timely conclusion. The remaining 7 cases are still active as they were raised in quarter 4 of this year.

It is important to consider the reasons for the length of time that some cases remain open and acknowledge some will take longer than others to achieve their goals and where this is not the case it is important to explore ways of improving practice. Whether this is through training and education or simplified processes to support appropriate action. A recent reflection on FTSU capacity and the impact on timely support for staff has identified, ring fenced time and appropriate resourcing to support the differing levels of FTSU activity, allowing concentrated time for strategic focus, relationships/partnership working, case management and learning and development.

Action taken to improve FTSU culture

Self-Assessment

Effective leadership is paramount to maintaining a positive speak up culture as it requires leaders to visibly demonstrate their ability to encourage, listen to and respond to concerns and feedback as an integral part of their leadership role. One of the annual governance tools suggested by NHSE/I and the NGO, requires the senior leaders of the organisation to reflect on its performance across these areas, through the process of a FTSU Self-assessment. The FTSU forum offered insight into their views of the organisations assessment and these have been considered as part of the completed report. The review has 11 areas which cover, individual behaviours, visibility and engagement, commitment to the FTSU process, strategic focus and the governance arrangements for all of the above. The organisation received a “Full” rating in 8 areas and a “Partial” rating for the other 3. However, it is important to note that although enough evidence was available to achieve a “Full” rating in 8 areas, many of these still require further development to achieve the level of open culture that the organisation has committed to achieve. Therefore additional actions have still been identified to allow future improvement.

FTSU Index

In 2019 the National Guardians office introduced the FTSU index as a method of measuring an organisations FTSU culture through 4 key questions from the annual staff survey.

DBTH has a robust approach to utilising the Annual Staff Survey as a positive staff engagement tool and as such, supports applying this new focus.

Applying this new focus shows where significant improvements have been made from 2018 to 2019 and where this result has been maintained in 2020 despite the COVID pandemic. (Please note a change in question number for the 2020 survey).

FTSU Index Overall Organisational Results

Number	Question	2018	2019	2020
17a (Q16a - 2020)	% of staff responded "agreeing" or "strongly agreeing" that their organisation treats staff who are involved in an error, near miss or incident fairly	55%	60%	61%

17b (Q16b - 2020)	% of staff responded "agreeing" or "strongly agreeing" that their organisation encourages them to report errors, near misses or incidents	86.1%	88%	87%
18a (Q17a - 2020)	% of staff responded "agreeing" or "strongly agreeing" that if they were concerned about unsafe clinical practice, they would know how to report it	92.3%	93%	93%
18b (Q17b - 2020)	% of staff responded "agreeing" or "strongly agreeing" that they would feel secure raising concerns about unsafe clinical practice	68.1%	72%	72%
Mean Average	Index score	75.85%	78.25%	78.25%

Measuring culture using the FTSU Index is still a relatively new concept for Trusts and it is important to acknowledge that overall scores can be significantly affected by single or multiple sub divisional or departmental responses. Further information at this level will be provided to the People Committee when the full results are available to share.

Just and restorative culture

In collaboration with the Leadership &OD Team, the FTSU partners are looking to embed open, compassionate FTSU practices as part of the ongoing work to consider the adoption of "Just Culture" principles across the Trust. Discussions have taken place to explore what restorative support is available for those who feel that concerns raised have negatively impacted on them and these will be continued as part of the wider work in the future. The Board is asked to consider how sharing some of these stories will help to inform its decisions in relation demonstrating its commitment to developing a "Just and restorative culture".

Although it has not been possible to deliver the planned work to consider what good culture looks like, many conversations have taken place as part of the Leadership &OD work that is happening in response to some from the concerns that have raised. The learning from these sessions will be shared with the FTSU forum to help to inform learning for the future.

Learning and Improvement

For the FTSU strategy and its associated work to be successful in facilitating a transparent speak up culture, it has to do more than purely encourage staff to speak up. In order to influence sustainable change at all levels, it has to proactively identify and use all levels of learning from each and every FTSU case and wider learning event.

Learning from Internal events

Internal learning has been identified through all of the above cases, reviews and developments. Some of these have been easier than others to apply into practice. These include changes to how information is shared, cross representation at the FTSU Forum and the quality of feedback and how it is used.

Further work is still underway to explore how the roll out of the HEE e learning modules can be used to enhance our current education offer and how the sharing of learning from patient safety events can support and encourage staff to speak up.

Internal learning is proving to be extremely powerful as part of the large development project that is taking place within ED. Lessons from the stories shared and concerns identified, have been paired with

those learnt through previous safety events and quality improvement programs in order to improve staff engagement and commitment. Feedback on this project will be delivered separately to the committee.

NGO case review learning

In June 2017, the National Guardian's Office launched a case review process to review how individual

Trusts had responded to concerns and how staff who had spoken up were treated. The review process also looked to identify where there was evidence that best practice has not been followed. Following case review, recommendations are made and all Trusts are encouraged to benchmark their own practice to ensure the learning from these reviews is widely shared. Previously Trusts were identified for case review through recommendation or escalation of concerns. This process has now been reconsidered and identification of trusts for case review will be through intelligence monitoring, provided by CQC/NHSE/I and the trends in reported cases.

Potential themes for review will be identified through use of a broad range of indicators, including:

- Staff engagement data (e.g. the NHS Staff Survey)
- Speaking up to:
- Freedom to Speak Up Guardians
- Professional and systems regulators
- Workers' representative bodies

The NGO will launch this new process in Q1 2021/22.

To date, the NGO has made over 200 recommendations following case reviews and these have been considered by trusts across the country to ensure learning is applied. The following points highlight the recommendations that require key consideration by the trust.

- Review of FTSU policy to ensure compliance with minimum standards
- Regular gap analysis of care review recommendations
- Lack of appropriate and timely response to FTSU concerns
- Response to minimum training standards
- Appropriate, feedback follow up and closure of FTSU cases
- Action to improve delays in relation to grievances
- Consideration of and response to exit interviews
- Assurance processes that monitoring the culture of the organisation
- Addressing bullying and harassment
- Support for BAME and EDI colleagues who speak up
- Ensure robust links to patient safety and Serious Incident processes
- Improve the use of mediation, coaching and wider OD methods to support those who speak up

Some of these are already being addressed as part of ongoing work or strategic review but others require the joint exploration of the FTSU Forum and wider senior teams. A full gap analysis is available for further consideration. This should be considered alongside the Annual self-review tool for evidence of performance and actions. At DBTH, all case review recommendations have previously been reviewed and actioned on a 6 monthly basis in line with reporting to the Board. In line with the above, this process has recently been revised and the learning from case reviews is now placed as a standing agenda item at the bi monthly FTSU Forum. This will ensure timely review, action and sharing of any learning in the future.

It is also important to note that there is strong evidence in some areas where DBTH can evidence not only compliance but also best practice.

Final note

It is acknowledged that it is more important than ever for everyone at DBTH to know that they are supported, listened to and valued for the amazing work that they are doing in these challenging times and we appreciate that Speaking up, and having your voice heard, is critical in times of challenge.

Therefore, although much has been achieved since the last annual report, we will continue to work alongside our FTSU partners to provide a listening ear, open mind and compassionate voice to ensure that all staff receive the support and guidance that they need at this crucial time.

Throughout the above work and the completion of this report, a number of national and DBTH documents have been considered and or produced. These are available as additional reading on request.

Please see appendix 1.

Appendix 1

Suggested additional reading

National documents:

Guidance for boards on Freedom to Speak Up in NHS Trusts and NHS Foundation Trusts

NHSE/I NGO Revised July 2019

Supplementary Information for boards on Freedom to Speak Up in NHS Trusts and NHS Foundation Trusts - NHSE/I NGO Revised July 2019

NGO Guidance on recording – October 2020

NGO Revised Data Submission Criteria - Oct 2020

National guidelines on Freedom to Speak Up training in the health sector in England – NGO – August 2019

HEE FTSU education offer – October 2020

NGO revised strategy – January 2021

NGO Case Review process – June 2017 – revised January 2021

DBTH documents created or revised:

DBTH Freedom to Speak Up Strategy – "Speak Up to make a difference" – November 2019 – strategic action plan – updated February 2021

FTSU Board Self-assessment review – February 2021

FTSU Forum Terms of Reference – revised February 2021

FTSU Learning Needs Analysis 2019 – revised January 2021

2020 FTSU Index Report – March 2021

FTSU 2021/22 Communication Plan – February 2021

NGO Case reviews – Gap analysis and learning – updated February 2021

FTSU Forum minutes - January 2021

Appendix Level1

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

True North Strategic Aim 4 – In recurrent surplus to invest in improving patient care

Risk Owner: Trust Board **Committee: F&P**	**People, Partners, Performance, Patients**	**Date last reviewed : MAR 2021**	
Strategic Objective In recurrent surplus to invest in improving patient care **Breakthrough Objective** Every team achieves their financial plan for the year	**Risk Appetite:** The Trust has a **low appetite** for risks **Measures:** • Delivery of in year financial plan/budgets • Underlying/recurrent financial position of the Trust • Trust Cash Balances	**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: • Lack of clarity regarding the future NHS financial regime: ➢ Trust's underlying deficit financial position ➢ Limited capital funding • Uncertainty with regards to the future of Commissioning arrangements • Culture Risk – Impact of COVID on re-engaging Divisions with financial processes and controls	**Rationale for risk current score:** • Currently the Trust is in a significant underlying deficit position with significant uncertainty regarding the future financial regime and availability of capital. This impacts on: • Trust's ability to invest in its services and infrastructure. • Delivery of safe and sustainable services for patients including any backlogs in activity due to COVID. • Ensuring the sustainability and safety of the Doncaster site. • Impacts on Trust reputation with potential regulatory action • Impacts on level of input and influence with regards to local commissioning.	**Future risks:** NHS Sector financial landscape Regulatory Intervention • National guidance is awaited regarding understand how the financial regime will impact the Trust this year and into future years. **Risk references:** • **F&P1, 2 and 3** • **F&P2** • **F&P3** **Opportunities:** • Change in practices, new ways of working	
Controls / assurance (mitigation & evidence of making impact): • Budget setting and business planning • Key Financial Control Processes: Vacancy Control Panel, CIG, Grip and Control, Capital Monitoring Committee, Cash Committee. • External and Internal Audit • Reporting to Board, F&P and Audit Committee, ICS and NHSE/I • ICS DoFs and Contract Board with Commissioners	**Comments:** • The indications nationally are that previous years spend levels will be used as the basis of reviewing and setting financial positions. Since the Trust had not implemented a number of now agreed business cases/commitments (e.g. ED etc.) or recruited to establishment levels (e.g. nursing), these along with any other increase in the expenditure run rate above previous years levels will be challenged and likely not funded. • Currently there is no clear route to funding for significant builds. Limited capital will impact on the Trust's ability to invest in the Trust's infrastructure, especially with regards to ensuring the sustainability and safety of the Doncaster site.	**Assurance (evidence of making an impact):** • Delivery of financial position • Improvement in underlying financial position • Improvement in site infrastructure • Internal and External Audit • Feedback from NHSI/E **Gaps in controls / assurance (actions to achieve target risk score):** • Uncertainty regarding future financial regime	

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Report Cover Page			
Meeting Title:	*Board of Directors*		
Meeting Date:	*16th March 2021*	**Agenda Reference:**	**E3**
Report Title:	**INTEGRATED QUALITY & PERFORMANCE REPORT (IQPR) / Performance Exception Report (January 2021)**		
Sponsor:	*Rebecca Joyce – Chief Operating Officer*		
Author:	*Julie Thornton – Head of Performance*		
Appendices:	Appendix 1 – Elective Restoration Plan		
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) is split into three parts: 1. At A Glance Charts - showing performance against the set of indicators 2. Performance Exception Report - this analysis is provided by operational teams to outline performance against the three main areas of focus; elective, emergency and cancer performance. 3. Finally an appendix is provided outlining progress against the medium term elective restoration plan. Performance across all metrics has been impacted by COVID 19. Our focused recovery restoration plan will outline refreshed trajectories for all areas and key recovery metrics, which will enable the Board to review more tailored performance monitoring as we move forward into restoration following the pandemic. Headlines from January's report include: **Elective** • The Trust did not meet its Phase 3 Elective activity standards due to COVID related pressures. • 52 Week Breaches – In January 2021 2020 the Trust reported 1635 breaches due to Covid 19 delays. Whilst a challenging position, this position is comparable with other South Yorkshire and Bassetlaw providers, and compares well nationally. • For RTT in January 2021 the Trust delivered 62.5% performance within 18 weeks, below the 92% standard. This is a decline from last month, was anticipated and links to significant validation and reduction of the total Patient Tracking List size. • Diagnostics – in January 2021 the Trust achieved 56.06% against a target of 99%. This is a reduction from last month and continues to be below the regional and national peer position. Activity reduced in January 2021, partly due to the New Year bank holiday.		

<table>
<tr><td></td><td colspan="5">

- An integrated action plan is outlined, demonstrating a significant range of actions being taken to recover the elective position following the impact of COVID.

Emergency

- 4 Hour Access – in January 2021 the Trust delivered 80.7% achievement against national target of 95%, showing an improvement in performance compared to December. This was slightly below peer benchmarking but above the national average. A wide ranging action plan is in place.
- There are continued challenges on ambulance delays related to COVID 19 pressures. This is similar to challenges in other North East and Yorkshire Trusts. A joint action plan for DBTH and YAS is in place.
- Length of stay for non-elective patients has decreased slightly in January 2021, 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 (47.1% against a standard of 75%).

Cancer

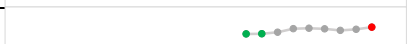
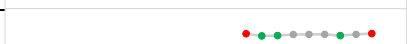
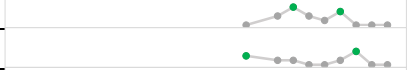
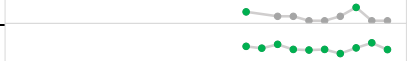
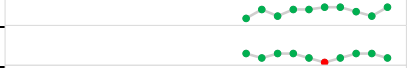
- In December 2020 the Trust achieved 3 out of 3 31 day nationally reported measures
- In December 2020 the Trust achieved 1 out of 2 62 day nationally reported measures.
- The number of open pathways over 104 days has reduced for January 2021 down to 6 declared breaches. Performance remains the best in South Yorkshire and Bassetlaw.

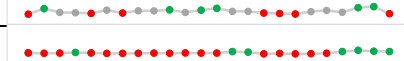
</td></tr>
<tr><td>Recommendation:</td><td colspan="5">The Board is asked to note and comment as appropriate on the attached.</td></tr>
<tr><td>Action Require:</td><td><s>Approval</s></td><td><s>Information</s></td><td><s>Discussion</s></td><td>Assurance
X</td><td>Review</td></tr>
<tr><td>Link to True North Objectives:</td><td>TN SA1:
To provide outstanding care for our patients
X</td><td>TN SA2:
Everybody knows their role in achieving the vision</td><td colspan="2">TN SA3:
Feedback from staff and learners is in the top 10% in the UK</td><td>TN SA4:
The Trust is in recurrent surplus to invest in improving patient care</td></tr>
<tr><td colspan="6">Implications</td></tr>
<tr><td>Board assurance framework:</td><td colspan="5">No changes to BAF made – risks regarding elective restoration which this report reflects are outlined on the BAF</td></tr>
<tr><td>Corporate risk register:</td><td colspan="5">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</td></tr>
<tr><td>Regulation:</td><td colspan="5">Report links to national quality and access standards. Performance against the standards contributes to the CQC regulatory framework.</td></tr>
</table>

Report Title: Integrated Quality & Performance Report Author: Julie Thornton **Report Date:** December 2020

<table>
<tr><td colspan="2">Legal:</td><td colspan="3">Report outlines performance against standards, published annually by NHS England, some of which are outlined in the NHS Constitution.</td></tr>
<tr><td colspan="2">Resources:</td><td colspan="3">Impact on resources of delivering activity taken account of in Trust plans</td></tr>
<tr><td colspan="5">Assurance Route</td></tr>
<tr><td colspan="3">Previously considered by:</td><td colspan="2">Finance & Performance Committee</td></tr>
<tr><td>Date:</td><td>23rd February 2021</td><td>Decision:</td><td colspan="2">Implementation and future monitoring of elective restoration action plan.</td></tr>
<tr><td colspan="2">Next Steps:</td><td colspan="3">Continued monitoring of recovery & associated action plans at Finance & Performance Committee</td></tr>
</table>

Category	Indicator	Benchmarking Month Reported	Peer Benchmark	National Benchmark	Latest Month Reported	CURRENT MONTH			YEAR-TO-DATE			YEAR END FORECAST			Trend Graph (Feb-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)	Jan-21	83.0%	78.5%	Jan-21	95%	80.7%	-14.32%	95%	85.3%	-9.69%				
	Max time of 18 weeks from point of referral to treatment- incomplete pathway	Dec-20	70.8%	67.8%	Jan-21	92%	62.5%	-29.55%	92%	63.1%	-28.86%				
	RTT 52 Week Breaches to date	-	-	-	Jan-21	619	1635	1016	619	1635	1016				
	Waiting list size (from 1/4/19) - 18 Weeks referral to treatment -Incomplete Pathways	-	-	-	Jan-21	29935	32561	-2626	29935	32561	-2626				
	% waiting less than 6 weeks from referral for a diagnostics test	Dec-20	65.5%	70.8%	Jan-21	99%	56.1%	-42.94%	99%	50.6%	-48.37%				
Performance (Cancer)	Day 28 Standard (patients received diagnosis or exclusion of cancer)	-	-	-	Dec-20	-	-	-	-		-				
	31 day wait for diagnosis to first treatment- all cancers	Dec-20	96.6%	96.0%	Dec-20	96%	99.3%	3.30%	96%	98.5%	2.47%				
	31 day wait for second or subsequent treatment: surgery	Dec-20	90.0%	89.1%	Dec-20	94%	100.0%	6.00%	94%	99.0%	4.97%				
	31 day wait for second or subsequent treatment: anti cancer drug treatments	Dec-20	99.8%	99.4%	Dec-20	98%	100.0%	2.00%	98%	98.4%	0.38%				
	31 day wait for second or subsequent treatment: radiotherapy	Dec-20	97.5%	97.5%	Dec-20	-	-	-	-	-	-				
	62 day wait for first treatment from urgent GP referral to treatment	Dec-20	71.9%	75.2%	Dec-20	85%	81.3%	-3.65%	85%	80.5%	-4.47%				
	62 day wait for first treatment from consultant screening service referral	Dec-20	77.0%	83.6%	Dec-20	90%	100.0%	10.00%	90%	81.3%	-8.75%				
	62 day wait - 50/50 split	-	-	-	Dec-20	-	-	-	-		-				
	Cancer Waiting Times Open Suspected Cancer Pathways 104 Days +	-	-	-	Dec-20	-	10	-	-	167	-				
Performance (Activity)	A&E Attendances	-	-	-	Jan-21	-	11314	-	-	124052	-				
	Non Elective Activity - Discharges	-	-	-	Jan-21	4245	4170	-75	42450	43134	684				
	Daycase Activity (Contracted levels achieved)	-	-	-	Jan-21	1445	2927	1482	14448	23523	9076				
	Other Elective Activity (Contracted levels achieved)	-	-	-	Jan-21	281	389	109	2805	3737	932				
	Outpatient new activity (Contracted levels achieved)	-	-	-	Jan-21	6872	10475	3604	68715	88574	19859				
	Outpatient Follow Up activity (Contracted levels achieved)	-	-	-	Jan-21	14705	20978	6273	147053	179442	32389.5				
Performance (Ambulance Handover Times)	Ambulance Handovers Breaches -Number waited <= 15 Minutes	-	-	-	Jan-21	78.9%	62.3%	-16.59%	78.9%	59.4%	-19.51%				
	Ambulance Handovers Breaches -Number waited >15 & <30 Minutes	-	-	-	Jan-21	22.2%	27.9%	-5.67%	22.2%	33.1%	-10.94%				
	Ambulance Handovers Breaches-Number waited >30 & < 60 Minutes	-	-	-	Jan-21	0.0%	7.2%	-7.20%	0.0%	5.2%	-5.23%				
	Ambulance Handovers Breaches -Number waited >60 Minutes	-	-	-	Jan-21	0.0%	2.6%	-2.63%	0.0%	2.4%	-2.36%				
Performance (Stroke)	Overall SSNAP Rating	-	-	-	Sep-20	B	A	-	B	A	-				
	Proportion of patients scanned within 1 hour of clock start (Trust)	-	-	-	Nov-20	48.0%	54.9%	6.90%	48.0%	51.8%	3.75%				
	Proportion directly admitted to a stroke unit within 4 hours of clock start	-	-	-	Nov-20	75.0%	47.1%	-27.94%	75.0%	58.0%	-17.05%				
	Percentage of all patients given thrombolysis	-	-	-	Nov-20	90.0%	100.0%	10.00%	90.0%	100.0%	10.00%				
	Percentage treated by a stroke skilled Early Supported Discharge team	-	-	-	Nov-20	24.0%	80.0%	56.00%	24.0%	80.1%	56.06%				
	Out Patients: DNA Rate	-	-	-	Jan-21	8.7%	11.3%	-2.60%	8.7%	10.7%	-1.97%				

Peformance (Theatres & Out Patients)	Out Patients: Hospital Cancellation Rate	-	-	-	Jan-21	4.5%	13.1%	-8.59%	4.5%	22.8%	-18.28%				
	Typing Backlog (number / date)	-	-	-	Jan-21	3WD	4WD	-1WD	3WD	17WD	-14WD				
	Out Patient Booking - 2 weeks prior	-	-	-	Jan-21	95.0%	50.1%	-44.89%	95.0%	56.8%	-38.17%				
	Clinic Utilisation	-	-	-	Jan-21	95.0%	77.1%	17.92%	95.0%	78.4%	16.57%				
	ASIs 7 Days +	-	-	-	Jan-21	0	43	-43	0	55	-55				
	Missing Outcomes 14 Days +	-	-	-	Jan-21	0	913	-913	0	913	-913				
	Theatre Booking - 3 weeks prior	-	-	-	Jan-21	-	56.8%	-	-	52.5%	-				
	Theatre Booking - 4 weeks prior	-	-	-	Jan-21	95.0%	47.7%	-47.30%	95.0%	43.9%	-51.14%				
	Theatre Booking - 5 weeks prior	-	-	-	Jan-21	-	41.1%	-	-	38.1%	-				
	Theatre Utilisation	-	-	-	Jan-21	87.0%	79.9%	-7.11%	87.0%	76.8%	-10.15%				
	Cancelled Operations on the day (For non-clinical reasons)	-	-	-	Jan-21	1.0%	0.96%	0.04%	1.0%	0.52%	0.48%				
	Cancelled Operations-28 Day Standard	-	-	-	Jan-21	0	2	-2	0	22	-22				
	ERS Advice & Guidance Response Time	-	-	-	Sep-20	2WD	34WD	-32WD	2WD	18WD	-16WD				
Patients	Infection Control Hosptial Onset C.Diff	-	-	-	Jan-21	TBC	1	-	TBC	35	-				
	Infection Control Community Onset C.Diff	-	-	-	Jan-21	TBC	2	-	TBC	15	-				
	Infection Control Combined Onset C.Diff	-	-	-	Jan-21	TBC	3	-	TBC	50	-				
	Infection Control MRSA	-	-	-	Jan-21	0	0	0	0	0	0				
	HSMR (rolling 12 Months)	-	-	-	Dec-20	100	105.21	-5.21	100	105.21	-5.21				
	HSMR : Non-Elective (rolling 12 Months)	-	-	-	Dec-20	100	105.17	-5.17	100	105.17	-5.17				
	HSMR : Elective (rolling 12 Months)	-	-	-	Dec-20	100	109.95	-9.95	100	109.95	-9.95				
	Never Events	-	-	-	Jan-21	0	1	1	0	3	3				
	Sis	-	-	-	Jan-21	-	0	-	-	26	-				
	VTE	-	-	-	Jan-20	95.0%	95.0%	0.00%	95.0%	95.3%	-0.28%				
	Pressure Ulcers - Category 3	-	-	-	Jan-21	5	2	2.99	50	48	2				
	Pressure Ulcers - Category 2 / UNS / DTI	-	-	-	Jan-21	0	68	-68	0	633	-633				
	Falls with Severe Harm / Lapse in Care / SI	-	-	-	Jan-21	0	0	0	0	12	-12				
	Falls with Moderate or Severe Harm	-	-	-	Jan-21	3	0	3	3	8	-5				
	Complaints Resolution Performance (% achieved closure in agreed timescales with complainant)	-	-	-	Jan-21	90.0%	48.5%	-41.47%	90.0%	48.5%	-41.47%				
	Complaints Upheld / Partially Upheld by Parliamentary Health Service Ombudsman	-	-	-	Jan-21	-	0	-	-	0	-				
	Claims CNST (patients)	-	-	-	Jan-21	TBC	7	-	TBC	7	-				
	Claims LTPS - staff	-	-	-	Jan-21	-	1	-	-	1	-				
	Friends & Family Response Rates (ED)	-	-	-	Jan-21	-	0.06%	-	-	0.06%	-				

	Friends & Family Response Rates	-	-	-	Jan-21	-	18.12%	-	-	13.34%	-				
	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	-	-	-	Jan-21	71	63	8	71	573	-502				
	Average Length of Stay (Elective & Non-Elective)	-	-	-	Jan-21	-	4.36	-	-	3.89	-				
	Bed Occupancy <92%	-	-	-		92%	-	-	92%	-	-				
	Mixed Sex Accommodation	-	-	-	Jan-21	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	-	-	-	Jan-21	90.0%	88.3%	-1.72%	90.0%	89.3%	-0.71%				
	NICE Guidance % Non & Partial Compliance	-	-	-	Jan-21	TBC	17.9%	-	TBC	24.2%	-				
	% Patients Asked for Smoking Status	-	-	-		90%	y to capture	-	90%	-	-				
	Of Patients who Smoke, % offered BAG / NRT & Referral to Smoking Cessation	-	-	-		50%	y to capture	-	50%	-	-				
Patients - CQUINNS	Appropriate Anitbiotic Prescribing for UTI in Adults (16+)	-	-	-		60%	-	-	60%	-	-				
	Cirrhosis & Fibrosis Tests for Alcohol Dependent Patients	-	-	-		35%	-	-	35%	-	-				
	Staff Flu Vaccinations (1.9.20 - 28.2.21)	-	-	-		-	-	-	-	-	-				
	Recording of NEWS2 Scores for Unplanned Critical Care Admissions (60%)	-	-	-		60%	-	-	60%	-	-				
	Screening & Treatment of Iron Deficiency Anaemia - Major Blood Loss Surgery	-	-	-		60%	-	-	60%	-	-				
	Treatment of CA Pneumonia - BTS Care Bundle	-	-	-		70%	-	-	70%	-	-				
	Rapid Rule Out Protocol - ED Patients with Suspected Acute MI (60%)	-	-	-		60%	-	-	60%	-	-				
	Adherence to Evidence Based Interventions Clinical Criteria	-	-	-		80%	-	-	80%	-	-				
COVID KPIs	ASIs Reviewed by a Clinician	-	-	-	Jan-21	100.0%	86.1%	-13.89%	100.0%	86.1%	-13.89%				
	ASIs booked into an appointment	-	-	-		-	-	-	-	-	-				
	Patients on Cancellation List have a risk stratification category	-	-	-		-	-	-	-	-	-				
	Cancellations booked into an appointment	-	-	-		-	-	-	-	-	-				
	Patients on Active Waiting List have a risk stratification category	-	-	-	Jan-21	100.0%	94.0%	-6.03%	100.0%	80.6%	-19.40%				
	Patients on Review/Missing List have a risk stratification category	-	-	-		-	-	-	-	-	-				
	Patients on Planned Waiting List have a risk stratification category	-	-	-	Jan-21	50%	-	-	50%	5.2%	-44.81%				
	Category 1a Elective Patients Treated within 24 hours	-	-	-	Jan-21	100%	-	-	100%	-	-				
	Category 1b Elective Patients Treated within 72 hours	-	-	-	Jan-21	100%	85.6%	-14.39%	100.0%	86.0%	-14.03%				
	Category 2 Elective Patients Treated within 4 Weeks	-	-	-	Jan-21	100%	64.0%	-36.04%	100.0%	61.1%	-38.89%				

	Category 3 Elective Patients Treated within 3 Months	-	-	-	Jan-21	80%	-	-	80%	-	-				
	% Elective In Patient Activity compared to same period last year	-	-	-	Jan-21	-	50.2%	-	-	46.4%	-				
	% Elective Day case Activity compared to same period last year	-	-	-	Jan-21	-	59.1%	-	-	50.0%	-				
	% MRI Activity compared to same period last year	-	-	-	Jan-21	-	76.5%	-	-	69.8%	-				
	% CT Activity compared to same period last year	-	-	-	Jan-21	-	76.5%	-	-	89.5%	-				
	% Endoscopy Activity compared to same period last year	-	-	-	Jan-21	-	74.9%	-	-	43.1%	-				
	% Out Patient Activity compared to same period last year	-	-	-	Jan-21	-	67.3%	-	-	61.4%	-				
	Patients admitted as an emergency while on the waiting list (for the same speciality)	-	-	-	Jan-21	-	20	-	-	342	-				
	Patient death (in hospital) on waiting list - cause of death linked to condition waiting for	-	-	-		-	-	-	-	-	-				

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INTRODUCTION

This report provides a summary of 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
f) Cancelled Operations – Not Rebooked within 28 Days
g) Integrated action plan - elective

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

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1. ELECTIVE

A summary of performance against the standards is firstly provided in section a) - f). Given the inter-related nature of the issues, a single integrated action plan is provided at the end of this section. For the medium term, elective recovery programme, see Appendix A which summarises the work in progress.

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 January 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 – January 2021 (NHSE/I submission)**	**Sept 2020** (final)	**Oct 2020** (final)	**Nov 2020** (final)	**Dec 2020** (final)	**Jan 2021** (flex)	**Feb 2021**
Outpatient New	100%	76%	69.4%	58.4%	64.8%	75.3%	64.4%	
Outpatient F / U	100%	71%	65.9%	66%	71.6%	75.2%	67.1%	
Elective	90%	67%	58.7%	64.5%	42%	55.5%	49.4%	
Day Case	90%	79%	71%	70%	68.1%	71.3%	62.6%	
CT	100%	95%	92.7%	98.4%	89.1%	93.3%	94.2%	
MRI	90%	95%	75.3%	89.6%	85.9%	86.1%	76.5%	
Non Obstetric Ultrasound	100%	78%	66.7%	82.2%	77.8%	78.9%	71.2%	
Colonoscopy	100%	120%	TBC	TBC	TBC	89.2%	68.3%	
Flexi Sig	100%	5%	TBC	TBC	TBC	22%	17.1%	
Gastroscopy	100%	98%	TBC	TBC	TBC	79.6%	67%	
Non-Elective	N/A	N/A	94.8%	75.9%	69.4%	70.1%	73.8%	

*****_Activity recorded at flex positon – achievement is subject to change up to 6 weeks after month end_

b) 52 Weeks

The number of 52 week patients is growing due to reduced routine work and therefore Phase 3 standards are not being achieved. Whilst a challenging position, this position is comparable with other South Yorkshire and Bassetlaw providers, and compares well nationally:

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	1238	397	1635
February	825			
March	718			

The specialties contributing the greatest number of breaches are:

(Inpatient / outpatient split)

- T&O (690 / 94)
- Urology (96 / 123)
- General Surgery (126 / 41)
- Oral Surgery (124 / 19)
- ENT (96 / 37)
- Ophthalmology (39 / 44)

c) RTT – Performance Against National Target – 92%

The table summarises 18 weeks performance which has been impacted by COVID 19 through 2020.

There has been a dip in performance this month in line with the additional validation work being undertaken – removing pathways under 18 weeks – which was expected. It should however be noted positively that a number of specialties have recovered the standard:

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Specialty	Waiting List	RTT Percentage	Longest Wait (weeks)
Breast Surgery	551	96.9 %	52
Cardiology	1004	87.8 %	52
Clinical Hematology	117	99.1 %	18
Dermatology	1027	92.0 %	54
Diabetic Medicine	316	91.5 %	58
ENT	3857	51.5 %	85
General Medicine	1747	79.9 %	52
General Surgery	3087	62.3 %	88
Geriatric Medicine	116	89.7 %	57
Gynaecology	1568	83.5 %	58
Medical Ophthalmology	498	71.1 %	66
Nephrology	113	95.6 %	34
Ophthalmology	3304	53.5 %	87
Oral Surgery	1963	60.6 %	80
Orthodontics	83	66.3 %	98
Paediatric Cardiology	77	88.3 %	41
Paediatrics	328	95.7 %	26
Pain Management	356	83.7 %	53
Podiatry	172	66.3 %	67
Respiratory Medicine	527	88.8 %	51
Rheumatology	367	89.9 %	48
Trauma & Orthopaedics	7832	49.6 %	107
Upper Gastrointestinal Surgery	165	33.9 %	79
Urology	2580	48.8 %	101
Vascular Surgery	602	74.1 %	75
Grand Total	32561	62.5 %	N/A

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

Incomplete Pathways	January 2021	December 2020	November 2020	October 2020
Total (Trust)	32561	34097	34613	33925
% under 18 Weeks (Trust)	62.5%	64.6%	66.1%	64.9%
Total (Doncaster CCG)	19919	20981	21293	20788
% under 18 Weeks (Doncaster CCG)	62.6%	64.9%	67.2%	66.4%
Total (Bassetlaw CCG)	7006	7287	7339	7114
% under 18 Weeks (Bassetlaw CCG)	64.6%	68%	69.7%	70.1%

d) Diagnostics – Performance Against National Target – 99%

Performance against the 6 week target has declined from last month (60.4% compared to 56%). Although the total number of waiters has only marginally increased, those over 6 weeks have increased by 568.

Exam Type	<6W	>=6W	Total	Performance	Longest Waits
MRI	1238	166	1404	**88.27%**	**51**
CT	1286	632	1918	**67.05%**	**55**
Non-Obstetric Ultrasound	3112	3422	6534	**47.67%**	**48**
DEXA	114	63	177	**64.41%**	**40**
Audiology	125	357	482	**25.93%**	
Echo	175	51	226	**77.43%**	**13**
Nerve Conduction	117	69	186	**63.24%**	**48**
Sleep Study	15	0	15	**100.00%**	**4**
Urodynamic	41	18	59	**69.49%**	**46**
Colonoscopy	244	245	489	**49.90%**	**47**
Flexible Sigmoidoscopy	88	113	201	**43.78%**	**35**
Cystoscopy	301	107	408	**73.77%**	**56**
Gastroscopy	357	416	773	**46.18%**	**44**
Total	**7213**	**5659**	**12872**	**56.06%**	

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

	Waiters <6W	Waiters >=6W	Total	Performance
Trust	7213	5659	12872	56.04%
NHS Doncaster	4756	3641	8397	56.64%
NHS Bassetlaw	1847	1482	3329	55.48%

e) Cancelled Operations on the Day for Non Clinical Reasons

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	**3239**	**35**	1.1%
Doncaster	2242	20	0.9%
Bassetlaw	705	11	1.6%
Other	292	4	0.01%

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

Issues Affecting Performance	No of Theatre Breaches	No of Non-Theatre Breaches	Improvement Plan
Adverse Weather		21	Unavoidable – due to snow
Insufficient Time / Lack of Theatre Capacity (clinical reasons)	4	1	All theatre cases planned using individual consultants pre-agreed nominal timing for each procedure – all captured on Bluespier & all overruns discussed at theatre planning group
Equipment		1	Under investigation *
Staffing	3		Staffing pressures due to Covid 19
Other Urgent Case	3	1	
No DCC Bed	1		Bed pressures due to Covid 19

The new theatre cancellation escalation process has been implemented from 25.1.2021.

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

In January 2021 there were 2 operations cancelled that were not rebooked within 28 days:

Month	Site	Specialty	TCI Date:	28 Day Breach Date	New Date	Cancellation Reason	Breach Reason	CCG
January	DRI	ENT	17.12.2020	14.1.2021	25.1.2020	Lack of Theatre Time	Covid Guidance – patient category 4	DCCG
January	DRI	ENT	31.12.2020	28.1.2021	8.2.2021	No Consultant	Covid Guidance – patient category 4	DCCG

g) Elective Action Plan

The issues affecting elective performance are inter-related and therefore a single action plan is provided below:

Point of Delivery	Issues Affecting Performance	Improvement Plan
Outpatients	• Reduced capacity for all face to face activity due to COVID Safe Working • Respiratory & Pain activity reduced to accommodate staff to support wards with Covid 19 demand	• Case of need submitted to Executive Team for sustainable video consultation solution • Refresh of performance assurance framework & related meetings to focus on recovery • Mutual aid arrangements in place for Ophthalmology & Breast • Surgery OP recovery plans to increase activity and drive down long waiting patients being developed (for late Feb) • Insource and outsourcing plan to assist backlog recovery and 52 week recovery • Single patient list to support with visibility & effective patient management. Completion due March 2021

Elective/ Day case	• Step down of all non-urgent elective activity due to OPEL 4 guidelines • Treatment of out of area category 2 patients as part of mutual aid arrangements	• Re-opening of S10 from February with Parkhill able to manage more category 3 and 4 patients
Diagnostics	• Increase in 2ww/urgent and routine referrals MRI and for urgent/ routine NOUS • Substantial backlog for NOUS and injections caused by staffing shortfalls over prolonged period	• Restoration plan for more mobile MRI days February and March; further additional sessions to be run in house and funding envelope agreed. Activity and spend to be monitored weekly to chart impact on performance • Key vacancies approved to be recruited to
Theatre Cancellations	• See specific issues on specific patients	• The new theatre cancellation escalation process has been implemented from 25.1.2021, incorporating a Root Cause Analysis Process • Step up of elective operating will support the management of routine operations in line with all performance standards
Looking Forward		• Capacity planning progressing with Foureyes – completion due March 2021 • See Appendix A for full elective recovery plan

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2. EMERGENCY

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

Performance against the 4 hour target improved during January 2021 as the following data shows:

Hospital	% Achievement	Attendances	No of Breaches	% Streamed from FDASS
Doncaster	75.2%	7340	1822	12.77%
Bassetlaw	87.8%	2974	362	5.08%
Mexborough	100%	1005	0	0.6%
Trust	80.7%	11319	2184	9.67%

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, doctor waits and speciality reviews, compounded by the reconfiguration of Emergency Assessment Unit due to a yellow pathway. Reduction of breaches from last month • Patient streaming pathways reduced due to COVID guidance seeing a decrease of 4.3% of patients streamed out of ED during January 2021 compared to last year	• Expanded unplanned care space opened w/c 1.2.2021 –supporting the next phase of building works to increase space • System perfect week undertaken first week in January 2021 Recommendations embedded • Work ongoing with Strategy & Improvement to review flow out of ED • Navigation at the front door Qi project at Bassetlaw commenced January 2021 • Team development and leadership work commenced

b) Ambulance Handover

The following tables summarises performance against national standards. Whilst the national standards were not met, the Trust's performance is comparable to acute providers across North East and Yorkshire. The standards are:

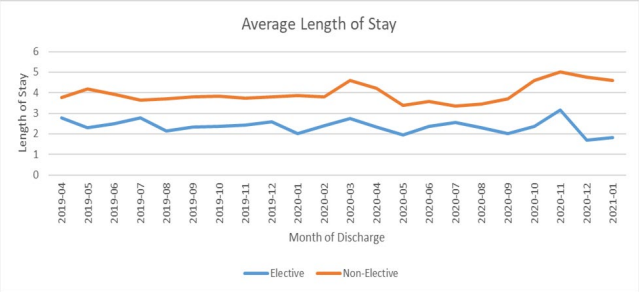
- Within 30 Minutes: 100%
- Less than 15 minutes: 78.4% (TBC for 2020/21)
- Between 15 – 30 minutes: 21.6% (TBC for 2020/21)

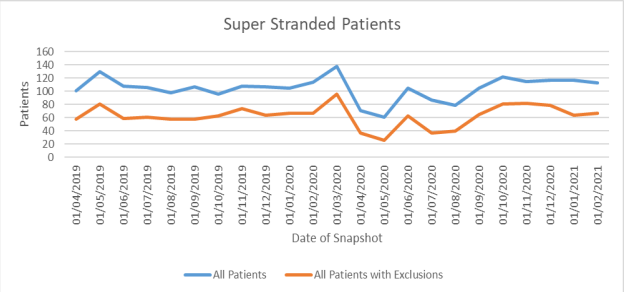
Month	Hospital	No of Arrivals	% less than 15 minutes	% between 15 & 30 minutes	% over 30 minutes	Longest Wait (hrs & minutes)
January 2021	**Doncaster**	1996	73.4%	17.1%	9.5%	3hrs 23 minutes
	Bassetlaw	742	32.5%	56.7%	10.8%	1hr 20 minutes
	Trust	2738	62.3%	27.9%	9.8%	N/A

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

Issues Affecting Performance	Summary of Improvement Plan
• Increased number of internal diverts from DRI to Bassetlaw to manage demand • Exit block from ED causing challenges to flow of ambulances coming in	• Action plan in place with YAS and full review at February Finance and Performance Meeting • ECIST support for improving handover process delayed due to covid restrictions – DBTH requested virtual support – awaiting start date • Acute Medical Consultants reviewing YAS pathways at SY&B level to support YAS crews to refer directly selected pathways to Ambulatory Care • SDEC full review – advanced stages to be discussed through Length of Stay work stream – will support emergency flow

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 D

Super Stranded Patients

Admission activity and acuity of patients continued to increase in January 2021 which is mirrored in the number of super stranded patients reported in January 2021 increasing to 102 patients in total - 88 (DRI) 14 (BDGH), the majority of whom remain not medically fit for discharge.

A System Perfect week with all partners took place from 4 to 10 January 2021. This was a positive week with partners introducing new ways of working to facilitate safe transfer and flow of patients. Examples included partners being on site to support flow/decision making, RDASH colleagues focusing on 'front doors' i.e. ED/AMU/FAU to prevent admission and expedite discharge.

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 • Changes in needs requiring additional support / alternative placement
• Care homes with outbreaks unable to accept patients back – fewer care homes now experiencing outbreaks	• Designated care homes in Doncaster for Covid positive patients continues to work well - 4 beds for nursing care and 6 beds for residential care in place
• Bassetlaw does not have designated care home beds for Covid positive patients – relates to care home insurance	• Escalated with CCG. Bassetlaw patients now accessing Doncaster designated beds
• Bassetlaw social care staff not permitted by local authority to attend wards to assess patients, increasing the demand on health staff and introducing delays	• Escalated with local authority. Vaccination of staff has commenced which may influence Notts local authority decision

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 **November 2020** outlined below:

Direct Admission within 4 Hours	Bassetlaw CCG	Doncaster CCG	Barnsley CCG	Rotherham CCG	Other CCG	Total
Yes	2	16	4	2	0	**24**
No	7	18	0	0	2	**27**
Total	**9**	**34**	**4**	**2**	**2**	**51**
Performance	22.2%	47.1%	100.0%	100.0%	0.0%	**47.1%**

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

Issues	Breaches	Improvement Plan Update
Stroke Unit Bed Availability	4	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.
ED Delay	4	Advanced Clinical Practitioner role has increased specialist outreach to ED for early identification of stroke patients.
Delay in Transfer from ED to HASU	1	Advanced Clinical Practitioner role has increased specialist outreach to ED for early identification of stroke patients.
CT Scan Delay	2	
Delay - transport BDGH to DRI	3	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	6	Inter Cranial Haemorrhage pathway now in place from ED.

		Ongoing funding for RAPID software. DRI access to acute MRI to facilitate thrombolysis of wake-up Strokes.
Delay in Clinical Opinion from Sheffield / Neurosurgeons	3	
Inpatient Referral	1	Excluded from stroke metrics

From October 2020 onwards, the second wave of Covid 19 has impacted on bed pressures in Stroke. The March 2021 Finance and Performance Meeting will receive an updated stroke report following the publication of the review of the Hyper Acute Stroke Unit Network across South Yorkshire and Bassetlaw.

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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) December 2020 – 31 and 62 day Standards

Standard	Target	Performance
31 Day Classic	96%	99.3%
31 Day Sub – Surgery	94%	100%
31 Day Sub – Drugs	98%	100%
62 Day – IPT Scenario Split	85%	81.3%
62 Day 50/50 Split (local measure only)	85%	80.8%
62 Day – Local Performance (local measure only)	-	88.1%
62 Day – Shared Performance only 50/50 Split (local measure only)	-	40%
62 Day Screening	90%	100%
62 Day Consultant Upgrades (local measure only)	85% (local)	91.5%

b) Cancer Performance (Specialty) December 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%		100%	100%	100%	
Gynaecology	100%			50%	46.2%		100%
Haematology	100%			58.8%	55.6%		
Head & Neck	100%			66.47%	50%		
Lower GI	100%	100%		48%	50%	100%	100%
Lung	100%			72.7%	88.9%		91.7%
Sarcoma	100%						
Skin	100%			100%	100%		
Upper GI	100%	100%		72.7%	72.2%		100%
Urological	97.2%	100%	100%	94.3%	98%		0%*
Performance	99.3%	100%	100%	80.8%	81.3%	100%	91.5%

*Relates to 1 patient

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	98.9%	100%	100%	85.4%	100%	89.6%
Bassetlaw CCG	100%	100%		75%	100%	100%

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

Tumour Group	Breached Standard 31 Day /62 Day	No of Breaches	Summary of Breach Issues
Gynaecology	62 Day	5	1 x Delay for medical reasons 3 x Delay in diagnostic pathway 2 x Patient choice
Haematology	62 Day	4	3 x Delay in diagnostic pathway 1 x Complex diagnostic pathway
Head & Neck	62 Day	1	1 x Administration delay (unable to contact patient)
Lower GI	62 Day	6	3 x Covid 19 reasons 3 x Delay in diagnostic pathway
Upper GI	62 Day	4	2 x Delay in diagnostic pathway 1 x Complex diagnostic pathway 1 x Patient choice
Urology	62 Day (Consultant Upgrade)	1	1 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 and remains the best in South Yorkshire and Bassetlaw:

	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	6	5	3

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**
• Challenges continue with capacity issues in Breast Services • Backlog in primary diagnostics improving, however Histopathology delays due to staffing levels and continued need to outsource for reporting impacting on 62 day pathways	• Additional capacity identified through mutual aid and independent sector to support improvement. Referral quality being improved • Recruitment process underway for additional Histopathologist. (Q3/Q4) Also looking for an ICS approach to support diagnostic services across ICS footprint

Appendix 1

Performance Exception Report – January 2021

SHORT TERM ACTIONS		
Action	**Progress**	**Weekly Metrics to be Introduced**
Elective Recovery Plan to include trajectories including use of independent sector capacity (ISC)	• General Surgery to complete theatre step up plan & trajectories by 28.2.2021 • Diagnostics to complete activity plan & trajectories by 28.2.2021	• Planned theatre activity vs actual • No: patients sent to ISC • No: patients seen via ISC
OP Recovery Plan to include trajectories and capacity management proposals • Capacity assessment (with 4 Eyes) • Patient communications • DNA management (Txt message /Pre-calling / Frequency) • Increase booking by average DNA rate (2 per clinic) • Single patient tracking list to develop • AQP routes for: - Pain - Medical Ophthalmology - ENT - Dermatology • Repatriation to OoA CCG's • Further roll out of Virtual consultation/A&G/PIFU	• Surgery & Cancer division outpatient recovery plans & trajectories by 28.2.2021	• Planned outpatient activity vs actual • No: patients sent to ISC • No: patients seen via ISC
Diagnostic Recovery Plan to include trajectories	• Awaiting update from Diagnostics – due by 28.2.2021	
Cancer Recovery	• Awaiting update from Cancer Services – due by 28.2.2021	

Action	Progress	Weekly Metrics to be Introduced
Administrative Action Plan	• Additional Validation Support (DQ) + speciality - 4824 pathways validated in January 2021 - 2311 pathways removed in January 2021 - 1405 net waiting list reduction for January 2021	• No: validations carried out • No: pathways removed
Patient Communication Plan	• Patient letter agreed by Clinical Governance Committee – January 2021. Further changes requested by Clinical Reference Group (Primary Care & CCG), to be completed by 28.2.2021	• No: letters sent out • No: patient responses requesting discharge
Ethical framework arrangements	• National Clinical Prioritisation Programme adherence for admitted pathways – as of 15.2.2021 96% patients have risk stratification category. • Diagnostic Patient Plan – discharge of all patients requesting to postpone until 'after covid' agreed by Clinical Governance Committee & Clinical Reference Group (Primary Care & CCG) – to commence February 2021	• No: admitted patients with risk stratification category (already reported) • No: diagnostic patients discharged
Improving Governance & Oversight and Use of COVID Indicators in every business unit	• Continuous development of weekly 'covid' report to ensure 'fit for purpose' to track recovery	• To include all metrics described above
Refreshed Performance meetings	• New framework / timetable now in place – commenced January 2021 with additional scrutiny on priority 2 patients.	• Action plans established to capture all agreed actions – any related metrics will be included on weekly report.
MEDIUM TERM ACTIONS		
Wider elective recovery (progressing the Foureyes Capacity and Demand Work) & embedding a sustainable skillset moving forwards	Capacity assessment templates returned by services. Capacity plans to be developed by end of February.	
Strengthening of management capacity through the appointment of the Deputy COO (and associated changed structure)	Deputy COO post to be interviewed 12/3/2021. Structure changes to enhance leadership capacity for elective restoration.	

Action	Progress	Weekly Metrics to be Introduced
Systematic training and development to strengthen business management function and supporting systems throughout the Trust	Kick off meeting March 2021 to plan developmental approach & any related trajectories	
Rolling programme of administrative recruitment and development to key roles – captured through Outstanding OP and Administration Programme	Work commencing March 2021	

Report Cover Page			
Meeting Title:	**Trust Board**		
Meeting Date:		**Agenda Reference:**	**E4**
Report Title:	**Financial Performance – Month 11 February 2021**		
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 11 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 deficit for month 11 (February 2020) was £452k, which is c. £1.1m favourable to plan (£1.9m favourable to plan in month 10). The Trust's YTD position is a £107k surplus which is c. £7.7m favourable to plan. The Trust has not included any fines under the Elective Incentive Scheme within the position since NHSI/E has confirmed the scheme has been suspended for the rest of the year. 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, lower PDC (due to the cash advance) and non-clinical income being above plan. In month 11, additional income of c£1.3m has been received from NHS England which has been provided to support Trusts who have achieved lower levels of non-clinical income in year compared with historical levels as a result of COVID. The Trust is forecasting a break-even financial position for year end, however this is subject to several outstanding national funding arrangements being confirmed including annual leave, Flowers, outsourcing clawback and non-clinical income. Capital expenditure spend in month 11 is £5.8m. This is £1m ahead of the original £4.8m plan and £1.5m ahead of the forecast. YTD capital expenditure spend is £25.3m, including COVID-19 capital spend of £1.5m. This is £5.1m behind the £30.4m plan and £1.7m ahead of the forecast. Estates are £686k ahead of the YTD forecast and Medical Equipment and IT are £185k and £801k ahead of the YTD forecast respectively. The Trust is currently forecasting to deliver its revised capital plan at year end. The cash balance at the end of February was £77.1m (January: £73.6m). Cash remains high due to the Trust receiving two months' worth of the block income in April, although in March, the Trust will not receive any block income. The increase in cash in month is as a result of receiving one-off income from NHS England and Health Education England.		
Recommendation:	The Board is asked to note: • The Trust's deficit for month 11 (February 2020) was £452k. The in-month financial position is c. £1.1m favourable to plan • The Trust's YTD position is a £107k surplus. The YTD position is c. £7.7m 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 revised BAF risk F&P1.
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 11 – February 2021

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

P11 FEBRAURY 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	465	(1,154) F	93	(7,542) F	1,600
Income	(40,200)	(2,752) F	(404,754)	(4,574) F	(37,448)
Donated Asset Income	(13)	5 A	(199)	(199) F	0
Operating Expenditure	39,608	2,018 A	390,961	(1,793) F	37,590
Pay	24,739	(800) F	264,743	(4,831) F	25,539
Non Pay & Reserves	14,869	2,818 A	126,218	3,038 A	12,051
Financing costs	1,045	(414) F	13,688	(1,374) F	1,459
I&E Performance including top-up	**452**	**(1,148) F**	**(107)**	**(7,741) F**	**1,600**

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	118	(33) F	607	(204) F	1,238
Nursing and AHP workforce	1	28 A	6	33 A	42
Medical Workforce	50	97 A	119	384 A	650
Outstanding Outpatients	0	1 A	0	3 A	3
Procurement	17	10 A	143	(9) F	160
Total	**186**	**102 A**	875	**206 A**	**2,094**

3. Statement of Financial Position

All figures £m	Opening Balance	Closing balance	Movement in year
Non Current Assets	**213,162**	**228,714**	**15,552**
Current Assets	63,216	101,588	**38,372**
Current Liabilities	-130,077	-101,550	**28,527**
Non Current liabilities	-16,657	-14,992	**1,665**
Total Assets Employed	**129,644**	**213,760**	**84,116**
Total Tax Payers Equity	**-129,644**	**-213,760**	**-84,116**

4. Other

Performance Indicator	Monthly Performance		YTD Performance		Annual
	Plan £'000	Actual £'000	Plan £'000	Actual £'000	Plan £'000
Cash Balance		77,051		77,051	28,011
Capital Expenditure	4,826	5,795	30,375	25,302	34,397

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 11 Financial Position Highlights

Summary Income and Expenditure – Month 11

	Mth 11			YTD	
	Plan	Actual	Variance	Actual	Variance
	£000	£000	£000	£000	£000
Income	**-37,448**	**-40,200**	**-2,752**	**-404,754**	**-4,574**
Pay					
Substantive Pay	24,016	22,406	-1,610	242,239	-8,324
Bank	243	916	672	8,123	3,334
Agency	697	837	140	7,749	2
Recharges	583	581	-3	6,632	158
Total pay	**25,539**	**24,739**	**-800**	**264,743**	**-4,831**
Non-Pay					
Drugs	871	720	-151	7,470	-308
Non-PbR Drugs	1,511	1,710	200	16,352	3
Clinical Supplies & Services	2,536	2,124	-412	24,344	-241
Other Costs	5,985	9,054	3,069	64,527	2,759
Recharges	1,148	1,260	112	13,523	827
Total Non-pay	**12,051**	**14,869**	**2,818**	**126,216**	**3,038**
Financing costs & donated assets	**1,459**	**1,045**	-414	**13,688**	**-1,374**
(Surplus) / Deficit Position as at month 11	**1,600**	**452**	**-1,148**	**-107**	**-7,741**

The Trust's deficit for month 11 (February 2020) was £452k, which is c. £1.1m favourable to plan (£1.9m favourable to plan in month 10). The Trust's YTD position is a £107k surplus which is c. £7.7m favourable to plan. The Trust has not included any fines under the Elective Incentive Scheme within the position since NHSI/E has confirmed the scheme has been suspended for the rest of the year. 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, lower PDC (due to the cash advance) and non-clinical income being above plan. The Trust is forecasting a break-even financial position for year end, however this is subject to several outstanding national funding arrangements being confirmed including annual leave, Flowers, outsourcing clawback and non-clinical income.

The clinical income position reported continues to be aligned to the revised national block arrangements and central top ups. In month 11, additional income of c£1.3m has been received from NHS England which has been provided to support Trusts who have achieved lower levels of non-clinical income in year compared with historical levels as a result of COVID. In month 11 non-clinical income was c.£0.8m above month 10 levels mainly due to additional education and training income from HEE of £0.3m and the receipt of endoscopy bowel screening income of £0.5m.

Pay expenditure in month 11 increased over month 10 spend by c.£0.4m mainly due to an increase in agency spend (c. £0.3m) in the Medicine Division which is under review. Non-Pay & reserves expenditure in month was £2.8m adverse to plan mainly as a result of the year end annual leave accrual (c£1.5m higher YTD than the original plan) and an increase in the bad debt provision mainly relating to old RTA debtors. There was also an increase in Non-PbR drugs in Haematology and Rheumatology (these were particularly low last month) due to activity. This was partly offset by a reduction in clinical supplies expenditure (especially on laboratory consumables) and a reduction in energy costs.

The Trust's month 11 financial position includes revenue costs of c. £740k relating to COVID (£12m YTD). The position also includes a provision for outsourcing of £1.9m on the assumption that any underspend on the independent sector will be clawed back (awaiting final guidance from NHSI/E).

Activity levels across most points of delivery (POD) continue to be lower than the normal Trust averages (19/20) and below Divisional plans as shown in the table below.

Point of Delivery	Feb-21	Jan-21	Dec-20	Nov-20	Oct-20	Sep-20	Aug-20	Jul-20	Jun-20	May-20	Apr-20
Daycase	-42.83%	-44.55%	-46.37%	-50.12%	-53.21%	-59.12%	-69.01%	-72.40%	-77.19%	-81.63%	-84.05%
Elective	-48.05%	-50.39%	-50.97%	-51.31%	-50.98%	-56.15%	-64.22%	-67.00%	-68.75%	-67.80%	-76.99%
Non-Elective	-18.71%	-18.57%	-18.77%	-19.23%	-19.36%	-20.22%	-27.51%	-30.52%	-34.44%	-38.09%	-42.36%
OP First	-57.26%	-59.01%	-60.46%	-62.13%	-64.15%	-67.15%	-74.02%	-76.90%	-79.65%	-81.79%	-81.43%
OP Follow Up	-62.63%	-64.00%	-64.91%	-65.79%	-67.61%	-70.90%	-77.61%	-79.25%	-81.14%	-82.09%	-79.31%
OP Procedure	-53.86%	-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 February 2020, CIP savings of £186k are reported, against a plan of £288k, an under achievement of £104k in month. Year to date the Trust has delivered savings of £875k versus a plan of £1,081k an under-delivery of £206k.

Capital expenditure spend in month 11 is £5.8m. This is £1m ahead of the original £4.8m plan and £1.5m ahead of the forecast. YTD capital expenditure spend is £25.3m, including COVID-19 capital spend of £1.5m. This is £5.1m behind the £30.4m plan and £1.7m ahead of the forecast. Estates are £686k ahead of the YTD forecast and Medical Equipment and IT are £185k and £801k ahead of the YTD forecast respectively. The Trust is currently forecasting to deliver its revised capital plan at year end.

The cash balance at the end of February was £77.1m (January: £73.6m). Cash remains high due to the Trust receiving two months' worth of the block income in April, although in March, the Trust will not receive any block income. The increase in cash in month is as a result of receiving one-off income from NHS England and Health Education England as noted above.

2. Recommendations

The Board is asked to note:

- The Trust's deficit for month 11 (February 2020) was £452k. The in-month financial position is c. £1.1m favourable to plan
- The Trust's YTD position is a £107k surplus. The YTD position is c. £7.7m favourable to plan.

Report Cover Page			
Meeting Title:	**Board of Directors**		
Meeting Date:	**Tuesday 16th March 2021**	**Agenda Reference:**	**G1**
Report Title:	**Proposal of review of Committee effectiveness framework**		
Sponsor:	David Purdue, Chief Nurse / Deputy Chief Executive		
Author:	Fiona Dunn, Deputy Director Corporate Governance/Company Secretary		
Appendices:	Insert if appendices are required in addition to this report		

Report Summary	
Purpose of report:	To propose a framework for the implementation of a committee effectiveness review
Summary of key issues/positive highlights:	• Currently there is no effective procedure in place for assessing the effectiveness and functioning of all the Board's committees in a standardised way. This paper sets out a proposal for a basic 'framework' for annual committee self-assessment • These self-assessments are essential for the overall Board assessment under the Well-Led framework • The self-assessment template has been used for ARC effectiveness review in 2019/2020 • The framework proposes a Q4 implementation routinely but for the purposes of 2020/2021 review then this is proposed to run April/May 2021 if approved as one-off occurrence. • If approved the checklists can be set-up as electronic surveys (Microsoft Forms or Survey Monkey) as approved route for survey and analysis.
Recommendation:	• **APPROVE** the implementation of the self-assessment framework subject to the forms being trialled with the view to future refinement as required; and • **APPROVE** the broad annual timetable for self-assessments being carried out and a subsequent summary report being presented to the Board as articulated in the paper.

Action Required:	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 as impacts on all domains
Corporate risk register:	There are no direct risks associated with the self-assessment process but undertaking an assessment may highlight certain areas of risk in relation to weak governance and assurance arrangements.
Regulation:	This proposal/process impacts as part of Well-led framework for governance reviews for NHS Foundation Trusts.
Legal:	Compliance with regulated activities and requirements in Health and Social Care Act 2008.
Resources:	None identified

Assurance Route			
Previously considered by:		Discussed at Audit & Risk in that requirement for standardised review process	
Date:	25/3/2021	**Decision:**	If proposal accepted by Board then paper will be reviewed at ARC.
Next Steps:		Implementation of review checklists	
Previously circulated reports to supplement this paper:		None	

Report Title: Annual Committee Effectiveness Review Framework Author: Fiona Dunn
Date: 16th March 2021

EXECUTIVE SUMMARY

- Currently there is no effective procedure in place for assessing the effectiveness and functioning of all the Board's committees in a standardised way. This paper sets out a proposal for a basic 'framework' for annual committee self-assessment. It is envisaged that these self-assessments will feed into the overall Board assessment under the Well-Led framework.
- Enclosed in this paper are:
    - Self-assessment checklist one for Audit & Risk Committee as a draft example;
    - Self-assessment checklist two – generic for all committees.

- The Board of Directors is requested to:
- **APPROVE** the implementation of the self-assessment framework subject to the forms being trialled with the view to future refinement as required; and
- **APPROVE** the broad annual timetable for self-assessments being carried out and a subsequent summary report being presented to the Board as articulated in the paper.

IMPLEMENTATION OF AN ANNUAL COMMITTEE EFFECTIVENESS REVIEW FRAMEWORK

Introduction

NHS Improvement's guidance, the Well-led framework for governance reviews for NHS Foundation Trusts, states that Boards should routinely assess the effectiveness of their governance arrangements of which a Board's committees form an integral part.

The guidance suggests that reviews should be undertaken annually and assess four different domains:

1. Strategy and planning;
2. Capability and culture;
3. Process and structures; and
4. Measurement.

Although a number of committee effectiveness reviews have been carried out in the past, there is currently no standardised formal process in place to enable the Board to test the committees' effectiveness on an annual basis.

Effectiveness Review Framework

The effectiveness review will be undertaken by each committee through the completion of two self-assessment checklists. These checklists are based on the Healthcare Financial Management Association's template for the assessment of audit & risk committees and have been amended for the purpose of other committees and to ensure the four Well-Led domains are appropriately covered. The two checklists are:

- Checklist 1 – specifically tailored to each committee to assess the committee's set-up and functioning; and
- Checklist 2 – a generic template applicable to all committees to evaluate the effectiveness of each committee.

The self-assessment and the review of the committee's terms of reference should be undertaken simultaneously as a way of triangulation and to address any gaps in governance arrangements as soon as possible.

Purpose of the review

The annual review is designed to:

- provide the Board with robust assurance of its committee's functioning and effectiveness;
- form the basis of the Board's own effectiveness review;
- offer a structure for implementation of any Well-led recommendations; and
- support Non-Executive Directors' individual appraisals and provide evidence of relevant achievements and development needs.

Annual Review Process and Timeline

Committees will undertake their effectiveness self-assessments and the review of their terms of reference at the first meeting during quarter four of each year. Depending on the annual meeting calendar the timeline is as follows:

January (ahead of committee meeting)

- Committee chair and executive lead meet to complete checklist 1 and review committee's terms of reference.
- Completed checklist 1 and terms of reference with recommended updates are circulated to all committee members together with checklist 2.
- Committee members complete checklist 2.
- All checklists are returned to Trust Company Secretary who prepares submission to next committee meeting.

January/February (at committee meeting)

- Committee reviews checklists one and two and provide comments on checklist one.
- Committee agrees both checklists and submission to Board.
- Committee agrees changes (if any) to terms of reference and submission to Board for approval.

March

- Board receives all completed self-assessments and identifies changes and improvements, if any.
- Board approves all terms of reference.

Review Framework Implementation

The first assessment under this framework will be undertaken in April-May 2021 which is considered to be a pilot of the framework and surrounding processes. It is envisaged that during the self-assessment, committees will identify required changes to the forms and templates which will be incorporated as appropriate.

The Trust Company Secretary will work closely with committee chairs to support the self-assessment and to refine the process as required.

Reporting and Disclosure

To ensure that all information is readily available and ready to be provided in evidence for, for example, CQC Well-led inspections, the Trust Company Secretary will hold all relevant information and documents.

Amendments and any remedial actions resulting from the self-assessment process will be captured by relevant meetings' minutes. Progress will be monitored through matters arising logs and other action plans, as required.

Reference to the self-assessments and narrative surrounding the process will be included in the Trust's annual report. The Trust routinely publishes this on its website.

It is envisaged that all completed review forms can be disclosed under the Freedom of Information Act but that they are not pro-actively published on the Trust's website.

ANNUAL COMMITTEE EFFECTIVENESS REVIEW

AUDIT & RISK COMMITTEE SELF-ASSESSMENT

Checklist One – Assessment of Committee Set-up and Functioning

This checklist is completed by the Committee Chair and Executive Lead to assess the robustness of the Committee's set-up and effective functioning. The completed assessment form is shared with Committee members for further input and feedback.

Committee Member Name:		Date of completion:	

Area/Question:	Yes:	No:	Comment/Action:
Composition, establishment and duties			
Does the audit committee have written terms of reference and have they been approved by the Board?			
Are the terms of reference reviewed annually?			
Has the committee formally considered how it integrates with other committees that are reviewing risk?			
Are committee members independent of the management team?			
Are the outcomes of each meeting and any internal control issues reported to the next Board meeting?			
Does the committee prepare an annual report on its work and performance for the Board?			
Has the committee established a plan of matters to be dealt with across the year?			
Are committee papers distributed in sufficient time for members to give due consideration?			
Has a quorum been present for each meeting this year?			
Internal control and risk management			
Has the committee reviewed the effectiveness of the Board Assurance Framework?			
Does the committee review the evidence required to demonstrate compliance with regulatory requirements (e.g. NHSI or CQC)?			

Area/Question:	Yes:	No:	Comment/Action:
Has the committee reviewed the accuracy of the draft annual governance statement?			
Has the committee reviewed key data against the data quality dimensions?			
Annual report and accounts and disclosure statement			
Does the committee review a draft of the organisation's annual report and accounts?			
Does the committee specifically review: • The going concern assessment • Changes in accounting policies • Changes in accounting practice due to change in accounting standards • Changes in estimation techniques • Significant judgements made in preparing the accounts • Significant adjustments resulting from the audit • Explanations for any significant variances?			
Is a committee meeting scheduled to discuss any proposed adjustments to the accounts and audit issues?			
Does the committee ensure it receives explanations for any unadjusted error in the accounts found by the external auditors?			
Internal audit			
Is there a formal 'character' or terms of reference, defining internal audit's objectives and responsibilities?			
Does the committee approve the internal audit plan, and any changes to the plan?			
Is the committee confident that the audit plan is derived from a clear risk assessment process?			
Does the committee receive periodic progress reports from the head of internal audit?			
Does the committee effectively monitor the implementation of management actions arising from internal audit report?			
Does the head of internal audit have a right of access to the committee and its chair at any time?			

Area/Question:	Yes:	No:	Comment/Action:
Is the committee confident that internal audit is free of any scope restrictions, or operational responsibilities?			
Has the committee evaluated whether internal audit complies with the Public Sector Internal *Audit Standards?*			
Does the committee receive and review the head of internal audit's annual opinion?			
External Audit			
Do the external auditors present their audit plan to the committee for agreement and approval?			
Does the committee review the external auditor's ISA 260 report (the report to those charged with governance)?			
Does the committee review the external auditor's value for money conclusion?			
Does the committee review the external auditor's opinion on the quality account?			
Does the committee hold periodic private discussions with the external auditors?			
Does the committee assess the performance of external audit?			
Does the committee require assurance from external audit about its policies for ensuring independence?			
Has the committee approved a policy to govern the value and nature of non-audit work carried out by the external auditors?			
Clinical audit			
Does the committee receive appropriate assurance from the relevant group monitoring clinical audit?			
Has the committee: • Reviewed an annual clinical audit plan? • Received at least an annual progress reports? • Monitored the implementation of relevant management actions?			
Is the committee sufficiently assured that the Quality & Safety committee receives and			
scrutinises relevant action plans and quality assurances from all clinical audit activities?			

Area/Question:	Yes:	No:	Comment/Action:
Counter Fraud			
Does the committee review and approve the counter fraud work plans, and any changes to the plans?			
Is the committee satisfied that the work plan is derived from an appropriate risk assessment and that coverage is adequate?			
Does the audit committee receive periodic reports about counter fraud activity?			
Does the committee effectively monitor the implementation of management actions arising from counter fraud reports?			
Do those working on counter fraud activity have a right of direct access to the committee and its chair?			
Does the committee receive and review an annual report on counter fraud activity?			
Does the committee receive and discuss reports arising from quality inspections by NHSCFA?			

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

ANNUAL COMMITTEE EFFECTIVENESS REVIEW **SELF-ASSESSMENT**

Checklist Two - Committee Effectiveness Evaluation (all committees)

This checklist is designed to assess the Committee's effectiveness by taking the individual views of Committee members across a number of themes. The Committee Chair and Trust Company Secretary review the results and recommend any further actions required.

Committee Name: | Date of completion: | Evaluator's Name:

Statement:	*Strongly Agree:*	*Agree:*	*Disagree:*	*Strongly Disagree:*	*Unable to Answer:*	*Comments/Actions:*
Theme 1 – committee focus						
The committee has set itself a series of objective for the year	☐	☐	☐	☐	☐	
The committee has made a conscious decision about the information it would like to receive	☐	☐	☐	☐	☐	
Committee members contribute regularly to the issues discussed	☐	☐	☐	☐	☐	
The committee is aware of the key sources of assurance and who provides them	☐	☐	☐	☐	☐	
The committee receives assurances from sub-groups and departments who deliver key committee-relevant functions	☐	☐	☐	☐	☐	
Equal prominence is given to all key areas of the committee's remit and this is reflected in meeting agendas and reports	☐	☐	☐	☐	☐	
The committee's remit is appropriate and manageable	☐	☐	☐	☐	☐	

Statement:	*Strongly Agree:*	*Agree:*	*Disagree:*	*Strongly Disagree:*	*Unable to Answer:*	*Comments/Actions:*
Theme 2 – committee engagement						
The committee is clear about its role in relationship to other committees	☐	☐	☐	☐	☐	
We can provide two examples of where we as a committee have focused on improvements as a result of assurance gaps identified.	☐	☐	☐	☐	☐	
The committee is sufficiently and appropriately engaged with all key internal stakeholders and functional areas	☐	☐	☐	☐	☐	
Committee members visit services and meet teams to understand relevant issues	☐	☐	☐	☐	☐	
Theme 3 – committee team working						
The committee has the right balance of experience, knowledge and skill to fulfil its role	☐	☐	☐	☐	☐	
The committee ensures that relevant officers attend meetings to enable it to understand the information it receives	☐	☐	☐	☐	☐	
Management fully briefs the committee on key risks, safety issues and any gaps in control.	☐	☐	☐	☐	☐	
Relevant sub-groups provide timely and clear information in support of the committee	☐	☐	☐	☐	☐	
The committee environment enables people to express their view, doubts and opinions	☐	☐	☐	☐	☐	
Committee members understand the messages being given by sub-groups and relevant third parties	☐	☐	☐	☐	☐	

The Trust's cultural pillars and strategic priorities are reflected in the way the committee operates and the information it receives	☐	☐	☐	☐	☐	
Members hold their assurance providers to account for late or missing assurances	☐	☐	☐	☐	☐	

Statement:	*Strongly Agree:*	*Agree:*	*Disagree:*	*Strongly Disagree:*	*Unable to Answer:*	*Comments/Actions:*
Decisions and actions are implemented in line with the timescale set down	☐	☐	☐	☐	☐	
Theme 4 – committee effectiveness						
The quality of committee papers received allows committee member s to perform their roles effectively	☐	☐	☐	☐	☐	
Members provide real and genuine challenge – they do not just seek clarification and / or reassurance	☐	☐	☐	☐	☐	
Debate is allowed to flow, and conclusions reached without being cut short of stifled	☐	☐	☐	☐	☐	
Each agenda item is 'closed off' appropriately and the committee is clear on the conclusion, who is doing what, when and how, and how it is being monitored	☐	☐	☐	☐	☐	
At the end of each meeting the committee reflects on decisions and discusses what worked well, not so well etc.	☐	☐	☐	☐	☐	
The committee provides a written summary report of its meeting to the Board	☐	☐	☐	☐	☐	
The Board challenges and understands the reporting from this committee	☐	☐	☐	☐	☐	

Theme 5 – committee leadership						
The committee chair has a positive impact on the performance of the committee	☐	☐	☐	☐	☐	
Committee meetings are chaired effectively	☐	☐	☐	☐	☐	
The committee chair is visible within the organisation and is considered approachable	☐	☐	☐	☐	☐	
The committee chair allows debate to flow freely and does not assert his/her own view too strongly	☐	☐	☐	☐	☐	
The committee chair provides clear and concise information to the Board on committee activities and gaps in control	☐	☐	☐	☐	☐	

Provide further comments on the overall effectiveness of the Committee

List any areas that require attention or improvement in the coming year

List anything the Committee does particularly well

Report Cover Page			
Meeting Title:	**Board of Directors**		
Meeting Date:	16 March 2021	**Agenda Reference:**	**G2**
Report Title:	**Corporate Risk Register**		
Sponsor:	David Purdue, Chief Nurse / Deputy Chief Executive		
Author:	Fiona Dunn, Deputy Director Corporate Governance/Company Secretary		
Appendices:	CRR MAR 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:	Key changes to the CRR this period:
	• One new corporate risk added or escalated from Management Board
	  ○ Risk ID 2664 – Consultant Staffing shortage DCC. Escalated to Management Board 1/3/2021 & Executive team 10/3/2021. Robust action plan to be developed to address risk mitigations. Risk grading 20. Medical Director is lead executive for this risk, with Divisional Director for Clinical Specialties. Action plan to be submitted to Executive team.
	• Currently there are 97 risk logged rated 15+ across the Trust .
	• 18 of these risks are currently monitored via Corporate Risk register (CRR)
	  ○ 1 RISK 1854 (Q&E13) Initial ED BDGH triage assessment processes - 16 (Extreme) decreased to 9 (high). Triage pathway reviewed as part of QI process. Navigation now in place. Alternative pathways to ED in place
	  ○ 1 RISK 1855 (Q&E14) Registered Paediatric staffing ED BDGH - 16 (Extreme) decreased to 12 (high). Recruitment continues, mitigation in place agreed with the CQC
	
	Internal Audit Assurance
	• KPMG is currently undertaking check on previous recommendations and to sample several risk rated 15+ from the risk log for compliance with the risk management policy.
	
	Action required
	• Continuous review of existing risks and identification of new or altering risks through improving processes.
	• Ensure embedding of risk management process through refreshed training and education to ensure consistency of process.
	• Link to key strategic objectives indicated within the Board Assurance Framework.
	• 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, F&P, QEC Executive Team – (15+ risks)	
Date:	Feb 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 March 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	⟺
2664		01/04/2021	Clinical Specialist Services	Critical Care	**Staff shortage - Consultant Intensive Care**	Severe shortage of consultants in intensive care medicine (especially DRI site), caused by inability to recruit for past 6 years and two recent resignations from existing staff. Now high risk of burnout of remaining consultant staff with subsequent sick leave and possible further resignations. Negative impact on quality of patient care, team work on DCC and training of other staff, especially doctors.	Noble, Timothy / Jochen Seidel	Extreme Risk	20	High Risk	Feb-21	NEW
2472	COVID1	30/04/2021	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	12/04/2021	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	Mar-21	⟺
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	PEO1 (Q&E1)	31/03/2021	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	⟺

Corporate Risk Register Summary March 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
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	⟺
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	⟺
16	PEO2 (F&P8)	31/03/2021	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	09/09/2021	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	High Risk	9	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	15	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	01/09/2021	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	High Risk	12	High Risk	Feb-21	⇕

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

CHARITABLE FUNDS COMMITTEE ANNUAL REPORT 2019 20

DATE:	**15 September 2020**
PREPARED BY:	**Sheena McDonnell, Chair of the Charitable Funds Committee**

1	**INTRODUCTION**
1.1	The Charitable Funds Committee was established as a committee of the Board of Directors. The remit of the Committee is to provide assurance on the systems of control and governance specifically in relation to the charitable funds of the Trust. The work plan is continually reviewed at each committee as a standing item. The purpose of this report is to provide the Board of Directors with a summary of the work of the Charitable Funds Committee ("the committee") for the year 2019/20 including: a) oversight and management the Trust's Charitable Funds, including that of the Fred and Ann Green charitable funds; b) To fulfil the sole objective of the Charity which is to support the work of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust.
1.2	This report summarises the key information required against the following four elements namely: a) The role and the main responsibilities of the Committee; b) Membership of the Committee; c) Number of meetings and attendance.
2	**STRATEGIC CONTEXT**
2.1	The Charitable Funds Committee (CFC) is one of the four Board Committees (Quality and

	Effectiveness Committee, Audit and Risk Committee and Finance and Performance Committee) and is responsible for providing assurance to the Board of Directors on the provision of charitable funds for the purpose of improved welfare and amenities for patients and staff. The Committee is responsible for the approval of charitable fund requests.
2.2	The Committee is responsible for ensuring that there is adequate and appropriate governance in the authorisation of expenditure from the Charitable Funds.
3	**THE ROLES AND MAIN RESPONSIBILITIES OF THE COMMITTEE**
3.1	The main purpose of the Committee is to: a) To oversee and manage the Trust's Charitable Funds, including the Fred and Ann Green charitable funds, and to provide assurance and raise concerns to the Board of Directors. b) Make recommendations, as appropriate, on charitable fund matters to the Board of Directors.
4	**MAIN ACTIVITIES**
4.1	During 2019/20 the Committee has delivered its key responsibilities and duties as outlined in its Terms of Reference. Meetings have been held in accordance with the agreed schedule.
4.2	All issues for escalation have been continuously reported upwards to the Board of Directors with relevant information being shared with F&P.
4.3	Through quarterly review and scrutiny of the Trust's charitable fund balance, the Committee has been able to provide the Board of Directors with the assurance against approval of expenditure. Throughout the year the Committee has continuously scrutinised and challenged the fundraising strategy of the Trust and supported the business case for the employment of a Corporate Fundraiser.
4.4	The main areas reviewed over the year can be summarised as:

	a) Financial matters – the Committee reviewed the fund balances; b) Fundraising strategy – the Committee reviewed the fundraising strategy as a key part of its meetings; c) Charitable Funds Policy – the Committee reviewed this including the Committee Terms of Reference and Reserves Investment Policy; d) Risk management and internal control – the Committee considered this as a key part of its monthly meetings.
4.5	Specific areas covered during 2019/20 on behalf of the Board were: **Expenditure** • The approval/decline of expenditure of fund requests, including that of the Fred and Ann Green charitable fund; • Fundholders were invited to present at the meetings to provide feedback on how the approved charitable fund they had received had impacted their area of business including the positive impact on patients/staff; • Received and reviewed proposals on the identification of projects that met the charitable fund criteria; • Review of the charitable fund balance at each meeting. **Policy** • Discussed and reviewed the fundraising strategy and identified ways that this could be improved; • Supported the business case for the employment of a Corporate Fundraiser with the expectation that the Trust charitable funds would increase significantly; • Reviewed and approved the Charitable Fund Policy including the Committee Terms of Reference and Reserves Investment Policy. **Governance** • The Committee reviewed the ISA 260 work plan;

- Reviewed the risk position at each meeting including the impact that Covid19 had on the portfolio.

5 REPORTING

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

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

5.3 The Chair of the Charitable Funds Committee attended Council of Governors to answer questions and provide assurance to governors.

6 MEETINGS AND MEMBERSHIP

6.1 The Committee met on 4 occasions during 2019/20 and the Committee's membership and attendance has been as follows:

Name	Role	Meeting attendance
Sheena McDonnell – Chair	Non-executive Director	4 of 4
Suzy Brain England	Chair of the Board of Directors and Council of Governors	4 of 4
Pat Drake	Non-executive Director	4 of 4
Neil Rhodes	Non-executive Director	1 of 4
Kath Smart	Non-executive Director	3 of 4
Mark Bailey	Non-executive Director (from 1 February 2020)	1 of 1
Linn Phipps	Non-executive Director (left the Trust 30 April 2019)	0 of 0
Alan Chan	Non-Executive Director (left the Trust 09 May 2019)	0 of 0
Richard Parker	Chief Executive	4 of 4
Jon Sargeant	Director of Finance	4 of 4
Mr. Sewa Singh	Medical Director	1 of 4
David Purdue	Deputy Chief Executive (from 1 January 2018) and Chief Operating Officer (until 12 September 2019)	2 of 3
Moira Hardy	Director of Nursing, Midwifery and Allied Health Professionals (left the Trust on 31.07.19)	1 of 1

7	**SUB COMMITTEES**
7.1	The committee has the following sub-committee: • Above and Beyond Committee (previously Charitable Funds Development Committee) Minutes of the sub-committees are presented to each meeting of the Committee for information.
8	**WORK PLAN**
8.1	A Committee work plan was introduced in readiness for the March 2020 meeting which would dictate what would be reviewed at each committee and at pre-meetings that took place approximately two weeks before the Committee.
9	**COMMITTEE EFFECTIVENESS**
9.1	The committee has not conducted a committee effectiveness review however a comprehensive effectiveness review would be undertaken during 2020/21.
10	**CONCLUSION AND RECOMMENDATIONS**
10.1	In conclusion, the Committee delivered well against its key objectives during 2019/20.
11	**WORK FOR 2020/21**
11.1	Work to progress in 2020/21 includes: a) A Committee Effectiveness Review; b) Continued development of the Committee work plan ensuring all issues are covered to clearly track matters going forward; c) Support of the Corporate Fundraiser; d) Continue the review the fund balance; e) Continue the consider business case requests for charitable funds; f) Continue the monitoring the investment of the charitable fund.

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Report Cover Page					
Meeting Title:	**Board of Directors**				
Meeting Date:	16 March 2021	**Agenda Reference:**	**H1**		
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:			

Chair's Report

Following the publication of the government's white paper ***"Integration & Innovation: Working Together to Improve Health & Social Care for All"***, a number of briefing sessions have been arranged to consider the potential impact at place and system level. Following an initial briefing for Chairs additional joint sessions to include Non-executive Directors and Lead Governors were arranged by the ICS. Regular sessions for Chairs with ICS Lead Sir Andrew Cash are in the diary. In addition, DBTH invited Robert McGough, Partner at Hill Dickinson to facilitate a Board workshop. We also met with the Board of Sheffield Children's Hospitals to discuss the Hosted Network model for children's services.

The white paper sets out legislative proposals for a health and care bill, expected to build on the collaborative working developed over recent years within SY&B, to better serve the population in a rapidly changing world. It builds upon the ambitions of the NHS Long-Term Plan to tackle health inequalities through a whole population health approach, planning for improvements in health and health care at a system level, to work in partnership at place and in provider collaboratives. This joined up care will ensure that no matter where people live, they have the same opportunity to access services. As the ICS moves through to deliver plans for an April 20222 start to the new approach, we will be heavily engaged in securing the best structure and partnerships to deliver high-quality patient services in Doncaster and Bassetlaw.

Clinical Strategy Workshop

As part of the Trust's work on developing a renewed clinical strategy Marie Purdue, Director of Strategy & Improvement led a Board workshop in February 2021. Initial discussions had taken place with the Executive Team in December 2020 and agreement reached that the existing strategy should be recreated. The output from the initial framing discussions had been developed and the presentation to Board considered a SWOT analysis, appropriate decision-making criteria to determine the priorities and the identification of key strategic issues. In due course thinking will be shared with Governors.

Board Assurance Framework (BAF)

Development of the Board Assurance Framework continues, last month I met with Fiona Dunn and David Purdue to review the new style board reports presented for the first time at February's meeting. This change in reporting sees the BAF linked to the relevant strategic aim as an integral part of each report. This change reduces the requirement for NEDs to submit Chair's logs. This is a significant step forward in demonstrating how the board gets assurance on Trust performance.

Other meetings

In the last month I have met with fellow Chairs, Max McLean (Bradford) Keith Ramsay (Mid-Yorkshire), Philp Lewer (Calderdale and Huddersfield) and John McDonald (Sherwood Forest). There are always things to learn and share during these regular chats with Chairs.

I have had a 1:1 discussion with David Purdue and we also explored the requirements of the NED Board Safety Champion role, which Pat Drake will take responsibility for, as a recommendation from the Ockenden Review.

I continue to meet with the Lead and Deputy Lead Governors, hold regular updates with the Non-executive Directors and speak to Richard on a weekly basis.

NEDs joined Becky Joyce and her team for a performance update. I joined Governors for their update on Bassetlaw Emergency Village and the Patient Safety Briefing

I continue to sit on the Board of Doncaster Chamber. At the pending annual awards event, several categories will be presented to NHS colleagues for their extraordinary effort in the pandemic.

NED Reports

Sheena McDonnell

This month Sheena has hosted the People Committee, with a comprehensive agenda. She has attended the Emergency Department to join one of their morning huddles and see the improvements that have taken place, not least physically with the new children's area.

Sheena has participated in a number of workshops with the board on the clinical strategy, the ICS and Hosted Networks. She has also caught up with DBTH colleagues about FTSU, Associate NED opportunities and more.

Sheena has attended a session with fellow NEDs and the Chair to keep updated on Trust key issues and to discuss how we will work together moving forward.

Sheena has also attended Governor briefings and the Trust Ethics Board.

Mark Bailey

Since the last Board report, Mark has continued to work virtually.

During the month he attended the People Committee and chaired the Trust's Charitable Funds Committee. Mark also attended the Board to Board meeting with Sheffield Children's Hospital Trust

and has participated in separate Board development sessions on the Care Quality Commission consultation, Clinical Strategy and the legislative changes proposed for Integrated Care Systems.

Digital enablement of our health services features prominently in the NHS Long Term Plan and in the future operation of Integrated Care Systems. Mark attended the launch of a Government / NHS Digital sponsored report by Public Policy Projects on Digitisation and Health Care; the recommendations from which will support the work of the Acting Chief Information Officer in refreshing the Trust's digital strategy.

During the month, meetings have taken place with the Company Secretary, Head of Communications and Engagement, Acting Chief Information Officer, Director of Finance and as part of his Health & Well-Being Guardian role with the Director of People and Organisational Development. In addition to the regular catch-up calls with Non-Executive colleagues, individual calls with six governors have been held and he has attended the latest Governor briefing and development session on the Bassetlaw Emergency Care Village.

Kath Smart

Since the last report Kath has attended her Corporate Committees, namely the People Committee, and Charitable Funds Committee, as well as attending the Board Workshops on the Development of the ICS, CQC Consultation and the Trust's Clinical Strategy.

She has also undertaken her buddying arrangements with the Medicine Division, supporting several of the launch events of the DRI Emergency Department organisational development programme, plus viewing the ongoing building works in ED which are designed to improve the environment and flow for both staff and patients.

In her role as Audit & Risk Committee (ARC) Chair, Kath attended the Trust's Information Governance Committee and held an ARC Agenda Planning session with the Director of Finance and Company Secretary, in preparation for ARC later this month.

As part of her buddying arrangements with the Chief Operating Officer, they jointly visited the medical administration teams at Bassetlaw as part of ongoing communications to thank staff for their contributions during a very challenging year.

Finally, she met with a prospective candidate for a Consultant post, attended the Board to Board with Sheffield Children's Trust, and completed the Trusts online mandatory and statutory training sessions.

Pat Drake

In my role as Chair of the Quality and Effectiveness Committee (QEC) I have observed a Mortality Governance Meeting and a Patient Experience and Engagement Committee. Both committees have

a very full agenda and work plans adapting to the changes and opportunities that the pandemic has brought. I have also chaired the QEC agenda planning meeting.

Since the last Board meeting there has been an NHS Blood & Transplant Congress and I attended a number of sessions linked to my role as Chair of the Organ Donation Committee.

In my new role as NED Safety Champion in Maternity I have met with the Chair, the Chief Nurse and the Director of Midwifery to scope both the Executive role and the NED role and the partnership role going forward. To fulfil the role, I have also had introductory meetings with the operations managers in maternity, the CCG leads for the Maternity Voices Partnership (MVP) and the Chair of the DRI MVP Group. I plan to observe the next Bassetlaw MVP, when arranged. Maternity Safety meetings have also been set up until the end of the year and I have attended the first one. I will also be attending the Children and Families Board for the Obstetric part of the agenda only.

I continue with my links with governor buddies, attended the Governor Briefing on the Bassetlaw Emergency Village and chaired the Governor Briefing on Patient Safety.

In terms of the Board commitments I have attended the Clinical Strategy Workshop, the ICS Update and the Board to Board with Sheffield Children's Hospital.

Other meetings I have attended include the People Committee, a Performance Deep Dive, a Datix presentation, a NEDs meeting, and a Quality Huddle in the Emergency Department which is part of their ongoing improvement work.

Chief Executive's Report
March 2021

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

An update on the Trust's response to COVID-19 and marking one year

On 21 March, we will mark one year since we admitted and cared for our first COVID-19 positive patient. Since that time, we have experienced the most extraordinary year I can remember in my 39 - year career in the NHS.

Just 12 months ago, our organisation was preparing for a once a generation pandemic – uncertain as to what we could expect, and doing all we could to ensure we were ready for the oncoming storm. Now, one-year-on I am proud to reflect upon the compassion, dedication and fortitude shown by colleagues in the face of unprecedented challenge and great uncertainty.

Following the Prime Minister's announcement of a national lockdown on the evening of 23 March, I wrote an open letter to the people of Doncaster and Worksop. Despite the anxieties we all collectively felt at the time, I stated that, once the pandemic was over, we would reflect upon what we have achieved with a huge sense of pride. I believe this sentiment holds true today.

While we are not yet done with COVID-19, in the 365 days between that first patient and now, we have cared for over 3,150 people, safely discharging over 2,200 to continue their recovery. Colleagues have diligently cared for those suffering the worst effects of the disease, adapting to new ways of working as the country entered lockdown, never complaining or wishing to opt out.

As a Trust, we saw peaks of activity in May, and again in November, with our hospital one of the busiest in the country for a brief period of time. I would like to offer my heartfelt thanks to everyone for both their individual and team efforts. In times of emergency, an organisation's true values become clear – and I believe, that colleagues across the Trust have truly shown that 'We Care', pulling together in the most difficult of circumstances.

While we have so much to be proud of, like so many families across the country, as a Trust we have lost much-loved colleagues. We cherish the memories of our friends and co-workers, Kevin Smith, Dr Medhat Atalla and Lorraine Butterfield who passed away last year, following brief but extremely brave and determined battles with COVID-19.

Like many families words cannot account for the loss we feel, and their absence will be forever felt within our teams. However, we remember them for the joy they brought to us. The care, compassion and professionalism they embodied as health professionals. Each made a profound impact upon the lives of countless people, and we will remember them for this and I hope that the Rainbow Gardens we have created will provide a lasting monument to those we have lost.

During such a difficult year, I suspect that all wondered when the pandemic would end, but I am now more optimistic than ever before that there is light at the end of the tunnel. If infections continue to decline, in the next few weeks we will begin to see that more of the current restrictions will be eased, and if we continue to make progress, we can be able to meet family and friends again and return life to a more normal footing.

I believe we can all be extremely proud about how we responded to the challenges and what we achieved as communities. The sacrifices that everybody has made have not been easy, but I believe

they have helped us to save lives and I have been truly humbled by the kindness shown to us in the form of kind donations and other efforts.

Finally, to all those keyworkers, not exclusively those within NHS and social care, I want to share my thanks, as well as those on behalf of the entirety of Team DBTH.

We couldn't have achieved what we have without the support of those individuals who continued to supply and operate; our police and fire services, supermarkets and local shops, our streets and neighbourhood teams, all those who delivered the essential items we needed every day, educated our young people, and everyone in between. To every single person defined as a key or essential worker, you should be proud of what you have achieved and you have mine and those of my colleague's deep thanks and appreciation.

Until we banish Covid for good continue to observe hands, face and space and please put your arm forward when called upon to receive your vaccine. We entered this pandemic together, and we will only emerge from it if we continue that spirit. Thank you everybody and here is to hoping to a better year ahead.

COVID-19 vaccination

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

As of mid-March, we have begun the process of offering the second jab, with a number of colleagues receiving the booster vaccination with support from our partners in primary care, as well as Doncaster Rover's Keepmoat Stadium.

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 22,000,000 people vaccinated across the country, I am proud to reflect that we have contributed to this locally and across South Yorkshire and Bassetlaw.

Our Staff Survey results

As a snapshot of how colleagues feel about our organisation and the care we provide, the Staff Survey gives us a clear indication of areas where we can look to improve in the future to support our teams to provide the best possible experience for those in our care.

This year's questionnaire, following its traditional annual timeline, was launched when we were at our very busiest. There was a time in late 2020 when, alongside our colleagues at Barnsley Hospital, our activity was the highest in the country. Our bed occupancy peaked far beyond what we saw in the first wave, and as a result our attention was focused upon getting through those challenging few weeks which stretched from September through to early December.

Yet despite this, our completion rate for the survey was 50%, slightly higher than the national average, with 3,157 staff taking the time to fill-out the extensive survey. Within this, the majority of staff have told us that they feel trusted in your job, are confident in your responsibilities and are pleased to discharge duties to a good standard. Most important of all, over 80% of all colleagues believe that the care of patients is our top priority, and that they would recommend the service we provide to friends, family and loved ones.

I am also pleased to note that we have also made good progress in regards to health and wellbeing – an aspect of our organisation we have tried to improve and develop, particularly through the past 12 months. Of 26 questions asked regarding this topic, 13 have registered an improved result when compared to 2019– a fantastic achievement given the difficult working environments imposed upon us by COVID-19, and the adaptations we have had to make.

On a personal note, I am very pleased that this commitment to our colleagues' health and wellbeing at work has been recognised. It is an agenda we remain committed to and we will continue to try to improve the support and services we have put in place over the past 12 months

When looking at the themes of the survey, as benchmarked nationally, of 10 categories, we have registered similar results in seven themes compared to the year before, improved in one area and declined slightly in two. Given the unprecedented challenges we have faced, I believe that this is gives us optimism for further improvements and areas on which we can build as we emerge from the pandemic, continuing our journey towards becoming an outstanding organisation – not only as a place to receive care, but also as a place to work.

What we have experienced throughout 2020 and into 2021 will hopefully be a once in a century event and I believe colleagues have discharged their duties with skill and compassion, working together, and for one another, in order to provide high quality care and never once failing in our determination to do the very best for our patients. Together we will continue to try and make this organisation live up to our ambitions, ensuring that we are all proud to name ourselves as a member of Team DBTH now and in the future.

Pre-election period

The pre-election period, known as 'purdah', describes the period of time immediately before elections or referendums when specific restrictions on communications activity are in place. The term 'heightened sensitivity' is also used.

This means that, from late March until the end of the local election period in May, all NHS organisations will take all necessary steps to ensure that any communications remain (as they always should be) impartial.

This means, for the duration of the election period there will be:

- No new decisions or announcements of policy or strategy;
- No decisions on large and/or contentious procurement contracts;
- No participation by official NHS representatives in debates and events that may be politically controversial, whether at national or local level.

As an organisation, we have shared this guidance with our colleagues and will ensure we adhere to the principles outlined above.

An update on visiting restrictions

I am pleased to note that our visiting restrictions will ease a little from Monday 29 March, allowing for one named person per day for all adult inpatients for a maximum of one hour.

Although one named visitor per patient will be permitted at this time this will not be interchangeable and must be the same person for the duration of the patient's hospital stay. Those

wishing to visit will have to book their timeslot ahead of time by calling the relevant service to ensure that the wards and departments can maintain social distancing requirements.

Visitors should only come if they are well, and are not showing any signs or symptoms of COVID-19. This includes a high temperature, a persistent cough and a loss of smell or taste. Individuals must also be appropriately masked, as well as taking the opportunity wash their hands upon entry to the hospital.

The Trust currently allows birth partners to accompany mothers, and parents and legal guardians to visit children. Other exceptions include visiting those with dementia and other complex needs, as well as individual's nearing the end of life.

All current visiting restrictions, as well as contact details, can be viewed on the Trust's website on www.dbth.nhs.uk

Local youngster raises over £2,000 following sponsored run to the Etihad

A local Manchester City fan, Harrison, has raised over £2,000 for the Acute Treatment Centre (ATC) and Children's Observation Unit at Bassetlaw Hospital following a 69-mile virtual run from doorstep to the Etihad Stadium.

Harrison, eight, from Dunham-on-Trent set himself the challenge during the 2021 lockdown believing it would be a nice thing to do, in particular for his neighbour Diana, who works on the ATC at Bassetlaw Hospital.

Measuring the distance from his home to Man City's Etihad stadium, Harrison decided he would run, jog and walk the distance in just six weeks, asking friends and family to sponsor his efforts, with the help of mum Charlotte.

A week earlier than anticipated, Harrison completed the 69-mile trek, running two miles most days over the period of five weeks, registering a distance just seven miles shy of three marathons. In this time, the youngster received the support of 116 donors, raising £2,190 and smashing his initial target of £300 in less than 24 hours, and a stretch goal of £1,200.

Alongside toys for the Paediatric ward, the money raised by Harrison will be used to purchase televisions for bedded bays within the ATC Ward, as well as radios for side rooms. Due to visiting restrictions as well as other infection prevention measures, patients have less chance to socialise when staying in hospital, meaning days can feel very long,. However with the new additions provided by Harrison and his supporters, individuals will have more entertainment on hand in the future.

I have been extremely impressed by Harrison's efforts and have watched his progress keenly. Running 69 miles is an achievement at any age, but Harrison is clearly a very talented young man and this is matched by his thoughtfulness.

"The money Harrison has raised will make a real difference for our patients, and I want to thank him, his family and supporters, on behalf of everyone at Team DBTH. The past 12 months have been incredibly challenging, but the support shown by our communities has been overwhelming and gestures, such as the one undertaken by Harrison, have lifted our spirits at the times we have needed it most.

Albemarle Homes selects Doncaster and Bassetlaw Hospitals as their charity partner for 2021 and beyond

Family run housebuilder, Albemarle Homes, has selected the Trust as its first charity partner, supporting local healthcare professionals with over three years of fundraising.

Albemarle Homes, who is currently constructing homes in South Yorkshire, will be taking part in several fundraising activities throughout the next year to raise funds for the charity. Most importantly, those buying a new home from Albemarle Homes, on their Westmoor Grange development in Armthorpe and Vicarage Fields in Beckingham, will have the added perk of knowing that £100 of their sale price will be donated to the hospital charity.

With over 400 homes being built across both developments, Albemarle Homes will be raising over £40,000 to help patients and staff at the hospital trust over the coming years.

In addition to raising funds for the hospital's charity, Albemarle Homes is currently offering a keyworker discount to those employed in the health service, police force, fire service and many others. The discount of £500 for every £25,000 is applied to property list prices at albemarlehomes.co.uk.

Work has commenced on the Doncaster Royal Infirmary COVID-19 memorial garden

Work has begun on a memorial garden at Doncaster Royal Infirmary following an appeal by staff to create spaces dedicated to our three much loved colleagues, and all those across our communities, who we have lost to Covid-19.

In June of this year, we started fundraising with an ambition to create two beautiful spaces in honour of those affected by COVID-19, in particular their colleagues, Kevin Smith, Dr Medhat Atalla and Lorraine Butterfield, who sadly passed away from the illness.

The target for the appeal was £35,000 and to date over £43,000 has been raised thanks to the generosity of our local communities and businesses. The memorial gardens were named Rainbow Gardens as Rainbows are symbols of hope, and have become synonymous with the NHS during the pandemic.

The garden at Bassetlaw Hospital was completed in October and was created by John and Carolyn Fox of J P Fox Services. John and Carolyn volunteered their time free-of-charge as a thank you for the care and support Carolyn's mum received before she passed away from Covid-19.

The garden at Doncaster Royal Infirmary is next to the Fracture Clinic and currently is just grassed and unused. The finished garden will feature places to sit, beautiful plants and scenery and a sculpture created by a local artist.

For more information and details on how to get involved, go to: https://www.dbth.nhs.uk/charity/rainbow-gardens/

South Yorkshire and Bassetlaw Integrated Care System

Chief Executive Report

Health Executive Group

9 March 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 provides a summary update on the work of the South Yorkshire and Bassetlaw health and care partners for the month of February 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 March 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 health and care partners for the month of February 2021.

2. Summary update for activity during February

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

South Yorkshire and Bassetlaw (SYB) continues to experience a downward trend in COVID-19 infections across the five places in common with the wider North East and Yorkshire region where the rolling seven-day rate of positive cases is 150 per 100,000 population.

Sheffield currently has a reduction in positive COVID-19 cases (now below 100 per 100,000 population) compared with the rest of SYB, with Barnsley and Doncaster experiencing a similar steady decrease also. Whilst there are slightly higher rates in Bassetlaw and Rotherham, the overall picture is one that is showing a gradual decline in community infections, and an overall feeling of optimism that SYB has passed the peak of the third wave.

The number of hospital admissions is falling faster than the number of new cases, with the fall in hospitalisations also faster among the age groups already vaccinated (compared with those in younger age groups yet to get a jab). This steady decline in admissions, particular among the COVID-19 vaccination priority groups (1-4), has the added positive effect on reducing hospital bed occupancy rates - much improved since early October 2020.

Data from the Office for National Statistics shows that Covid-related deaths across Yorkshire and the Humber are around 320 per week (as per the latest report) with the trend steadily decreasing.

Whilst there are small increases in the infection rate among individuals of a working age (16 – 64), and particularly within younger age groups, we are not seeing any stacking (incidental passing of the virus to older generations in their family or household who are more likely to develop serious illness).

Similarly, as a result of the good weather at the end of February, mobility data shows that more people were leaving the house for walking which saw a steady increase in park use and workplace visitations. Data and reports also suggest that people are still very much abiding by the rules.

In summary, the news is encouraging and means that we are starting to see the parallel impact of SYB's vaccination programme and lockdown restrictions curtailing the spread of COVID-19.

2.1.1 SYB Vaccination Programme

We are now more than 12 weeks into the vaccination programme with over 20 million people in the UK having now received their first dose of a COVID-19 vaccine. In SYB, over 415,000 have now received their vaccination as of 2nd March.

To support the national target, SYB Vaccination Programme Steering Group met last week to discuss modelling and supply lines and we remain on-track to meet our 18 April target to vaccinate JCVI priority groups 5-9.

2.1.2 Additional funding to tackle vaccine inequalities

An additional 100k funding been awarded to SYB to support the improved vaccine uptake among Black Asian and Minority Ethnic (BAME) groups. It is part of the national pot of £4.2 million pounds being made available to deliver the COVID-19 vaccine deployment programme. This NHS funding complements the £1.4m awarded to councils and voluntary organisations in the five SYB places in February to support those most at risk from COVID-19 and boost vaccine take up.

The funding will help 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.

These developments to help reduce vaccine inequality were further boosted by the addition of individuals on the GP learning disability register now being fast-tracked for a COVID-19 vaccination in England (as part of Group 6), equating to an additional 150,000 people, supporting some of our most vulnerable groups across SYB.

2.1.3 National Vaccination Programme

To further support the national roll-out, NHS England and NHS Improvement (NHS E/I) issued a letter setting out the key priorities and actions for immediate review.

The letter pays particular focus in the areas of ensuring maximum reach/uptake across Joint Committee on Vaccination and Immunisation (JCVI) priority cohorts, including second dose planning and delivery preparations for vaccination when supplies increase. There are also new recommendations around how to boost vaccination uptake from within social care staff groups.

At this point, two million more invites will sent to people aged 60 to 63 years-old with Primary Care Networks continuing to invite their patients (of all ages) who are particularly at risk due to a health condition/or living with a learning disability.

This follows the news of sixteen frontline charities (including The British Heart Foundation, Macmillan Cancer Support and Mencap) joining up to form a new partnership to encourage those with long-term health conditions and their carers to get the COVID-19 vaccine.

2.2 Regional update

The North East and Humber Regional ICS Leaders continue to meet 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 February focused on recovery and military supported planning, ICS development, the COVID-19 response and vaccination programme.

2.3 National update

On February 11th 2021, the same day the Department for Health and Social Care published its White Paper Integration and Innovation: working together to improve health and social care for all,

NHS England and NHS Improvement (NHS E/I) set out its response to its earlier engagement on Integrating Care: Next Steps and its recommendations to government.

The document, Legislating for Integrated Care Systems: five recommendations to Government and Parliament, makes recommendations to Government on the question of how to legislate to place Integrated Care Systems (ICSs) on a statutory footing, having gathered the views of the NHS, local government and wider stakeholders. The recommendations built on the successful integration, collaboration and partnership efforts of ICSs to date. The recommendations are:

- **Legislative recommendation 1:** The Government should set out at the earliest opportunity how it intends to progress the NHS's own proposals for legislative change.

- **Legislative recommendation 2:** ICSs should be put on a clear statutory footing, but with minimum national legislative provision and prescription, and maximum local operational flexibility. Legislation should not dictate place based arrangements.

- **Legislative recommendation 3**: ICSs should be underpinned by an NHS ICS statutory body and a wider statutory health and care partnership. Explicit provision should also be made for requirements about transparency.

- **Legislative recommendation 4:** There should be maximum local flexibility as to how an ICS health and care partnership is constituted, for example using existing arrangements such as existing ICS partnership boards or health and wellbeing boards where these work well.

  The composition of the board of the NHS ICS body must be sufficiently streamlined to support effective decision-making. It must be able to take account of local circumstances as well as statutory national guidance.

  Legislation should be broadly permissive, mandating only that the members of the NHS ICS Board must include a chair and CEO and as a minimum also draw representation from (i) NHS trusts and Foundation Trusts, (ii) general practice, and (iii) a local authority. As with CCGs now, NHSE/I should approve all ICS constitutions in line with national statutory guidance.

- **Legislative recommendation 5**: Provisions should enable the transfer of primary medical, dental, ophthalmology and pharmaceutical services by NHS England to the NHS ICS body. Provision should also enable the transfer of delegation by NHS England of appropriate specialised and public health services we currently commission. And at the same time, NHS England should also retain the ability to specify national standards or requirements for NHS ICSs in relation to any of these existing direct commissioning functions.

2.4 Department for Health and Social Care white paper Integration and Innovation: working together to improve health and social care for all

On February 11th 2021, the Department for Health and Social Care published its White Paper Integration and Innovation: working together to improve health and social care for all.

As anticipated, the White Paper proposals follow the journey of integrating care in neighbourhoods, places and across the system that we have been on across SYB for many years and is designed to support us by removing many of the obstacles that stand in our way on a daily basis. It builds on the ambitions of the Long-Term Plan to tackle health inequalities through a whole population health approach, to plan for improvements in health and health care at system level and to work in partnerships at place and in provider collaboratives. This will allow us to join up care and to ensure that no matter where people live, they have the same opportunity to access services and the opportunity to level up health outcomes across the system.

ICSs will be established, to include an NHS body and a Health and Care Partnership

The NHS body will be:

- Responsible for strategic planning, taking on the commissioning functions of CCGs and be directly accountable for NHS spend and performance within the system, with its chief executive becoming the accounting officer for NHS money allocated to the NHS ICS body
- As a minimum, include a chair, the chief executive and representatives from NHS trusts, general practice and local authorities, with others determined locally. ICSs will also need to ensure they have appropriate clinical advice when making decisions
- Responsible for developing a plan to meet the health needs of the population within their defined geography; developing a capital plan for the NHS providers within their health geography; and securing the provision of health services to meet the needs of the system population.

The Health and Care Partnership will be responsible for developing a plan that addresses the wider health, public health and social care needs of the system, with the NHS ICS board and local authorities having to regard that plan when making decisions.

SYB health and care partners have agreed a framework for taking forward the proposals and this is set around the four key building blocks of an ICS:

- Place Partnerships
- Provider collaboratives
- Future commissioning and how the nature of commissioning will change
- ICS operating model

In addition, there are two enabling work streams:

- HR and people transition
- ICS Financial framework

An ICS Development Steering Group, made up of partners from across the ICS, has been formed to oversee all workstreams and it is working on a Compact for the Health and Care Partnership to support the direction of travel in the 2021/22 transition years and until the Bill is enacted. The Compact is based around the SYB quadruple aim of better health and wellbeing for the whole population, better quality care for all patients, sustainable services for the taxpayers, reduction in health inequalities. The HCP roles, responsibilities and terms of reference are also being developed as part of the work.

In the coming weeks, we expect to conclude the governance arrangements for the transition year and capture the outputs from the wider workstreams. This will include a review of the existing meeting arrangements to streamline them where possible.

At the same time, we are embarking on a collective approach to the transition with staff working in CCGs, the ICS PMO and NHS E/I. All four ICSs in the North are taking a consistent approach with agreed HR principles that build on the FAQs that came out with the white paper. These are minimum disruption, smooth transition, reducing anxiety, employment commitment and “one workforce”, while recognising the importance of place and place teams.

National HR principles to guide the transition and further guidance after the second reading of the Bill are expected in due course. In the meantime, the HR transition is being supported by Christine Joy, ICS Change and HR/OD Programme Lead from the national HR and OD team. Christine is working closely with the ICS to develop an inclusive engagement approach with staff to minimise uncertainty and enable us to work together to co-create the new SYB ICS NHS Body.

2.5 Government roadmap for England

The release of the Government's four-step roadmap on February 22nd outlined the plan for the coming months. The plan will be punctuated by five-week intervals to assess the impact at every phase, with 'data not dates' being used to guide and steer the decision-making process on future relaxations. It will be assessed against the data performance in four key areas:

1. Vaccine deployment - the programme continuing successfully.
2. Variants of Concern - the assessment of the risks is not fundamentally changed by new strains.
3. Hospitalisations and deaths in those vaccinated - evidence showing vaccines are sufficiently effective in reducing both numbers.
4. Surge in hospitalisations causing high concern - infection rates do not translate into unmanageable spikes in new cases that would put unsustainable pressure on the NHS.

Benchmarking against these measures will be vital and will take place over four-week intervals, allowing public health teams to safely evaluate effectiveness of each new phase. If the data at these check-points show a worsening position or public health concern, the dates and timelines may be altered accordingly. If each of the criteria is met, this will trigger a seven-day notice to proceed with the next step of relaxations.

2.6 What Matters to You

World Cancer Day took place on Thursday 4 February and as part of the commitment to providing high quality, personalised care for patients who experience cancer, the South Yorkshire and Bassetlaw Cancer Alliance has launched an important new initiative to help shift the focus of health and care professionals from, "What is the matter with you" to "What matters to you?"

Every person is different. As is their journey and experience of cancer. In partnership with Voluntary Action Rotherham (VAR) the What Matters To You initiative provides an online learning platform for any health and care professional in contact with people with a cancer diagnosis to become a Certified Care Professional.

Launching primarily within the voluntary and community sector, we hope that the What MattersTo You certification becomes synonymous with quality personalised care which can be recognised by both professionals and patients throughout South Yorkshire and Bassetlaw.

2.7 QUIT Programme

The funding agreement with Yorkshire Cancer Research has now been signed which will secure £1.8m to support the delivery of the QUIT Programme. This will fund the appointment of 45 whole time equivalent specialist Tobacco Treatment Advisors (TTAs) who will help deliver QUIT across SYB NHS Trusts in the Programme.

The first Trusts (Barnsley Hospital NHS Foundation Trust and the Rotherham, Doncaster and South Humber NHS Foundation Trust) are now recruiting and the first TTAs will be in post by May 1, 2021. They will be supported by the Trust Healthy Hospital Programme Managers and Health Improvement Managers.

The QUIT Programme recognises that smoking is an addiction, a preventable illness that can and should be treated - NOT a lifestyle choice. It will ensure that treatment for tobacco dependency is built into the routine care offered to every patient attending any hospital in South Yorkshire and Bassetlaw. Support and treatment will also be available for Trust staff who wish to quit and for parents of paediatric patients.

A wide range of training and treatment resources have been put together and will be accessible through a dedicated QUIT website that will go live at the beginning of April.

Nearly 200,000 people smoke in South Yorkshire and Bassetlaw. More than half of those people will die prematurely from smoking-related illness, losing on average 10 years of life. Decreasing the prevalence of smoking is a key Long Term Plan ambition for South Yorkshire and Bassetlaw Integrated Care System and a major strand to our developing health inequalities plan.

The QUIT Programme is based on evidence from Ottawa, Canada, and if it proves as successful in South Yorkshire and Bassetlaw, we have the potential to save 2,000 lives and up to 4,000 hospital readmissions in a year.

2.8 Voluntary, Community and Social Enterprise SRO Update

In recent months, the ICS strengthened and embedded partnership working with the VCSE within the SYB system with the formation of the South Yorkshire and Bassetlaw Voluntary Community and Social Enterprise (VCSE) Leaders Group and the appointment of Catherine Burn as ICS VCSE Senior Responsible Officer (SRO).

Catherine, who is both Director at Bassetlaw Community and Voluntary Services (BCVS) and Chair of the Bassetlaw Place Partnership, is stepping down from her role at BCVS at the end of March 2021 to take up a new appointment in Cumbria. Catherine has been on the integrated care journey with SYB from the very beginning when we started life as a Sustainability and Transformation Partnership in 2016, through to becoming an Integrated Care System in October 2018. Throughout the last five years she has provided VCSE leadership and been instrumental in establishing strategic partnerships with the voluntary sector. We have been extremely fortunate to have such an experienced and talented VCSE leader in our system and we wish Catherine all the very best in her new role.

The VCSE Leaders Group will now discuss and agree which of its members will take on the VCSE SRO role and put forward their recommendation to the HEG in due course.

2.9 SYB Reporting Radiographer Academy

Twelve new trainee radiographers started their training at the SYB Reporting Radiographer Academy in January 2021. There have been many challenges to getting the Academy started this year and it is credit to the team that the trainees are now well underway with the programme. When fully trained, the radiographers will go on to provide crucial extra support for image reporting across South Yorkshire and Bassetlaw.

3. Finance update

The financial position at Month 10 forecasts a surplus of £42.7m which is £6.6m better than the Month 9 forecast and £46.6m better than the planned deficit of £3.9m. Forecast capital slippage against plan is £21m. This will allow the system to meet its two key financial targets for the year.

The planning round for 21/22 has been deferred and the financial framework that has been in place for months 7/12 20/21 will be rolled forward to Q1 and possibly to Q2. No decision has yet been taken on the financial framework for the remainder of the financial year. System capital envelopes are due out shortly with an indicative timetable of mid-April for submission of system capital plans.

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

Date: 4 March 2021

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

PC1/12/A1 PC1/12/K

People Committee

Minutes of the meeting of the People Committee
Held on Tuesday 12 January 2021 via Microsoft Teams Videoconferencing

Present:	Sheena McDonnell, Non-Executive Director (Chair) Mark Bailey, Non-Executive Director Pat Drake, Non-Executive Director Kath Smart, Non-Executive Director Karen Barnard, Director of People and Organisational Development Anthony Jones, Deputy Director of People and Organisational Development Jayne Collingwood, Head of Leadership and Organisational Development Dr Tim Noble, Medical Director David Purdue, Deputy Chief Executive & Chief Nurse Dr Sam Debbage, Deputy Director of Education and Research
In attendance:	Fiona Dunn, Deputy Director Corporate Governance/Company Secretary Rosalyn Wilson, Corporate Governance Officer
To Observe:	Mark Bright, Public Governor – Doncaster Kay Brown, Staff Governor Suzy Brain England, Chair to The Board
Apologies:	Sue Shaw, Partner Governor Alasdair Strachan, Director of Education and Research

Action

PC12/01/A1 **Welcome and Apologies for Absence (Verbal)**

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

PC12/01/A2 **Conflict of Interest (Verbal)**

No conflicts of interest were declared.

PC12/01/A3 **Actions from previous meeting (Enclosure A3)**

There were no request for other business.

PC12/01/A4 **Terms of Reference (TOR)s and Reporting Committees (Enclosure A4)**

The Teaching Hospital TORs were discussed and a number of questions were raised, in particular the links between it and the People Committee and QEC and when the committee would commence.

Sam Debbage advised that availability is being sought and hoping by March 2021. It was thought that the educational elements would feed through to the People Committee

Mark Bailey and Sheena McDonnell will meet prior to the commencement of the meeting to agree the agenda and reporting streams.

Mark Bright asked if there is a specific constituency for the Governor, and spelling change for Principle of Hall Cross.

PC12/01/A5 **Introduction to Equality and Diversity Lead (Verbal)**

Sheena McDonnell welcomed Kirby Hussain new Equality and Diversity Lead to the Trust and today's meeting.

PC12/01/A6 **Request for Any Other Business (Verbal)**

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

PC12/01/B1 **Staff Survey (Enclosure B1)**

Karen Barnard reinforced the importance of the embargoed nature of the results and that the information **must not** be shared outside of the Trust. The survey was to be shared at the Confidential part of the Board of Directors

Pat Drake praised the results and discussed the key areas that would move the Trust to CQC Outstanding. It was noted that the survey was undertaken during our second wave of COVID.

Kath Smart asked on the report that was circulated, Estates and Facilities would normally have the survey printed, how did this work during COVID? It was confirmed that paper copies had still been provided to those colleagues.

The strength on response for Health and Wellbeing was a powerful message back to the team.

The P&OD team will be supporting the Divisions with implementing the improvements and outcomes.

Action: Sheena asked for a workshop to be held outside of this meeting with specific reference to the People Plan priorities but including reference to the staff survey feedback. **KB/S Mc**

Karen Barnard confirmed that the benchmarking data will be presented in February/March depending on when the data is received and the data goes onto Model Hospital and be able to compare against other Trusts.

The Committee:

- ***Noted the update on Staff Survey Results.***

PC12/01/C1 **Workforce Assurance Report (Enclosure C1)**

Karen Barnard presented the Workforce Assurance Report and advised the key areas of focus in relation to COVID-19 is swabbing data and the levels of absence associated with COVID-19 (and non COVID related).

In addition there is an update with regard to lateral flow testing – circa 0.7% of staff testing are reporting a positive result. It was reported that by close of play on 7 January it was anticipated that circa 3,500 colleagues would have been vaccinated. Planning for the staff second vaccination will be around 10 March 2021 and then expect that by April all staff would be vaccinated. Discussions were also underway in order to vaccinate social care colleagues.

Data has been reviewed regarding staff with longer term covid related absences – it was noted there are 160 staff with covid related absence of over one month.

Appraisals had increased in numbers and P&OD will support the areas struggling to get the data onto ESR.

Pat Drake asked David Purdue if the Trust is concerned on any staffing areas especially with 24/7 areas.

David Purdue, confirmed that day to day staffing is managed with Lateral Flow testing. Key areas, Respiratory have had their bed numbers reduced to come in line with staffing.

Mutual Aid across SYB for staffing and the Trust has reviewed the areas that can be reduced to support short staffing.

Pat Drake asked David Purdue to include an update in his report to the Quality Effectiveness Committee meeting.

It was noted that P&OD and Nursing Services has a high turnover. Karen Barnard advised it due to small teams, there was less opportunity for progression within the teams.

Kath Smart referred to high absence in Estates and Facilities and admin and clerical. What mitigating actions are being made to mitigate those?

Karen Barnard, Estates and Facilities higher absence due to nature of the roles they undertake, COVID has impacted on this too.

Admin – higher than it should be and attention will be paid to this area to understand the why there are high numbers.

Kath Smart asked if there was assurance on BAME colleagues having their risk assessments completed and BAME staff accessing COVID vaccinations and who needs the support.

Karen Barnard has asked Divisions to flag high risk staff, vaccinations were open to all high risk staff and a number of BAME colleagues have accessed the vaccination.

Vaccinations are now open to all staff coming on site within DBTH.

Plans for staff to be on standby when vaccinations are coming to the end of a batch and no staff booked in.

Action - Kath Smart asked Dr Noble to review the Medical Staff accessing vaccinations. **TN**

Sam Debbage advised Students are being offered lateral flow and vaccinations.

Sheena McDonnell commented that the vaccination numbers are fantastic although there has been messages for the second dose of the vaccine which cause unrest within colleagues.

How is flexible working going, this should support sickness.

Action: Sheena McDonnell asked for a future agenda item for joint working on agile working. **TBO**

The Committee:

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

PC12/01/C2 **<u>Health and Wellbeing (Enclosure C2)</u>**

Jayne Collingwoood updated the committee that the recent ICS wellbeing tender was awarded to Vivup.

Vivup are already established in all of the organisations so they understand how each organisation operates and there is existing communication about what each organisation currently offers for all of their employees.

To support this important system development there is the recruitment of people to 2 new fixed one year roles as

• ICS Head of Health and Wellbeing – 8c 12 month fixed term

• ICS Health and Wellbeing Lead – 7 12 month fixed term

Jayne Collingwood advised development to managers and middle managers to promote the health and wellbeing of staff.

Pat Drake asked a number of questions:

Who is managing the Vivup contract?
It was confirmed that for the ICS level work RDaSH is managing the contract.

Are we confident the message to use Vivup is getting to front line staff.
Jayne Collingwood confirmed that, lots of work is taking place but more can be done – the health and wellbeing champions have been restricted during covid

Is there scope for onsite Gyms.

Interested in developing onsite facilities and classes

Mark Bailey made an observation regarding Mental health First aid programme?

Jayne Collingwood confirmed that this along with other mental wellbeing support is being reviewed and looked into.

Sam Debbage support for students, commissioned work with IAPT to support the students on placement following feedback.

There is money advice available on Vivup and this continues to be promoted.

Sheena asked if we can get feedback from staff who have used these services.

Sheena specifically asked around support for staff experiencing domestic abuse. It was noted that a specific policy was to be developed as currently staff are directed towards the safeguarding policy.

Jayne Collingwood, detailed that the Trust was applying for the be well at work award, applying for the gold be well at work, evidence is to be gathered and also focus groups will be held in order that feedback from staff can be gathered.

Promoting mental wellbeing and how we promote this, cycle to work, park and ride and route to walk and reminding of what its good for.

The Committee:

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

PC12/01/C3 **<u>Widening Participation Report – Q3 (Enclosure C3)</u>**

Sam Debbage took the report as read.
The report was discussed on the widening participation report and was pleased with the work that has been completed.

Despite the challenges faced by COVID this report aims to highlight a range of innovative ways in which DBTH have continued to enable access to a range of employment and educational opportunities for both our future workforce and existing staff.

Pat Drake asked if there something the Trust can do with BAME Students in School.

Sam Debbage advised that there are student ambassadors at Hall Cross school who are from diverse background to support.

The new NMC standards have been helpful, the innovative work carried out has supporting the goal.

The HEE are funding some areas of the training provided.

Kath Smart declared an interest with her comment that her son is a Year 8 student at Hall Cross.

What feedback are you getting back, there is virtual workshops and not just focusing on clinical roles.

Have partnerships being established with the UTC?
Yes they have.

Kath Smart asked if other non-clinical roles have support and opportunities available within the specialist areas for apprenticeships.

Sam Debbage advised that if there is opportunity in the VCF process.

The Apprenticeship Levy is currently being underused and is 'costing' the Trust money.

The Trust is working in partnership with partners and this will enable the Trust use the levy.

Kath Smart Asked for the outcome of the Deep Dive to be included in the annual report.

David Purdue advised that the roles are included in the workforce plan.

Action: for future agenda, Alasdair Strachan will provide a paper on the work being carried out to encourage people to join the Trust. **DP**

Kirby Hussain provided support to the team to encourage people from protected characteristics to join the Trust.

Sheena McDonnell discussed the apprenticeship levy and the level that staff can achieve. This needs to be promoted and investing in the current workforce.

Jayne Collingwood thanked the education staff for supporting the leadership and management team for further education.

The Committee:

- ***Noted Widening Participation Report.***

PC12/01/C4 **Education Assurance Report (Enclosure C3)**

Sam Debbage advised that the HEE annual report and GMC Survey report forms the report this meeting.

The main area of concern from the GMC report is beyond the Trust control is the end of year assessments.

Pat Drake asked if there was an area of concern what this would be.

Sam Debbage advised that the Trust has been proactive with communication with the trainees and supported them where required.

Karen Barnard discussed the access to computers for trainees and being able to access online learning.

Sam Debbage advised that the E-Learning centre is opened on a lunchtime to trainees.

Action: Computer access to be reiterated to staff via Dr Dan Beral. **SD**

Kath Smart discussed the graphs within the report and asked for assurance that the responses will be reviewed.

Sam Debbage advised that the deep dive report will provide the information that will assure the committee.

Dr Noble, discussed the Burnout section of the GMC report and noted that the response to the question may have been positively impacted on by the Health and Wellbeing offer the Trust provides.

The outcome from the SAR and the Health Education England report, this used to be a face to face visit but was conducted online for this report.

The main focus of the visit was for the Head of School of Obstetric and Gynaecology (O&G) to discuss with the Trust two recent incidents.

In addition, the visit discussed the closure of the outstanding four ISF1 level requirements relating to Anaesthetics which had occurred since the last MLE.

The Incidents are now reported correctly.

Overall the report was positive.

SET Training, the data for the end of December was above 85%, many of the courses are online.

There is some work to be done with ESR and the data outputs.

Jayne Collingwood noted the work supporting Estates and Facilities to access online learning this is very positive.

Pat Drake asked about the role specific Training.

Sam Debbage advised that (REST) CPD monies will reflect positively for NMC studies and doesn't envisage any issues for staff completing training hours.

Resuscitation remains a concern and how out of date are staff for this training, there seems to be issues releasing staff from duties to attend training.

Action: Pat Drake asked David Purdue to step in and speak to Andrea Bliss and report back outside of the meeting. **DP**

Dr Noble advised that Staff are not informing ESR that they feel competent for the resuscitation.

Action: Dr Noble to report back and include the information on reporting dates into ESR to be added to the next agenda. **TN**

Sheena McDonnel raised the low number for Fire Training and what are the barriers to completing.

The Committee:

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

PC12/01/C5 **<u>Staff Claims (Enclosure C5)</u>**

Cindy Storer presented the paper on staff claims this is the first report to the committee and will be reported on a quarterly basis.

Whilst the Trust has no control over the Employer and Public Liability claims that are brought against there are considerations that can be made when considering the themes and trends?

These are included in the report and categorised below with examples of the types of action/information that could mitigate the Trust.

It was noted that the staff assaults will need to provide more detail into the assault.

Areas of focus remains to be estates and facilities and this will be a focus for the team.

Kath Smart asked for the learning, key themes and mitigation actions clearly documented in the next report.

Karen Barnard asked how does this report triangulate with the Health and Safety Committee and then on to Audit and Risk Committee.

The Committee:

- ***Noted the update on Staff Claims.***

PC12/01/C6 **<u>Casework Data Update</u>**

Anthony Jones discussed the report and took it as read.
The main areas raised in the report

- Update on number and overview of employment tribunal cases
- Approach taken to the management of casework during the pandemic
- Update regarding work on just culture and best practice specifically in relation to disciplinary / conduct matters
- Casework data for the first 3 quarters of 2020/21

All casework was paused at the beginning of COVID-19.

New working processes have been developed due to the current restrictions. There has been an increase of Domestic Abuse cases reported in the Trust and staff are being supported.

There is no standalone policy for Domestic Abuse and Trust staff side have asked for a review of the safeguarding policy and produce a standalone policy.

Anthony Jones has discussed that the team is potentially looking at a casework database to support the workload.

Sheena McDonnell raised that the Trust is looking at a Just Culture where there are no suspensions or dismissal.

Sheena McDonnell asked for the Just Culture video from Merseyside to be shared with managers.

Action: The report to be on the agenda and work plan for six monthly. **TBO**

Action: Video Link to be shared. SMc

Action: Just Culture update to be added to future agenda. **TBO**

The Committee:

- ***Noted the update Casework Data.***

PC12/01/D1 **Internal Audit Reports**

Kath Smart discussed that although there is no reports to discuss the offer from KPMG regarding support from them. Karen Barnard and Jayne Collingwood to look at the timescales for this.

PC12/01/E1 **People Plan - Leadership Offer (Enclosure E1)**

Jayne Collingwood discussed the reciprocal mentoring for the leadership offer.

For the period 2021-22 the primary leadership development offer will continue to be focussed around the already established Develop, Belong and Thrive leadership development programmes.

Pat Drake asked how the impact of leadership development programmes are measured – it was noted that there wasn't an explicit framework to do so at this stage.

Mark Bailey asked if there is a 360 feedback programme – it was confirmed that the Thrive programme includes use of the Healthcare Leadership 360 feedback approach as had the Leading to Outstanding programme and that Executive Directors' appraisals did include 360 feedback at regular intervals.

Action: Jayne Collingwood to provide a detailed report on how leaders are being developed.

Sheena McDonnel asked if the Trust has the staff resource to carry out the objectives within the People plan.

Karen Barnard confirmed that she was reviewing the staffing structure across P&OD for this purpose.

The Committee:

- ***Noted the update People Plan – Leadership Offer.***

PC12/01/F1 **Update on FTSU Assurance Report (Enclosure F1)**

Karen Barnard gave an update that the project team has been established and is led by the Clinical Director. The suggestion was made that the Clinical Director come to the March meeting to provide an update.

JC

Action: A&E Clinical Director to come to the March 21 meeting to provide an update.

Pat Drake asked if the project team is a balance of staff.

Jayne Collingwood, confirmed it was and that the project team meet weekly and the actions are monitored.

Dr Noble meets with the Clinical Director weekly for progress report.

Sheena McDonnell expressed that this needs to continue its pace.

PC12/01/G1 &G2 **Governance (Verbal)**

Fiona Dunn explained there has been meetings with Karen Barnard to realign the risks and BAF.

Reports continue to be escalated to the Board of Directors and no concerns are noted.

The Committee:

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

PC12/01/H **Equality, Diversity and Inclusion (EDI) (Verbal)**

Kirby Hussain expressed how welcome he has been made to feel within his first month at the Trust from all levels.

A brief update on areas that will remain a focus within the EDI programme.

Pat Drake raised providing equitable care to patients and this will be part of Stacey Nutt's role as the Deputy Director of Nursing – Patient Experience.

Action: Fiona Dunn, Stacey Nutt and Kirby Hussain to meet to discuss the patient engagement and experience.

The Committee:

- ***Noted the update on Equality, Diversity and Inclusion.***

PC12/01/I1 **ITEMS TO NOTE**

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

I1i - Workforce and Education Committee
I1ii - Teaching Hospital Board

Nothing to report at this meeting.

Governor Observation (Verbal)

Mark Bright requesting advice, possibly through his Buddy NED, on how best to accommodate competing reporting priorities for the governor report.

Fiona Dunn advised that work with the Governor Observation attendees between there selves to produce one report recording the key points.

Kay Brown praised the meeting and found the meeting informative.

PC12/01/J1 **Minutes of the meeting held on – 3 November 2020 (Enclosure J1)**

Remove Neil Rhodes and replace with Kath Smart.

The Committee:

- ***Approved the minutes as a final version.***

PC12/01/J2 **Committee Work Plan**

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

PC12/01/J3 **Items to Escalate to Board of Directors**

No items to escalate to the Board of Directors.

PC12/01/J4 **Date and time of next meeting (Verbal)**

Date: **2 March 2021**
Time: **09:00**
Venue: **Microsoft Team - Video-Conference**

PC12/01/K Meeting Close 12:10

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

CHARITABLE FUNDS COMMITTEE

Minutes of the meeting of the Charitable Funds Committee
Held on Tuesday 16 June 2020 via StarLeaf Videoconferencing

Present:	Mark Bailey – Non Executive Director Suzy Brain England – Chair of the Board Pat Drake – Non Executive Director Sheena McDonnell – Non Executive Director (Chair) Dr T J Noble – Medical Director Richard Parker – Chief Executive Neil Rhodes - Non Executive Director David Purdue – Director of Nursing, Midwifery and Allied Health Professionals Emma Shaheen – Head of Communications and Engagement Jon Sargeant – Director of Finance	
In attendance:	Matthew Bancroft – Head of Financial Control Fiona Dunn – Acting Deputy Director Quality & Governance/Company Secretary Katie Shepherd – Corporate Governance Officer (Minutes) (KAS)	
To Observe:	Phil Beavers – Public Governor	
Apologies:	Kath Smart – Non Executive Director	
		ACTION
CFC20/06/A1	**Apologies for Absence (Verbal)**	
	Sheena McDonnell welcomed the Members and attendees. The apologies for absence were noted. It was agreed to move swiftly through the business in light of the current pressures facing the trust due to Covid19.	
CFC20/06/A2	**Conflicts of Interest**	
	No conflicts of interest were declared.	
CFC20/06/A3	**Actions from previous meeting (Enclosure A3)** Action 1 – It was agreed that this action would be closed; Action 2 – On the basis that this item was presented at the March 2020 meeting, and an update would be provided received at today's meeting, this action would be closed; Action 3 – This action was not due until July 2020;	

	Action 4 – On the basis that an update on this action was received at the March 2020 meeting, this action would be closed; Action 5 – On the basis that Jon Sargeant circulated the Bed Management System Bid information after the meeting that took place on 17 March 2020, this action would be closed; Action 6 – A review of the Reserves Policy was added to the Work Plan for March 2021, therefore this action would be closed.	
	The Committee: - ***Noted the updates and agreed, as above, which actions would be closed.***	
	Action: Katie Shepherd would update the Action Log.	**KAS**
CFC20/06/B1	**Review of Fund Balances (Enclosure B1)**	
	As of 31 March 2020 the Charitable Funds balance was £7.8m, however it was noted that donations had increased significantly throughout April and May 2020. Cash donations had dropped significantly since March 2020 which was expected because there were no visitors on site.	
	The Committee: - ***Noted the information within the Review of Fund Balances paper.***	
CFC20/06/B2	**Identification of Projects (Enclosure B2)**	
	Jon Sargeant provided an update on the identification of projects, including, Karen Barnard had a case for staff wellbeing and support post Covid19 in the region of £180k and a bid for medical equipment for urology to support cancer treatment, therefore there would be several bids to come through the Committee in the near future. There was also the HSDU Bid which would be discussed later on the agenda. Staff Wellbeing Bid Sheena McDonnell asked that if a delegation of approval would be required for Karen Barnard's bid relating to staff health and wellbeing. Jon Sargeant said this would be advisable as the next Charitable Funds Committee meeting was not until September 2020. Jon Sargeant noted that the fund request would be from the staff lottery funds however due to the amount it, sign off would be required from the Charitable Funds Committee. The Committee agreed to support a delegated authority of a Chairs decision in between meetings for the case for staff wellbeing. Celebration for Staff and Family Members Richard Parker advised that literature suggested that what staff have dealt with through the pandemic was likened to PTSD and therefore it had been advised that there be a celebration for staff and their family members who have supported them through these difficult times to help them recover from it. This would take place around September time and this appears to be the suggested gap between the pandemic and the winter	

	period. It was noted the Trust had received a significant sum of money from the footballer Danny Rose whose donations would be used for this celebration, and would be in attendance for it. Emma Shaheen highlighted that the NHS Charity had an opening for further applications for funds, but the application would require a clear picture of how funds have been spent or how they would be spent. Emma Shaheen noted that this round of bidding was supportive of Covid19 affected sectors. Suzy Brain England noted that meetings did not need to take the normal pattern if decisions were required in-between meetings, particularly now meetings were taking place via videoconferencing. Mark Bailey noted that it was a big opportunity to reward staff and remember those that we've lost in putting together a celebration as a recharge for staff going into a potential second phase of Covid19 and winter pressures. Mark Bailey noted that this would engage staff. Sheena McDonnell asked the Committee to agree that a delegated authority would be used for the wellbeing bid, however if there were other bid to be approved, an extraordinary meeting would take place to do so. The Committee agreed. <u>HSDU</u> Sheena McDonnell shared with the Committee that the bid to underwrite the HSDU work if not approved at NHSI/E, had not been approved by the Fred and Ann Green Legacy Advisory Group for several reasons. One was the speed in which the decision was required and a worry about the total amount if the NHSI/E bid was unsuccessful. Sheena McDonnell noted that this was presented an opportunity to pause and try to answer some of the questions that were presented to give the Group time to consider. In the meantime the bid would be presented to NHSI/E, with the hope that the bid was successful. Jon Sargeant noted the update, and added that if an extraordinary meeting needed to take place prior to the next planned one in September that could take place, with the additional information requested by the Group. Suzy Brain England noted that the important point was that the development had been recognised by the Board as adding extreme value for the patients of DBTH and that work would not stop on the refurbishment. Richard Parker noted that when the scheme was commenced, it was agreed that the HSDU ward would provide an additional local provision for the community as opposed to being treated in Harrogate at the Nightingale Hospital. The risk still remains a genuine risk as the NHS goes into the winter period. It was already known that the Trust cancels elective care during the winter months, and it was expected that the demand would be significantly higher due to the circumstances of elective activity being postponed during the pandemic. It was a sensible option to provide a secondary facility for patients that the Trust serves and would be a good use of money. It was agreed the Trust would go forward with the refurbishment of HSDU at risk, as the risk was greater than that of not having the additional high dependency unit and ITU facility.	

	Neil Rhodes was supportive of the HSDU initiative, and asked if funding could be sourced through charitable funds schemes that had restrictions attached to approval or the potential sponsoring of a bed. Jon Sergeant advised that these schemes had been carefully looked through but would look at what could fund the ward if it was not accepted by NHSI/E. *Dr T J Noble left the meeting.* Sheena McDonnell noted that she was supportive of the work continuing at risk, and advised that if the bid was not successful at NHSI/E then a further bid could be provided to the Fred and Ann Green Legacy Advisory Group, with additional information required to support. David Purdue confirmed that the Above and Beyond Commiittee meetings had started up again and that they were looking at a new streamlined process for their bids. Pat Drake advised that there had been a tacit agreement about supporting a memorial for organ donation. David Purdue would lead the task and finish group for this and a bid would be considered for this. Several Trusts already have an organ donation memorial in place, and there were many families keen for this to take place in Doncaster.	
	Action: Delegated authority would be given to the Chair of the Committee for the staff wellbeing bid in required before the next Committee meeting in September 2020, however if any other bid required approval before the next meeting, an extraordinary meeting would take place.	**SMc**
	The Committee: - ***Noted the identification of projects;*** - ***Approved to the delegated authority to the Chair of the Committee for the staff wellbeing bid;*** - ***Agreed to hold an extraordinary meeting if there was such a requirement to do so, to approve charitable bids prior to September 2020.*** -	
CFC20/06/B3	**Approval of Expenditure (including from F&AGLAG) (Verbal)**	
	Sheena McDonnell shared with the Committee that the bid to underwrite the HSDU work if not approved at NHSI/E, had not been approved by the Fred and Ann Green Legacy Advisory Group The bid for the Electronic HSDU wasn't supported, but the other bid for the Electronic Records which was already agreed at CFC, we took back for approval and that had been agreed and approved.	
	The Committee: - ***Noted the update on the approval of expenditure.***	

CFC20/06/B4	**<u>Presentation from Fund Holder (Verbal)</u>**	
	The Committee welcomed Lois Mellor, Head of Midwifery to provide an update on the changes taken place to Maternity Services environment after being in receipt of charitable funds, which included: - A bath had been purchased for the use of pregnant women in early labour and post labour, as the only previous option was a shower, which did not provide the same level of comfort. It was noted that it had been positively received; - The environment would be painted; - Bedside cabinets had been purchased which had made a positive difference and furnishings and new blinds had also been purchased to make the environment more homely; - The next purchase would be new cots as they were very old; - The rooms had been changed for the use of a midwife led care unit, however could be changed back to a high-risk room if required; - Due to the fire works in Maternity, the environment did not look as aesthetically pleasing as desired however it would slowly get back to normal. Suzy Brain England asked if there was anything cosmetic that could be undertaken during the period of Bassetlaw Maternity Services being merged at Doncaster due to the Covid19 pandemic, to ensure that women had a great experience. Lois Mellor advised that the rooms were very dated on the Central Delivery Suite, and noted that women do have a choice where they have their baby and social media plays a part in this as pictures or reviews were easily accessible online. The Chair thanked Lois Mellor for the updated and expressed that she was glad that charitable funds had been utilised positively for the M2 Unit.	
	The Committee: - ***Noted the update from***	
CFC20/06/C1	**<u>Fundraising Strategy Update (Enclosure C1)</u>**	
	<u>Update on Business Case for Corporate Fundraiser</u> Emma Shaheen provided the Committee with an update on the business case to invest in a charity fundraising team which was supported by the Committee at the meeting held in March. Due to Covid19 this had not progressed as originally planned and therefore the timescales had been pushed back by three-months. The draft job advert and job description was included in the papers. A discussion took place about if it was the right time to recruit to the post, but it was agreed that it was the ideal opportunity with the number of donations that had been gratefully received during the Covid19 pandemic. All present approved the job advert and job description and agreed with the proposed timescales within the paper. <u>Donations received during the Covid19 pandemic</u> Emma Shaheen presented to the Committee the paper highlighted the extent of the donations that had been gratefully received during the Covid19 pandemic as it was	

	helpful to understand the level of support received from the community and local businesses. The Committee noted their enormous thanks to all that had supported the Trust during this time.	
	The Committee: - ***Approved the job description and advert for the Corporate Fundraiser post;*** - ***Approved the reviewed timescales as previously set out in the business case;*** - ***Noted and received the information on the donations received during the Covid19 pandemic.***	
CFC20/06/D1	**Review of Risk Position – Standard Life (Enclosure D1)**	
	Jon Sargeant provided an update of correspondence received from Aberdeen Standard Capital, in relation to the investments that it manages on behalf of the DBTH Charity which highlighted that there was a loss of 7.4% value of investment at 31 March 2020, in comparison to the position at 31 March 2019. The loss was caused by the stock market fluctuations in March 2020, as a result of the growing financial instability and uncertainly caused by the Covid19 pandemic. For the 2 months to May 2020, the investments have held steady, with a nominal increase of 0.66% on a like for like basis. Dates were currently being worked through with Standard Life to arrange workshops to review the risk appetite and ethical considerations for the charity. This would take place in July 2020.	
	The Committee: - ***Noted the Investment Update.***	
CFC20/06/D2	**Review ISA 260 Workplans (Enclosure D2)**	
	Following on from the 2018/19 external audit, there were a number of items for management action on the ISA 260 from external audit, which included that management should introduce more formal checking processes to ensure committed expenditure was appropriately recognised, which had resulted in commitments being introduced into the ledger and would be included in the reporting process going forward. It was noted that a formal journal process be introduced to continue the overall enhancements of control, which had been implemented to be signed off as a block on a month basis by a senior members within the Financial Accounts Teams, who had not prepared the journal themselves. Work had been undertaken to improve the process performed by Procurement in credit card reconciliation by introducing spot checks by the Finance Team to ensure that a printed receipt be attached to the back of the credit card statement.	
	The Committee: - ***Noted the update on the Review of the ISA 260 Workplans.***	
CFC20/06/E1	**Minutes of the Sub-Committee Meeting**	

	There were none to note.		
CFC20/06/E2	**<u>Minutes of the Meeting held on 17 March 2020 (Enclosure E2)</u>**		
	The Committee: - ***Approved the minutes of the meeting held on 17 March 2020.***		
CFC20/06/E3	**<u>Committee Work Plan (Enclosure E3)</u>**		
	The Committee: ***Noted the Charitable Funds Committee Work Plan and agreed to add the item:*** - ***Monitoring Compliance with the Reserves Policy***		
CFC20/06/E4	**<u>Any Other Business</u>** None.		
	<u>HSDU Bid (Enclosure E4)</u> This was discussed as part of item CFC20/06/B2.		
CFC20/06/E5	**<u>Date and time of next meeting (Verbal)</u>**		
	Date: **Time:** **Venue:**	15 September 2020 TBC Videoconferencing	

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

EXTENDED MANAGEMENT BOARD

Minutes of the meeting of the Management Board
Held on Monday 8th February 2021 at 14:00 via Microsoft Teams

Present:	Richard Parker – Chief Executive (Chair) David Purdue – Deputy Chief Executive and Chief Nurse Karen Barnard – Director People, Organisational Development Marie Purdue – Director of Transformation and Strategy Dr Tim Noble – Medical Director Mr Eki Emovon, Divisional Director, Children and Families Ken Anderson – Acting Chief Information Officer Dr Jochen Seidel – Divisional Director, Clinical Specialities Alasdair Strachan – Director of Education and Research Dr Nick Mallaband – Divisional Director, Medicine Rebecca Joyce – Chief Operating Officer Kirsty Edmondson Jones – Director of Estates and Facilities	
In attendance:	Abigail Trainer- Deputy Chief Nurse Adam Tingle - Senior Communications and Engagement Manager Alex Crickmar - Deputy Director of Finance Andrew Potts - Deputy Director of Strategy and Transformation Carol Staples - Interim Deputy Chief Operating Officer Dr Anuja Natarajan - Acute Paediatrics Clinical Director Graham Moore - Orthotics Therapy Professional Lead Kate Carville - Deputy Director of Nursing for Medicine	Katie Shepherd – Corporate Governance Officer (Minutes) Kenneth Agwuh - Director of Infection Prevention and Control Laura Fawcett-Hall - General Manager - Surgery and Cancer Robert Mason - Head of Quality Improvement Simon Brown - Deputy Director of Nursing - Clinical Specialities
In attendance for Item MB21/02/A 1 only:	Andrea Bliss - Deputy Director of Nursing - Paediatrics Dr Anurag Agrawal - Endoscopy and Gastro Clinical Director Dr Gillian Payne - Deputy Medical Director - Efficiency and Effectiveness Dr Gilly Shapiro – Managing Director of Shapiro Consulting Ltd Dr Khai Shahdan - Emergency Medicine Clinical Director Helen Burroughs - General Manager - Paediatrics and TriHealth Jayne Collingwood - Head of Leadership and Organisational Development Julie Butler - General Manager for Specialised Medicine	Kirby Hussain - Equality, Diversity and Inclusion Lead Kirsty Clarke - Deputy Director of Nursing for Surgery Lauren Ackroyd - General Manager - O&G Lesley Hammond - General Manager - Emergency Lois Mellor - Director of Midwifery Marie Hardacre - Head of Nursing - Medicine Mark Brookes - Associate Director of P&OD Mr Paul Haslam - Trauma and Orthopaedics Clinical Director Ray Cuschieri - Deputy Medical Director - Clinical Standards Richard Somerset - Head of Procurement Sara Elliott - Head of Radiology
Apologies:	Ms Antonia Durham–Hall – Divisional Director, Surgery & Cancer Division Dr Andrew Oates – General Medicine Clinical Director Dr Ian Stott – Speciality Medicine Clinical Director Emma Shaheen – Head of Communications and Engagement Joanne Wright – General Manager – Clinical Specialities	Fiona Dunn – Deputy Director Corporate Governance/Company Secretary Jon Sargeant – Director of Finance Julie Thornton – Head of Performance Karen McAlpine – General Manager for Patient Access Mandy Espey – Acting Chief Allied Health Professional

		ACTION
MB21/02/A1	**Reciprocal Mentoring Workshop**	
	The Chair provided the context of this workshop, which was to outline the journey the Trust is committed to take action against wider equality, diversion and inclusion issues that had become more evident internationally, nationally and locally since the early stages of the COVID-19 pandemic. The Trust's priorities over the coming year would be a focus on: 1. HR systems and function, 2. Equality, diversity, inclusion, and the wellbeing of employees, 3. Organisational development, and in particular, leadership development through the identification of any gaps in skills. The Trust had also engaged with the RACE equality code, which the Management Board would receive a workshop on in March 2021. The Director of People and Organisational Development introduced Jayne Collingwood and Kirby Hussain to the meeting and welcomed Dr Gilly Shapiro who had been commissioned to work with the Trust to engage in the reciprocal mentoring programme for BAME colleagues. The Management Board welcomed Dr Gilly Shapiro to the meeting to host a workshop on the reciprocal mentoring programme. The programme objectives were to optimize the career development and talent pipelines of BAME aspiring leaders, to increase the confidence, capability and capacity of both aspiring and senior leaders as inclusive, compassionate leaders, and to build a Trust-wide culture that fosters mutual learning, respect and appreciation of professional and personal and cultural similarities and differences. Dr Gilly Shapiro advised that there was race inequality on a global scale and there were many reports to help build an understanding of why this was. It was noted that this formed part of the NHS People Plan and the Race Quality Code that the Trust had signed up to. The reciprocal mentoring programme was not a training programme, but a learning programme as reciprocity provided an opportunity for experiential learning where both personal and professional growth could take place. The programme would take 12-months to complete and the objectives were: 1. **Optimize** the career development and talent pipelines of BAME aspiring leaders, 2. **Increase** the confidence, capability and capacity of both aspiring and senior leaders as inclusive, compassionate leaders, 3. **Build** a Trust-wide culture that fosters mutual learning, respect and appreciation of professional, personal and cultural similarities and differences. Breakout groups were created and asked to consider the following questions: 1. What is the ambition for this programme? 2. What do we want to be different in a years' time? The outcome of the discussions were: • To attract people to the organisation and develop the talent pool across all groups and professions, • Personal growth and sense of feeling that it feels different,	

	• Making sure everyone feels a sense of belonging, • Role models outside of medicine, in some disciplines there are more BAME role models than others, • People taken part in programme thought it was very beneficial to them, • Are we clear what we mean by leaders? This kind of programme is an aspiring leaders programme, and anyone can aspire to be a leader. Language of inclusivity needs to define that. Don't want to limit the description of leaders as executives or senior management and anyone can own that agenda, • Leadership definition – everyone has the potential to be a leader at any level, don't have to be in a supervisory role only. Everyone has the impact to influence, • Lack of uptake from BAME groups – not one size fits all. Wrote to people personally but the comms user methods were low uptake – so how do we target, • How we attract people to the programme / create a safe environment, • Leadership should be more diverse – amongst various backgrounds regardless of level, • Need to find out why people shy away – is it cultural? • Communication barriers / colleagues may not class themselves as staff and don't engage in the same way as others do / ensure communication is inclusive. <u>Reflections and Next Steps</u> This programme was to increase the understanding of people that may not usually come together. An ask was made of all present to talk about this programme within their teams to ensure that it was spoken about openly and in the wider context of what the organisation is trying to achieve, and to encourage colleagues to participate. It was suggested that this programme be added to corporate business plans.	
MB21/02/B1	**<u>Welcome and Apologies for Absence (Verbal)</u>**	
	The Chair welcomed the members and attendees. The apologies for absence were noted.	
MB21/02/B2	**<u>Matters Arising / Action Log</u>**	
	<u>Action 1 – ICS Update – Pathology</u> – The Chief Executive advised that this process had moved into its final stages of the network producing an outline business case and partnership agreement. A specific element that was relevant to the Trust resulted in a change in the arrangements of the project. As the Chief Executive was also the SRO for the programme, it was agreed that another Director would attend the Executive Steering Board to represent DBTH. The Director of Strategy and Transformation had agreed to do this. <u>Action 2 – SAS Doctor Charter</u> – Discussions were ongoing; however, the accommodation issue had been addressed. Dr Nick Mallaband asked for clarification if the Management Board would consider the annual leave risk. It was confirmed that the Director of People and Organisational Development had taken this forward with the Medical Director. <u>Action 4 – Planning Update and Action 5 Planning Update</u> – An update would be provided at the meeting. Actions closed.	

	Action 6 – Emergency Theatre Capital Works – This had been escalated from the Children and Families Board for discussion at the meeting. Action closed.	
	The Committee: - ***Noted the updates and agreed, as above, which actions would be closed.***	
	Action: Katie Shepherd would update the Action Log.	
MB21/02/B3	**Conflict of Interest**	
	No conflicts of interest were declared.	
MB21/02/B4	**Requests for any other business (Verbal)** The Medical Director provided an update to Management Board on the Medical Director's restructure.	
MB21/02/C1	**Finance Update (Verbal)**	
	The Deputy Director of Finance provided the finance update which highlighted that the Trust was in a small surplus position at month-end. The Trust had not incurred any fines against the elective incentive scheme, however noted that this would be monitored as the number of active COVID-19 patients admitted reduced. A weekly report would be provided to the executive team for monitoring. It was expected that the Trust would be in a breakeven position at year-end. The Trust had not received the £1.5m COVID-19 spend, however it was noted that the Trust should be informed imminently if it would or not. If the Trust received the £1.5m COVID-19 spend, it would revert to the higher-level capital plan. It wasn't expected that the Trust would receive the 2021/22 planning guidance until April 2021, and it had been confirmed that 2021/22 Q1 would remain as a block contract. The budget setting process was underway. Identification of required capital projects for 2021/22 was underway, however it was noted that spend would be limited by the ICS capital budget. It was expected that the capital envelopment would be received in February 2021. In relation to the £1m potential money for a radiology share platform, it had been decided that as a final decision of the system was outstanding, that this would be postponed until next year. As there had been a number of last-minute financial opportunities, it was made clear that if any funding requests are known of to let the senior finance team aware, and not to make any assumption that monies would be carried over. There had been no progress on the new build project, however the Director of Estates and Facilities was undertaking a project to identify the work required on site over the following three-years as a minimum to keep the site safe.	

	The Chief Executive advised that formal confirmation of the outcome of the integrating care consultation was expected imminently. It was noted that all revenue and capital would be disseminated via the ICS, and the ICS would have statutory responsibility from 1 April 2022.	
	The Committee: - ***Noted the finance update.***	
MB21/02/C2	**<u>Outstanding Organisation (Verbal)</u>**	
	The Chief Nurse presented to the management board, the process that the Trust would undertake to be recognised as an outstanding organisation: 1. Where are we going? (everyone to understand what we want to achieve) 2. How are we going to get there? (tools and techniques) 3. How will we know that we've arrived? (measures) This would incorporate the breakthrough objectives which would need to be owned so they could be achieved, organisational development to understand the skills required, and ownership and assurance. This would be encompassed in a Quality Framework which would be presented at the next Management Board meeting. The Chief Executive advised that as the Trust progressed through 2020/21, there were a number of both strengths and weaknesses that were made apparent by the Covid pandemic, one of which was the need for more informal communication between Exec Team and Divisional Directors. As a result a regular informal meeting will be facilitated so that ideas, thoughts and services changes can be discussed more regularly as a wider senior leadership team.	
	<u>Action</u>: The Quality Framework would be presented to the Management Board.	**DP**
	The Committee: - ***Noted the information on outstanding organisation.***	
MB21/02/C3	**<u>Winter Plan Update (Presentation)</u>**	
	The Chief Operating Officer provided an update on the Trust's operational position which highlighted that it was likely that the Trust would be in receipt of second dose COVID-19 vaccines 11-weeks following the first delivery which equated to 22nd March 2021. Growth in community infections since Christmas continued on a downward trend. COVID-19 admissions to the Trust appeared to be flattening along with the occupancy of beds. It had been identified that COVID-19 admissions in the 60+ age profile had reduced however admissions in those aged under 60 had grown. Although the total COVID-19 bed occupancy had reduced, it was noted that there continued to be high pressure in ITU with further high-dependency patients on the respiratory wards. Staff absence continued to improve but was reported as 7.1%, 31.5% of which was COVID-19 related. The Trust had started to carefully increase elective activity, whilst supporting mutual aid across the region for urgent elective cases. The Trust had maintained cancer and urgent	

	elective activity throughout the pandemic. It was noted that Ward S10 had reopened in February for category 2 elective surgery, and Park Hill would now focus on category 3 and 4 activity. It was reiterated that public support was vital in stopping the spread of COVID-19. Dr Jochen Seidel advised the management board that in relation to mutual aid given outside of the region, it was the responsibility of the receiving Trust to organise the repatriation to original site first treated. It was noted that the Trust had given out-of-region mutual aid. The Chief Executive noted that this process would be a managed process and would take into consideration that in the restoration of services there would be a balance between colleagues that required rest and recuperation and the step up of elective services. Simon Brown echoed that wellbeing of colleagues was considered as the previous year had been tiring for them. The Chief Executive extended his thanks to all of those that had been involved in the provision of mutual aid. Following a question from Dr Nick Mallaband, about whether the Trust declared closed beds it was confirmed that the staffed and available beds were declared, rather than the total beds. The Chief Executive advised that in the restoration of services, it would include a consideration that many staff had not taken their full annual leave entitlement for the year and allow for that. The Chief Operating Officer noted that the amount of elective work that the Trust could undertake was impacted by the amount of surgical mutual aid provided. The Director of People and Organisation Development advised that the Trust had increased its wellbeing offer to staff during the pandemic, however, was exploring PTSD related support. The Chief Executive advised that there had been several donations made to the Trust to support colleagues wellbeing and an understanding was required of what the offer should look like whilst utilising the trust fund appropriately. The thank you event for colleagues would still run at the Yorkshire Wildlife Park once able to do so. A consideration was made that a thank you be provided to staff before this event could take place. Laura Fawcett-Hall advised that there had been an excellent uptake and positive feedback from the reiki services provided to for colleagues, however noted that there was no capacity to book until April and suggested that this be an additional offer provided to colleagues.	
	The Committee: - ***Noted the winter plan update.***	
MB21/02/C4	**<u>Four Eyes Update (Enclosure C4)</u>**	
	The Chief Nurse advised that foureyes had been with the Trust for a while reviewing capacity planning in the areas of elective, diagnostic and emergency. There had been pilots undertaken in key areas and would follow roll out across the organisation. It was noted that this consultation would provide the Trust with an understanding of what the Trust's capacity was including staffing requirements in those areas. Decisions for planning would then be made based on the findings from data collection.	

	Dr Nick Mallaband advised that he had met with foureyes to discuss emergency capacity and observed that it was unknown what would happen in terms of emergency services in the wake of a pandemic, and therefore found it difficult to believe that this could be appropriately planned for. The Chief Executive assured that the Trust's priority for 2021/22 would be the restoration of services and this consultation work would allow the Trust to conclude what was possible in relation to capacity and demand so that planning could take place. It was noted that the outcomes would be based on historical data and include assumptions made from the previous year. This would form part of the clinical/ service strategy refresh, underpinned by service line reporting. The capacity identified would be fed into the ICS to identify what activity was achievable for the year if it was noted that the Trust did not have the internal capacity to do this work. The Deputy Director of Finance advised that the foureyes consultation would provide an outcome of several scenarios and the impact of those scenario on elective services should they happen. Laura Fawcett-Hall noted that the consultation with foureyes had been time consuming but was proving beneficial. It was expected that the following two-years would be challenging, and this work would assist with the capacity and demand process.	
	The Committee: - ***Noted the Four Eyes Update.***	
MB21/02/D	**<u>Divisional Matters</u>**	
	None identified.	
MB21/02/E1 **MB21/02/E2**	**<u>Information Items to Note (Enclosure E1 and E2)</u>**	
	The Committee noted: - ***CIG minutes 23/11/2020 and 21/12/2020,*** - ***Children and Families Board Update.***	
MB21/02/F1	**<u>Minutes of the Meeting 11 January 2021 (Enclosure F2)</u>**	
	The Committee: - ***Approved the minutes of the last meeting dated 11 January 2021.***	
MB21/02/F2	**<u>Appointment of a substantive Consultant Community Paediatrician to a funded post – 1.00wte (Enclosure F2)</u>**	
	The management board received a request for approval of the recruitment to the substantive Consultant Community Paediatrician 1.0 wte. Mr Eki Emovon advised that there were currently four Consultant Community Paediatricians in post, however due to capacity	

	problems required a further post. The vacant post had not been filled previously due to the scarcity of suitable candidates. There were no comments or questions from the management board.	
	The Committee: - ***Approved the recruitment of a substantive Consultant Community Paediatrician 1.00wte, subject to VCF approval.***	
MB21/02/G 1	**<u>Any Other Business</u>**	
	<u>Medical Director Office Restructure</u> The Medical Director provided the management board with an updated position on the restructure of his Team. This was following a review of how, in his new role from March 2020, the Medical Director function would be delivered. It was presented to, and supported by the Board. During the review there were three outputs identified: - Clinical safety, which would include leading on clinical governance within the organisation, working closing and supporting the Deputy Director of Patient Safety, Deputy Director of Patient Experience and Director of Education and Research, to provide safe, high-quality and effective clinical care, - Speciality and organisational development, which would enhance the profile of each speciality team, improve team cohesion and professionalism, clinical leadership development, development of change management skills, lead of EDI matters, ensure appropriate job planning occurred and ensure that there was regional speciality interaction and pathway collaboration took place, - Operational stability and optimisation. The restructure of the Team would provide new roles, including that of a manager whose role would be essential to enable coordination, collaboration and progression of the multiple strands of work. This individual would manage the business function of the medical director's office working closely with the Medical Director and Deputy Medical Directors. The Director of Strategy and Transformation questioned where clinical strategy sat within the new model. It was confirmed that it was weaved through all of the work that the Medical Directors office would undertake, and the new senior manager role would support the delivery of that. The Chief Executive advised that the restructure of the Medical Directors office was an essential step forward for the organisation. The new posts would be advertised, and suggested that interested colleagues that were interested and committed to the vision and values of the organisation apply.	
	The Committee: - ***Noted the items of any other business.***	

MB21/02/G 2	**Items for escalation from sub-committees (Verbal)**	
	Children and Families Management Board Capital Works Delays An escalation had been made from the Children and Families Management Board regarding the delayed capital works in the delivery suite, triage and high-dependency unit. It was noted that the works had stopped and had been delayed due to COVID-19, however the department was struggling with outpatient triage bed availability and noted that as there was no high-dependency unit, any room available would be utilised. Mr Eki Emovon noted that there was a prioritisation list but asked for clarification when these works would commence. This would be confirmed outside of the meeting. Continuity of carer delay with kit regarding lack of LMS funding for kit An escalation had been made from the Children and Families Management Board regarding a lack of funding for the kit required for the continuity of carer programme and Mr Eki Emovon asked if charitable funds could be accessed for this, so that the kit could be purchased. The Chief Executive advised, in relation to both escalated items, that the Director of Estates and Facilities was reviewing capital projects and priorities and replacement items required which would include the fire works and critical infrastructure work. It was advised that if not done so already, to contact the Director of Estate and Facilities to discuss the capital requirements. It was noted that cases could be presented to the Above and Beyond Committee if relevant. A full refurbishment of the Central Delivery Suite was to be included in the 2021/22 capital programme, although it hasn't been approved yet. It would be approved as part of the annual planning process to include capital requirements.	
	The Committee: - ***Noted the items of escalation to the management board.***	
MB21/02/G 3	**Items for escalation to the Corporate Risk Register (Verbal)**	
	None identified.	
MB21/02/G 4	**Date and time of next meeting (Verbal)**	
	Date: **Monday 8 March 2021** Time: **14:00** Venue: **Videoconference**	
	The meeting closed at 16:20.	

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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 16 February 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 Jon Sargeant – Director of Finance Kath Smart – Non-Executive Director	
In attendance:	Fiona Dunn – Deputy Director Corporate Governance/Company Secretary Lois Mellor – Director of Midwifery (Item P20/12/B1) Marie Purdue – Director of Strategy and Transformation Emma Shaheen – Head of Communications and Engagement Katie Shepherd – Corporate Governance Officer (Minutes)	
Public in attendance:	Peter Abell – Public Governor – Bassetlaw Wendy Baird – Partner Governor – University of Sheffield Hazel Brand – Lead Governor/Public Governor – Bassetlaw Mark Bright – Public Governor – Doncaster Gina Holmes – Staff Side Chair (Item C1 onwards) David Goodhead – Public Governor - Doncaster Lynne Logan – Public Governor - Doncaster Steven Marsh – Public Governor Bassetlaw Pauline Riley – Public Governor - Doncaster Lynne Schuller – Public Governor – Bassetlaw Sue Shaw – Public Governor – Nottinghamshire County Council Mary Spencer – Public Governor Vivek Pannikar – Staff Governor – Medical and Dental Manuel Nohra - NHS Leadership, Consultancy and Interim (Badenoch and Clark)	
Apologies:	Neil Rhodes – Non-Executive Director and Deputy Chair	**ACTION**
P21/02/A1	**Welcome, apologies for absence and declaration of interest (Verbal)**	
	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. The Chair noted the new format of the agenda and reports as part of the quality improvement process. Any comments to be sent to the Trust Board Office. The apologies for absence were noted. No declarations of interest were declared, pursuant to Section 30 of the Standing Orders.	
P21/02/A2	**Actions from Previous Meetings (Enclosure A3)**	
	Actions 1 to 6 were closed. Action 7 was due in March 2021.	
	The Board: - ***Noted the updates and agreed which actions would be closed.***	
True North SA1 - QUALITY AND EFFECTIVENESS		
P21/02/B1	**Board Assurance Framework**	
	The Board received the up-to-date board assurance framework risks to the achievement of the Trust's strategic aim 1 – to provide outstanding care and improve patient experience. The Chief Nurse noted that COVID-19 posed a risk to this strategic aim and on elective restoration, staff engagement and workforce planning. All risks had been reassessed, some of which had changed due to new ways of working as a result of the COVID-19 pandemic. The Medical Director had contributed to this review. National incentives were in place regarding discharge planning and patient safety. The Trust continued with the rollout of e-observations. There was greater collaborative working at Doncaster Place level. There had been a restructure with the Chief Nurse Office, which provided the opportunity for a focus on patient experience. A quality improvement project was underway on patient falls as a key priority for 2021. A workforce development plan would be in place to reduce vacancies down as close as possible to none. Gaps in assurance were related to the uncertainty of COVID-19 recovery outcomes and potential uncertainty due to upcoming ICS legislative changes. It was requested by Sheena McDonnell that the board assurance framework be standardised, and that there be an understanding of what was meant by the measures listed and whether there was further work to be undertaken. It was noted by Sheena McDonnell that the risk rating score on the right-hand side did not add up correctly. In response to a question by Sheena McDonnell regarding accessibility to all risks, it was noted by the Chief Nurse that this should be in place for April 2021, and that the purpose of the presentation of this paper was to provide assurance. Following a question from Kath Smart regarding the risk appetite, the Chief Executive advised that the board assurance framework would be developed into a live document and would provide assurance would be provided on the delivery of the strategic aims. The breakthrough	

	objectives would determine the measure of success, so that the Board could be assured of progress. Mark Bailey noted that the board assurance framework was helpful.	
P21/02/B2	**<u>Chief Nurse Update (Enclosure B2)</u>**	
	<u>Patient Safety Update</u> The Deputy Director of Nursing (Patient Safety) provided the Board with a comprehensive update on the Patient Safety Strategy 18-months on. The new patient safety incident management system would give the Trust the ability to report both negative and positive incidents so that learning can be taken from all incidents. A new patient safety incident response framework was in place which would reduce the need for a deep dive into each incident but provide the opportunity for a rapid review. The medical examiner process had allowed for greater communication with bereaved families and positive feedback had been received. The Trust would recruit Patient Safety Partners who would be advocates for patient safety aligned to the National Patient Safety Syllabus. Improvement programmes were in place to enable effective and sustainable changes in the most important areas. An example was the implementation of e-observations which was estimated to save 30 seconds per every observation. Pat Drake welcomed the report, however suggested that as there were many acronyms, it would be helpful to continue to use the full title in future reports. Pat Drake commented that whilst it was good to see that improvement projects were in place at a high level, receiving feedback from clinical areas and departments would support any changes required in areas such as the staff survey, patient feedback and friends and family test. The Deputy Director of Nursing (Patient Safety) advised that there were different tools for use for understanding quality and safety in areas. Kath Smart noted that regardless of the system in place for reporting, the key point was to ensure that staff were trained correctly to be able to use the system to its potential. It was important to ensure that incidents were closed as part of the full process. It was noted that the new system would provide the opportunity to address the long-standing issues. The Medical Director commended the Sharing How We Care newsletter as an important focus on positive outcomes and ensuring that learning could be taken from those instances, in addition to other incidents. In response to a question from Mark Bailey regarding the triangulation of information, it was noted that intelligent information was provided from other organisations to assist in the identification of risks. The Healthcare Safety Investigation Branch had been set up to investigate healthcare incidents but also started to investigate other incidents such as never events. The Director of People and Organisational Development reinforced the impact that sharing positive messages to colleagues has. Over the previous few years, there had been an emphasise to ensure that messages were shared of work that colleagues have undertaken positively, which does boost morale.	

	In response to a question from Sheena McDonnell regarding oversight of patient experience, it was noted that the Deputy Director of Nursing (Patient Safety) would take the lead with support from the Patient Safety Partners. There would be a framework in place that would help to guide how the process was followed. Pat Drake asked that an update be provided on the implementation of the Patient Safety Partners to the Quality and Effectiveness Committee in August 2021. It was noted that although the previous year had been a challenge, that there were some key messages to be proud of. <u>Chief Nurse Report</u> The Chief Nurse provided the highlights of the report. There had been one never event in January 2021, an incident in Maternity Theatres. Assurance was provided that there had been a change in practice made since to ensure that this would not be repeated. There had been six serious incidents reported. A deep dive took place at the Quality and Effectiveness Committee on 2 February 2021 on falls and hospital acquired pressure ulcers. A new Holistic Care Team had been launched which combined the falls prevention practitioner, lead dementia nurse, person centred care nurse and a pharmacist. The team were working with quality improvement to make sustainable reductions to inpatient falls, with an initial focus being on 10 wards with the greatest number of falls. Plans were in place to address the areas identified as a contributing factor to the increase in the numbers of falls. The focus to reduce any nosocomial infection of COVID-19 continued. The NHSI/E high impact intervention had been assessed and the Trust was fully compliant against 12 of the 13 standards. The one exception related to positive care home beds in the Bassetlaw place, which was under the control of the CCG, however alternative placements out of area were available. One of the high impact interventions was to ensure that visitors and patients attending for clinics maintain social distancing and wear face coverings/visors, unless they had proof of a medical exemption. These messages continued to be repeated and communicated widely, with the expectation that if people did not comply, they would be asked to leave the premises. This had resulted in several complaints however a standard letter had been produced signed from the Chief Nurse outlining the reasons for the measures. 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. There were three reported cases of Clostridium difficile in January 2021, which brought the year-to-date figure to 48 (noted the figure in the paper was incorrect). Thirty-nine formal complaints were received in January 2021, an increase of 17 compared to December 2020. This brought the total year-to-date figure to 289. A new complaints tracker had been introduced which was reviewed on a weekly meeting. The Trust's Facebook page had an overall rating of 4.4/5. There were 1782 negative reactions, but 112,767 positive reactions from 148 posts in month.	

	Patient and public involvement was a key element of the Trust's journey to outstanding and the Communications and Engagement Team were working closely with the Patient Advice and Liaison Team to develop a 12-month work plan of community partnership working. Pat Drake commended the work undertaken with care homes and advised that this had been a national issue for the public. Pat Drake provided assurance to the Board that there had been a significant deep dive on falls and hospital acquired pressure ulcers at the Quality and Effectiveness Committee on 2 February 2021. Measures were in place that would be reported to each committee meeting. Pat Drake advised that the digital solution of safe care from the Allocate system would provide a helpful method to manage safer staffing. Pat Drake pointed out that the five reported serious incidents in Maternity as reported, were during 2020 and not 2021. Kath Smart advised that the Audit and Risk Committee on 29 January 2021 considered the data quality internal audit report which received substantial assurance, however raised a question that sepsis data wasn't reported to Board, however, was available in the organisation. Pat Drake noted that sepsis would be reported to the Quality and Effectiveness Committee. Kath Smart thanked the Chief Nurse for reporting the measures in place for challenging visitors and patients for non-compliance of mask wearing. In response to a question from Kath Smart regarding learning from nosocomial infection of COVID-19, it was advised that no further evidence had been found from investigations and that it still appeared to be a lack of social distancing that was the root cause. The Chief Nurse advised that volunteers would encourage patients in the emergency department to complete the Friends and Family Test. An alternative route for completion digitally following presentation would be sought. Sheena McDonnell was assured by the positive outcomes and the data collection from Facebook in the report. The Chief Executive advised that the visiting restrictions had resulted in an increase in falls, as it was known that they had supplemented the workforce for several years in the supervision of patients. It was important for the Board to commence preparations for winter 2021/22 considering reduced bed capacity and increase infection prevention and control measures., like in the patient safety agenda so that the Trust was prepared for winter in a similar context with an increased workload.	
	<u>Action</u>: An update be provided on the implementation of the Patient Safety Partners to the Quality and Effectiveness Committee in August 2021.	**DP**
	The Board: - ***Noted and took assurance from the Chief Nurse update.***	
P21/02/B3	**<u>Medical Director Update (Enclosure B3)</u>**	
	There was a slight rise in October 2020 with an upward trend effect on HSMR, which was expected due to the second wave of the COVID-19 pandemic. This continued to be monitored.	

	The medical examiner continued to be successful and the team should be proud of the achievements to date. The top five causes of death included metastatic cancer which due to late presentation to general practitioners by patients due to the COVID-19 pandemic. Messages had remained in the public throughout the pandemic to encourage people to go to their general practitioners should they need to. Medical appraisals continued where possible, and forty-five doctors had been recommended for revalidation year-to-date. This was against an expected position of none. Compliance with standards of business conduct and employees' declaration of interest policy had reached 88.81%, with an expectation to reach 100% at year-end. The Board wished to formally thank all those involved in the achievement. During the clinical governance review there had been identification of duplication in reporting lines. The next steps would include a review meeting terms of reference. Non-essential clinical governance meetings had been stood down in March 2020 at the beginning of the COVID-19 pandemic, however since June 2020, they had been slowly re-introduced. During the period that meetings were stood down, cases were dealt with on a case-by-case basis to ensure that the clinical governance process continued. Pat Drake reinforced the work undertaken by the medical examiner office and wished to pass on her thanks to the team for the difficult work that they undertake. Pat Drake noted that an update would be provided at the quality and effectiveness committee on April 2021 on the clinical governance review. Pat Drake reinforced the message that patients should attend their general practitioners. It was noted that the Trust had performed well against the cancer standards throughout the pandemic, except for slight delays against the 62-day standard due to tertiary referrals and complexity. Kath Smart commended the work that had gone into the declarations of interest however asked that the Medical Director and Company Secretary ensure that the process was streamlined in future years.	
	<u>Action</u>: A formal thank you would be provided to those involved in the achievement of compliance against the standards of business conduct and employee's declaration of interest policy.	**TN**
	The Board: - ***Noted and took assurance from the Medical Director Update.***	
True North SA2 & 3- PEOPLE AND ORGANISATIONAL DEVELOPMENT		
P21/02/C1	**<u>Board Assurance Framework</u>**	
	The Board received the up-to-date board assurance framework risks to the achievement of the Trust's strategic aim 2 – everybody knows their role in achieving the vision and strategic aim 3 - feedback from staff and learning in top 10% in UK.	

	The Director of People and Organisational Development advised that due to the COVID-19 pandemic, reaching these objectives had been challenging and there had been limited factors. When reviewing the breakthrough objectives for 2021/22, a review would be undertaken on how the achievement of the strategic aims would be measured. A review had been undertaken of the risks and aligned to the People Committee. Internal discussions had taken place regarding the draft staff survey data received and the GMC survey results. The People Plan priorities for 2021/22 would include a focus on wellbeing, leadership development and organisational development. Quality improvement and patient safety would feed into that.	
P21/02/C2	**<u>Our People Update (Enclosure C2)</u>**	
	<u>RACE Equality Code</u> The Trust had signed up as an early adopter of the Race Equality Code and had undertaken the assessment. A draft action plan had been received. The Trust had been awarded a good level of compliance. The final action plan would be coproduced to ensure that there was Trust input also. It was confirmed that the Trust was eligible to use the quality mark following the diagnostic undertaken in relation to the RACE Equality Code. DBTH was the first Trust to undertake this process which was positive news. A presentation would be delivered to the management board, extended senior leaders of the Trust, staff governors and staff side to engage in the code in March 2021. It was noted that Karl George had commended the commitment of the Chair in this process had shined through. The final Race Equality Code action plan would be provided to Board in April 2021 and the People Committee in May 2021. <u>People Plan</u> Within the People Plan the role of a Wellbeing Guardian was articulated, with the expectation that a Non-Executive Director would fulfil that role. Mark Bailey had taken on this role. A People Committee workshop took place to identify the Trust's people plan priorities for 2021/22. An update would be provided at the Board meeting in March 2021. <u>COVID-19 Update</u> COVID-19 related absence increased for November 2021, however since then numbers had reduced. Several colleagues were still shielding and there was no indication when this would cease. 6,000+ colleagues had received their first COVID-19 vaccination. It was expected that second doses would commence mid-March 2021. Supplies would be in line with first dose numbers. The Chief Executive informed the Board that the COVID-19 pandemic had highlighted where inequalities had emerged. A clear message was conveyed that the priorities for 2021/22 would be staff health, wellbeing, freedom to speak up, equality diversity and inclusion and training and development. This would be include ensuring that the Race Equality Code was embedded in the Trust. The People Committee would oversee this work and ensure that all colleagues feel supported in an open and honest culture, underpinned by the Trust values.	

	Mark Bailey advised that he had attended a national meeting in his role as Wellbeing Guardian led by NHSE/I which covered all topics as outlined by the Chief Executive as priorities. Kath Smart emphasised that colleague health and wellbeing issues would not disappear as the reported positive COVID-19 cases reduced and suggested this would be a long-term commitment. Following a question from Kath Smart regarding the actual percentage of Trust staff that had received their first COVID-19 vaccination, it was noted that 80%+ had been vaccinated. In response to a query from Kath Smart regarding recent media reports of low uptake of the COVID-19 vaccination from BAME NHS colleagues, it was advised that the uptake by BAME colleagues at the Trust was on par with other Trusts in the region. Encouraging messages continued to all colleagues regarding the importance of receiving the vaccination. Following a survey monkey to colleagues to identify reasons for non-uptake it was concluded that there were several reasons including pregnancy or had plans for pregnancy, and those who had to wait four-weeks following a positive COVID-19 test. If colleagues had not received their first dose on site, they would be able to access the mass vaccination centres for it. The Chief Executive advised that a roving system would commence that week for the vaccinating of patients with an acute illness and where a clinician felt that it would be in the best interest of the patient. Sheena McDonnell advised that wellbeing was high on the People Committee agenda and would continue to be. A People Plan workshop had taken place in which specific areas of focus were identified including compassionate leadership. In response to a question from Pat Drake related to targeted communications to encourage colleagues to have the COVID-19 vaccine, the Head of Communications and Engagement advised that colleagues at place level were working on this, but locally, work was underway with the Equality, Diversity and Inclusion Lead to spread the message that colleagues were receiving the vaccine to address the myths. The Chief Executive advised that the messages would be reinforced, and reassurance was provided that this had been discussed as part of many clinical meetings to encourage colleagues to receive the vaccine.	
	Action: The final Race Equality Code action plan would be provided to Board in April 2021 and the People Committee in May 2021.	**KB**
	Action: The People Plan priorities for 2021/22 would be presented at the Board in March 2021.	**KB**
	The Board: - ***Noted and took assurance from the 'our people' update.***	
True North SA4 - FINANCE AND PERFORMANCE		
P21/02/D1	**Board Assurance Framework**	
	The Board received the up-to-date board assurance framework risks to the achievement of the Trust's strategic aim 4 – in recurrent surplus to invest in improving patient care. A review of risks related to the achievement of this strategic aim had been reviewed and discussed at	

	the Finance and Performance Committee meeting on 26 January 2021. The recommended financial risks for the board assurance framework were: - Lack of clarity regarding the future of NHS financial regime, - Uncertainty with regards to the future of Commissioning arrangements, - Culture risk due to the impact of COVID-19. An updated paper would be presented to the Finance and Performance Committee on 23 February 2021 to outline the mitigating actions. Work on the annual plan was underway and a review of the underlying deficit would take place to identify the impact that COVID-19 had had and what the ongoing costs would be. Use of the patient level information costing system (PLICS) would assist in the identification of changes in activity and cost behaviours and would be used at a speciality level. A Board workshop would take place to discuss the impact of the changes to commissioning arrangements. A business case training programme would be implemented to refresh managers on financial processes.	
P21/02/D2	**<u>Performance Update – December2020 (Enclosure D2)</u>**	
	The Chief Operating Officer provided the highlights of the performance report for December 2020. The Trust did not meet its phase 3 elective activity standards due to COVID-19 related pressures, with the exception of non-obstetric ultrasound and flexi-sigmoidoscopy. The 52-week position remained a challenge, with 986 breaches reported in month, against a plan of 477. The Trust achieved 79.2% against a national target of 95% for 4-hour access, a slight improvement in performance. There were three main areas of focus on the Emergency Department which included team leadership and cultural work, a focus on patient flow from the department to acute medical units and wards, and general patient flow to avoid admission. Ambulance waits remained a challenge and performance against the standards reflected considerable issues in flow related to exception OCVID-10 and occupancy pressures. In cancer performance for November 2020, the Trust achieved 3 out of 3, 31-day nationally reported measures, and 1 out of 2, 62-day nationally reported measures. There had been consistent improvement in the volume of patients with open pathways over 104-days, with three reported in November 2020. It was anticipated that there would be ten breached in December 2020 due to an increase in complex pathways and delays due to patient choice. <u>Performance remained the best in South Yorkshire and Bassetlaw.</u> Pat Drake noted the increase in stroke patients and how COVID-19 had impacted on bed pressures. It was expected that this would be reflected in performance month on month until the number of COVID-19 patients in hospital reduced. It had been pre-agreed that a deep dive would be presented to the Finance and Performance Committee in March 2021. Pat Drake wished to thank Stroke colleagues for how they have continued to manage the service given the pressures. Pat Drake commended the work that had taken place with partners to improvement the complex discharge pathways.	

	Kath Smart had supported the Emergency Department leadership programme to engage staff in solutions. The team faced challenges such as ongoing building work, computers and kit had been moved around and there had been challenges with patient pathways due to the COVID-19 pandemic. This was whilst engaging with the organisational development programme and, Kath commended the organisational development team on the support they had provided. The Chief Operating Officer advised that there had been good engagement and positive attendance at the daily meetings which focused on a different theme each week.	
	The Board: - ***Noted and took assurance from the performance report for December 2020.***	
P21/02/D3	**<u>Finance Update – January 2021 (Enclosure D3)</u>**	
	The Trust's surplus for month 10 (January 2020) was £292k, which was broadly in line with the month-9 financial position (£274k surplus in Month 9). The in-month financial position was c. £1.9m favourable to plan (£1.7m favourable to plan in month 9). The Trust's YTD position was a £545k surplus which was c. £6.5m favourable to plan. The Trust was currently not including any fines under the Elective Incentive Scheme within the position since it was understood the Trust and SY&B COVID-19 bed occupancy remained above the threshold (15% of General and Acute Beds). However, this would need to be reviewed over the next two months, if COVID-19 patient numbers began to reduce further. The favourable variance against plan continued 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 continued to benefit from the cash advance received earlier in the year (to support COVID-19) having yet to be clawed back centrally by NHSI/E (expected in March 2021). It was expected that the Trust would break-even at year-end. The Trust's month-10 financial position included revenue costs of c. £1m related to COVID-19 (£11.2m YTD). The position also included 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 would have increased liability relating to carried forward leave as a result of COVID-19. A further review of the annual leave position was ongoing, with Divisions in the process of collecting information regarding this, as presented to the Finance and Performance Committee last month. Capital expenditure spend in month 10 was £3.3m. This was £1.0m behind the original £4.3m plan and £0.3m behind the forecast. Year-to-date capital expenditure spend was £19.5m, including COVID-19 capital spend of £1.5m. This was £6.0m behind the £25.5m plan but was £0.2m ahead of the forecast. Estates were £366k behind the year-to-date forecast whilst Medical Equipment and IT were £297k and £276k ahead of the year-to-date forecast respectively. The cash balance as of 16 February 2021 was £102m which was the operating cash in the bank. This provided the Trust with a level of security. The Chair noted that the Board were assured of this. Following a comment from Kath Smart regarding how the Trust would account for the mutual aid provision for non-COVID-19 elective patients outside of the region, the Director of Finance advised that when the rules were put into place, it included an incentivised element to it, however following the second wave of COVID-19, it was realised that restoration of elective services wouldn't be achieved at the levels planned. Kath Smart noted that guidance	

	on going concern had not been received and advised that it had been escalated to through the external auditors as it was unknown how Trusts would respond with no forthcoming contracts in place. The Chief Operating Officer noted that the numbers reported on general and acute beds did not include critical care beds and therefore did not demonstrate fully the pressures in critical care. Following an update request from Pat Drake regarding the fire protection works, the Director of Finance advised that following the visit from the Fire Department earlier in the year, the work required this year had been completed. It was known what works were required in 2021/22. The Fire Department would return to undertake a review soon. The Board was reminded that the Director of Estates and Facilities was reviewing all building work priorities, as the Trust had not been allocated funds for a new build site. The Chief Executive advised that the organisation would proactively record any issues with the site so that estates issues could be addressed via the Finance and Performance Committee and Quality and Effectiveness Committee. A comprehensive discussion took place regarding the elective incentive scheme, and the Director of Finance advised that he continued to raise this as a potential risk from the start of the second wave of COVID-19, as the fines had been incurred by several Trusts at that time. It was noted that internal auditors KPMG had reviewed the financial regime to deal with the COVID-19 pandemic and were assured that the Trust had managed the financial arrangements well during this time.	
	The Board: - ***Noted and took assurance from the finance update for January 2021.***	
P21/02/D4	**<u>Covid19 Update / Recovery of Elective Work – Looking Forward (Presentation)</u>**	
	The Chief Operating Officer presented an operational update which highlighted that growth in community infections had continued to steadily decrease since the Christmas period, resulting in the number of COVID-19 related admissions to fall slowly within the Trust. The occupancy of COVID-19 beds continued to reduce, with a total COVID-19 occupancy reported as 20.4% and 14.4% reported as active COVID-19 occupancy. Demand for emergency non-COVID-19 had been seen. Staff absence remained a challenge, however had improved to 6.8%, 32.2% of which was COVID-19 related. It was noted that there was continued high pressures within the intensive care units, some of which was driven by the provision of mutual aid for surgical and COVID-19 support. Pressure also continued within the respiratory wards. The Trust had maintained cancer and urgent elective activity throughout the pandemic and continued to play a role in supporting mutual aid across the region for urgent elective cases. Elective activity had increased in partnership with the private sector and ward S10 had reopening from February for category 2 elective, whilst Park Hill focused on category 3 and 4 work. Learning had been taken from Bassetlaw Perfect Week that took place week commencing 25 January 2021, and further partnership collaboration work had taken place to improve patient flow. The vaccination programme would reach the end of the provision of the first dose, and	

	colleagues wellbeing remained a focus. Efforts would be turned towards recovery and restoration. Following a question from Pat Drake regarding the communication with long-waiting patients, it was confirmed that the draft letter had been received at the patient safety review group where helpful feedback had been provided. It was confirmed that this would not be a one-off exercise, but a rolling programme that would take place on a cohort basis of waiters. The aim of this exercise was to validate the position of patients on the waiting list. Regular communications with patients continued. Following a question from Mark Bailey regarding absence, it was advised that key action had been undertaken to review bed numbers against acuity and the staffing position. The Director of People and Organisational Development had advised that as COVID-19 related absence reduced, a consideration would need to be taken on colleagues that had shielding during the pandemic. Assistance for PTSD had been sought for colleagues. The Chief Executive advised that the identification of capacity for services to be delivered, staff wellbeing would form part of the consideration, with a comprehensive wellbeing offer for colleagues. Although the planning guidance would not be received until April, the Trust would put in place a plan that was achievable and would align to national plans once received. The Chief Nurse advised that annual leave that not been taken this year had been accounted for in the capacity planning exercise. Mark Bailey suggested that maintaining that balance would be challenging. The Chief Executive advised that the Trust would restore its elective position following the same process it had throughout the pandemic in the order of emergency care, urgent and cancer care, followed by absolute dates so that the restoration process would be as fair and reasonable as possible.	
	The Board: - ***Noted and took assurance from the information provided in the Covid19 Update/ Recovery of Elective Work – Looking Forward presentation***	
P21/02/E1	**<u>Chairs' Assurance Logs for Board Committees (Enclosure E1)</u>**	
	<u>Quality and Effectiveness Committee – 2 February 2021</u> Pat Drake advised the Board that the Quality Accounts were presented to the committee and were available for Governors on the Governor Portal. <u>Finance and Performance Committee – 26 January 2021</u> No comments. <u>Audit and Risk Committee – 29 January 2021</u> Kath Smart advised that three audit reports had been received at the committee. The Clinical and Quality Governance: Waiting List Prioritisation internal audit report had received significant assurance and was a good outcome for the Trust as assurance was received on the governance process in place for the prioritisation of patients on the waiting list. Assurance was received on the Data Quality Report. Kath Smart noted that the Internal Audit Follow Up report highlighted gaps where management responses had not been received. It was recognised that the Trust had	

	priorities due to the pandemic, however, requested that in readiness for the next committee meeting that responses be provided. The Chief Nurse advised that the Ockenden Report was submitted the previous day with all actions completed.	
	The Board noted the update from the: - ***Quality and Effectiveness Committee – 2 February 2021*** - ***Finance and Performance Committee – 26 January 2021*** - ***Audit and Risk Committee – 29 January 2021***	
P21/02/F1	**Corporate Risk Register (Enclosure F1)**	
	The corporate risk register was presented. No new risks had been escalated from the management board. To process to review all corporate risks continued. The trial of the new board assurance framework received at the meeting provided a positive step forward and demonstrated risk management. It was noted that internal auditors KPMG were due to start an audit on risks within DATIX rated 15+. TRUST seal – ONE ITEM - APPROVED	
	The Board: - ***Considered and noted the information in the Corporate Risk Register.***	
P21/02/F2	**Use of Trust Seal (Enclosure F2)**	
	The Trust Seal had been used in accordance with section 14: Custody of Seal and Sealing of Documents of the Standing Orders of the Board of Directors for WH Smith Hospital Limited, WH Smith Hospitals Holding Limited and Doncaster and Bassetlaw Teaching Hospitals renewal lease by reference to an existing lease, using seal number 124.	
	The Board: - ***Approved the use of the Trust seal.***	
P21/02/G1 -G7	**Information Items (Enclosures G1 – G7)**	
	The Board noted: - ***G1 Chair and NEDs Report*** - ***G2 Chief Executives Report*** ICS Consultation The Chief Executive provided an update, that the Trust was in receipt of the white paper, following the NHSE/I led Consultation of the ICS. The white paper referred to the coterminousity of CCGs with local authority so that ICS boundaries were aligned and coterminous. This would affect a small number of CCGs in the country, including Bassetlaw CCG who were not coterminous with Nottinghamshire County Council. It was understood	

	that the following process would include a consultation to take place on how things would move forward considering these changes. It was noted that the Trust's services form part of SYB ICS and that wouldn't change as the white paper states that the changes relate to the commissioning function and not the provider function. From 1st April 2022, commissioning would move from CCGs to the ICS, however this was not expected to affect hospital services. Discussion would take place with Bassetlaw CCG and Nottinghamshire County Council on a way forward. The Board would attend a workshop to understand the outcome of the white paper and further information would be provided following this in March 2021. <u>Ward B3, Bassetlaw Hospital</u> The Chief Executive advised that Ward B3 at Bassetlaw Hospital was a mental health facility leased from the Trust, situated next to the emergency department. Over the previous two-to-three years planning had taken place for the redevelopment of this area, known as the Bassetlaw Emergency Care Village and a consultation with Nottinghamshire Healthcare had been taking place for some time on the mental health facility they currently lease and how this would fit into the future redevelopment.	
	- ***G3 ICS Update*** - ***G4 Minutes of the Finance and Performance Committee – 24 November 2020*** - ***G5 Minutes of the Quality and Effectiveness Committee – 24 November 2020*** - ***G6 Minutes of the Audit and Risk Committee – 22 October 2020*** - ***G7 Minutes of the Council of Governors – 11 November 2020*** - ***G8 Minutes of the Management Board Meeting – 11 January 2021***	
P21/02/H1	**<u>Minutes of the Meeting held on 19 January 2021 (Enclosure I1)</u>**	
	The Board: - ***Received and Approved the Minutes of the Public Meeting held on 19 January 2021***	
P21/02/H2	**<u>Any Other Business (Verbal)</u>**	
	There were no other items of business.	
P21/02/H3	**<u>Governor Questions Regarding the Business of the Meeting (Verbal)</u>**	
P21/01/H3(i)	Hazel Brand, Lead Governor asked on behalf of the Council of Governors: Governors would welcome an update on outcome of the ICS Consultation, requiring that ICSs be coterminous with local authority. Governors would welcome an update on the Bassetlaw Emergency Care Village. Governors would welcome a briefing on the patient safety. <u>A question was raised that non-COVID19 related absence reported at 6% seemed high during a winter with no seasonal flu and was there an explanation for this?</u>	

	The Director of People and Organisational Development advised that although there was a lower proportion of coughs and colds this winter, there had been an increase in stress, anxiety and depression related absences which cannot be recorded as COVID-19 related absence. The People Committee would investigate the data further. The Chief Executive advised that the NHS absence data was not reflective of previous years. <u>Have the Stroke Unit bed capacity pressures eased during this quarter in comparison to quarter 3? And what reasons have been identified why more people were having strokes during wave 2 of the COVID-19 pandemic as opposed to wave 1 of the COVID-19 pandemic?</u> The Medical Director advised that there were no known reasons for the increase in strokes. The Chief Executive advised that the change in data may be as a result of patients presenting themselves with secondary illnesses as opposed to ambulance presentation. The Chief Operating Officer advised that a deep dive into Stroke performance would be undertaken at the Finance and Performance Committee in March 2021.	
	<u>Action</u>: Governors would receive an update on the outcome of the white paper following NSHE/I ICS Consultation.	**FD**
	<u>Action</u>: Governor would receive an update on the Bassetlaw Emergency Care Village.	**FD**
	<u>Action</u>: Governor would receive a briefing on patient safety.	**FD**
	The Board: - ***Noted the comments raised, and information provided in response.***	
P21/02/H4	**<u>Date and Time of Next meeting (Verbal)</u>** **Date:** Tuesday 16 March 2021. **Time:** TBC **Venue:** Star Leaf Videoconferencing	
	The Board: - ***Noted the date of the next meeting.***	
P21/02/H5	**<u>Withdrawal of Press and Public (Verbal)</u>**	
	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.***	
P21/02/I	**<u>Close of meeting (Verbal)</u>**	
	The meeting closed at 12:30.	