

**Board of Directors Meeting Held in Public
To be held on Tuesday 18th May 2021 at 09:30
Via StarLeaf Videoconferencing**

Enc	Purpose	Time
A	MEETING BUSINESS	09:30
A1	Welcome, apologies for absence and declarations of interest <i>Suzy Brain England OBE, Chair</i> <i>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</i>	15
A2	Actions from previous meeting <i>Suzy Brain England OBE, Chair</i>	Review
B	PRESENTATION	
	<i>None</i>	
C	True North SA1 - QUALITY AND EFFECTIVENESS	09:45
C1	Board Assurance Framework <i>David Purdue, Chief Nurse / Dr T J Noble, Medical Director</i>	Assurance 5
C2	Chief Nurse Update <i>David Purdue, Chief Nurse</i>	Assurance 20
C3	Medical Director Update <i>Dr T J Noble, Medical Director</i>	Assurance 10
BREAK 10:20 – 10:30		
D	True North SA2 & 3- PEOPLE AND ORGANISATIONAL DEVELOPMENT	10:30
D1	Board Assurance Framework <i>Karen Barnard, Director of People and Organisational Development</i>	Assurance 10
D2	Our People Update <i>Karen Barnard, Director of People and Organisational Development</i>	Assurance 10
D3	Annual Report from the Guardian for Safe Working <i>Mr Jayant Dugar, Consultant ENT Surgeon / Guardian for Safe Working</i>	Assurance 10

E True North SA4 - FINANCE AND PERFORMANCE				11:00
E1	Board Assurance Framework <i>Jon Sargeant, Director of Finance & Rebecca Joyce, Chief Operating Officer</i>	<i>Assurance</i>		10
E2	COVID-19 Update / Recovery of Elective Work – Looking Forward <i>Rebecca Joyce, Chief Operating Officer</i>	<i>Note</i>		10
E3	Performance Update <i>Rebecca Joyce, Chief Operating Officer</i>	<i>Assurance</i>		10
E4	Finance Update <i>Jon Sargeant, Director of Finance</i>	<i>Assurance</i>		10
BREAK 11:40 – 11:50				
F STRATEGY				11:50
F1	Strategy and Improvement Update <i>Marie Purdue, Director of Strategy and Improvement</i>	<i>Assurance</i>		10
G GOVERNANCE AND ASSURANCE				12:00
G1	Corporate Risk Register <i>Fiona Dunn, Deputy Director Corporate Governance/Company Secretary</i>	<i>Review</i>		20
G2	Quality and Effectiveness Committee Annual Report <i>Pat Drake, Non-Executive Director and Chair of the Quality and Effectiveness Committee</i>	<i>Assurance</i>		
G3	NHS Providers License Self-Assessment/Certification <i>Fiona Dunn, Deputy Director Corporate Governance/Company Secretary Jon Sargeant, Director of Finance</i>	<i>Assurance</i>		
G4	Board of Directors Meeting Dates – Verbal <i>Richard Parker OBE, Chief Executive</i>	<i>Information</i>		
H INFORMATION ITEMS (To be taken as read)				12:20
H1	Chair and NEDs Report <i>Suzy Brain England OBE, Chair</i>	<i>Information</i>		5
H2	Chief Executives Report <i>Richard Parker OBE, Chief Executive</i>	<i>Information</i>		5
H3	ICS Update <i>Richard Parker OBE, Chief Executive</i>	<i>Information</i>		
H4	Minutes of the Finance and Performance Committee – 22 March 2021 <i>Neil Rhodes, Non-Executive Director</i>	<i>Information</i>		
H5	Minutes of the Management Board Meeting – 12 April 2021 <i>Richard Parker OBE, Chief Executive</i>	<i>Information</i>		

H6	Minutes of the People Committee – 02 March 2021 <i>Sheena McDonnell, Non-Executive Director</i>	<i>Information</i>	
H7	Minutes of the Council of Governors – 28 January 2021 <i>Suzy Brain England OBE, Chair</i>	<i>Information</i>	
H8	Doncaster and Bassetlaw Healthcare Services Annual Performance <i>Jon Sargeant, Director of Finance</i>	<i>Information</i>	

I	OTHER ITEMS		12:30
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I1	Minutes of the meeting held on 20 April 2021 <i>Suzy Brain England OBE, Chair</i>	<i>Approval</i>	
I2	Any other business (to be agreed with the Chair prior to the meeting) <i>Suzy Brain England OBE, Chair</i>	<i>Discussion</i>	
I3	Governor questions regarding the business of the meeting (10 minutes)* <i>Suzy Brain England OBE, Chair</i>	<i>Discussion</i>	10
I4	Date and time of next meeting: Date: Tuesday 20 July 2021 Time: 09:30 Venue: StarLeaf Videoconferencing	<i>Information</i>	
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. <i>Suzy Brain England OBE, Chair</i>	<i>Note</i>	

J	MEETING CLOSE		12:40
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*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.

A handwritten signature in black ink, appearing to read 'Suzy Brain', with a stylized flourish at the end.

Suzy Brain England, OBE, Chair of the Board



Action notes prepared by:
Updated:

Katie Shepherd
30th April 2021



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

Action Log

Meeting:	Public Board of Directors	KEY	
Date of latest meeting:	20 th April 2021	Completed	On Track
		In progress, some issues	Issues causing progress to stall/stop

No.	Minute No.	Action	Lead	Target Date	Update
1.	P21/03/C3	<u>Committee Structures</u> Following the discussion of the Clinical Governance meeting structure. It was agreed that work would be undertaken with the Communications and Engagement Team to devise a clear and understandable outline of the committee structure and each committees purpose.	TN / ES	May 2021	
2.	P21/03/E2	<u>Service Changes</u> A report would be provided on the service changes made during the COVID-19 pandemic, and any fundamental changes that would form how services would be delivered in the future.	RJ	April 2021	
3.	P21/04/C2i	<u>Magnet4Europe</u> A report of the progress of the Magnet4Europe study would be received at the Quality and Effectiveness Committee.	DP	August 2021	Close. Added to the Quality and Effectiveness Committee work plan.

Action notes prepared by: Katie Shepherd
 Updated: 30th April 2021

No.	Minute No.	Action	Lead	Target Date	Update
4.	P21/04/C2ii	<u>Glossary of Acronyms</u> A glossary of acronyms used in reports should be provided as an appendix.	All	N/A	
5.	P21/04/E4	<u>Integrated Performance Report</u> As the Integrated Performance Report was not available in time for the meeting, it would be circulated once available.	RJ	April 2021	Close. The report was circulated on 29/04/2021.
6.	P21/04/G3	<u>COVID-19 Business Continuity Terms of Reference – Trust's SO's</u> When the Standing Orders are reviewed in July 2021, the COVID-19 Business Continuity Terms of Reference addendum would be removed.	FD	July 2021	

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: David Purdue/Tim Noble Committee: QEC	People, Partners, Performance, Patients, Prevention		Date last reviewed : APR 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 Measures: <ul style="list-style-type: none"> Ward/department quality assessment scores, recommencement of the IQAT and DQAT Evidence of “closing the loop”, through sharing of learning from incidents and follow up from QI processes Focus on key safety risks – IPC Outbreaks, Patient experience - waits, falls, milestones set through business planning for each division aligned to the divisions breakthrough objectives Clinical effectiveness, processes to include the following of NICE guidance IQPR measures Co-production of changes with patients 	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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Impact of COVID on elective restoration Staff engagement post covid Patient expectations following Covid 	Risk references: Q&E9, F&P 6 and F&P 8. Opportunities: <ul style="list-style-type: none"> 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): <ul style="list-style-type: none"> BIR Data targets & exceptions Clinical effectiveness measures Quality framework outcomes <ul style="list-style-type: none"> Quality control to Quality Assurance Quality Improvement outcomes Clinical Governance Review Integrated Quality Performance Report Accountability Framework Annual planning process External compliance review action plans 	Comments: <ul style="list-style-type: none"> 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): <p>Output from Board sub committees</p> <p>Internal Audit reviews on quality outcomes, falls documentation compliance 20/21, DToC 2019/20, Complaint process 2020/21</p> <p>Positive feedback from people on the services</p> <p>BAF completion on specific areas, evaluated by CQC, IPC BAF reviewed at Board of Directors December 2020.</p> <p>Trust plan against the Ockenden Report, plan reviewed at Board February 2021 and QEC April 2020</p>	Gaps in controls / assurance (actions to achieve target risk score): <p>Uncertainty re COVID recovery outcomes</p> <p>Uncertainty re SYB ICS changes</p>

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 May 2021 reviewed alongside the corporate risk register.

The entire BAF and CRR were reviewed at Board Sub Committee meetings during April 2021 and by the Strategic aim sponsors in April 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 March 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				2664	COVID 2472

Overall change per Strategic Aim (SA)						
	Q1 2021/22	Q2 2020/21	Q3 2020/21	Q4 2020/21	No of risks/SA	Change
SA1	↔	↔	↔	↔		↔
SA2	↔	↔	↔	↔		↔
SA3	↔	↔	↔	↔		↔
SA4	↔	↔	↔	↔		↔
COVID	↔	↔	↔	↔	several	↔

COVID19 Major incident			
Risk Owner: Trust Board Committee: Q&E, F&P,	COVID19 - Addition to SA1	Date last reviewed : MAY 2021	
Strategic Objective To deliver safe & effective service to patients and staff during a World-wide pandemic of Coronavirus which will infect the population of Doncaster and Bassetlaw (including staff) resulting in reduced staffing, increased workload due to COVID-19 and shortage of beds, ventilators.	Risk Appetite: The Trust has a high appetite for risks that impact on patients and staff during a worldwide pandemic.	Initial Risk Rating Current Risk Rating Target Risk Rating	5(C) x 5(L) = 25 extr 5(C) x 4(L) = 20 extr 3(C) x 3(L) = 9 low
Risks: <ul style="list-style-type: none"> Impact on safety of patients Impact on patient experience Potential delays to treatment Impact on patient harm Impact on reputation Adverse impact on Trust's financial position Impact on staff & inability to provide viable service 	Rationale for risk current score: <ul style="list-style-type: none"> Previous unknown pandemic: <ul style="list-style-type: none"> Patients, staffing, resources etc Data modelling predictions based on "best" guess principles from previous flu epidemics Unknown timescale of outbreak 	Future risks: <ul style="list-style-type: none"> Impact of COVID on elective restoration 	Opportunities: <ul style="list-style-type: none"> Change in practices, new ways of working by
Controls / assurance (mitigation & evidence of making impact): <ul style="list-style-type: none"> Pandemic incident management plan implemented. Governance & Performance Management and Accountability Framework Gold & Silver Command pandemic management structure (Strategic & Tactical) in place 24/7 Individual work streams identified to deliver a critical pathway analysis Regular data modeling and analysis of trends and action to address shortfalls. Continued liaison with leads of operational work streams to identify risks to delivery. National reporting & monitoring eg PHE, NHSI/E, WHO etc Summary of Post Implementation Review undertaken Includes stabilization & recovery plans response to COVID wave3 plans 	Comments: <ul style="list-style-type: none"> Temporary Site Reconfiguration Reduction in Planned Care – Outpatients & Surgery Vulnerable Patients Emergency Pathways (Adult) Increasing Critical Care Capacity Consolidation of maternity and Delivery of Children's Services Trauma Consolidation Diagnostics and Pharmacy Care of Deceased Patient People Planning, Education and Research Ethical Decision Making Infection Control and Prevention Support IT and Digital, Estates, Finance & Procurement Partnerships, Communication and Engagement Recovery Phase 	Assurance (evidence of making an impact): <ul style="list-style-type: none"> See evidence of plans in link (Overall Plan) Risk log (see link) High Level COVID Narrative Post implementation review Internal Audit reviews on quality outcomes: <ul style="list-style-type: none"> Covid-19: Business Continuity, Pandemic Response Plan and Remote Working - October 2020 - Significant assurance with minor improvement opportunities COVID-19 Financial Governance and Controls - October 2020 - Significant assurance with minor improvement opportunities 	Gaps in controls / assurance (actions to achieve target risk score): <ul style="list-style-type: none"> Overall delivery of work streams pandemic plans – link CRR Risk ID2472 on DATIX

Report Cover Page				
Meeting Title:	Board of Directors			
Meeting Date:	18 th May 2021	Agenda Reference:	C2	
Report Title:	Chief Nurse Report			
Sponsor:	Mr David Purdue, Deputy Chief Executive and Chief Nurse			
Author:	David Purdue, Chief Nurse Abigail Trainer, Deputy Chief Nurse Cindy Storer, Deputy Director of Nursing for Patient Safety Stacey Nutt, Deputy Director of Nursing for Patient Experience			
Appendices:	None			
Report Summary				
Purpose of report:	The Chief Nurse Report, details the key requirements for the monitoring of quality in the Trust, towards meeting the True North Objectives			
Summary of key issues/positive highlights:	<ul style="list-style-type: none"> • Progress against the National Safety Strategy highlighted through Insight, Involvement and Improvement • Monthly review of Perinatal Dashboard, towards compliance with the Ockenden Standards • Progress against the key performance targets for complaints and compliments • Safer staffing and plans towards no vacancies in Nursing, Midwifery and AHPs 			
Recommendation:	<i>Board asked to take Assurance</i>			
Action Require:	Approval	Information	Discussion	Assurance ✓
Link to True North Objectives:	TN SA1:	TN SA2:	TN SA3:	TN SA4:
	<i>To provide outstanding care for our patients</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>
Implications				
Board assurance framework:	<i>Actions being taken against internal audit report on Complaints Evacuation safety of patients</i>			
Corporate risk register:	Q&E9, F&P6			
Regulation:	<i>CQC interviews following Evacuation of Womens Hospital</i>			
Legal:	CQC compliance			
Resources:	<i>Ockenden action plan, bids submitted to the National Fund</i>			

Assurance Route			
Previously considered by:		Ockenden Report discussed at QEC	
Date:	06.04.21	Decision:	
Next Steps:		Regular updates against the 7 KPIs to QEC	
Previously circulated reports to supplement this paper:			

Quality Report April 2021

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 have completed their surveys (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

Serious Incidents

There was one serious incident in April 2021. This related to a patient undergoing spinal surgery who unexpectedly deteriorated.

There were no serious incidents in maternity.

Falls

There were 113 inpatient falls in April. Of these, two resulted in severe harm (both on FAU) and one resulted in moderate harm.

Hospital Acquired Pressure Ulcers (HAPU)

Recording of pressure Ulcers has changed how they are reported, instead of patient numbers the numbers now relate to the number of pressure ulcers

For April 2021 there are:

- 75 Category 2 HAPU's
- 2 Category 3 HAPU's
- 5 Category Unstageable HAPU's

Infection Prevention and Control

Hospital onset COVID-19 cases

Recent guidance has been released how to report hospital onset probable or definite healthcare associated COVID-19.

While all hospital onset COVID-19 infections have been reported to the daily and weekly Hospital Onset Covid Infection (HOI) SitRep. The Covid Patient Notification System (CPNS) has been used to report hospital acquired Covid deaths.

Trust are now being advised, that while not mandated, cases of definite and probably hospital onset Covid should be collated, to establish if they resulted in death, moderate or severe harm and to follow the definition of a patient safety incident. Work is ongoing to establish how many patients this has affected, linked to ward outbreaks and whether the next of kin has received information, an apology and relevant support.

Clostridium difficile

There were five cases of Clostridium difficile in April. Four cases were Hospital onset Hospital Acquired (HOHA). One case was Community onset, Hospital Acquired.

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

e-Coli Bacteraemia

There were six cases of eColi bacteraemia in April, which are now having a PIR in the same way as Cdiff to establish learning.

MRSA bacteraemia

There were no MRSA bacteraemia reported in April.

MRSA Colonisation

There was one reported MRSA colonisation in April.

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.

A number of clinicians within the Trust have been able to contribute towards the early proposed content of the first two Patient Safety Syllabus Modules in March 2021, with positive feedback on the content.

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. Regular webinars with the national team are also enabling updates in real time.

IMPROVEMENT

Falls

The improvement work being undertaken in falls prevention includes:

- Updated Falls Policy published March 2021
- QI project Wards 16/17
- Falls Therapy assessment and treatment intervention for high risk/complex falls patients

- Falls Prevention and management work in ED- DRI
- Mobility champions training to start in ED- DRI & Ward 17
- Falls Champion Training to restart June 2021
- PCC, Preceptorship, Foundations of Care & Therapy induction Training has now restarted
- Electronic falls risk assessments (Enhanced supervision & Nurse Call, Safety sides and Low bed assessments) built for go live-June 2021

Hospital Acquired Pressure Ulcers (HAPU)

The improvement work being undertaken in HAPU reduction includes:

- Reviewing the investigation process for HAPU's
- Updating the Pressure Ulcer Policy
- To commence SIT reviewing and confirming Category 2 pressure ulcers
- The launch of the R2R Pressure Ulcer Prevention ELearning module on ESR
- Review of the SIT education programmes
- Developing a Pressure Ulcer reduction Strategy

DBTH Digital Transformation update

Background

In 2019 the Trust embarked on a Digital Transformation Programme with the ultimate aim of delivering a full electronic patient record (EPR). By delivering the Digital Transformation Programme, the Trust will be in a position to improve patient care, safety, experience and treatment whilst eliminating the majority of paper documents that currently form patient case notes and also, via digitisation eliminate outdated, inefficient processes that exist within the Trust.

Nervecentre: Modules & Functionality

The trust's use of Nervecentre – a mobile clinical workflow platform – has helped to strengthen patient safety, task management and system-wide communication. Furthermore, it has given the trust an operational visibility – including live flow 'dashboard' information – that is helping to inform crucial decisions around capacity and flow. There are a number of modules contained within Nervecentre to deliver the required functionality for documenting all aspects of patient care. The trust are applying a phased rollout in line with the agreed business case and Nervecentre roadmap.

Deployment to date

The trust's deployment roadmap of Nervecentre is currently as follows:

Digital Transformation Programme deployment to date	
Nervecentre Module	Date / Site Deployed
Hospital@ - replacing non urgent bleeps out of hours, weekends and bank holidays. The tool gives co-ordinators full visibility of the Hospital at Night team, with registrars copied in on all urgent tasks. This enables more collaborative working across the team to support junior doctors. The system provides an audit log of every activity to strengthen clinical governance, inform workforce planning and drive efficiencies.	2018 - BDGH 2019 - DRI & MMH
eObservations - electronic recording of all patient observations replacing paper obs charts - providing escalation alerts for deteriorating patients. eObservations applies an algorithm to calculate early warning scores automatically using NEWS2. The system identifies abnormal observations and triggers an alert to the relevant clinician when the EWS indicates a patient's condition is deteriorating. The clinician receives instant notification via their mobile device and can access comprehensive clinical information about the patient ahead of visiting them on the ward.	2019 - BDGH Adult wards 2020/21 - DRI Adult wards
eHandover - used by both doctors and nurses which ensures there is a smooth transition from recording of information for handover, to continuous care throughout the patients stay.	2019 - BDGH 2020/21 - DRI
Fluid Balance - electronic recording of fluid balance intake. Enabling staff to have an easy way of recording information accurately at all times of the day. Nervecentre auto calculates the in real-time providing an up-to-date visibility of fluid balance with no lost charts,	2020 - BDGH 2020/21 - DRI
Live Flow - dashboards, providing an invaluable insights into patient flow. These can be built internally to display an array of information Enabling the command and control rooms to have instant up-to-date information displayed electronically.	2020 - BDGH & DRI
Ward Boards - developed internally the ward board displays vital patient information such as NEWS score, patient tags, number of patients on a ward. Enabling patient status at a glance whether on a ward or in the control centre of the trust.	2019 - BDGH Adult wards 2020/21 - DRI Adult wards

What next?

The DBTH Digital Transformation team are progressing well developing the Nursing assessment core risk bundle with the plan to introduce these in June 2021 across Bassetlaw and Doncaster.

Care Quality Commission

The Care Quality Commission met with the Trust to review the Evacuation of the Women's Hospital on the 27th of April. The CQC wanted assurance that patients had come to no harm and that the areas the patients were relocated to was suitable for their requirements, both in the short to medium term.

The CQC were assured that the Trust had worked effectively in the evacuation protocols and had communicated effectively with both partners and regulators to ensure all patients and staff were safe. We discussed the efficacy of the locations for the patients especially with the complex patient groups involved and they were in agreement that for the medium term these were appropriate. The Trust has sent letters to each patient or carer, thanking them for their bravery and patients during the evacuation and subsequent moves. These letters ask 4 questions via a link to a Survey Monkey asking for feedback on their experience. This will be shared at the Patient Experience Committee.

Perinatal Maternity Dashboard

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

In Quarter 4

Update next month

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

Neonatal death

Recommendations

- The Trust to ensure all members of the team working in maternity understands the risk of conformation bias and the key principles of maintain situation awareness to ensure safe management of complex clinical situations
- The trust to ensure there is a clear escalation process to the obstetric team when a CTG is difficult to interpret, leading to an obstetric review, clear management plan agreed with the mother being documented
- The trust to ensure that where if multiple tasks occur at once, a member of the team maintains the role of someone having a 'helicopter view' at all times

An action plan is being developed to address these recommendations

There are a 2 further cases being referred to HSIB

2 babies that have required cooling (1 DRI and 1 BDGH) – initial 72 hours scopes are being completed and will be presented to the SI panel.

Any immediate learning will be identified and actioned.

Serious Incidents

2021/27 – Never Event (retained tampon after perineal repair).

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

Report being finalised after further queries by the family

Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training

PROMPT Compliance

MDT Role	Number of staff available to train	Number of staff that have attended PROMPT	Compliance
Consultants & Staff Grades	18	17	94.4%
SPRs + SHOs	21	18	85.7%
Midwives	194	158	81.4%
	32	16	50%

Anaesthetists			
Maternity Theatre ODPs	14	2	
HCA/MSWs	67	20	29.8%
DIVISIONAL	332	229	68.9%

CTG compliance

MDT Role	Number of staff available to train	Number of staff undertaken Intrapartum CTG training	Compliance %
Consultants & Staff Grades	18	16	88.8%
SPRs + SHOs	20	17	85%
Midwives	194	166	85.5%
DIVISIONAL	232	199	85.7%

Concerns & Actions:

CNST

- Revised standards released in March – 90% threshold has now been removed. MIS contacted to clarify if new minimum threshold in place. No minimum but we need to provide a statement in regards to any shortfall of 90%.

PROMPT

- Anaesthetic staff now being rostered on to attend. Compliance increased this month.
- 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 June 2021 shared with medical and midwifery staff.
- MSW numbers very low – all managers given dates and asked to allocate staff to attend.

CTG

- Ongoing escalation policy in place for non-compliance
- CTG midwifery lead is monitoring monthly and action being undertaken

Midwifery Workforce

Current position is 18.08 WTE vacancy against the current workforce model, ongoing recruitment locally continues. The service is progressing international recruitment of European midwives (initially Portugal), and is part of the LMS recruitment of newly qualified midwives due to qualify in Sept 2021. Interviews to be held in early May with a plan to recruit to all vacancies.

Mitigation currently in place to manage the vacancies:

- Proactively managing the workforce and workload daily
- Offering all vacant shifts on NHSP with a 20% uplift
- Specialist midwives contributing (as their individual responsibilities allow)
- Deputy HOM, and Matron work clinically in time of escalation
- Reviewing the way care is delivered to improve midwifery staffing cover

<ul style="list-style-type: none"> • Instigating the Escalation policy when services are assessed as unsafe
<p>Service User Voice feedback</p> <p>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:</p> <p>Doncaster MVP Chair has stepped down and interim plan in place, no meeting since last report.</p> <p>Bassetlaw MVP No meeting since last report.</p> <p>Lack of supporter attendance has been a common theme on all social media, and starting from the beginning of April attendance is possible at all AN scans and appointments in the hospital. There is ongoing work to accommodate supporters in all the community hubs used by the community midwives.</p>
<p>HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust</p> <p>None</p>
<p>Coroner Reg 28 made directly to Trust</p> <p>None</p>
<p>Progress in achievement of CNST 10</p> <p>Currently the service is working on compliance, areas of concern are: Safety Action 7 – Maternity Voices partnership meetings are in place but not fully embedded A further review of the evidence is planned in early May and fortnightly meetings planned for monitoring</p>

Patient Experience April 2021

Complaints

There was a slight increase in complaints in April with 33 (40/90 WD) and 1 MP complaint. Following consultation we removed the ability to select ACQ as an option due to the majority of these not being answered within the agreed timeframe of 20 WD. Most other providers record concerns and if they can't be dealt within the agreed timeframe they automatically become a complaint. Therefore we expected to see a rise in complaints, however we recorded 34 in total and 21 concerns. This is a rise in concerns but I am pleased to say that all concerns except 2 have been closed.

April complaints sees Communication (21) then continues with Treatment (17), Staff Attitude and Behaviour (15), Covid (4) and Medication (4). However, on review of the number of complaints per each subject, Treatment is the highest with 16 complaints and Communication with 13.

There are currently 96 open feedback cases compared to 153 in March, which is a reduction of 37% and of those there are 39 overdue with having breached their original timescale with the complainant. When this is compared with December's data it demonstrates an impressive reduction

in overdue cases by 56% which is testimony to the hard work the divisions have done in order to clear the backlog of complaints accumulated during the Covid pandemic.

We also have received 3 outcomes from PHSO complaints, 1 being partly upheld and the provisional findings for the other 2 are that they will not be upheld.

Friends and Family Test (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. Following an initial very positive start there has been a steady decline in response rates and therefore immediate work is underway to improve this.

Complaints Panel

A new complaints panel has been formed in April seeing the divisions rotate through the weekly meetings. The intention is to give focus to overdue complaints initially, it enables divisions to escalate any concerns with any complaints investigations and also for PALS to escalate any new complaints that they are having trouble allocating. The aim will be for the divisions to also bring the themes of learning and actions/service improvements made.

Voluntary Services

Volunteers are now back on site following a 'welcome back' induction, risk assessments have been completed and all have received vaccinations and will take part in lateral flow testing. Focus is on entrances for meeting and greeting patients and public and sign posting / chaperoning to departments.

Key Focus DATIX	
Re-structure of Datix to ensure the right person is completing the right task. Further options added to current stage of complaint – 'sent to PALS' and 'sent to CEO'	When selecting 'sent to PALS' divisions will need to enter the outcome, subjects and learning - Mandatory
Subjects revised to mirror the subjects that are used in the K041 data which will bring consistency to reporting	Subjects to be selected following the completion of the investigation so it will bring proven data rather than alleged subjects
Removal of ACQs as an option as generally timeframe not met. If people state they are making a complaint then we need to record it as such	Time frame of 90 working days changed to 60 working days and any request for renegotiation to be taken to the complaints panel for discussion and agreement
Overview of Key Achievements Made This Month	
Patient Experience	Patient/People Involvement
37 % Reduction in Number of open complaints 56% Reduction in Overdue Complaints & ACQs	Attendance at Health Ambassadors AI: Posters now approved for use Qi project within ophthalmology about name badges in an easy read format

Joint working with PSL team to ensure 1 response and triangulated learning (with inquests and claims)	Partnership working: People Focus Group, Carers strategic oversight group, Health Ambassadors		
Voluntary services – Volunteers back on site and prioritising signposting to departments			
Key Challenges and Risks			
Description	Owner	Comments/Actions	Rating
Vacancy within PALS	SN	Band 3 appointed interviews scheduled for Band 5	Yellow
Complaints given inappropriate timescales and not allocated against correct Risk process	SN	New RAG rating to be agreed	Yellow
Lack of progress of complaints, complaints not being highlighted to Risk and Legal team	SN/DP	Complaints panel now implemented and chaired by Chief Nurse	Green
Visiting restrictions due to COVID 19	ET	Complaints still being seen about restricted visiting, more about patients who are end of life. Complaints referring to during covid but also present time	Yellow

Safer Staffing April 2021

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 breadth of the organisation, with particular pressure in areas such as respiratory and critical care. This has been reflected in our safe staffing data with a number of areas 10% under their planned versus actual.

April 2021 data

In April 39 inpatient wards were open.

- 21 (55.2%) were on green for planned v actual staffing
- 7 (18.4%) wards were on amber for being 5% under planned v actual staffing (B5, C1, Ward 24, Ward 25, Gresley Unit, DCC, M1).
- 5 (13.1%) wards were amber for being 5% over planned v actual staffing (SAW, A5, Ward 17, Ward 19, Rehab 2).
- 4 (10.5%) wards were red for being 10% under planned v actual staffing (ATC, Respiratory Unit, M2 and ITU BDGH).
- 1 (2.6%) ward was red due to being 10% over planned v actual staffing (Haematology Unit).

Despite a number of areas reporting 10% reduction against planned versus actual there has been a continual decline since the beginning of the year in this number. All areas are risk assessed using professional judgement, staff redeployment or utilisation of other key roles such as therapy staff to ensure patient safety isn't compromised. Also to note that two 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 from the pandemic fill rates for bank and agency shifts continue to be compromised due to availability of workforce. This is closely monitored with NHSP colleagues and the senior nursing team, however this is an improving picture as staff return from shielding.

As the pandemic has continued the surgical elective programme has been reinstated to ensure patients receive the care they require. Essential training has also been reinstated to support staff development. Staff sickness remains static and there continues to be areas of sickness related to covid or staff requiring to isolate.

There is some areas of risk in nurse and ODP staffing in theatres, due to vacancies and sickness, this is being addressed with the division and the executive nursing team. This includes redeploying staff from other areas with theatre experience and reviewing agency usage for this area to maintain patient safety. There had been a planned approach to utilise the first cohort of international nurses in theatres as they all had the relevant background and were due to commence in the Trust in July 2021. Due to the ongoing Covid risks in India, NHSI/E have placed a pause on overseas recruitment we are expecting further information at the end of May 2021.

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.

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 June / July 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 nursing staff were due to come from India and due to the current situation with Covid in India this plan has temporarily been paused until the end of May when we expect an announcement from NHSI/E about this recruitment strategy. The Deputy Chief Nurse is working closely with NHS Professional who are we are working in partnership with around international recruitment to look at other potential options such as other countries if the recruitment continues to be paused after the end of May 2021. We are still continuing with the scheduled interviews with the nurses from India as per advice from NHSI/E so we have a pipeline of staff ready if the temporary restrictions on recruitment are lifted in May.

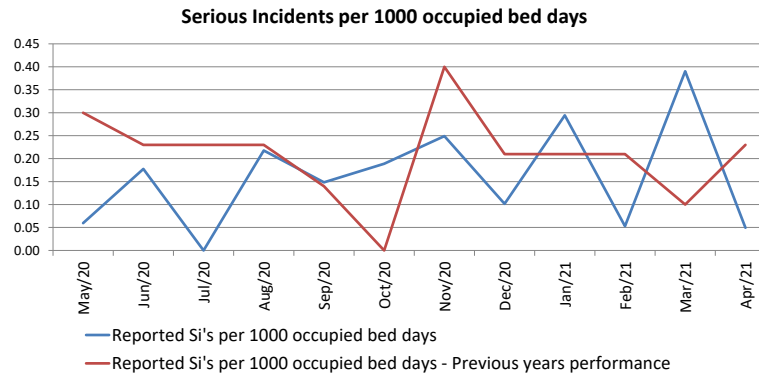
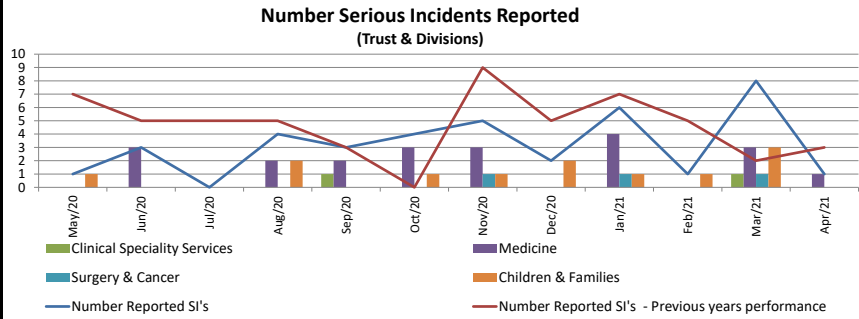
The Deputy Chief Nurse is leading a workstream around enhanced care and bed watch allocation. The aim is to ensure patient assessments are robust, requests for enhanced care and bed watches are scrutinised by a senior nurse before being approved and that patient safety is maintained. There is an expected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

Serious Incidents - April 2021 (Month 1)

(Data accurate as at 10/05/2021)

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

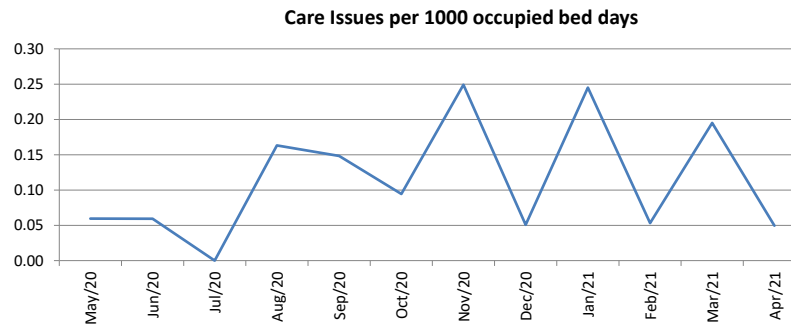
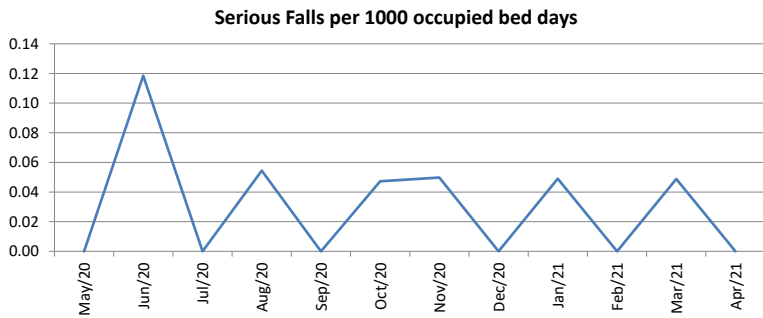


Current YTD reported SI's (April 21)	1	Number reported SI's (April 20)	3
Current YTD delogged SI's (April 21)	0	Number delogged SI's (April 20)	0

Maternity Serious Incidents

There have been no Serious Incidents relating to maternity care for April.

Serious Incident Themes

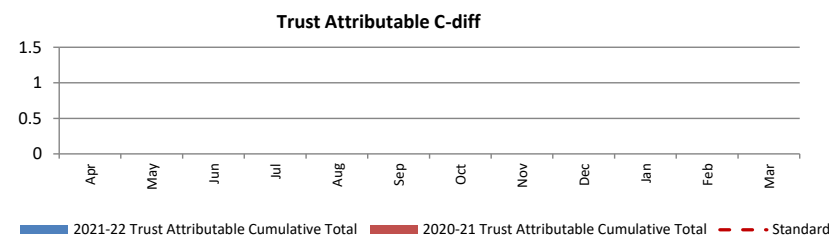
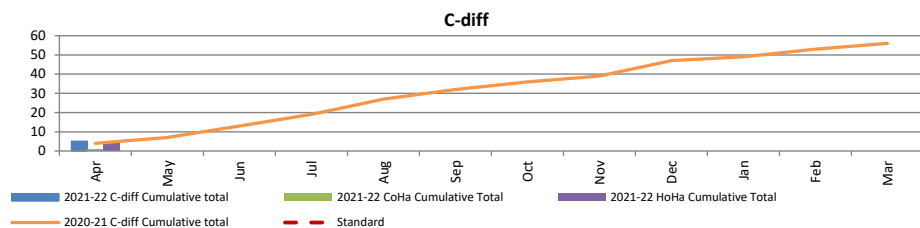


Infection Control C.Diff - April 2021 (Month 1)

(Data accurate as at 10/05/2021)

	Standard	Apr	May	Jun	Jul	Aug	Sep	YTD
2021-22 Infection Control - C-diff	44 Full Year	5						5
2020-21 Infection Control - C-diff	39 Full Year	4						4
2021-22 Trust Attributable	12	0						0
2020-21 Trust Attributable	12	0						0

	Apr	May	Jun	Jul	Aug	Sep	YTD
2021-22 - HOHA	4						4
2020-21 - HOHA	3						3
2021-22 COHA	1						1
2020-21 COHA	1						1

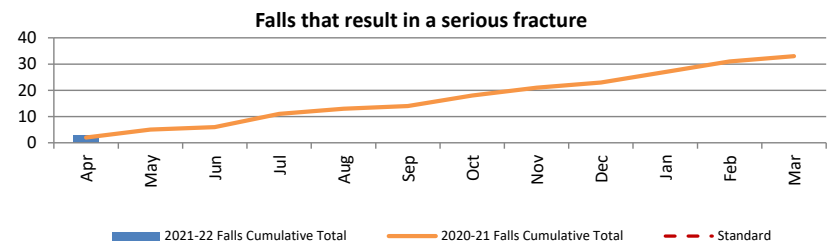


Pressure Ulcers & Falls (Moderate/Severe Harm) - April 2021 (Month 1)

(Data accurate as at 08/05/2021)

	Standard	Apr	May	Jun	Jul	Aug	Sep	YTD
2021-22 Serious Falls (moderate/severe harm)	TBC	3						3
2020-21 Serious Falls (moderate/severe harm)	40	2						2

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



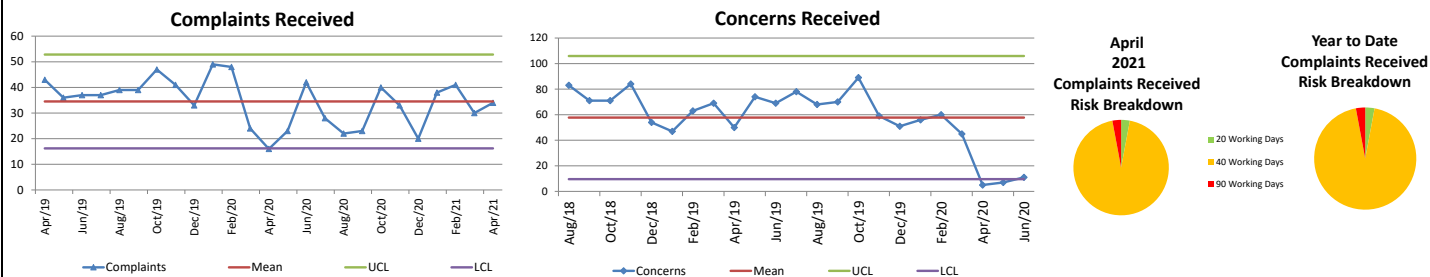
	Standard	Apr	May	Jun	Jul	Aug	Sep	YTD
2021-22 Pressure Ulcers	TBC	82						82
2021-22 Pressure Ulcers (Cat 4)		0						0
2021-22 Pressure Ulcers (Cat 3)		2						2
2021-22 Pressure Ulcers (DTI Low Harm/Cat 2)		75						75
2021-22 Pressure Ulcers (UNS)		5						5

	Standard	Apr	May	Jun	Jul	Aug	Sep	YTD
2021-22 Number of patients with Pressure Ulcers	TBC	64						64
2021-22 Number of patients - Pressure Ulcers (Cat 4)		0						0
2021-22 Number of patients - Pressure Ulcers (Cat 3)		2						2
2021-22 Number of patients - Pressure Ulcers (DTI/low Harm/Cat 2)		58						58
2021-22 Number of patients - Pressure Ulcers (UNS)		4						4

Complaints & Claims - April 2021 (Month 1)

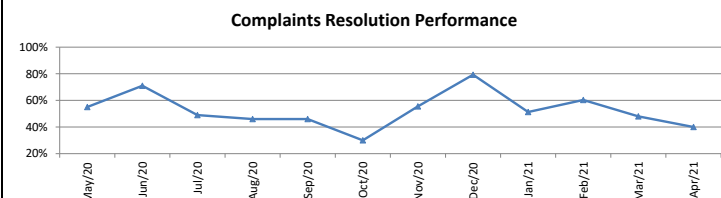
Data accurate as at 12/05/2021

Complaints



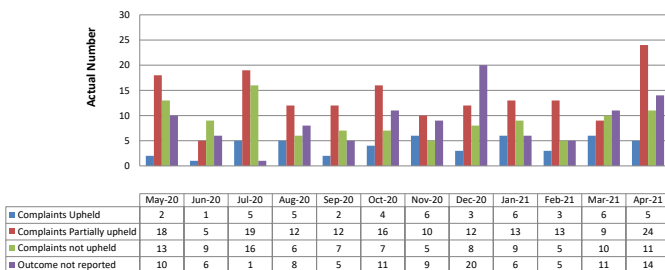
Complaints - Resolution Performance (% achieved resolution within timescales)

Complaints Closed - Outcome



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

Closed Complaints - Outcomes



Parliamentary Health Service Ombudsman (PHSO)

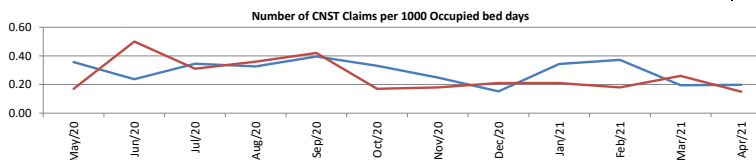
Month	Number of cases referred for investigation	Number Currently Outstanding
Apr-21	0	3

Year	Number referred for investigation YTD	Outcomes YTD												
2017/18	7	<table border="1"> <tr><td>Fully / Partially Upheld</td><td>3</td></tr> <tr><td>Not Upheld</td><td>1</td></tr> <tr><td>No further Investigation</td><td>0</td></tr> <tr><td>Case Withdrawn</td><td>0</td></tr> <tr><td>Not Investigated</td><td>3</td></tr> <tr><td>Outstanding</td><td>0</td></tr> </table>	Fully / Partially Upheld	3	Not Upheld	1	No further Investigation	0	Case Withdrawn	0	Not Investigated	3	Outstanding	0
Fully / Partially Upheld	3													
Not Upheld	1													
No further Investigation	0													
Case Withdrawn	0													
Not Investigated	3													
Outstanding	0													
2018/19	9	<table border="1"> <tr><td>Fully / Partially Upheld</td><td>4</td></tr> <tr><td>Not Upheld</td><td>3</td></tr> <tr><td>No further Investigation</td><td>0</td></tr> <tr><td>Case Withdrawn</td><td>0</td></tr> <tr><td>Not Investigated</td><td>0</td></tr> <tr><td>Outstanding</td><td>1</td></tr> </table>	Fully / Partially Upheld	4	Not Upheld	3	No further Investigation	0	Case Withdrawn	0	Not Investigated	0	Outstanding	1
Fully / Partially Upheld	4													
Not Upheld	3													
No further Investigation	0													
Case Withdrawn	0													
Not Investigated	0													
Outstanding	1													
2019/20	4	<table border="1"> <tr><td>Fully / Partially Upheld</td><td>1</td></tr> <tr><td>Not Upheld</td><td>2</td></tr> <tr><td>Outstanding</td><td>1</td></tr> </table>	Fully / Partially Upheld	1	Not Upheld	2	Outstanding	1						
Fully / Partially Upheld	1													
Not Upheld	2													
Outstanding	1													
2020/21	2	<table border="1"> <tr><td>Fully / Partially Upheld</td><td>1</td></tr> <tr><td>Outstanding</td><td>1</td></tr> </table>	Fully / Partially Upheld	1	Outstanding	1								
Fully / Partially Upheld	1													
Outstanding	1													

Claims

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Clinical Negligence Scheme for Trusts (CNST) Not including Disclosures	4	6	4	6	6	8	7	5	3	7	7	4	65
Liabilities to Third Parties Scheme (LTPS)	1	1	2	2	1	0	1	2	2	1	0	1	15

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



DBTH Public Board of Directors Meeting 18th May 2021

Report Cover Page					
Meeting Title:	Board of Directors				
Meeting Date:	18 May 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 work led by the Medical Director's Office				
Summary of key issues/positive highlights:	<ul style="list-style-type: none"> ▪ 95% of patients on the admitted RTT active waiting list (excluding planned waiters & diagnostics) have been stratified. ▪ A small number of patients have contacted the Trust from the 6000 letters sent. ▪ The Medical Advisory Committee continues to meet and cover key issues of general interest. ▪ Average uptake for Medical appraisals during 2020/21 was 68%. ▪ Compliance for response to Declarations of Interest for medical staff increased to 99%. 				
Recommendation:	The Board is asked to note the update.				
Action Require:	Approval	Information	<u>Discussion</u>	Assurance	Review
<i>Strikethrough irrelevant actions:</i>		√		√	
Link to True North Objectives:	TN SA1:	TN SA2:	TN SA3:	TN SA4:	
<i>Indicate which SA this report provides assurance for:</i>	<i>To provide outstanding care for our patients</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>	
Implications					
Board assurance framework:	No change				
Corporate risk register:	No risk identified				
Regulation:					
Legal:	n/a				
Resources:	n/a				
Assurance Route					

Previously considered by:		<ul style="list-style-type: none"> ▪ HSMR and Medical Examiner process report to the Mortality Governance Group and Clinical Governance Committee. ▪ RSAB reports directly to the Clinical Governance Committee 	
Date:		Decision:	
Next Steps:			
Previously circulated reports to supplement this paper:			

EXECUTIVE SUMMARY

The Board is asked to note the update on work led by the Medical Director's office.

Risk Stratification Assurance Body (RSAB) – April 2021 Update

As of 8th April 2021, 95% of patients on the admitted RTT active waiting list (excluding planned waiters & diagnostics) have been stratified using the guidance issued by the Royal College of Surgeons, using categories 1a – 4 (see table 1 below).

Table 1

Specialty	Not Categorised	Categorised	Total	% Stratified
General Surgery	36	824	860	96%
Urology	12	236	248	95%
Breast Surgery	2	71	73	97%
Upper Gastrointestinal Surgery	17	81	98	82%
Vascular Surgery	3	57	60	95%
Trauma and Orthopaedic	35	2424	2459	99%
Ear Nose and Throat	2	483	485	99%
Ophthalmology	21	328	349	94%
Oral Surgery	8	344	352	97%
Pain Management	69	37	106	35%
Cardiology	35	14	49	29%
Medical Ophthalmology	25	9	34	26%
Gynaecology	1	278	279	99%
Podiatry	0	93	93	100%
Podiatric Surgery	1	32	33	99%
Total	269	5311	5580	95%

National Clinical Prioritisation Programme

The fourth national upload of data was submitted on 12th March 2021. This took into account those patients who have been risk stratified (as above) and those patients on an admitted pathway (elective or day case) allocated the new status codes of P5 (delay due to covid reasons) and P6 (delay due to non-covid reasons). See table 2 below.

Table 2

Specialty	P5 Allocation	P6 Allocation	Total
ENT	3	0	3
Breast Surgery	1	0	1
Oral Surgery	1	0	1
Trauma & Orthopaedics	43	11	54
Urology	14	1	15
TOTAL	62	12	74

The final submission for this programme was due on Friday 9th April 2021.

Guidance is expected during quarter 4 2020/21 for the risk stratification process for diagnostics, with guidance for out-patients due in quarter 1 2021/22.

Priority 2 Patients Outstanding

As of 4th April 2021, 626 priority 2 patients are waiting for surgery. See table 3 below. These include those patients who have been re-reviewed and been upgraded from a category 3 or 4 to a category 2. The majority of the Trauma & Orthopaedic priority 2 waiters have been upgraded.

Table 3

Specialty	Number of Priority 2 Patients Waiting
General Surgery	64
Upper GI Surgery	3
Urology	62
Breast Surgery	18
Vascular	21
Trauma & Orthopaedics	223
Cardiology	6
ENT	59
Ophthalmology	72
Medical Ophthalmology	15
Oral Surgery	6
Podiatry	8
Gynaecology	69
TOTAL	626

For context, the Trust is undertaking approximately 230 category 2 procedures per week.

Patient Letters / Communication Plan

Following agreement from all stakeholders, the patient communication plan commenced on Monday 8th March 2021, with letters being sent to the agreed cohorts of patients:-

- Acknowledging the delay, but provide assurance the patient has not been forgotten and will be sent an appointment / date for treatment in due course

- Providing an opportunity for the patient to contact the hospital if they have decided they no longer require hospital input.

The response to date is summarised below in table 4.

Table 4

Week Commencing	Number of Letters Sent	Week Range	Number of Calls to Discharge Service	Number of Patients Requesting Discharge
8.3.2021	492	52+ weeks	18	1
15.3.2021	1042	52 + weeks	28	7
22.3.2021	1673	42+ weeks	34	11
29.3.2021	1354	34+ weeks	48	19
5.4.2021	1588	29+ weeks		
12.4.2021				
19.4.2021				
Cumulative Total	6149		128	38

Management of Diagnostic Patients

Further to the process below being discussed and agreed internally, this has not yet been agreed by Primary Care / CCGs in terms of discharging GP referrals back to primary care should a patient wish to wait until 'after covid' for their diagnostic test / procedure.

The Trust has received draft national guidance for the prioritisation and management of long waiting patients for diagnostics and the team are now working to amalgamate the previously agreed process with some of the National requirements to ensure any agreed process will capture the necessary data sets to allow accurate submissions to be made without any further changes.

The revised process will be taken through the appropriate governance structure for sign off.

Weekly Report (Covid)

The following link can be used to access the document and will be updated by close of play every Tuesday. If you have any issues accessing the document, please e-mail Julie Thornton, Head of Performance.

<B:\Performance Assurance Framework\Weekly Performance\COVID - Weekly Review.xlsm>

Escalations from Risk Stratification Assurance Body

Escalation / Risk	Mitigation	Comments
No escalations identified		

HSMR

The overall HSMR rise over a 12 month period has begun to slow (110.65) and is reflected in the reduction in crude mortality and the monthly HSMR for Feb 21 (98.95) as we come out of the second wave of the pandemic. Over the next rolling 12 months we expect to continue to see intermittent peaks and troughs until the effect

of the autumn surge feeds through. In the event of no further covid related peaks, the position is expected to return to pre-covid levels by early 2022.

The rise in “elective deaths” is the result in the main of patients with terminal illness being admitted for a palliative procedure. Although there have been cases of elective orthopaedic surgery which have been declared as SI and will inevitably be Inquests.

Overall the picture as we emerge from the pandemic is encouraging, though we need to ensure we continue to closely monitor the elective rate as more elective surgery is undertaken.

Medical Advisory Committee

The Medical Advisory Committee has held 3 meetings covering a wide range of topics so far and has been well received. The role description for the Co-Chair has been developed and will be interviewed after inviting expressions of interest.

Appraisal and Revalidation

The appraisal season for the 2020/2021 period has come to an end. As per national position, the team are reviewing all appraisals still in progress and moving the dates in to the 2021/2022 period. The Doctors have the opportunity to cover 2 years’ worth of work with one single appraisal in 2021/2022. This has been gratefully received and those that have been moved across have been prompt with their appraisal progress. The national Annual audit of Appraisal is not being run for this year.

Quarterly Figures

In quarter 1, 69 appraisals have been triggered, to be completed across a range of dates until 30th June 2021. A weekly checking system is in place to help ensure our doctors are on target. At the moment the vast majority are well on the way to complete on time.

Completion 2020/2021			
	At 8/3/21	At 8/4/21	At 7/5/21
Q1	62.35%	96.67%	98.31%
Q2	56.10%	66.25%	68.75%
Q3	48.78%	56.41%	56.96%
Q4	16%	40.43%	50.00%
Average uptake for 2020/21			68.51 %

Revalidations and deferrals

We are up to date with the doctors that are due to be revalidated. The next doctor is due by the end of May and is on target to have completed their appraisal. The doctors that are due in June have all received

communication from us regarding any extra material we think they may need to be able to successfully revalidate.

We have deferred 2 doctors due to personal circumstances, this is seen as a neutral act by the GMC.

Appraisal Training

We have 3 training workshops for our appraisers. The first on the 29th April was set up for our current appraisers and a revalidation coordinator also attended. We are awaiting the course materials from the day from the facilitator. The next was due to take place on the 11th May for new appraisers and the final is a general workshop taking place on 25th June.

The virtual Regional Spring Networking Conference was an opportunity for other trusts in the region to share how they approached revalidation and appraisal in the pandemic. Some having adopted a similar process to us.

The revalidation team is now fully embedded and much more able to support doctors to remain compliant. It is now easier to introducing the delivery and collection of patient feedback forms directly to clinic.

Standards of Business Conduct and Employees Declarations of Interest Policy

Medical staff compliance with the above policy has increased to 99%.

Clinical Governance Review

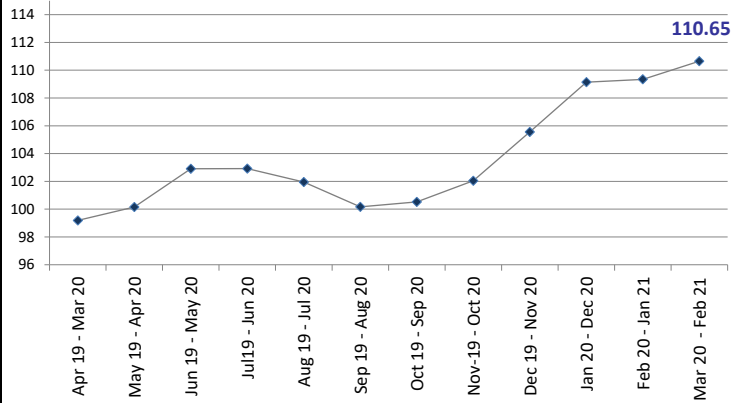
Final discussions were postponed because of the Womens and Childrens leak incident. These discussions are being rescheduled to complete the clinical governance structure with a review of the terms of reference for each of the key committees to be undertaken within the next few weeks.

Medical Directors office re-structure

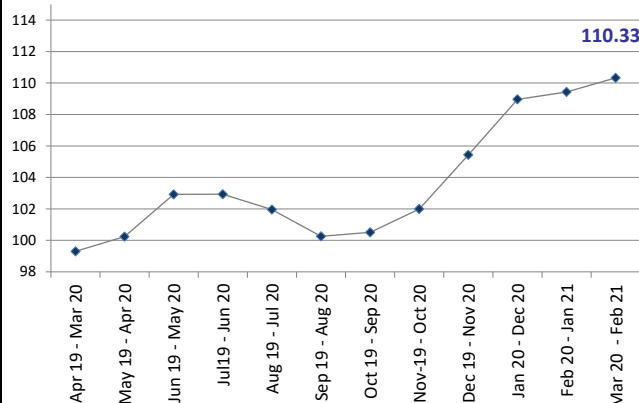
The General Manager post is awaiting advertising after job matching for agenda for change. It is expected to interview in 6 weeks' time. There is consideration for a secondment whilst the process completes. The job descriptions for the Medical posts are being submitted to the VCF panel and will be advertised thereafter.

Hospital Standardised Mortality Ratio (HSMR) - February 2021 (Month 11)

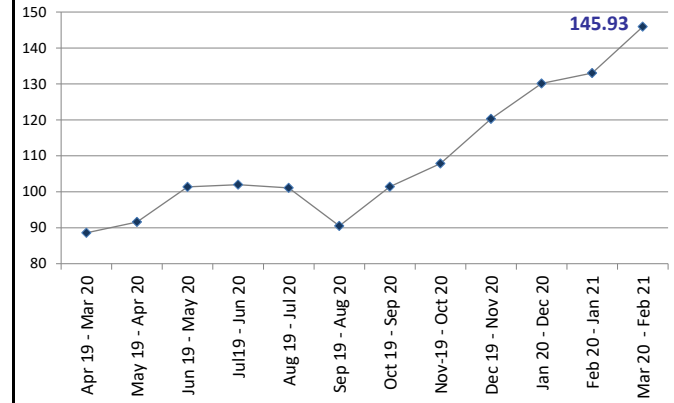
Overall HSMR (Rolling 12 months)



HSMR - Non-elective Admission (Rolling 12 months)



HSMR - Elective Admission (Rolling 12 months)

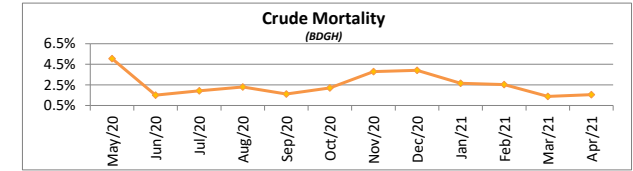
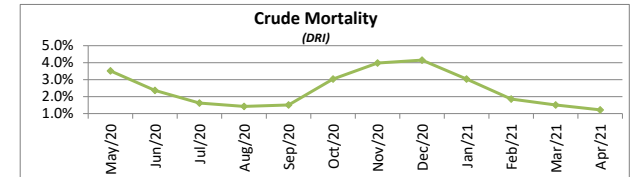
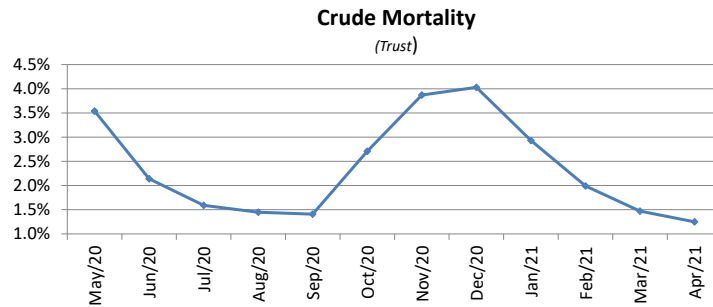


HSMR Trend (monthly)

	2017	2018	2019	2020	2021
January	99.21	94.86	105.78	110.26	116.46
February	97.73	105.44	98.13	92.56	98.95
March	97.37	88.42	101.87	102.51	
April	88.50	98.37	100.70	116.97	
May	96.60	91.20	91.36	131.32	
June	93.67	89.98	98.32	97.28	
July	97.73	107.07	104.77	90.99	
August	87.52	94.65	112.17	88.26	
September	95.34	90.09	83.64	86.98	
October	88.66	96.74	100.24	117.44	
November	82.30	99.04	88.64	130.67	
December	93.52	80.45	103.24	143.63	

Crude Mortality (monthly) - April 2021 (Month 1)

(number of deaths/number of patient discharged)



	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
Trust	3.54%	2.14%	1.59%	1.46%	1.41%	2.71%	3.87%	4.03%	2.93%	1.99%	1.47%	1.25%
DRI	3.52%	2.37%	1.62%	1.42%	1.51%	3.04%	3.98%	4.15%	3.04%	1.86%	1.51%	1.22%
BDGH	5.05%	1.51%	1.92%	2.30%	1.61%	2.21%	3.79%	3.91%	2.65%	2.53%	1.38%	1.55%

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 our vision			
Risk Owner: Karen Barnard Committee: People	People, Partners, Performance, Patients	Date last reviewed : May 2021	
Strategic Objective Everybody knows their role in achieving our vision Breakthrough Objective At least 90% of colleagues have an appraisal linked to the Trusts Values and feel able to contribute to the delivery of the Trust vision.	Risk Appetite: The Trust has a low appetite for risks TBC Measures: <ul style="list-style-type: none"> At least 90% of colleagues have an appraisal linked to the Trust's objectives and values 5% improvement in colleagues reporting they are able to make suggestions to improve the work of their team/department. Delivery of a 5% improvement in the number of colleagues who have the opportunity to show initiative in their area and make improvements in their area of work. 90% of the Divisional and Directorate leaders will have undertaken QI training as part of leadership development programme. 	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: <ul style="list-style-type: none"> 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 Ongoing impact of restoration of services post Covid 	Rationale for risk current score: Impact: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Morale and resilience of colleagues as we move into recovery phase 	Risk references: PEO1 & PEO2 Opportunities: <ul style="list-style-type: none"> Change in practices, new ways of working Increase skill set learning
Controls / assurance (mitigation & evidence of making impact): <ul style="list-style-type: none"> 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 Trust Executive Group development sessions Wellbeing built into core appraisal process Leadership development programmes to include QI 	Comments: Considerations – capacity & capability of workforce including our leaders	Assurance (evidence of making an impact): Feedback from the appraisal season and quarterly staff survey results Gaps in controls / assurance (actions to achieve target risk score): <ul style="list-style-type: none"> Regular feedback on appraisal discussions Impact on COVID of appraisals not taking place during the year Impact of recovery phase post covid Impact of long covid 	

OUR VISION : To be the safest trust in England, outstanding in all that we do			
True North Strategic Aim 3 – Team DBTH feel valued and feedback from staff and learners in top 10% in UK			
Risk Owner: Karen Barnard Committee: People	People, Partners, Performance, Patients	Date last reviewed : May 2021	
Strategic Objective Team DBTH feel valued and feedback from staff and learners in top 10% in UK Breakthrough Objective Team DBTH feel valued and the Trust is within the top 25% for staff & learner feedback	Risk Appetite: The Trust has a low appetite for risks TBC Measures: <ul style="list-style-type: none"> • Delivery of a 5% improvement in colleagues and learners recommending the Trust as a place to work and learn in the 2021/2022 staff survey results. • Delivery of a 5% improvement in how valued colleagues feel by managers and the Trust in the 2021/ 2022 staff survey results • Delivery of 5% improvement in health and wellbeing feedback in the 2021/2022 staff survey results • Delivery of 5% improvement in WRES and WDES feedback in the 2021/2022 staff survey results 	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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Morale and resilience of colleagues as we move into recovery phase 	Risk references: PEO1 & PEO2 Opportunities: <ul style="list-style-type: none"> • 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): <ul style="list-style-type: none"> • 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 • Delivery of health and wellbeing action plan • Improvement in payroll KPIs 	Comments: <ul style="list-style-type: none"> • 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

Report Cover Page			
Meeting Title:	Board of Directors		
Meeting Date:	May 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:	<p>The report this month provides an update to the Board in relation to leadership, organisational development and EDI together with an update related to absence and swabbing data, including lateral flow testing together with an update in relation to the covid vaccination programme.</p> <p>Emergency Department OD programme</p> <p>Through the involvement of colleagues across ED six pillars have been developed as workstreams and are moving forward with 30, 60, 90 day action plans. This work is underpinned with work commencing on civility and respect with the involvement of Dr Chris Jones, a Consultant in Emergency Medicine, of Civility Saves Lives. Weekly huddles continue in order to engage with colleagues who aren't directly involved in the pillar work.</p> <p>Equality, Diversity and Inclusion</p> <p>The reciprocal mentoring programme has now commenced with 10 learning pairs comprising established and aspirant leaders. This programme will continue until June 2022 with a graduation ceremony scheduled.</p> <p>We have agreed to host an Associate NED through Gatenby Sanderson's Insight programme for 2 six month periods. This will commence in June 2021. We continue to explore a programme run by NHSE/I which is being considered across the ICS.</p> <p>Leadership Development</p> <p>We have launched our leadership development prospectus with a continued focus on our Develop Belong Thrive Here programmes with an extension to include Everyone Counts – civility and respect and coaching as a leadership style. Work is underway to develop our Leading to Outstanding programme which will include access to Board and committee structures.</p>		

	Covid update Covid related absences saw a reduction in February but a small increase in March with a further reduction in staff requiring a swab and subsequently testing positive. Colleagues who were shielding have in the main returned to work. With regard to lateral flow testing – circa 0.31% of staff testing are reporting a positive result. Our covid vaccination programme is now complete; as we no longer receive the vaccine we have worked with our primary care colleagues to ensure that colleagues can still access the vaccine.				
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:	
	<i>To provide outstanding care for our patients</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>	
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:	4 th May 2021	Decision:	Assurance		
Next Steps:	Ongoing discussions at People Committee				
Previously circulated reports to supplement this paper:	None				

GENERAL UPDATE

1. EMERGENCY DEPARTMENT ORGANISATIONAL DEVELOPMENT PROGRAMME
2. RECIPROCAL MENTORING PROGRAMME
3. STAFF NETWORKS
4. ASSOCIATE NED RECRUITMENT
5. LEADERSHIP DEVELOPMENT

COVID UPDATE

6. STAFF ABSENCE
7. STAFF TESTING
8. LATERAL FLOW TESTING
9. COVID VACCINATION

List of figures included with this report:

Figure 1 – Absence Graph, March 2020 – March 2021

Figure 2 – Covid Related Absence

Figure 3 – Swabbing data March 2020 to April 2021

Figure 4 – Total number of Covid 19 Positive results, Mar 20 – May 21 (%)

Figure 5 – Total number of Covid 19 Positive results, Mar 20 – May 21

Figure 6 – Positive Lateral Flow Test

List of tables included in this report:

Table 1 – Staff Testing Figures

Table 2 – Number of Covid 19 Positive Test Results, by Staff Group (%)

Table 3 – Number of Covid 19 Positive Test Results, by Staff Group

GENERAL UPDATE

1. EMERGENCY DEPARTMENT OD PROGRAMME

As members will recall a cultural and organisational development programme is underway within the Emergency Department following a series of listening events with colleagues across the Emergency Department which built on the reports and recommendations compiled by the FTSU Guardian and Stephen Singleton. A series of six pillars of work have been developed, as follows:

1. Patient & staff experience
2. Leadership
3. Education & Research
4. IT & Innovation
5. Workforce & Rotas
6. Flow & Pathways

To complement these pillars a range of communication tools are being used including the ED Facebook page, articles in The Hive, weekly huddles within the department and the pilot of an app called High 5. The programme has been extended to Bassetlaw comprising their involvement in the pillars plus bespoke work. A further cross cutting piece of work is focusing on civility and respect and the expectations of team members across ED. We are working with Dr Chris Turner of Civility Saves Lives who is also a Consultant in Emergency Medicine to hold workshops for all colleagues within ED along with the development of a behaviour charter involving colleagues across ED and the introduction of respect/speaking up champions across the department. The project team continue to seek feedback from all colleagues.

2. RECIPROCAL MENTORING PROGRAMME

Members have been advised of the intention to run this programme – the introductory sessions for established leaders, aspiring leaders, their line managers and the steering group have been held with the first workshop involving the learning partners scheduled to take place on Wednesday 12th May 2021. Each pair of learning partners have been identified and will be introduced at the first workshop. Three workshops will be held through to June and then the pairs will meet regularly for the coming year. Shapiro will support through quarterly supervision sessions plus attendance at quarterly steering group meetings. The steering group comprises a range of leaders across the Trust including representatives from the learning partners and line managers.

As a reminder the RACE Equality Action plan has as its focus:

- Review of the Trust's recruitment and selection policy
- Refresh of the Trust's induction programme and SET training
- Review of membership and attendance at EDI forum
- Refresh of Trust's EDI statement and policy documentation
- Develop the maturity of the BAME staff network
- Review of relevant policies such as Fair Treatment for All

- Enhancement of the FTSU forum to include BAME representation/Refresh of Speaking Up policy
- Regular monitoring of WRES and associated action plans
- Reciprocal mentoring and Moving Forward programmes; Leading to Outstanding and Shadow Board programmes (inclusive and compassionate leadership); extension to Shadow Board programme

and this programme is a key part of that stream or work. The EDI forum has refreshed its membership and the BAME staff network has had a discussion around the WRES action plan. As agreed previously the People committee will receive detailed reports about progress.

3. STAFF NETWORKS

The Trust now has established networks in relation to BAME and LGBTQ+ colleagues and a new network with focus on dyslexia and long term conditions is to commence at the end of May with good interest coming forward. Future networks planned are Women's and Men's Wellbeing. We are standardising the purpose of these networks and ensuring they have access to resources to develop into effective networks. The BAME network chair has recently joined the Speaking Up forum. An update from the two established networks will be received later in the year by the People Committee and I have suggested a celebratory event at a future point to share the work the networks are undertaking.

4. ASSOCIATE NED RECRUITMENT

As members will recall as a Board we committed to providing development opportunities as Associate NEDs in order that we have more diverse membership moving forward. Following an unsuccessful recruitment campaign a task and finish group was established to explore the way forward. During the last few months we have been made aware of the NExT programme co-ordinated through NHSE/I and an Insights programme run by Gatenby Sanderson. This week Suzy Brain England and I met with Gatenby Sanderson and have agreed that we will sponsor an Associate NED over the coming year commencing in June – this will be two individuals each for a six month period – the expectation is that they will attend our Board meetings and some committee meetings and if circumstances allow visit our services. Other than our time there is no financial commitment required. A NED buddy will be required and access to Executive Directors. The ICS is exploring the NExT programme and I have a scheduled call with NHSE/I to better understand that programme in order that we can determine whether we feel able to support a second Associate NED.

5. LEADERSHIP DEVELOPMENT

We have launched our leadership prospectus to continue our Develop, Belong Thrive programmes and continuing our Here masterclasses. New workshops introduced for this year are Everyone Counts – Civility and Respect together with Coaching as a Leadership style.

In development is a programme entitled Leading to Outstanding which we are planning to come on stream later in the year – this is intended to comprise a combination of our approach to leadership and quality improvement together with technical skills. Further discussions have been taking place as part of the Associate NED task and finish group to build into this programme access to Board and committee structures and governance arrangements together with future Shadow Board programmes.

COVID UPDATE

6. 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, followed by a dip in February and small rise in March. 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

Figure 1 – Absence Graph, March 2020 – March 2021

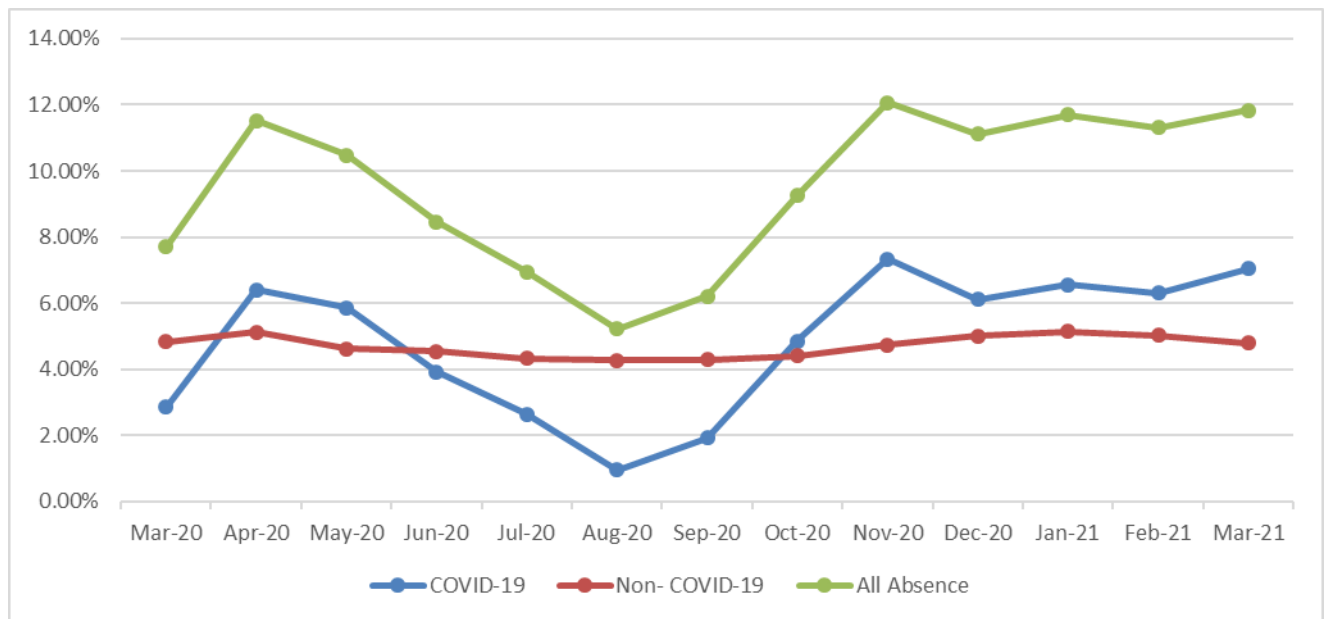
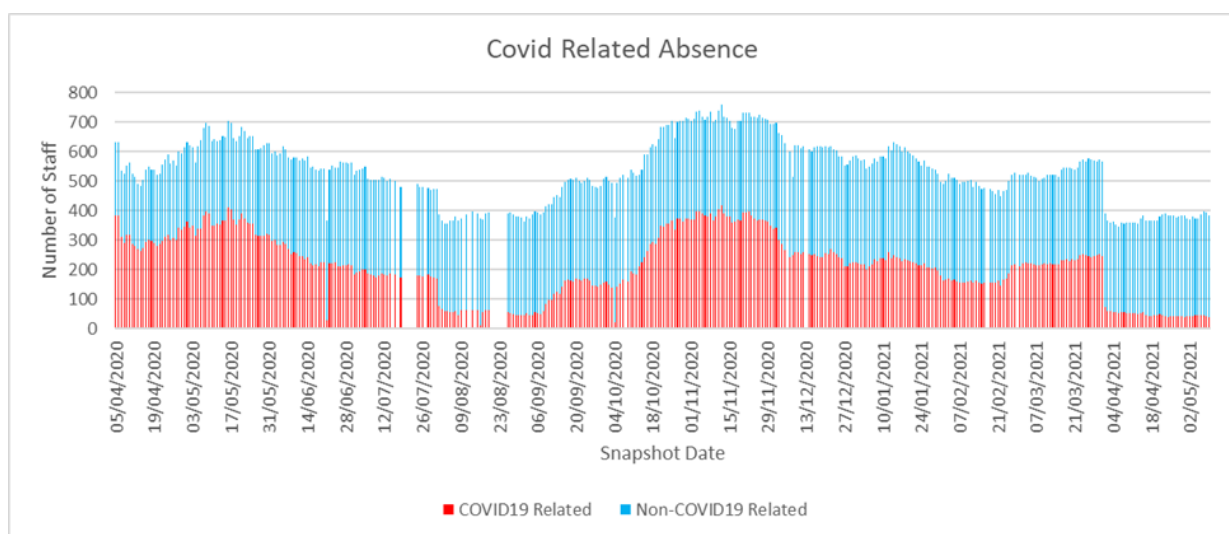


Figure 2 – Covid Related Absence



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. The recent cessation of shielding can be seen in the step reduction in April with regard to covid related absences.

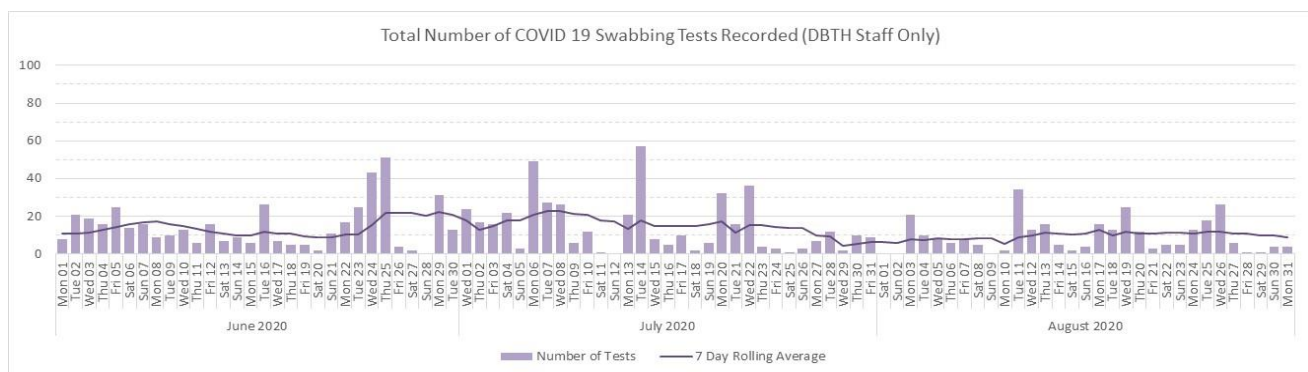
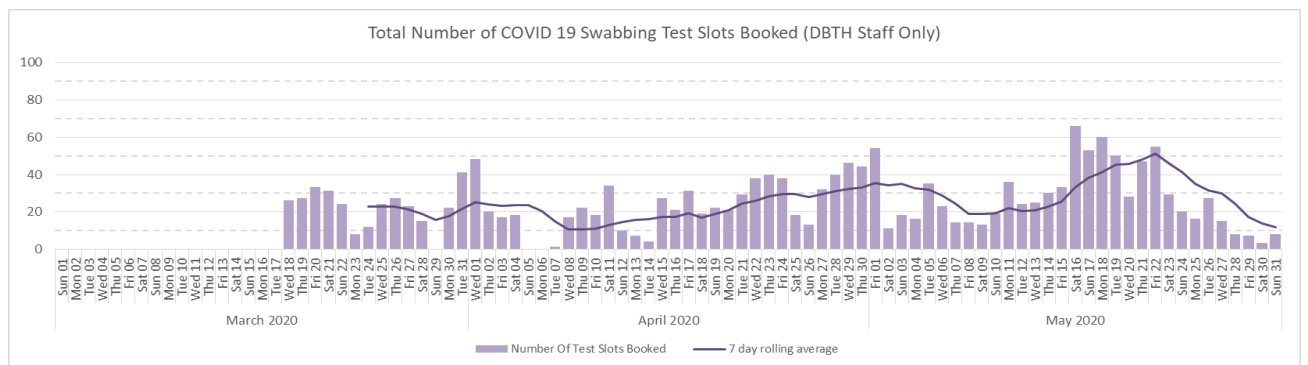
7. STAFF TESTING

Table 1 – Staff Testing Figures

Date	March	April	May	June	July	August	September
Total	363	805	869	437	447	286	593
Date	October	November	December	January	February	March	April
Total	1352	443	225	183	400	405	33
Date	May	June	July	August	September	October	November
Total							

This details the numbers of staff who have been swabbed whilst the tables further in the report details the levels of positive results. There was quite a fluctuation in the numbers requiring swabs with a rise in February and March linked to schools returning but generally with very few results being positive.

Figure 3 – Swabbing data March 2020 to April 2021



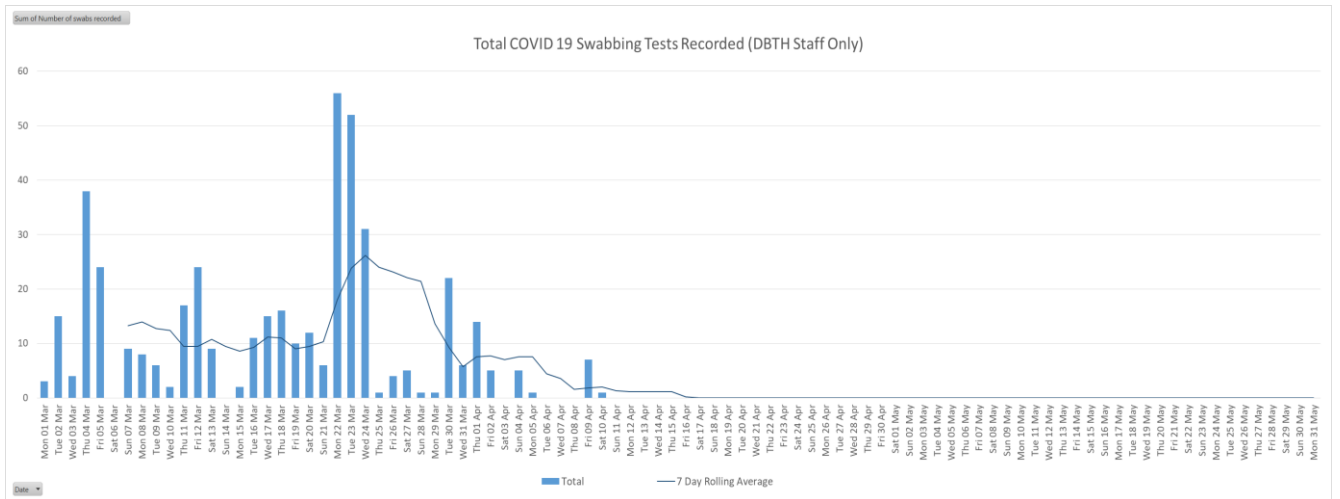
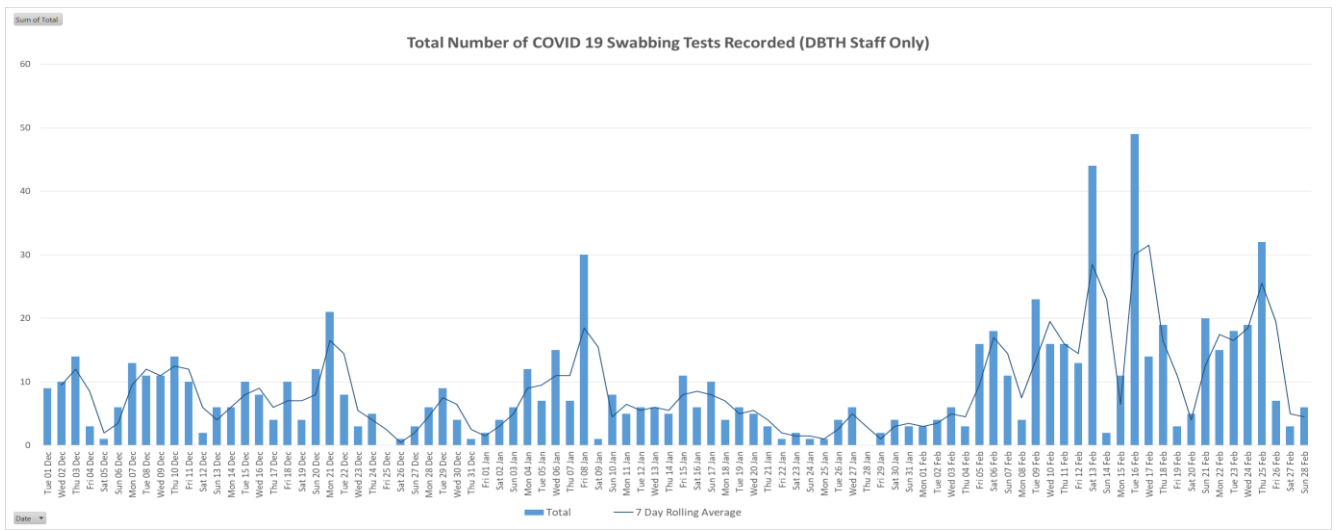
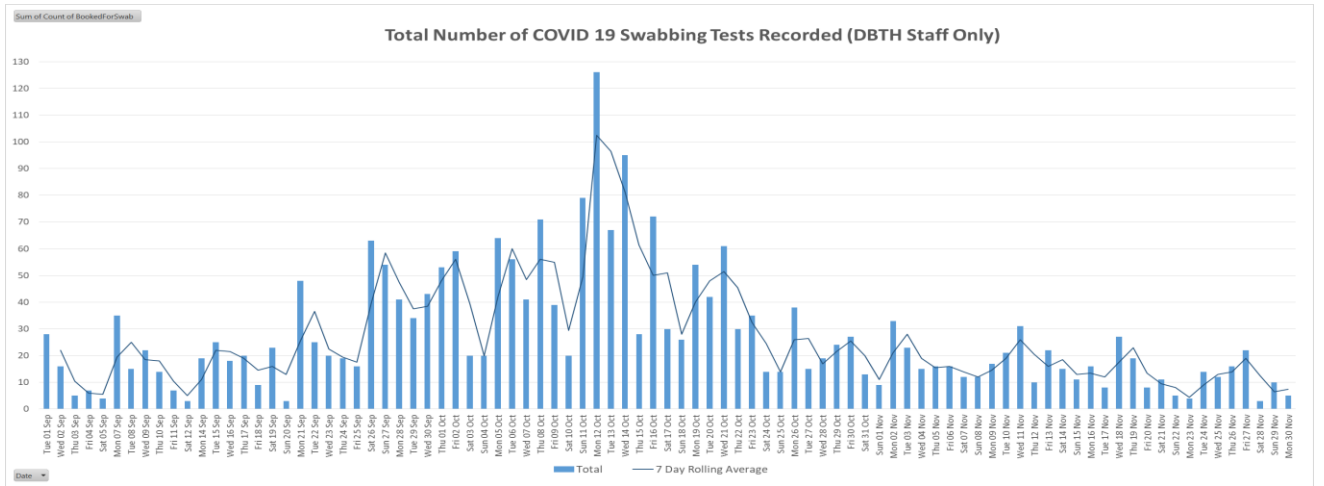


Table 2 – Number of Covid 19 Positive Test Results, by Staff Group (%)

Count of PKAbsenceID Staff Group	2020/03	2020/04	2020/05	2020/06	2020/07	2020/08	2020/09	2020/10	2020/11	2020/12	2021/01	2021/02	2021/03	2021/04	2021/05	No Date	Grand Total
	0.00%	0.00%	0.42%	0.00%	0.00%	0.00%	0.00%	0.69%	0.97%	0.83%	0.21%	0.21%	0.28%	0.07%	0.00%	1.73%	5.40%
Add Prof Scientific and Technic	0.14%	0.28%	0.21%	0.07%	0.00%	0.00%	0.07%	0.21%	0.21%	0.28%	0.35%	0.07%	0.07%	0.00%	0.00%	0.00%	1.94%
Additional Clinical Services	0.35%	2.84%	4.43%	2.21%	1.04%	0.00%	0.28%	5.61%	4.36%	4.15%	2.01%	0.55%	0.21%	0.00%	0.00%	0.00%	28.03%
Administrative and Clerical	0.21%	1.04%	0.55%	0.21%	0.14%	0.00%	0.07%	1.25%	1.66%	1.45%	0.69%	0.76%	0.42%	0.07%	0.07%	0.07%	8.65%
Allied Health Professionals	0.21%	0.28%	1.18%	0.07%	0.14%	0.00%	0.07%	0.62%	0.62%	0.62%	0.48%	0.14%	0.00%	0.00%	0.00%	0.00%	4.43%
Estates and Ancillary	0.14%	0.69%	1.31%	0.55%	0.14%	0.07%	0.07%	1.59%	0.97%	1.25%	1.45%	0.42%	0.07%	0.07%	0.00%	0.00%	8.79%
Healthcare Scientists	0.14%	0.00%	0.14%	0.07%	0.00%	0.00%	0.00%	0.00%	0.00%	0.07%	0.14%	0.21%	0.00%	0.00%	0.00%	0.00%	0.76%
Medical and Dental	1.18%	1.11%	0.90%	0.90%	0.00%	0.00%	0.07%	0.69%	0.55%	1.45%	0.42%	0.14%	0.07%	0.00%	0.00%	0.28%	7.75%
Nursing and Midwifery Registered	0.97%	4.57%	5.12%	2.70%	0.97%	0.14%	0.48%	5.19%	4.98%	3.81%	2.42%	1.87%	0.76%	0.00%	0.00%	0.28%	34.26%
Grand Total	3.32%	10.80%	14.26%	6.78%	2.42%	0.21%	1.11%	15.85%	14.33%	13.91%	8.17%	4.36%	1.87%	0.21%	0.07%	2.35%	100.00%

Figure 4 – Total number of Covid 19 Positive results, Mar 20 – May 21 (%)

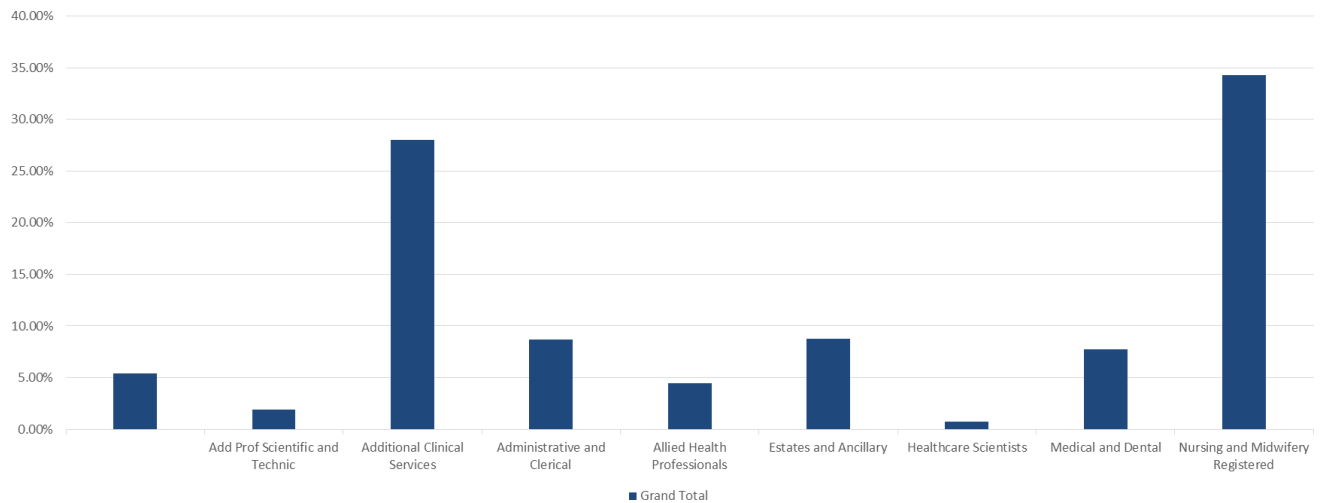
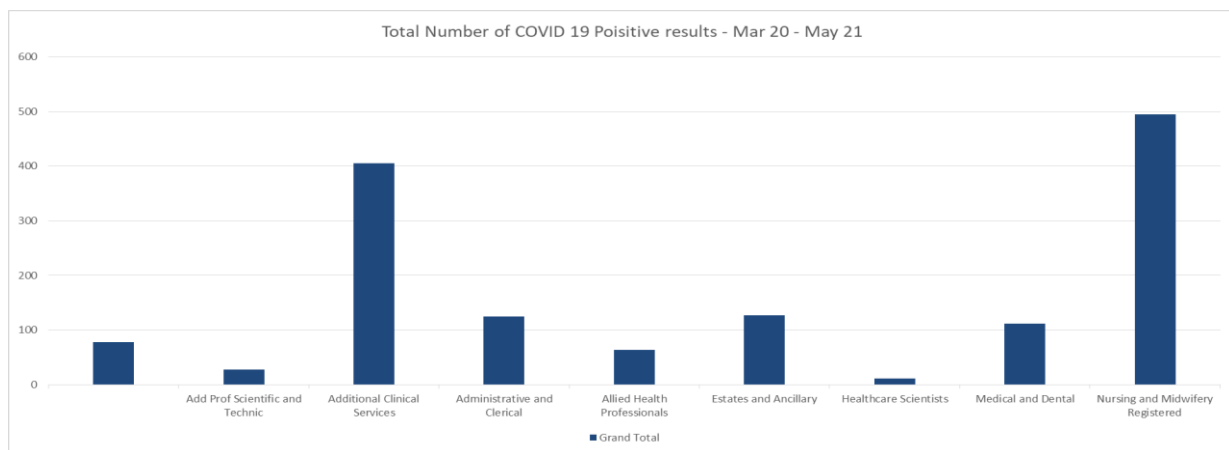


Table 3 – Number of Covid 19 Positive Test Results, by Staff Group

Count of PKAbsenceID Staff Group	2020/03	2020/04	2020/05	2020/06	2020/07	2020/08	2020/09	2020/10	2020/11	2020/12	2021/01	2021/02	2021/03	2021/04	2021/05	No Date	Grand Total	
			6					10	14	12	3	3	4	1			25	78
Add Prof Scientific and Technic	2	4	3	1				1	3	3	4	5	1	1				28
Additional Clinical Services	5	41	64	32	15			4	81	63	60	29	8	3				405
Administrative and Clerical	3	15	8	3	2			1	18	24	21	10	11	6	1	1	1	125
Allied Health Professionals	3	4	17	1	2			1	9	9	9	7	2					64
Estates and Ancillary	2	10	19	8	2	1		1	23	14	18	21	6	1	1			127
Healthcare Scientists	2		2	1							1	2	3					11
Medical and Dental	17	16	13	13				1	10	8	21	6	2	1				112
Nursing and Midwifery Registered	14	66	74	39	14	2	7	75	72	55	35	27	11				4	495
Grand Total	48	156	206	98	35	3	16	229	207	201	118	63	27	3	1	34	1445	

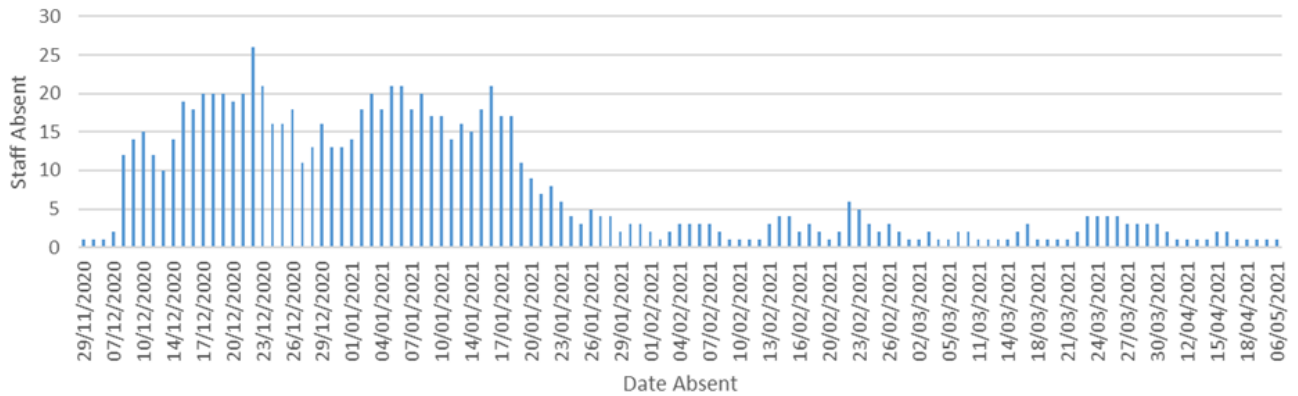
Figure 5 – Total number of Covid 19 Positive results, Mar 20 – May 21



8. 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 continued reduced number of positive tests.

Figure 6 – Positive Lateral Flow Test



Over 5,500 staff are reporting their test results with 0.31% of tests currently returning a positive result. We have now got sufficient supply of testing kits to facilitate all staff working on site to have access to the tests.

9. 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 with circa 90% of all staff having received a first vaccine and the same colleagues having had the opportunity to receive a second dose. As we are no longer vaccinating on site (having completed our vaccination programme) colleagues who do now wish to receive the vaccine are being directed to the national booking service and locally through the PCNs and their GPs.

Report Cover Page					
Meeting Title:	Board of Directors				
Meeting Date:	May 2021	Agenda Reference:	D3		
Report Title:	Guardian of Safe Working				
Sponsor:	Karen Barnard, Director of People & OD				
Author:	Jayant Dugar, Guardian of Safe Working				
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				
Summary of key issues:	<p>The Guardian for Safe Working is required to provide quarterly reports to the Board of Directors to provide assurance as to whether our trainees have access to a safe working environment. Our current Guardian Mr Jayant Dugar has provided his final report as detailed below. This report together with the previous quarter's report should be taken as his annual report. Mr Dugar will be present at the Board meeting to provide his update. As Mr Dugar has decided to stand down from the role a recent recruitment exercise has resulted in the appointment of Dr Anna Pryce, Consultant in Sexual Health as the new Guardian.</p> <p>Within Mr Dugar's report he draws attention to there being low levels of exception reporting during the year. He also draws our attention to the work underway in relation to rest facilities for trainees – a verbal update will be provided to the Board at its meeting by Executive Director colleagues.</p>				
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:	
	<i>To provide outstanding care for our patients</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>	
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:	N/A – direct feedback to the Board followed by discussion at the Junior Doctor Forum		
Date:		Decision:	
Next Steps:			
Previously circulated reports to supplement this paper:	None		

OCTOBER 2020 – MARCH 2021: DOCTORS AND DENTISTS IN TRAINING

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OCTOBER 2020 – MARCH 2021: DOCTORS AND DENTISTS IN TRAINING

1. INTRODUCTION

This report sets out the information from the Guardian of Safe Working as part of the 2016 Terms and Conditions for Junior Doctors to assure the board of safe working for junior doctors. This report is for the period 1st October 2020 to 31st March 2021. This report is for 2 quarters as information gathering and exception reporting has been difficult due to pandemic. As the Board is due to receive an annual report appended is the previous report to the Board.

The Board should receive a quarterly report from the Guardian as per 2016 contract, which will include:

- Aggregated data on exception reports (including outcomes), broken down by categories such as specialty, department and grade
- Details of fines levied against departments with safety issues
- Data on rota gaps / staff vacancies/locum usage
- A qualitative narrative highlighting areas of good practice and / or persistent concern.

2. HIGH LEVEL DATA

Table 1 – High level data

Number of posts contracted by DBH(inc 125 LU doctors*):	204
Number of posts contracted by other Organisations:	163
Number of doctors / dentists in training on 2016 TCS:	137

Lead Unit Doctors*	125
No of doctors in Doncaster GP Training Scheme	49
No of doctors in North Notts GP Training Scheme	17
Ophthalmology Training	13
ENT Training	12
General Surgery Training	34

Amount of time available in job plan for guardian to do the role:	2 PAs
Admin support provided to the guardian (if any):	Through medical HR
Amount of job-planned time for educational supervisors:	0.25 PAs per trainee

3. EXCEPTION REPORTS

Table 2 – No of exception reports by month

Month	Complete	Pending	Unresolved	Grand Total
Oct-20	6			6
Nov-20	18		3	21
Dec-20	3			3
Jan-21	13			13
Mar-21	2	1		3
Apr-21				
Grand Total	42	1	3	46

Table 3 – No of exception reports by speciality

Speciality	Oct-20	Nov-20	Dec-20	Jan-21	Mar-21	Apr-21	Grand Total
Gastroenterology				2			2
General medicine		17	1	10	3		31
General surgery			2	1			3
Cardiology	2						2
Geriatric medicine		1					1
Renal Medicine		1					1
Accident and emergency	4	2					6
Grand Total	6	21	3	13	3		46

*Feb-21 is not showing as there were no occurrences in February

No exception reports received from both the GP training schemes for which the Trust is the lead employer. For these quarters, exception reports have been submitted by individuals across Medicine and Surgical Divisions. A total of 46 exception reports have been raised within these 2 quarters, of which 6 have been related to Education. Of these 4 related to lack of SDL time in workplan and 2 for missed educational meetings.

4. WORK SCHEDULE REVIEWS

No work Schedule reviews have been initiated in this reporting period.

5. VACANCIES

Table 4 – Trainee vacancies by Division & speciality

	VACANCIES (WTE)	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
Medicine	<i>Medicine (all sub-specialties)</i>	4.9	3.9	4.9	4.4	4.4	4.4	4.4	4.1	3.7	4.3	5.3	4.2	3.6	2.8	1	0.5
	<i>Emergency medicine</i>	8	9	9	8	7	7	7	4.4	3.6	3.6	3.6	4.6	2	2	2	2
	<i>Elderly medicine</i>	0.4	0	0	1	1	1	1	0	0	0	0	0	0.4	2.6	3.6	3.6
	<i>Renal</i>	1	1	1	0	0	0	0	0	1	1	1	1	0	0	0	0
Children & Family	<i>Obstetrics & Gynaecology</i>	9.4	9.1	8.1	8.1	8.1	8.1	8.1	7.2	7.2	7.2	7.2	7.2	7.2	7.4	7.4	7.4
	<i>Paediatrics</i>	2.2	2.6	2.6	2.6	2.6	2.6	2.6	2.6	4.6	4.6	4.6	4.6	4.4	6.4	5.1	5.1
	<i>GU medicine</i>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery & Cancer	<i>ENT</i>	1	1	1	1.2	2.2	2.2	2.2	0	0	0	0	1	1	2	2	1
	<i>General Surgery</i>	1.2	2	2	2	2	2	2	1	0.4	1.4	1.4	1.4	1	2	2	1

	VACANCIES (WTE)	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
	<i>Urology</i>	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4
	<i>Trauma & Orthopaedics</i>	1	2	2	2	2	2	2	1	1	1	1	1	1	1	1	1
	<i>Vascular</i>													1	1		
Clinical Specialties	<i>Anaesthetics</i>	0.2	2.2	2.2	1.2	1.2	1.2	1.2	2.4	2.4	2.4	5.6	4.3	1	1		
	<i>Radiology</i> <small>(2 POSTS DIS-ESTABLISHED Oct 19)</small>	1	1	1	1	1	1	1	1	1	1	1	1	3.7	1.1	1.1	1.1
	<i>ICT</i>	0	0	0	0	0	0	0	0	0	0	0	0				
	Total	30.7	34.2	34.2	31.9	31.9	31.9	31.9	25.1	25.3	26.9	31.1	29.7	25.7	28.7	25.6	24.1

The vacancy numbers are fairly similar to vacancy numbers last year and with little variance across months.

6. LOCUM AND BANK USAGE

The data below details bank and agency shifts in hours covered by training grade doctors. This data is for information and difficult to comment on due to different working patterns, pressures and activity due to pandemic. This is also difficult as the data is for hours booked rather than actuals.

Table 5 – Locum & Bank usage, Agency

Sum of Estimated Quantity	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Grand Total
Acute Medicine	494.5	750.25	241	226	263	323	2297.75
Anaesthetics		247					247
Anaesthetics and Critical Care	77.5	153.5	14	163	52	52	512
Anaesthetics and Maternity	15	44.5	47.5	49	12.5		168.5
Anaesthetics and Theatres	258.5	103.5		64	25	39	490
Cardiology (Medical)	88	82					170
Care of the Elderly	429.5	392	393	320	704	853.5	3092
Emergency Medicine	1768.25	1581	1673.5	1381.5	901.5	1264.75	8570.5
Endocrinology and Diabetes	176	184	186	170	192	215	1123
ENT	343.5	12.75	172.5	39	269	234	1070.75
Gastroenterology					169	213	382
General Medicine	9.5	159	362.25	390.25	304.75	360	1585.75
General Surgery	125	218.5	456	135	176	108	1218.5
Obstetrics and Gynaecology	330	130.5	334	534	619.5	522.5	2470.5
Orthopaedic & Trauma for Emed	147.75	217.25	147.25	59.25	20.25	147	738.75
Orthopaedic and Trauma Surgery	1002	471.5	304	249	316	447.5	2790
Paediatrics and Neonates	632	502	605.5	511.5	757.5	862.5	3871
Renal Medicine	226.5	199	9.5	26			461
Respiratory Medicine	64	152	316	33	119	233.5	917.5
Stroke Medicine	193	211.5	301	213	8.25		926.75
Urology			23		40	115	178
Vascular Surgery						30	30
Grand Total	6380.5	5811.75	5586	4563.5	4949.25	6020.25	33311.25

Table 6 – Locum & Bank usage, Internal bank

Sum of Estimated Quantity	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Grand Total
Acute Medicine	340	702	951.75	555.5	535	597.75	3682
Anaesthetics		13		15			28
Anaesthetics and Critical Care	632	814	699.5	373	422.5	626	3567
Anaesthetics and Maternity	232.5	362.5	322	301	215	254	1687
Anaesthetics and Theatres	378.5	96.5	339	377	227.5	42.5	1461
Cardiology (Medical)	3.5						3.5
Care of the Elderly	17				3	3	23
Clinical Haematology					7		7
Dermatology		10.5	6		4	47	67.5
Emergency Medicine	2499.5	2646.5	2440.25	3031	2788.25	2456.75	15862.25
Endoscopy - Medicine	4	4			32	20	60
Endoscopy - Surgical	100	104	52	48	40	76	420
ENT	340	325.75	460	354.25	263.5	415.5	2159
Gastroenterology				8			8
General Medicine	24	32	88.5	16		8	168.5
General Surgery	197	288.5	254.5	267	148	39	1194
Genitourinary Medicine	12	12	4			30	58
Intensive Care						169	169
Microbiology (Medical)	11						11
Obstetrics and Gynaecology	125.5	68	423.5	383	197.5	246.5	1444
Ophthalmology	34.5	19	102	15	30	103.5	304
Oral and Maxillofacial Surgery		84	41.75		21.5	19	166.25
Orthopaedic & Trauma for Emed		12.25	57	110.25	159.25	85.75	424.5
Orthopaedic and Trauma Surgery	179.5	271.5	72	25	80	152	780
Paediatrics and Neonates	163.5	213.5	204.5	271.5	293.5	282.5	1429
Pathology	31	6					37
Renal Medicine	37.5	12		4		4	57.5
Respiratory Medicine	100	72	36	120	120	72	520
Stroke Medicine	1.5	24.75	8.25	12.25			46.75
Urology	147	77	162	185.5	53	205.5	830
Grand Total	5611	6271.25	6724.5	6472.25	5640.5	5955.25	36674.75

Table 7 – Locum & Bank usage, Regional bank

Sum of Estimated Quantity	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Grand Total
Acute Medicine	32.5	216	265	226.25	256	112.5	1108.25
Anaesthetics and Critical Care				14	12.5	26	52.5
Anaesthetics and Maternity	25		24	12.5			61.5
Anaesthetics and Theatres	12.5	25			26	12.5	76
Cardiology (Medical)			173.5	192	190	164.5	720
Care of the Elderly	375.5	505.5	321.5	308	90	184.5	1785
Emergency Medicine	177	193.25	175	286	229	256	1316.25
Endocrinology and Diabetes	214.5	185.75	148	140.5	160.25		849
General Medicine	24	16	36.75	32			108.75
General Surgery	175	218	117.5		126	73.5	710
Intensive Care					13	26	39
Obstetrics and Gynaecology	4	37.5	8.5	12.5	8.5	25	96
Orthopaedic & Trauma for Emed	24.5	24.5	82.25	90.5	91	123.75	436.5
Orthopaedic and Trauma Surgery	24.25		12	36	36	48	156.25
Paediatrics and Neonates	50	62	62.5	50	50	112	386.5
Renal Medicine		24					24
Respiratory Medicine	368	367.75	365.5	561.5	465.5	574	2702.25
Stroke Medicine	187	200	152.5	167	173.5	144.5	1024.5
Grand Total	1693.75	2075.25	1944.5	2128.75	1927.25	1882.75	11652.25

Table 8 – All (Agency, Internal Bank & Regional Bank)

Sum of Estimated Quantity	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Grand Total
Acute Medicine	867	1668.25	1457.75	1007.75	1054	1033.25	7088
Anaesthetics		260		15			275
Anaesthetics and Critical Care	709.5	967.5	713.5	550	487	704	4131.5
Anaesthetics and Maternity	272.5	407	393.5	362.5	227.5	254	1917
Anaesthetics and Theatres	649.5	225	339	441	278.5	94	2027
Cardiology (Medical)	91.5	82	173.5	192	190	164.5	893.5
Care of the Elderly	822	897.5	714.5	628	797	1041	4900
Clinical Haematology					7		7
Dermatology		10.5	6		4	47	67.5
Emergency Medicine	4444.75	4420.75	4288.75	4698.5	3918.75	3977.5	25749
Endocrinology and Diabetes	390.5	369.75	334	310.5	352.25	215	1972
Endoscopy - Medicine	4	4			32	20	60
Endoscopy - Surgical	100	104	52	48	40	76	420
ENT	683.5	338.5	632.5	393.25	532.5	649.5	3229.75
Gastroenterology				8	169	213	390
General Medicine	57.5	207	487.5	438.25	304.75	368	1863
General Surgery	497	725	828	402	450	220.5	3122.5
Genitourinary Medicine	12	12	4			30	58
Intensive Care					13	195	208
Microbiology (Medical)	11						11
Obstetrics and Gynaecology	459.5	236	766	929.5	825.5	794	4010.5
Ophthalmology	34.5	19	102	15	30	103.5	304
Oral and Maxillofacial Surgery		84	41.75		21.5	19	166.25
Orthopaedic & Trauma for Emed	172.25	254	286.5	260	270.5	356.5	1599.75
Orthopaedic and Trauma Surgery	1205.75	743	388	310	432	647.5	3726.25
Paediatrics and Neonates	845.5	777.5	872.5	833	1101	1257	5686.5
Pathology	31	6					37
Renal Medicine	264	235	9.5	30		4	542.5
Respiratory Medicine	532	591.75	717.5	714.5	704.5	879.5	4139.75
Stroke Medicine	381.5	436.25	461.75	392.25	181.75	144.5	1998
Urology	147	77	185	185.5	93	320.5	1008
Vascular Surgery						30	30
Grand Total	13685.25	14158.25	14255	13164.5	12517	13858.25	81638.25

Costing

Table 9 – Costing, Agency

Sum of Estimated Cost	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Grand Total
Acute Medicine	£25,949.71	£38,763.62	£12,211.56	£11,981.66	£14,079.17	£17,037.58	£120,023.30
Anaesthetics		£18,383.17					£18,383.17
Anaesthetics and Critical Care	£5,782.07	£12,051.95	£1,112.58	£12,821.63	£3,192.80	£4,132.44	£39,093.47
Anaesthetics and Maternity	£1,199.40	£3,536.41	£4,158.91	£4,312.25	£993.38		£14,200.35
Anaesthetics and Theatres	£18,058.99	£6,858.48		£4,737.57	£1,677.24	£2,527.59	£33,859.87
Cardiology (Medical)	£4,429.04	£4,127.04					£8,556.08
Care of the Elderly	£21,634.93	£20,340.76	£20,349.57	£16,371.20	£36,238.50	£44,222.21	£159,157.17
Emergency Medicine	£143,421.21	£125,992.03	£127,935.12	£107,284.83	£68,408.52	£92,410.07	£665,451.78
Endocrinology and Diabetes	£8,858.08	£9,260.72	£9,564.40	£8,750.00	£9,616.17	£10,754.30	£56,803.67
ENT	£24,669.81	£701.25	£9,608.46	£2,132.91	£18,788.41	£18,097.30	£73,998.14
Gastroenterology					£13,430.45	£16,927.16	£30,357.61
General Medicine	£1,029.90	£8,325.62	£18,177.43	£19,589.13	£16,250.02	£19,245.68	£82,617.78
General Surgery	£9,314.24	£15,784.86	£33,209.28	£10,941.84	£12,086.54	£7,917.48	£89,254.24
Obstetrics and Gynaecology	£26,040.81	£10,392.80	£25,654.19	£37,476.28	£46,129.05	£38,181.75	£183,874.88
Orthopaedic & Trauma for Emed	£12,015.33	£15,761.75	£11,461.32	£4,638.90	£1,539.56	£11,083.24	£56,500.10
Orthopaedic and Trauma Surgery	£69,826.85	£29,764.77	£20,936.50	£18,081.93	£20,828.56	£27,932.89	£187,371.50
Paediatrics and Neonates	£54,652.20	£43,314.50	£51,935.46	£44,371.24	£53,213.15	£58,016.33	£305,502.88
Renal Medicine	£11,657.96	£10,242.53	£488.96	£1,507.74			£23,897.19
Respiratory Medicine	£3,841.04	£7,303.60	£17,253.28	£2,026.28	£6,318.76	£12,376.88	£49,119.84
Stroke Medicine	£13,927.13	£16,819.30	£19,365.12	£12,538.16	£436.18		£63,085.89

Sum of Estimated Cost	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Grand Total
Urology			£1,827.81		£3,178.80	£9,747.88	£14,754.49
Vascular Surgery						£1,509.90	£1,509.90
Grand Total	£456,308.70	£397,725.16	£385,249.95	£319,563.55	£326,405.26	£392,120.68	£2,277,373.30

Table 10 – Costing, Internal Bank

Sum of Estimated Cost	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Grand Total
Acute Medicine	£19,101.24	£22,042.32	£49,186.32	£28,920.02	£28,631.63	£32,765.65	£180,647.18
Anaesthetics		£0.00		£990.00			£990.00
Anaesthetics and Critical Care	£34,505.00	£40,450.00	£41,495.50	£14,987.25	£13,780.75	£35,371.50	£180,590.00
Anaesthetics and Maternity	£12,870.00	£21,780.00	£20,314.50	£18,876.00	£14,437.50	£15,939.00	£104,217.00
Anaesthetics and Theatres	£28,785.00	£6,009.00	£22,880.25	£28,667.25	£18,768.75	£3,247.50	£108,357.75
Cardiology (Medical)	£175.00						£175.00
Care of the Elderly	£300.00				£150.00	£150.00	£600.00
Clinical Haematology					£577.50		£577.50
Dermatology		£697.50	£495.00		£330.00	£3,877.50	£5,400.00
Emergency Medicine	£153,870.00	£164,671.05	£159,744.50	£190,995.90	£172,930.00	£152,770.00	£994,981.45
Endoscopy - Medicine	£260.00	£260.00			£2,080.00	£1,300.00	£3,900.00
Endoscopy - Surgical	£8,000.00	£7,960.00	£3,880.00	£3,360.00	£2,800.00	£5,640.00	£31,640.00
ENT	£17,120.00	£18,906.26	£28,839.42	£19,310.00	£14,456.88	£26,618.18	£125,250.74
Gastroenterology				£520.00			£520.00
General Medicine	£0.00	£1,200.00	£1,600.00	£800.00		£0.00	£3,600.00
General Surgery	£8,594.02	£14,475.95	£11,129.31	£6,265.00	£5,048.58	£1,950.00	£47,462.86
Genitourinary Medicine	£780.00	£780.00	£260.00			£1,950.00	£3,770.00
Intensive Care						£0.00	£0.00
Microbiology (Medical)	£715.00						£715.00
Obstetrics and Gynaecology	£5,931.25	£3,539.50	£17,648.25	£17,217.25	£8,150.25	£11,533.50	£64,020.00
Ophthalmology	£2,846.25	£1,567.50	£8,415.00	£1,237.50	£2,475.00	£8,538.75	£25,080.00

Sum of Estimated Cost	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Grand Total
Oral and Maxillofacial Surgery		£6,929.99	£3,444.38		£1,773.74	£1,567.50	£13,715.61
Orthopaedic & Trauma for Emed		£1,010.62	£0.00	£9,095.58	£13,138.06	£7,074.34	£30,318.60
Orthopaedic and Trauma Surgery	£12,582.50	£7,935.00	£3,110.00	£1,072.50	£3,540.00	£7,895.00	£36,135.00
Paediatrics and Neonates	£8,655.50	£9,380.25	£5,787.00	£11,740.00	£14,903.25	£11,041.00	£61,507.00
Pathology	£2,015.00	£390.00					£2,405.00
Renal Medicine	£0.00	£0.00		£200.00		£200.00	£400.00
Respiratory Medicine	£2,080.00	£1,560.00	£2,240.00	£7,728.00	£7,680.00	£3,520.00	£24,808.00
Stroke Medicine	£75.00	£825.00	£412.50	£0.00			£1,312.50
Urology	£6,815.00	£3,465.00	£6,770.00	£9,160.00	£2,585.00	£10,185.00	£38,980.00
Grand Total	£326,075.76	£335,834.94	£387,651.93	£371,142.25	£328,236.89	£343,134.42	£2,092,076.19

Table 11 – Costing, Regional Bank

Sum of Estimated Cost	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	
Acute Medicine	£1,625.00	£10,800.00	£12,487.50	£9,712.50	£11,280.00	£5,625.00	£51,530.00
Anaesthetics and Critical Care				£910.00	£812.50	£1,690.00	£3,412.50
Anaesthetics and Maternity	£1,625.00		£1,560.00	£812.50			£3,997.50
Anaesthetics and Theatres	£625.00	£1,250.00			£1,300.00	£625.00	£3,800.00
Cardiology (Medical)			£6,940.00	£7,680.00	£7,600.00	£6,580.00	£28,800.00
Care of the Elderly	£15,290.00	£20,760.00	£13,220.00	£12,440.00	£4,090.00	£7,465.00	£73,265.00
Emergency Medicine	£8,850.00	£9,662.50	£9,875.00	£16,670.00	£13,010.00	£13,895.00	£71,962.50
Endocrinology and Diabetes	£8,580.00	£7,430.00	£5,920.00	£5,620.00	£6,410.00		£33,960.00
General Medicine	£1,200.00	£800.00	£1,837.50	£1,600.00			£5,437.50
General Surgery	£5,250.00	£6,540.00	£5,650.00		£6,300.00	£3,675.00	£27,415.00
Intensive Care					£624.00	£1,300.00	£1,924.00
Obstetrics and Gynaecology	£222.00	£2,081.25	£471.75	£693.75	£471.75	£1,387.50	£5,328.00
Orthopaedic & Trauma for Emed	£2,021.24	£2,021.24	£6,308.73	£6,665.61	£6,335.00	£8,901.23	£32,253.05
Orthopaedic and Trauma Surgery	£2,000.62		£780.00	£2,550.00	£2,970.00	£3,960.00	£12,260.62
Paediatrics and Neonates	£3,250.00	£3,250.00	£3,500.00	£3,250.00	£2,812.50	£6,685.00	£22,747.50
Renal Medicine		£1,200.00					£1,200.00
Respiratory Medicine	£14,720.00	£15,200.00	£14,780.00	£24,060.00	£18,620.00	£23,040.00	£110,420.00
Stroke Medicine	£7,480.00	£8,000.00	£6,100.00	£6,680.00	£6,940.00	£5,780.00	£40,980.00
Grand Total	£72,738.86	£88,994.99	£89,430.48	£99,344.36	£89,575.75	£90,608.73	£530,693.17

Table 12 – All (Agency, Internal Bank & Regional Bank)

Sum of Estimated Cost	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Grand Total
Acute Medicine	£46,675.95	£71,605.94	£73,885.38	£50,614.18	£53,990.80	£55,428.23	£352,200.48
Anaesthetics		£18,383.17		£990.00			£19,373.17
Anaesthetics and Critical Care	£40,287.07	£52,501.95	£42,608.08	£28,718.88	£17,786.05	£41,193.94	£223,095.97
Anaesthetics and Maternity	£15,694.40	£25,316.41	£26,033.41	£24,000.75	£15,430.88	£15,939.00	£122,414.85
Anaesthetics and Theatres	£47,468.99	£14,117.48	£22,880.25	£33,404.82	£21,745.99	£6,400.09	£146,017.62
Cardiology (Medical)	£4,604.04	£4,127.04	£6,940.00	£7,680.00	£7,600.00	£6,580.00	£37,531.08
Care of the Elderly	£37,224.93	£41,100.76	£33,569.57	£28,811.20	£40,478.50	£51,837.21	£233,022.17
Clinical Haematology					£577.50		£577.50
Dermatology		£697.50	£495.00		£330.00	£3,877.50	£5,400.00
Emergency Medicine	£306,141.21	£300,325.58	£297,554.62	£314,950.73	£254,348.52	£259,075.07	£1,732,395.73
Endocrinology and Diabetes	£17,438.08	£16,690.72	£15,484.40	£14,370.00	£16,026.17	£10,754.30	£90,763.67
Endoscopy - Medicine	£260.00	£260.00			£2,080.00	£1,300.00	£3,900.00
Endoscopy - Surgical	£8,000.00	£7,960.00	£3,880.00	£3,360.00	£2,800.00	£5,640.00	£31,640.00
ENT	£41,789.81	£19,607.51	£38,447.88	£21,442.91	£33,245.29	£44,715.48	£199,248.88
Gastroenterology				£520.00	£13,430.45	£16,927.16	£30,877.61
General Medicine	£2,229.90	£10,325.62	£21,614.93	£21,989.13	£16,250.02	£19,245.68	£91,655.28
General Surgery	£23,158.26	£36,800.81	£49,988.59	£17,206.84	£23,435.12	£13,542.48	£164,132.10
Genitourinary Medicine	£780.00	£780.00	£260.00			£1,950.00	£3,770.00
Intensive Care					£624.00	£1,300.00	£1,924.00
Microbiology (Medical)	£715.00						£715.00
Obstetrics and Gynaecology	£32,194.06	£16,013.55	£43,774.19	£55,387.28	£54,751.05	£51,102.75	£253,222.88

Sum of Estimated Cost	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Grand Total
Ophthalmology	£2,846.25	£1,567.50	£8,415.00	£1,237.50	£2,475.00	£8,538.75	£25,080.00
Oral and Maxillofacial Surgery		£6,929.99	£3,444.38		£1,773.74	£1,567.50	£13,715.61
Orthopaedic & Trauma for Emed	£14,036.57	£18,793.61	£17,770.05	£20,400.09	£21,012.62	£27,058.81	£119,071.75
Orthopaedic and Trauma Surgery	£84,409.97	£37,699.77	£24,826.50	£21,704.43	£27,338.56	£39,787.89	£235,767.12
Paediatrics and Neonates	£66,557.70	£55,944.75	£61,222.46	£59,361.24	£70,928.90	£75,742.33	£389,757.38
Pathology	£2,015.00	£390.00					£2,405.00
Renal Medicine	£11,657.96	£11,442.53	£488.96	£1,707.74		£200.00	£25,497.19
Respiratory Medicine	£20,641.04	£24,063.60	£34,273.28	£33,814.28	£32,618.76	£38,936.88	£184,347.84
Stroke Medicine	£21,482.13	£25,644.30	£25,877.62	£19,218.16	£7,376.18	£5,780.00	£105,378.39
Urology	£6,815.00	£3,465.00	£8,597.81	£9,160.00	£5,763.80	£19,932.88	£53,734.49
Vascular Surgery						£1,509.90	£1,509.90
Grand Total	£855,123.32	£822,555.09	£862,332.36	£790,050.16	£744,217.90	£825,863.83	£4,900,142.66

Reason

Table 13 – Reasons, Agency

Count of Job No	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Grand Total
Annual Leave	2		2	2	1	11	18
Compassionate/Special leave			1				1
Covid Escalation	8			2			10
Covid Training			2				2
Extra Cover	25	51	10	7		4	97
Induction			3		13	8	24
Maternity/Pregnancy leave				8			8
Paternity Leave		1	7	4			12
Restricted Duties	12	3	12	17	10	9	63
Seasonal Pressures		11	9	7	7		34
Sick	2	13	36	7	12	5	75
Sickness - Covid-19	10	17	16	3	1		47
Study Leave	2	4	1	1		1	9
Vacancy	596	518	489	415	471	589	3078
Grand Total	657	618	588	473	515	627	3478

Table 14 – Reason, Internal Bank

Count of Job No	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Grand Total
Additional session – Endoscopy				12	4		16
Additional session – Outpatients	2	6	15	1	6	30	60
Additional session – Theatres		3					3
Annual Leave	1	5	7	21	1	10	45
Compassionate/Special leave	1	1		4		1	7
Covid Escalation	5	4	3	11			23
Extra Cover	34	36	20	17	23	39	169
Induction			4		2	3	9
Maternity/Pregnancy leave						3	3
Paternity Leave		3	3	4	1		11
Restricted Duties	4		4	4	5	6	23
Seasonal Pressures	2		1	3	1		7
Sick	25	24	47	17	12	25	150
Sickness - Covid-19	22	74	77	22	18	10	223
Study Leave	4	4	4	5		10	27
Vacancy	485	533	509	534	508	479	3048
Grand Total	585	693	694	655	581	616	3824

Table 15 – Reason, Regional Bank

Count of Job No	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Grand Total
Annual Leave	1	5	2	16	1	3	28
Covid Escalation		2					2
Extra Cover		1					1
Paternity Leave			3				3
Restricted Duties			3		5	2	10
Sick	1	3	6	2	4	1	17
Sickness - Covid-19	1	2	3				6
Study Leave	1	1	1				3
Vacancy	178	196	183	216	187	191	1151
Grand Total	182	210	201	234	197	197	1221

Table 16 – All (Agency, Internal Bank & Regional Bank)

Count of Job No	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Grand Total
Additional session – Endoscopy				12	4		16
Additional session – Outpatients	2	6	15	1	6	30	60
Additional session – Theatres		3					3
Annual Leave	4	10	11	39	3	24	91
Compassionate/Special leave	1	1	1	4		1	8
Covid Escalation	13	6	3	13			35
Covid Training			2				2
Extra Cover	59	88	30	24	23	43	267
Induction			7		15	11	33
Maternity/Pregnancy leave				8		3	11
Paternity Leave		4	13	8	1		26
Restricted Duties	16	3	19	21	20	17	96
Seasonal Pressures	2	11	10	10	8		41
Sick	28	40	89	26	28	31	242
Sickness - Covid-19	33	93	96	25	19	10	276
Study Leave	7	9	6	6		11	39
Vacancy	1259	1247	1181	1165	1166	1259	7277
Grand Total	1424	1521	1483	1362	1293	1440	8523

7. FINES

No fines have been levied in these two quarters.

8. QUALITATIVE INFORMATION

It is reassuring that no instance of immediate safety concern has been brought to my notice by junior doctors on the 2002 or the 2016 contract. The number of exception reports are low due to pandemic causing altered working patterns and lower workload due to restricted elective activity. I have been assured by the Medical HR department that all doctors are rostered on a rota which is compliant with 2002 and 2016 contracts as applicable.

At a recent Junior Doctor Forum it was brought to notice that doctors were being asked not to exception report in ED – this could be to avoid double payment. However this leads to under reporting of shift overruns. Suggestion of logging the overrun with an exception report and claiming hours on existing basis has been put forward at JDF.

There has been some concern raised by junior doctors regarding rest /working space which is shared by a large number of colleagues. This has been deemed an urgent problem. There will be some further improvement with the new doctor's mess.

There has also been concern regarding the poor quality of on call rooms. I am informed that some money has been allocated to rectify issues raised during a walk around inspection of on rooms. There have been occasions where hotel rooms have had to be provided by the Trust. This continues to be the case.

Concerns have been raised regarding office space for junior doctors being reallocated to administrative staff. This has been highlighted in Main Theatres, ENT and Urology. This space with appropriate numbers who share the space, should be protected for junior doctors near the clinical areas.

9. ENGAGEMENT

The regional Guardian forum has been moved to an online meeting. This Trust has low numbers of exception reports possibly explained by compliant rotas and safe working practices.

The junior doctor's forum took place on MS Teams due to pandemic. Combined meeting with Trainee management meetings has been put into place. Two meetings under new arrangement have been held in December 2020 and April 2021. It is open to all trainee Junior Doctors and representatives to improve engagement.

Training sessions and induction for junior doctors has been moved to a recorded presentation and a new exception reporting guide has been produced by me.

10. SOFTWARE SYSTEM

The Allocate exception reporting software has been working well. Some junior doctors reported not having log-ins at JDF. This has been addressed. The rostering system is not implemented yet.

11. ISSUES ARISING & ACTIONS

- 1.** Trust had received funding for improving the junior doctors mess and rest areas. The junior doctors mess and rest area at silk's site DRI is in process of being handed over.
- 2.** The rest area in main tower block DRI is deferred due to critical care expansion. This is an important facility which is key to having a safe and rested junior doctor. This needs to be discussed and should be protected as an important element of Estate plan.
- 3.** I have been assured that the junior doctors mess at Bassetlaw will be delivered by Trust in due course as the old Mess was taken up for A&E development .This again should be delivered soon as part funding has been received from HEE .
- 4.** The on call rooms need further planning and improvement in light of social distancing requirements. This is a persistent problem which should be addressed urgently.
- 5.** Trainee doctor's office spaces near ward areas should be protected and expanded if not adequate currently.

12. RECOMMENDATION

The Board of Directors can be assured that the trainee doctors have a safe working practice as envisaged in the 2016 contract.

Title	Report from the Guardian for Safe Working – January – September 2020		
Report to	Board of Directors	Date	November 2020
Author	Dr Jayant Dugar, Guardian for Safe Working		
Purpose		Tick one as appropriate	
	Decision		
	Assurance	√	
	Information	√	

Executive summary containing key messages and issues
<p>The 2016 national contract for junior doctors encourages stronger safeguards to prevent doctors working excessive hours, during negotiations on the junior doctor contract agreement was reached on the introduction of a 'guardian of safe working hours' in organisations that employ or host NHS trainee doctors to oversee the process of ensuring safe working hours for junior doctors. The Guardian role was introduced with the responsibility of ensuring doctors are properly paid for all their work and by making sure doctors aren't working unsafe hours.</p> <p>The 2016 contract continues to be implemented with 204 junior doctors employed by this Trust on the 2016 contract as at the time of this report. This contract changes how safe working is delivered compared to previous contract. This relies on exception reporting by junior doctors and proactive changes by the Trust to avoid unsafe working. This report includes the quarters January to September 2020. For these quarters, exception reports have been submitted by individuals across Surgical, Children & Family and Medicine Divisions. A total of 41 exception reports have been raised within these quarters of which 2 has been related to Education with none reported April to June due to changes to working patterns.</p> <p>A contractor has been appointed to undertake the work associated with Silks and the junior doctors mess – this work is due to commence in November and be complete by January 2021</p> <p>The Guardian is required to provide the Board of Directors with quarterly reports. No gross safety issues have been raised with the Guardian by any trainee. The Guardian for Safe Working advises that that the trainees have safe working practice as designed by the 2016 contract.</p>
Key questions posed by the report
Is the Board assured that the Trust has safe working in place for doctors in training?
How this report contributes to the delivery of the strategic objectives
People - As a Teaching Hospital we are committed to continuously develop the skills, innovation and leadership of our staff to provide high quality, efficient and effective care.

Junior doctors will have improved support and education through the implementation of the new junior doctor's contract which is designed to ensure doctors are working safely and receiving the appropriate training. By having appropriately trained doctors patients will receive a good experience whilst receiving care.

How this report impacts on current risks or highlights new risks

Workforce - By having a safe workforce we remain an attractive employer to current trainees and to help future recruitment.

Recommendation(s) and next steps

The Board of Directors are asked to note the quarterly updates and be assured that trainee doctors have a safe working practice as envisaged by the 2016 contract.

DOCTORS AND DENTISTS IN TRAINING

January 2020 – September 2020

1. Introduction

This report sets out the information from the Guardian of Safe Working as part of the 2016 Terms and Conditions for Junior Doctors to assure the board of safe working for junior doctors. This report is for the period 1st January 2020 to 30st September 2020. This report is for 3 quarters as information gathering and exception reporting has been difficult due to pandemic.

The Board should receive a quarterly report from the Guardian as per 2016 contract, which will include:

- Aggregated data on exception reports (including outcomes), broken down by categories such as specialty, department and grade
- Details of fines levied against departments with safety issues
- Data on rota gaps / staff vacancies/locum usage
- A qualitative narrative highlighting areas of good practice and / or persistent concern.

2. High level data

Number of posts contracted by DBTH(inc 125 LU doctors*):	204
Number of posts contracted by other Organisations:	163
Number of doctors / dentists in training on 2016 TCS:	137

Lead Unit Doctors:	125
No of doctors in Doncaster GP Training Scheme:	49
No of doctors in North Notts GP Training Scheme:	17
Ophthalmology Training:	13
ENT Training:	12
General Surgery Training:	34

Amount of time available in job plan for guardian to do the role:	2 PAs
Admin support provided to the guardian (if any):	Through medical HR
Amount of job-planned time for educational supervisors:	0.25 PAs per trainee

DOCTORS AND DENTISTS IN TRAINING

January 2020 – September 2020

3. Exception reports

3.1 No of Exceptions

2020	No. exceptions raised	No. exceptions outstanding	No. exceptions resolved	No. exceptions unresolved
January	15	3	12	0
February	10	0	7	3
March	7	0	1	6
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
July	2	0	2	0
August	0	0	0	0
September	7	2	5	0
Total	41	5	27	9

ER outcomes: resolutions	
Total number of exceptions where TOIL was granted:	3
Total number of overtime payments:	20
Total number of work schedule reviews:	0
Total number of reports resulting in no action:	5
Total number of organisation changes:	0
Compensation:	0
Unresolved:	5
Total number of resolutions:	28
Total resolved exceptions:	30

Note: * Unresolved is the total number of exception where either no outcome has been recorded or where the outcome has been recorded but the doctor has not responded.

DOCTORS AND DENTISTS IN TRAINING

January 2020 – September 2020

Reasons for ER over last quarter by specialty & grade					
<i>ER relating to:</i>	<i>Specialty</i>	<i>Grade</i>	<i># ERs raised</i>	<i># ERs closed</i>	<i># ERs outstanding</i>
Immediate patient safety issues					
Total			0	0	0
No. relating to hours/pattern	Accident and emergency	FY1 *	1	1	0
	Accident and emergency	FY2	2	2	0
	Accident and emergency	ST1	3	3	0
	Anaesthetics	CT2	0	1	0
	Gastroenterology	FY1 *	3	2	0
	General medicine	CT1	1	0	1
	General medicine	ST1	4	4	0
	General surgery	FHO 1 #	4	1	4
	Geriatric medicine	ST2	2	2	0
	Obstetrics and gynaecology	ST3	0	1	0
	Paediatrics	ST1	7	0	0
	Respiratory Medicine	CT1	3	3	0
	Respiratory Medicine	FHO 1	9	9	0
Urology	FHO 1	0	1	0	
Total			39	30	5
No. relating to educational opportunities	Paediatrics	Specialist registrar	2	0	0
Total			2	0	0
No. relating to service support available					
Total			0	0	0

FHO = Foundation House Officer

No exception reports have been received from both the GP training schemes for which the trust is the lead employer. For these quarters, exception reports have been submitted by individuals across Surgery, O&G and Medicine Divisions.

A total of 41 exception reports have been raised within these 3 quarters, of which 2 have been related to Education. There were no exception reports filed between April – June as there were altered work patterns and educational activity was suspended.

DOCTORS AND DENTISTS IN TRAINING

January 2020 – September 2020

4. Work schedule reviews

No work Schedule reviews have been initiated in this reporting period.

5. Vacancies – training grade rotation

The vacancy numbers are fairly similar to vacancy numbers last year.

	VACANCIES (WTE)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Medicine	Medicine (all sub-specialties)	4.9	3.9	4.9	4.4	4.4	4.4	4.4	4.1	3.7
	Emergency medicine	8	9	9	8	7	7	7	4.4	3.6
	Elderly Medicine	0.4	0	0	1	1	1	1	0	0
	Renal	1	1	1	0	0	0	0	1	1
Children & Family	Obstetrics & Gynaecology	9.4	9.1	8.1	8.1	8.1	8.1	8.1	7.2	7.2
	Paediatrics	2.2	2.6	2.6	2.6	2.6	2.6	2.6	2.6	4.6
	GU Medicine	0	0	0	0	0	0	0	0	0
Surgery & Cancer	ENT	1	1	1	1.2	2.2	2.2	2.2	0	0
	General Surgery	1.2	2	2	2	2	2	2	1	0.4
	Urology	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4
	Trauma & Orthopaedics	1	2	2	2	2	2	2	1	1
Clinical Specialties	Anaesthetics	0.2	2.2	2.2	1.2	1.2	1.2	1.2	2.4	2.4
	Radiology (2 POSTS DIS-ESTABLISHED Oct 19)	1	1	1	1	1	1	1	1	1
	ICT	0	0	0	0	0	0	0	0	0
	Total	30.7	34.2	34.2	31.9	31.9	31.9	31.9	25.1	25.3

DOCTORS AND DENTISTS IN TRAINING

January 2020 – September 2020

5. Locum and bank usage

The data below details bank and agency shifts covered by training grade doctors. This data is for information and difficult to comment on due to different working patterns, pressures and activity due to pandemic.

Reason for Shifts	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
Additional Session (Clinical)	24									24
Additional session – Outpatients		44	23				2	4	8	81
Additional session – Theatres		3	2				2			7
Annual Leave	21	15	6		3	26	25	29	3	128
Compassionate/Special leave	12	19	28	3			3			65
COVID Escalation			8	46	60	45	46	11	20	236
COVID Sickness			48	115	67	17	16	5	10	278
COVID Training				1	1					2
Exempt from On Call										0
Extra Cover	20	20	13	22	32	32	14	7	29	189
Induction		2				1		23		26
Maternity/Pregnancy leave/Paternity	11	17	41			6	2		3	80
Restricted Duties	12	15	5	4	4	4	18	11	27	100
None given										0
Seasonal Pressures	11	12	7							30
Sick	96	81	118	24	34	47	52	32	33	517
Study Leave	6	3	10	7		1	4	12	23	66
Vacancy	1093	1156	1187	1015	829	893	1072	1238	1129	9612
Grand Total	1306	1387	1496	1237	1030	1072	1256	1372	1285	11441

No. of Internal - Shifts	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
Acute Medicine	43	48	77	74	44	49	67	104	53	559
Anaesthesia Obs		1								1
Anaesthetics	50	41	4	1	2	1		1		100
Anaesthetics and Critical Care	2	8	39	39	22	18	30	55	63	276
Anaesthetics and Theatres	4	17	25	2	2	1	1	15	20	87
Anaesthetics Maternity	4	3	11	13	2	14	13	10	21	91
Breast Surgery										0
Cardiology										0
Care of the Elderly	2	2	2	10	25		10	37	44	132
Dermatology	1	4								5

DOCTORS AND DENTISTS IN TRAINING

January 2020 – September 2020

No. of Internal - Shifts	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
Emergency Medicine	157	170	276	286	242	314	279	292	243	2259
Endocrinology and Diabetes	1	2	6				2	21	22	54
Endoscopy - Medicine		2								2
Endoscopy - Surgical	14	13	10	2	10		2		21	72
ENT	1	8	20	6	8	6	9	24	25	107
ENT Theater										0
Gastroenterology	1	7	1	1						10
General Medicine		2						1	1	4
General Surgery	12	41	18	8	1	2	11	25	33	151
Genitourinary Medicine	3		1			1	1	2		8
Haematology									1	1
ITU					1					1
Microbiology					3					3
Obstetrics and Gynaecology	35	30	47	38	35	33	80	43	25	366
Ophthalmology	6	21	16	8	6		2	4	3	66
Ophthalmology Theatre										0
Oral and Maxillofacial Surgery	4	7	3							14
Dental										0
Orthodontics										0
Orthopaedic and Trauma Surgery	20	36	22	7	1	3	15	14	24	142
Paediatrics	1	4		2				1		8
Paediatrics and Neonates	46	28	42	36	16	27	24	19	19	257
Paediatrics-Community		6	1							7
Palliative Medicine										0
Pathology					3	5				8
Radiology										0
Renal Medicine			6	3	2	3	2			16
Reproductive Medicine										0
Respiratory Medicine	23	23	26	22	19	19	7	35	51	225
Rheumatology										0
Stroke Medicine								16	17	33
Urology		5	8	2		5	5	10	10	45
Vascular Surgery			3							3
Grand Total	430	529	664	560	444	501	560	729	696	5113

DOCTORS AND DENTISTS IN TRAINING

January 2020 – September 2020

Internal - Costs	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
Acute Medicine	£24,598	£18,891	£30,568	£34,647	£22,691	£30,680	£35,236	£54,779	£33,401	£285,490
Anaesthesia Obs										£0
Anaesthetics	£38,176	£26,996	£3,630		£413	£990		£650		£70,855
Anaesthetics and Critical Care	£0	£8,010	£22,785	£17,126	£11,552	£7,853	£18,278	£33,643	£33,906	£153,151
Anaesthetics and Theatres	£0	£6,838	£12,705		£900	£825	£825	£2,370	£7,735	£32,198
Anaesthetics Maternity	£813	£1,208	£8,813	£7,618	£1,716	£11,538	£11,988	£7,590	£16,093	£67,374
Breast Surgery										£0
Cardiology										£0
Care of the Elderly	£125	£425	£850	£150	£750		£3,900	£12,440	£15,140	£33,780
Dermatology	£260	£780								£1,040
Emergency Medicine	£85,144	£84,128	£118,891	£110,045	£119,800	£114,920	£145,240	£172,902	£136,543	£1,087,612
Endocrinology and Diabetes	£553						£400	£9,860.00	£8,040	£18,853
Endoscopy - Medicine		£520								£520
Endoscopy - Surgical	£4,505	£3,680	£3,200	£520	£2,600		£520		£6,590	£21,615
ENT	£780	£6,710	£14,473	£5,248	£6,579	£4,085	£4,200	£14,123	£13,673	£69,869
ENT Theater										£0
Gastroenterology	£0	£4,625								£4,625
General Medicine								£0	£600	£600
General Surgery	£2,600	£9,308	£5,230	£4,952	£800	£639	£7,000	£14,405	£14,163	£59,097
Genitourinary Medicine	£650		£260			£260	£0	£780	£260	£2,210
Haematology									£228	£228
ITU					£0					£0
Microbiology					£1,365					£1,365
Obstetrics and Gynaecology	£12,531	£11,969	£21,791	£16,038	£15,909	£13,036	£34,996	£19,640	£11,386	£157,296
Ophthalmology	£2,665	£7,245	£7,375	£5,865	£7,673		£413	£743	£825	£32,803
Ophthalmology Theatre										£0
Oral and Maxillofacial Surgery	£3,094	£4,950	£2,310							£10,354
Orthopaedic and Trauma Surgery	£6,440	£18,375	£8,864	£3,140	£120	£803	£6,175	£6,001	£14,149	£64,066

DOCTORS AND DENTISTS IN TRAINING

January 2020 – September 2020

Internal - Costs	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
Paediatrics	£0							£0		£0
Paediatrics-Community		£1,194	£195							£1,389
Paediatrics and Neonates	£14,507	£10,293	£19,177	£16,539	£5,716	£12,912	£8,895	£10,768	£8,198	£107,005
Palliative medicine										£0
Pathology					£1,365	£2,275				£3,640
Radiology										£0
Renal Medicine			£2,900	£1,800	£1,200	£425	£875			£7,200
Reproductive Medicine										£0
Respiratory Medicine	£0		£878	£10,513	£8,075	£8,660	£2,400	£14,830	£18,605	£63,960
Rheumatology										£0
Stroke Medicine								£6,400	£7,753	£14,153
Urology		£1,470	£3,425	£1,238		£2,430	£3,285	£8,110	£6,490	£26,448
Vascular Surgery			£1,000							£1,000
Dental										£0
Orthodontics										£0
Grand Total	£197,439	£227,613	£289,318	£235,438	£209,224	£212,329	£284,624	£390,033	£353,776	£2,399,795

DOCTORS AND DENTISTS IN TRAINING

January 2020 – September 2020

No. of Agency - Shifts	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
Acute Medicine		32	34	30	46	51	94	57	43	387
Anaesthesia Obs										0
Anaesthetics										0
Anaesthetics and Critical Care	4	12	10	2	5	8	8	10	3	62
Anaesthetics & Theatres	12	8	10	1		13	8	24	18	94
Anaesthetics and Maternity	2	3	1	4			7	10	9	36
Dental	2									2
Cardiology		9	10					6	8	33
Care of the Elderly	88	28	24	32	41	38	14	23	31	319
Dermatology										0
Emergency Medicine	292	275	233	260	228	218	254	257	217	2234
Endocrinology and Diabetes	25	44	64	25	24	20	23	25	22	272
Endoscopy - Medicine										0
Endoscopy - Surgical										0
ENT/ENT Theatre	71	68	67	42	44	59	58	51	47	507
Gastroenterology								14	3	17
General Medicine	2									2
General Surgery	50	65	67	40	31	26	30	22	17	348
Genitourinary Medicine										0
Haematology										0
Intensive Care				1						1
Microbiology										0
Obstetrics and Gynaecology	39	21	17		1	2	10	35	35	160
Ophthalmology										0
Oral and Maxillofacial Surgery		2								2
Orthopaedic and Trauma Surgery	122	133	135	33	9		6	38	62	538
Paediatrics										0
Paediatrics - Community										0
Paediatrics and Neonates	55	56	44	27		15	30	36	30	293
Pathology										0
Radiology										0
Renal	26	23	24	22	25	21	21	25	23	210
Respiratory Medicine	51	76	82	110	93	55	85	6		558
Stroke Medicine	19	3		45	42	45	48	4	20	226
Urology										0
Vascular Surgery			9	3						12
Breast Surgery										0
Grand Total	860	858	831	677	589	571	696	643	588	6313

DOCTORS AND DENTISTS IN TRAINING

January 2020 – September 2020

Agency - Costs	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
Acute Medicine	£10,598	£19,996	£20,761	£15,076	£23,513	£28,513	£51,542	£33,223	£22,791	£226,013
Anaesthesia Obs										£0
Anaesthetics										£0
Anaesthetics and Critical Care	£4,038	£11,808	£10,022	£2,005	£5,055	£7,508	£8,316	£9,769	£3,118	£61,640
Anaesthetics and Theatres	£12,211	£6,082	£8,253	£1,000		£10,914	£6,557	£21,182	£16,116	£82,315
Anaesthetics and Maternity	£2,070	£3,242	£1,079	£4,318			£7,754	£10,840	£10,038	£39,342
Dental	£1,408									£1,408
Cardiology		£7,194	£6,714					£2,491	£3,498	£19,897
Care of the Elderly	£37,421	£12,187	£11,023	£17,493	£21,213	£15,663	£6,642	£9,837	£13,237	£144,716
Dermatology										£0
Emergency Medicine	£193,102	£189,935	£167,164	£184,963	£166,713	£164,388	£185,102	£178,090	£157,376	£1,586,833
Endocrinology and Diabetes	£11,000	£19,971	£29,956		£10,259	£8,917	£9,680	£10,121	£8,858	£108,762
Endoscopy - Medicine										£0
Endoscopy - Surgical										£0
ENT/ENT Theatre	£46,300	£43,563	£46,580	£25,099	£29,169	£39,837	£39,888	£34,780	£30,651	£335,867
Gastroenterology								£8,950	£2,785	£11,735
General Medicine	£1,301									£1,301
General Surgery	£30,634	£44,155	£38,948	£22,167	£15,695	£11,415	£15,004	£16,586	£14,159	£208,762
Genitourinary Medicine										£0
Haematology										£0
Intensive Care				£1,039						£1,039
Microbiology										£0
Obstetrics and Gynaecology	£28,626	£16,073	£9,667		£700	£1,375	£8,621	£30,508	£27,761	£123,331
Ophthalmology										£0
Oral and Maxillofacial Surgery		£1,408								£1,408

DOCTORS AND DENTISTS IN TRAINING

January 2020 – September 2020

Agency - Costs	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
Orthopaedic and Trauma Surgery	£59,261	£67,601	£65,664	£15,007	£7,369		£4,252	£22,404	£44,173	£285,730
Paediatrics										£0
Paediatrics - Community										£0
Paediatrics and Neonates	£46,593	£41,849	£33,190	£19,585		£13,694	£27,647	£35,170	£29,511	£247,239
Pathology										£0
Radiology										£0
Renal	£12,430	£10,863	£11,083	£11,330	£11,220	£11,580	£12,183	£10,897	£9,470	£101,056
Respiratory Medicine	£22,013	£32,978	£35,373	£49,824	£44,081	£25,442	£42,928	£2,690		£255,329
Stroke Medicine	£8,386	£1,608		£28,177	£24,195	£23,403	£26,512	£2,066	£11,883	£126,230
Urology										£0
Vascular Surgery			£4,400	£1,320						£5,720
Breast Surgery										£0
Grand Total	£527,393	£530,512	£499,878	£398,405	£359,181	£362,648	£452,628	£439,605	£405,427	£3,975,676

DOCTORS AND DENTISTS IN TRAINING

January 2020 – September 2020

7. Fines

No fines have been levied during these three quarters.

8. Qualitative information

It is reassuring that no instances of immediate safety concern has been brought to my notice by junior doctors on the 2002 or the 2016 contract. The number of exception reports are low due to the pandemic resulting in altered working patterns.

During the pandemic the anaesthetic junior doctor rota was altered, which fell outside the national terms and conditions of 2016 contract and which was permitted. I am assured that a pay rate has been agreed through local negotiations facilitated by Director of POD and the BMA IRO and payment to the affected doctors is in progress.

I have written to all Divisional Directors to ensure the planned changes to junior doctors rotas are checked by Medical HR to avoid problems in the future. I have been assured by the Medical HR Team that all doctors are rostered on a rota which is compliant with the 2002 and 2016 contracts as applicable.

There has been some concern raised by junior doctors regarding rest/working space which is shared by a large number of colleagues. This has been deemed an urgent problem and a temporary solution has been found. There will be some further improvement with the new doctors mess.

There has also been concern regarding the poor quality of on-call rooms. I am informed that some money has been allocated to rectify issues raised during a walk around inspection of the rooms. There have been occasions where hotel rooms have had to be provided by the Trust.

9. Engagement

The regional Guardian forum has been moved to an online meeting. This Trust has low number of exception reports possibly explained by compliant rotas and safe working practices.

The junior doctor's forum has not happened due to the pandemic. A reorganization to combine the meeting with Trainee management meetings is under discussion. It will be open to all trainee Junior Doctors and representatives to improve engagement.

Training sessions and induction for junior doctors have been moved to a recorded presentation and a new exception reporting guide has been produced by myself.

10. Software System

The Allocate exception reporting software has been updated. There have been changes to the reporting module which will be useful in future board reports. The e-rostering system is not implemented yet.

11. Issues arising & Actions

- a. The Trust had received funding for improving the junior doctors mess and rest areas. The Business case was approved and a contractor has been appointed. Work is due to start in November and finish by January 2021.

DOCTORS AND DENTISTS IN TRAINING

January 2020 – September 2020

- b. The on call rooms, rest and work areas need further planning and improvement in light of social distancing requirements.

12. Recommendation

The Board of Directors can be assured that the trainee doctors have a safe working practice as envisaged in the 2016 contract.

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: Jon Sargeant Committee: F&P	People, Partners, Performance, Patients	Date last reviewed : MAY 2021	
<p>Strategic Objective In recurrent surplus to invest in improving patient care</p> <p>Breakthrough Objective Every team achieves their financial plan for the year</p>	<p>Risk Appetite: The Trust has a low appetite for risks</p> <p>Measures:</p> <ul style="list-style-type: none"> • Delivery of in year financial plan/budgets • Underlying/recurrent financial position of the Trust • Trust Cash Balances 	<p>Initial Risk Rating Current Risk Rating Target Risk Rating</p>	<p>5(C) x 5(L) = 25 extr 5(C) x 4(L) = 20 extr 3(C) x 3(L) = 9 low</p>
<p>Risks:</p> <ul style="list-style-type: none"> • Lack of clarity regarding the future NHS financial regime: <ul style="list-style-type: none"> ➢ 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 • Robust plans required for the delivery of operational activity requirements in H1 within baseline resource and funding. <ul style="list-style-type: none"> • Significant theatre staffing issues were not foreseen by the Division within the workforce plan, leading to expensive agency spend and presents a risk to the delivery of activity plans. • Delivery of ERF <ul style="list-style-type: none"> - Guidance (including those requirements that are not activity related) is not currently clear in terms how this will be measured or achieved. - ERF will be casemix adjusted based on work done, not volumes early trust plans look at increasing lower value work - ICS hold/manage all funding and are developing a financial framework for ERF which will likely lead to orgs who under-deliver against targets losing funding. • Lack of clarity in terms of the Trust's bed plan and therefore costs of workforce plans. • H2 – currently there is no guidance for the second half of the year with the potential that system top up funding is removed causing a potential significant deficit in the second half of the year for the Trust of c.£14m. • Impact of major incident at W&C on delivery of 21/22 capital and revenue plan. 	<p>Rationale for risk current score:</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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. 	<p>Future risks: NHS Sector financial landscape Regulatory Intervention</p> <ul style="list-style-type: none"> • National guidance is awaited regarding understand how the financial regime will impact the Trust this year and into future years. 	<p>Risk references:</p> <ul style="list-style-type: none"> • F&P1, 2 and 3 • F&P2 • F&P3
<p>Controls / assurance (mitigation & evidence of making impact):</p> <ul style="list-style-type: none"> • 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 • Working with the ICS through CEO's and DoFs regarding the rules on ERF and funding arrangements. Reporting back through F&P and Board. • Work with DoN to support on bed plan, with bed plan presented back to F&P. 	<p>Comments:</p> <ul style="list-style-type: none"> • 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. 	<p>Assurance (evidence of making an impact):</p> <ul style="list-style-type: none"> • Delivery of financial position • Improvement in underlying financial position • Improvement in site infrastructure • Internal and External Audit • Feedback from NHSE/E 	<p>Gaps in controls / assurance (actions to achieve target risk score):</p> <ul style="list-style-type: none"> • Uncertainty regarding future financial regime

Report Cover Page			
Meeting Title:	<i>Board of Directors</i>		
Meeting Date:	<i>April 2021</i>	Agenda Reference:	E3
Report Title:	INTEGRATED QUALITY & PERFORMANCE REPORT (IQPR) / Performance Exception Report (January 2021)		
Sponsor:	<i>Rebecca Joyce – Chief Operating Officer</i>		
Author:	<i>Julie Thornton – Head of Performance</i>		
Appendices:			
Executive Summary			
Purpose of report:	To provide assurance to the Board that the appropriate actions are being taken to support operational performance across the Trust in terms of recovery and moving towards business as usual.		
Summary of key issues:	<p>The Integrated Quality & Performance Report (IQPR) is split into three parts:</p> <ol style="list-style-type: none"> 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. <p>Our focused recovery restoration plan is being finalised in the Trust’s business plan the first draft of which will be finalised late April. This will outline refreshed trajectories for all areas in line with national planning requirements. Headlines from March’s report include:</p> <p>Elective</p> <ul style="list-style-type: none"> • The report indicates the Trust met its Phase 3 Elective activity for March 2021, however this is the % against activity undertaken in the same period of 2019/20 which includes 2 weeks of reduced activity due the start of the pandemic and national step down of elective activity. Benchmarking data across North East and Yorkshire indicates the Trust is performing well for daycase activity and outpatients with further work to do on inpatient theatre throughput. • 52 Week Breaches – In March 2021 the Trust reported 2399 breaches due to Covid 19 delays. Compared to previous months, this is a much smaller increase. Whilst a significant risk, the Trust shares this issue with other organisations. • For RTT in March 2021 the Trust delivered 65.7% performance within 18 weeks, below the 92% standard. This is an improvement from last month and in line with the national benchmark. • Diagnostics – in March 2021 the Trust achieved 67.2% against a target of 99%. This is an improvement from last month, but below the national and peer benchmark. 		

<ul style="list-style-type: none">• A robust performance framework is in place with additional rigour built in to ensure action focused meetings with tight grip and control on activity and recovery. <p>Emergency</p> <ul style="list-style-type: none">• 4 Hour Access – in March 2021 the Trust delivered 84% achievement against national target of 95%, showing an improvement in performance compared to the previous month and similar to peer and national benchmark. 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 during March 2021, with a slight reduction 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 (54.9% against a standard of 75%). <p>Cancer</p> <ul style="list-style-type: none">• In February 2021 the Trust achieved 3 out of 3 31 day nationally reported measures, exceeding peer and national benchmarks.• In February 2021 the Trust achieved 0 out of 2 62 day nationally reported measures, with wait for first treatment in line with peer and national benchmarks but first treatment from consultant screening service referral below benchmark in month.• The number of open pathways over 104 days has reduced from January 2021 down to 4 declared breaches in February 2021. Performance remains the best in South Yorkshire and Bassetlaw. <p>Conclusions and Next Steps</p> <p>For elective and cancer performance, the key next steps of the restoration strategy are:</p> <ul style="list-style-type: none">• Finalisation of the Trust’s draft Business Plan submission to NHS England• Robust performance management arrangements to support delivery• Further consolidation of leadership arrangements for elective• Further focus on increasing outpatient recovery, building on improvement seen• Staged implementation back to full theatre capacity back up through April and May, as described as part of the restoration plan• Recruitment to the posts of the agreed administrative strategy, to improve governance of administrative processes supporting elective processes• Working internally and with place and ICS partners to find collective solutions with a focus on Orthopaedics, Eyes and Paediatrics• Working up Independent Sector and additional activity plans, subject to available funding

	<ul style="list-style-type: none"> Ongoing focus on communicating with patients and validation of the waiting list <p>For emergency pathway performance, the focus remains on organisational development within the Emergency Department, supported by improvements to processes supporting emergency flow through the organisation.</p>				
Recommendation:	The Board is asked to note and comment as appropriate on the attached.				
Action Require:	Approval	Information	Discussion	Assurance X	Review
Link to True North Objectives:	TN SA1:	TN SA2:	TN SA3:	TN SA4:	
	<i>To provide outstanding care for our patients</i> X	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>	
Implications					
Board assurance framework:	<i>No changes to BAF made – risks regarding elective restoration which this report reflects are outlined on the BAF</i>				
Corporate risk register:	<p><i>Report regards Risks ID 6 and 2349 on the Risk Register - F&P 6 and F&P 8.</i></p> <ul style="list-style-type: none"> <i>Failure to achieve compliance with performance and delivery aspects of the SOF, CQC and other regulatory standards</i> <i>Failure to specifically achieve RTT 92% standard</i> <p><i>Report outlines actions plan to make progress, no change to risks on CRR</i></p>				
Regulation:	<i>Report links to national quality and access standards. Performance against the standards contributes to the CQC regulatory framework.</i>				
Legal:	<i>Report outlines performance against standards, published annually by NHS England, some of which are outlined in the NHS Constitution.</i>				
Resources:	<i>Impact on resources of delivering activity taken account of in Trust plans</i>				
Assurance Route					
Previously considered by:	Finance & Performance Committee (verbal update only – due to timing of meeting full report was not available)				
Date:	15 th April 2021	Decision:	Implementation and future monitoring of elective restoration action plan.		
Next Steps:	Continued monitoring of recovery & associated action plans at Finance & Performance Committee				
Previously circulated reports to supplement this paper:					

Category	Indicator	Benchmarking Month Reported	Peer Benchmark	National Benchmark	Latest Month Reported	CURRENT MONTH			YEAR-TO-DATE			YEAR END FORECAST			Trend Graph (Apr-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)	Mar-21	83.9%	86.1%	Mar-21	95%	84.0%	-11.01%	95%	84.8%	-10.19%				
	Max time of 18 weeks from point of referral to treatment-incomplete pathway	Feb-21	71.6%	64.5%	Feb-21	92%	61.8%	-30.24%	92%	63.0%	-28.99%				
	RTT 52 Week Breaches to date	-	-	-	Feb-21	825	2272	1447	825	2272	1447				
	Waiting list size (from 1/4/19) - 18 Weeks referral to treatment -Incomplete Pathways	-	-	-	Feb-21	29935	32267	-2332	29935	32267	-2332				
	% waiting less than 6 weeks from referral for a diagnostics test	Feb-21	73.0%	71.5%	Mar-21	99%	67.2%	-31.78%	99%	53.7%	-45.35%				
Performance (Cancer)	Day 28 Standard (patients received diagnosis or exclusion of cancer)	-	-	-	Feb-21	-	-	-	-	-	-				
	31 day wait for diagnosis to first treatment- all cancers	Feb-21	96.2%	94.7%	Feb-21	96%	99.2%	3.15%	96%	98.4%	2.37%				
	31 day wait for second or subsequent treatment: surgery	Feb-21	91.9%	87.5%	Feb-21	94%	100.0%	6.00%	94%	99.1%	5.10%				
	31 day wait for second or subsequent treatment: anti cancer drug treatments	Feb-21	99.6%	99.1%	Feb-21	98%	100.0%	2.00%	98%	98.6%	0.60%				
	31 day wait for second or subsequent treatment: radiotherapy	Feb-21	98.1%	98.1%	Feb-21	-	-	-	-	-	-				
	62 day wait for first treatment from urgent GP referral to treatment	Feb-21	68.1%	69.8%	Feb-21	85%	68.7%	-16.33%	85%	79.0%	-6.01%				
	62 day wait for first treatment from consultant screening service referral	Feb-21	75.5%	72.1%	Feb-21	90%	41.7%	-48.33%	90%	71.7%	-18.31%				
	62 day wait - 50/50 split	-	-	-	Feb-21	-	-	-	-	-	-				
Cancer Waiting Times Open Suspected Cancer Pathways 104 Days +	-	-	-	Feb-21	-	0	-	-	173	-					
Performance (Activity)	A&E Attendances	-	-	-	Mar-21	-	14472	-	-	149556	-				
	Non Elective Activity - Discharges	-	-	-	Mar-21	4245	5112	867	50940	52390	1450				
	Daycase Activity (Contracted levels achieved)	-	-	-	Mar-21	1445	3782	2337	17337	30291	12954				
	Other Elective Activity (Contracted levels achieved)	-	-	-	Mar-21	281	535	255	3366	4827	1461				
	Outpatient new activity (Contracted levels achieved)	-	-	-	Mar-21	6872	14652	7781	82458	114486	32028				
	Outpatient Follow Up activity (Contracted levels achieved)	-	-	-	Mar-21	14705	26998	12293	176463	228709	52246				
Performance (Ambulance Handover Times)	Ambulance Handovers Breaches -Number waited <= 15 Minutes	-	-	-	Mar-21	78.9%	54.2%	-24.72%	78.9%	58.7%	-20.24%				
	Ambulance Handovers Breaches -Number waited >15 & <30 Minutes	-	-	-	Mar-21	22.2%	29.0%	-6.81%	22.2%	32.3%	-10.13%				
	Ambulance Handovers Breaches-Number waited >30 & < 60 Minutes	-	-	-	Mar-21	0.0%	10.6%	-10.60%	0.0%	6.1%	-6.14%				
	Ambulance Handovers Breaches -Number waited >60 Minutes	-	-	-	Mar-21	0.0%	6.2%	-6.21%	0.0%	3.0%	-2.97%				
Performance (Stroke)	Overall SSNAP Rating	-	-	-	Dec-20	B	B	-	B	B	-				
	Proportion of patients scanned within 1 hour of clock start (Trust)	-	-	-	Jan-21	48.0%	59.2%	11.15%	48.0%	53.3%	5.29%				
	Proportion directly admitted to a stroke unit within 4 hours of clock start	-	-	-	Jan-21	75.0%	54.9%	-20.07%	75.0%	56.5%	-18.51%				

	Percentage of all patients given thrombolysis	-	-	-	Jan-21	90.0%	100.0%	10.00%	90.0%	100.0%	10.00%				
	Percentage treated by a stroke skilled Early Supported Discharge team	-	-	-	Jan-21	24.0%	73.8%	49.77%	24.0%	80.3%	56.27%				
Performance (Theatres & Out Patients)	Out Patients: DNA Rate	-	-	-	Mar-21	8.7%	9.1%	-0.34%	8.7%	10.4%	-1.67%				
	Out Patients: Hospital Cancellation Rate	-	-	-	Mar-21	4.5%	11.4%	-6.92%	4.5%	20.9%	-16.43%				
	Typing Backlog (number / date)	-	-	-	Mar-21	3WD	37WD	-34WD	3WD	30WD	-27WD				
	Out Patient Booking - 2 weeks prior	-	-	-	Mar-21	95.0%	45.9%	-49.10%	95.0%	55.0%	-40.04%				
	Clinic Utilisation	-	-	-	Mar-21	95.0%	82.3%	12.67%	95.0%	79.1%	15.93%				
	ASIs 7 Days +	-	-	-	Mar-21	0	75	-75	0	57	-57				
	Missing Outcomes 14 Days +	-	-	-	Mar-21	0	1817	-1817	0	1817	-1817				
	Theatre Booking - 3 weeks prior	-	-	-	Mar-21	-	60.7%	-	-	54.3%	-				
	Theatre Booking - 4 weeks prior	-	-	-	Mar-21	95.0%	52.6%	-42.36%	95.0%	45.6%	-49.37%				
	Theatre Booking - 5 weeks prior	-	-	-	Mar-21	-	44.8%	-	-	39.4%	-				
	Theatre Utilisation	-	-	-	Mar-21	87.0%	75.6%	-11.44%	87.0%	76.8%	-10.19%				
	Cancelled Operations on the day (For non-clinical reasons)	-	-	-	Mar-21	1.0%	0.90%	0.10%	1.0%	0.57%	0.43%				
	Cancelled Operations-28 Day Standard	-	-	-	Mar-21	0	0	0	0	22	-22				
	ERS Advice & Guidance Response Time	-	-	-	Sep-20	2WD	34WD	-32WD	2WD	18WD	-16WD				
		Infection Control Hospital Onset C.Diff	-	-	-	Mar-21	TBC	3	-	TBC	40	-			
Infection Control Community Onset C.Diff		-	-	-	Mar-21	TBC	0	-	TBC	16	-				
Infection Control Combined Onset C.Diff		-	-	-	Mar-21	TBC	3	-	TBC	56	-				
Infection Control MRSA		-	-	-	Mar-21	0	0	0	0	2	-2				
HSMR (rolling 12 Months)		-	-	-	Dec-20	100	102.93	-2.93	100	102.93	-2.93				
HSMR : Non-Elective (rolling 12 Months)		-	-	-	Dec-20	100	102.88	-2.88	100	102.88	-2.88				
HSMR : Elective (rolling 12 Months)		-	-	-	Dec-20	100	108.35	-8.35	100	108.35	-8.35				
Never Events		-	-	-	Mar-21	0	1	1	0	4	4				
Sis		-	-	-	Mar-21	-	0	-	-	26	-				
VTE		-	-	-	Jan-20	95.0%	95.0%	0.00%	95.0%	95.3%	-0.28%				
Pressure Ulcers - Category 3		-	-	-	Mar-21	5	4	0.99	60	56	4				
Pressure Ulcers - Category 2 / UNS / DTI		-	-	-	Mar-21	0	59	-59	0	776	-776				
Falls with Severe Harm / Lapse in Care / SI		-	-	-	Mar-21	0	0	0	0	12	-12				

COVID KPIs	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	-	-	-	Mar-21	100.0%	94.3%	-5.68%	100.0%	83.7%	-16.25%						
	Patients on Review/Missing List have a risk stratification category	-	-	-		-	-	-	-	-	-						
	Patients on Planned Waiting List have a risk stratification category	-	-	-	Mar-21	70%	-	-	70%	5.2%	-64.81%						
	Category 1a Elective Patients Treated within 24 hours	-	-	-	Mar-21	100%	-	-	100%	-	-						
	Category 1b Elective Patients Treated within 72 hours	-	-	-	Mar-21	100%	79.3%	-20.73%	100.0%	85.4%	-14.62%						
	Category 2 Elective Patients Treated within 4 Weeks	-	-	-	Mar-21	100%	52.7%	-47.32%	100.0%	59.9%	-40.07%						
	Category 3 Elective Patients Treated within 3 Months	-	-	-	Mar-21	80%	-	-	80%	-	-						
	% Elective In Patient Activity compared to same period last year	-	-	-	Mar-21	-	84.8%	-	-	51.1%	-						
	% Elective Day case Activity compared to same period last year	-	-	-	Mar-21	-	95.7%	-	-	54.2%	-						
	% MRI Activity compared to same period last year	-	-	-	Feb-21	-	76.2%	-	-	70.4%	-						
	% CT Activity compared to same period last year	-	-	-	Mar-21	-	-	-	-	100.0%	-						
	% Endoscopy Activity compared to same period last year	-	-	-	Mar-21	-	96.3%	-	-	48.7%	-						
	% Out Patient Activity compared to same period last year	-	-	-	Mar-21	-	106.8%	-	-	66.3%	-						
	Patients admitted as an emergency while on the waiting list (for the same speciality)	-	-	-	Mar-21	-	29	-	-	397	-						
	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 – December 2020

3. Cancer Performance

- a) Performance against 31, 62 day standards
- b) Cancer Performance - Specialty – January 2021
- 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 provided in section a) - f). A single integrated action plan for elective is provided at the end of this section.

a) Activity - Performance Against National & Local Targets

The following table summarises performance against the national Phase 3 standards and the locally agreed trajectories. The figures are showing a significant improvement in activity levels from all elective points of delivery compared to February 2021, however this is the % against activity undertaken in the same period of 2019/20 which includes 2 weeks of reduced activity due to the start of the pandemic and national step down of elective activity.

Point of Delivery	National Target (% of activity from same time period 2019/20)	Local Target – March 2021 (NHSE/I submission)	Oct 2020 (final)	Nov 2020 (final)	Dec 2020 (final)	Jan 2021 (final)	Feb 2021 (flex)	March 2021 (flex)
Outpatient New	100%	77%	58.4%	64.8%	75.3%	64.5%	75.8%	108%
Outpatient F / U	100%	83%	66%	71.6%	75.2%	67.2%	76%	98.8%
Elective	90%	69%	64.5%	42%	55.5%	50%	70%	84.2%
Day Case	90%	81%	70%	68.1%	71.3%	62.6%	65.6%	95.7%
CT	100%	95%	98.4%	89.1%	93.3%	94.2%	93.5%	123.6%
MRI	90%	95%	89.6%	85.9%	86.1%	76.5%	76.2%	85.8%
Non Obstetric Ultrasound	100%	78%	82.2%	77.8%	78.9%	71.2%	91.8%	127.3%
Colonoscopy	100%	120%	TBC	TBC	89.2%	68.3%	90.2%	109.9%
Flexi Sig	100%	5%	TBC	TBC	22%	17.1%	20.8%	56%
Gastroscopy	100%	98%	TBC	TBC	79.6%	67%	70.3%	128.4%
Non-Elective	N/A	N/A	75.9%	69.4%	70.1%	73.8%	78.6%	114.1%

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

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b) 52 Weeks

The number of 52 week patients, although growing, has increased at a much slower rate from February 2021 demonstrating the increase in activity for longer waiting patients. Phase 3 standards have not been achieved.

2020 / 2021	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	1637	635	2272
March	718	1839	560	2399

The specialties contributing the greatest number of breaches are:
(Inpatient / outpatient split)

- T&O (983 / 131)
- Urology (107 / 110)
- General Surgery (236 / 86)
- ENT (165 / 61)
- Oral Surgery (176 / 21)
- Ophthalmology (56 / 91)

c) RTT – Performance Against National Target – 92%

The table summarises 18 weeks performance which has been impacted by COVID 19 through 2020/2021. A number of services in Medicine and Paediatrics have recovered 92% which is commendable.

Performance has improved since February 2021 with a 3.9% increase in achievement. This is in line with increased activity levels during March 2021. The total waiting list size stands at **33018**, a net reduction of 1580 since 13.12.2020 (commencement of validation programme) but an increase on February.

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Specialty	Waiting List	RTT Percentage	Longest Wait (weeks)
Breast Surgery	599	96.5 %	60
Cardiology	1146	92.4 %	56
Clinical Hematology	190	98.9 %	23
Dermatology	920	92.6 %	60
Diabetic Medicine	277	92.1 %	38
ENT	3929	56.9 %	88
General Medicine	1844	83.2 %	69
General Surgery	3410	63.6 %	90
Geriatric Medicine	145	88.3 %	39
Gynaecology	1626	81.0 %	64
Medical Ophthalmology	546	78.8 %	74
Nephrology	98	96.9 %	24
Ophthalmology	3096	60.6 %	95
Oral Surgery	2083	66.7 %	89
Orthodontics	61	85.2 %	59
Paediatric Cardiology	75	94.7 %	34
Paediatrics	336	95.5 %	27
Pain Management	409	80.0 %	65
Podiatry	189	55.0 %	69
Respiratory Medicine	646	88.9 %	61
Rheumatology	405	93.8 %	36
Trauma & Orthopaedics	7580	49.9 %	98
Upper Gastrointestinal Surgery	225	42.2 %	87
Urology	2537	55.2 %	92
Vascular Surgery	521	77.2 %	71
Grand Total	33018	65.7 %	N/A

A summary of breakdown by CCG and over the last 4 months is outlined below:

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Incomplete Pathways	March 2021	February 2021	January 2021	December 2020
Total (Trust)	33018	32267	32561	34097
% under 18 Weeks (Trust)	65.7%	61.8%	62.5%	64.6%
Total (Doncaster CCG)	19973	19748	19919	20981
% under 18 Weeks (Doncaster CCG)	66.2%	61.9%	62.6%	64.9%
Total (Bassetlaw CCG)	7287	6962	7006	7287
% under 18 Weeks (Bassetlaw CCG)	66.9%	62.8%	64.6%	68%

d) Diagnostics – Performance Against National Target – 99%

Performance against the 6 week target has increased compared to last month (67.2% compared to 66.3%). The total number of waiters has increased by 2162 with those over 6 weeks also increasing by 585.

Exam Type	<6W	>=6W	Total	Performance	Longest Waits
MRI	1811	358	2169	83.49%	40
CT	2253	643	2896	77.80%	63
Non-Obstetric Ultrasound	4433	2818	7251	61.14%	56
DEXA	265	63	328	80.79%	36
Audiology	142	263	405	35.06%	60
Echo	229	8	237	96.62%	7
Nerve Conduction	165	94	259	63.71%	57
Sleep Study	15	1	16	93.75%	6
Urodynamic	61	41	102	59.80%	54
Colonoscopy	276	235	511	54.01%	29
Flexible Sigmoidoscopy	96	108	204	47.06%	28
Cystoscopy	356	76	432	82.41%	58
Gastroscopy	413	419	832	49.64%	41
Total	10515	5127	15642	67.22%	

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

	Waiters <6W	Waiters >=6W	Total	Performance
Trust	10515	5127	15642	67.22%
NHS Doncaster	6794	3320	10114	67.17%
NHS Bassetlaw	2822	1355	4177	67.56%

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	4187	37	0.9%
Doncaster	2879	29	1.01%
Bassetlaw	925	6	0.65%
Other	383	2	0.5%

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
Missing Notes		1	
Insufficient Time / Lack of Theatre Capacity (clinical reasons)	5		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	2	1	
Staffing	6	3	Workforce planning as part of 2021 / 22 Business Planning
Other Urgent Case	2		
No DCC Bed	1		Bed modelling as part of 2021/22 Business Planning
No Elective Bed	1		As above
Amin Error		15	Under investigation (11 due to letters not being sent)

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

In March 2021 there were 0 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

g) Elective Action Plan

A single action plan for elective is provided below:

Point of Delivery	Issues Affecting Performance	Improvement Plan
Outpatients	<ul style="list-style-type: none"> Reduced capacity for all face to face activity due to COVID Safe Working 	<ul style="list-style-type: none"> Patient communication plan commenced 8th March– 6155 letters sent to date with 78 requests for removal. Capacity plans completed and implementation underway for Q1 Estates work approved to maximise outpatient waiting areas & increase face to face capacity Confirmation of ability to reduce social distancing in waiting areas with screens Validation programme continuing to cleanse active waiting list Single patient list to support with visibility & effective patient management. Completion delayed to April 2021 due to technical issues Action focused weekly performance meetings refreshed to ensure maximum grip and control of activity
Elective/Day case	<ul style="list-style-type: none"> Reduced non-urgent elective activity due to reduced operating timetable Challenge to maximise theatre capacity due to staffing 	<ul style="list-style-type: none"> Theatre step up plan agreed until July 2021 improving ability to maximise theatre capacity

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Diagnostics	<ul style="list-style-type: none"> • Reduction in 2ww in CT, MRI and Non-Obstetric Ultrasound (NOUS). Increase in urgent referrals for CT and NOUS with reduction in routine referrals for CT and NOUS. • Substantial backlog for NOUS remains, but overall figures reduced to due additional sessions. • Reduced capacity due to Covid 19 Infection Control requirements 	<ul style="list-style-type: none"> • Service continues to proactively look for ways to optimise capacity and scheduling to help release more capacity. • Additional funding not yet agreed for any routine patients but staff continues to escalate 2ww / urgent breaches for additional sessions. • Key vacancies approved for recruitment
Theatre Cancellations	<ul style="list-style-type: none"> • See specific issues on specific patients 	<ul style="list-style-type: none"> • Cancelled Operations Group working towards standardised approach to managing cancelled operations for both theatre and non theatre activity. • Additional reporting for 2021/22 to show cancelled operations for clinical reasons – highlighting themes and opportunities for improvement • Step up of elective operating will support the management of routine operations in line with all performance standards.
Looking Forward		<ul style="list-style-type: none"> • Capacity plans completed and built into 2021/22 IQPR. Additional rigor built in to performance framework meetings to ensure action focused with tight grip and control on activity and recovery. • Deputy COO focus on required specialties with further push on waiting space / throughput in surgical specialties and productive use of theatre capacity.

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2. EMERGENCY

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

Performance against the 4 hour target improved during March 2021, although attendances across all three sites increased significantly (+3418) as the following data shows:

Hospital	% Achievement	Attendances	No of Breaches	% Streamed from FDASS
Doncaster	79%	8915	1871	17.18%
Bassetlaw	90.1%	4016	397	4.86%
Mexborough	100%	1512	0	0.2%
Trust	84 %	14443	2268	11.98%

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

Issues Affecting Performance	Improvement Plan
<ul style="list-style-type: none"> • High attendances at DRI - most days above 300 patients • Increase in Ambulance arrivals - 3111 in February 21, 3597 in March 2021 • Main breach reasons continue to be doctor waits and bed waits. However, month on month improvement in doctor waits. • Longer length of stay for COVID patients affecting discharges and flow impacting on bed waits • Improvement in streaming numbers to FCMS compared to February 2021 • Increased resus activity- 486 February 2021, 524 in March 2021 • Increase in overall attendances in reduced space due to social distancing 	<ul style="list-style-type: none"> • Quality improvement work • Flow work- right care, right place • Team development and leadership work progressing well • Early Senior Assessment working well at the front door • Work to commence with ECIST to support the flow review work • Actions taken by primary care and CCGs to encourage primary care patients to attend GP practices and public communication campaigns that GPs open to business

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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 2021/22)
- Between 15 – 30 minutes: 21.6% (TBC for 2021/22)

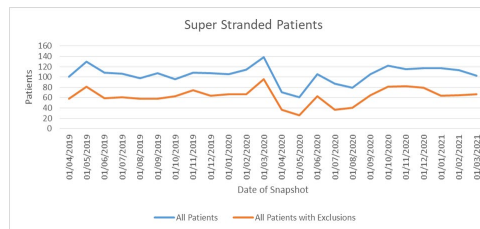
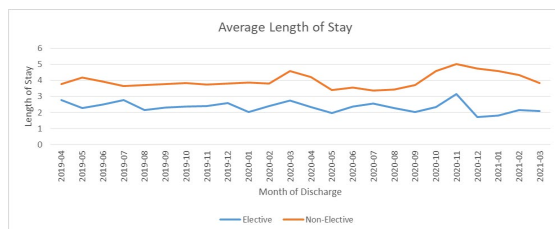
Month	Hospital	No of Arrivals	% less than 15 minutes	% between 15 & 30 minutes	% over 30 minutes	Longest Wait (hrs & minutes)
March 2021	Doncaster	2087	63.3%	19.2%	17.6%	2 hours 58 mins
	Bassetlaw	781	30%	55.3%	14.7%	2 hours 2 mins
	Trust	2868	54.2%	29%	16.8%	N/A

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

Issues Affecting Performance	Improvement Plan
<ul style="list-style-type: none"> • Increased number of internal diverts from DRI to Bassetlaw to manage demand • High levels of ambulances in the Doncaster area frequently disproportionate to the rest of Yorkshire • Exit block from ED causing challenges to flow of ambulances coming in and the receiving of handovers • Batching of ambulances • Increase in overall attendances and reduced space 	<ul style="list-style-type: none"> • Action plan in place with YAS • ECIST support for improving handover process delayed due to COVID restrictions –awaiting start date for virtual support • Direct pathways for YAS to Acute Medicine now in place • Same Day Emergency Care full review – advanced stages to be discussed through Length of Stay work stream – will support emergency flow

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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

Super stranded patients reported in March 2021 decreased slightly to 109 patients in total - 90 (DRI) 19 (BDGH), the majority of whom remain not medically fit for discharge

Issues Affecting Performance	Improvement Plan
<ul style="list-style-type: none"> • Due to vaccinations, significantly fewer admissions from care homes and care home outbreaks resulting in improved flow / discharge for new and existing residents 	<ul style="list-style-type: none"> • Swabbing is now 48hrs prior to discharge but as internal capacity has increased, this has reduced delays • Designated covid care home beds in Doncaster reducing due to reduced need – will remain under review and escalate when necessary
<ul style="list-style-type: none"> • Neuro rehabilitation pathway - Magnolia Lodge unable to accept Category A patients resulting in complex, vulnerable patients being referred out of area. This significantly extends their length of stay 	<ul style="list-style-type: none"> • Escalated through the System Surge and Operations Group, Partner Flow Meeting and with other CCG colleagues
<ul style="list-style-type: none"> • Social care transferred to new IT system causing delays in progressing patient support due to new functionality or staff removed from direct care to support implementation 	<ul style="list-style-type: none"> • Escalated to senior social care colleagues • Confirmation that Social Care staff have returned to direct patient care from April 2021
<ul style="list-style-type: none"> • Ongoing complex patients with multi-agency involvement e.g. out of area placements, mental health issues/police involvement 	

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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 'B' rated on SNNAP the latest being received for October - December 2020. The remaining area of focus is timeliness of direct admission to the Stroke Unit with data for **January 2021** outlined below:

Direct Admission within 4 Hours	Bassetlaw CCG	Doncaster CCG	Barnsley CCG	Rotherham CCG	Other CCG	Total
Yes	9	22	3	3	2	39
No	11	16	1	2	2	32
Total	20	38	4	5	4	71
Performance	45.0%	57.9%	75.0%	60.0%	50.0%	54.9%

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

Issues	Breaches	Improvement Plan Update
Stroke Unit Bed Availability	7	A Stroke Improvement Group has been established to review, update and work on the key priority areas across the pathway which fall under 4 Themes: <ul style="list-style-type: none"> • Treatment/ Diagnostics • Safer Care • Patient flow and Service Organisation • Research and Quality Improvement An action plan to deliver the improvements in 2021/22 is being worked up with key milestones and deadlines. This will result in improved performance across the pathway in access times to crucial treatment, admissions, rehabilitation and discharge.
Stroke Staff Availability	6	
ED Delay	3	
Delay in Transfer from ED to HASU	1	
CT Scan Delay	2	
Delay - transport BDGH to DRI	1	
Patient Presentation: secondary / late diagnosis of stroke	10	
Delay in Clinical Opinion from Sheffield / Neurosurgeons	2	

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3. CANCER

The following sections summarise cancer performance for February 2021 against 31 and 62 day standards, alongside a breakdown by specialty.

a) Cancer Performance (Trust) February 2021 – 31 and 62 day Standards

Standard	Target	Performance
31 Day Classic	96%	97.6%
31 Day Sub – Surgery	94%	100%
31 Day Sub – Drugs	98%	100%
62 Day – IPT Scenario Split	85%	68.7%
62 Day 50/50 Split (local measure only)	85%	71.1%
62 Day – Local Performance (local measure only)	-	80%
62 Day – Shared Performance only 50/50 Split (local measure only)	-	24%
62 Day Screening	90%	41.7%
62 Day Consultant Upgrades (local measure only)	85% (local)	71.1%

b) Cancer Performance (Specialty) February 2021

	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 (no national standard)
Standard	96%	94%	98%	85%	85%	90%	85% (local)
Breast	100%	100%	100%	45.8%	44%	83.3%	
Gynaecology	100%			28.6%	28.6%		100%
Haematology	100%		100%	100%	100%	0%*	
Head & Neck				100%	100%		
Lower GI	90.5%	100%		33.3%	30.8%	0%**	100%
Lung	100%						60%
Skin	100%			97.5%	94.9%		100%
Testicular				100%	100%		
Upper GI	100%			53.8%	50%		100%
Urological	96.4%	100%	100%	90.9%	90.9%		
Performance	97.6%	100%	100%	71.7%	68.7%	41.7%	75%

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust Performance Exception Report March 2021

*0% - Haematology relates to 1 patient

**0% - Lower GI relates to 6 patients

Cancer performance by CCG is as follows:

	31 Day - Classic	31Day Sub - Surgery	31 Day Sub - Drugs	62 Day – Classic 50/50 split	62 Day Screening	62 Day Consultant Upgrades
Operational Standard	96%	94%	98%	85%	90%	85% (locally agreed target – no national standard)
Doncaster CCG	97.4%	100%	100%	64.1%	57.1%	78.9%
Bassetlaw CCG	97.4%	100%	100%	83.3%	40%	50%

c) Cancer Performance Exceptions (31/62 days) – February 2021

Tumour Group	Breached Standard 31 Day /62 Day	No of Breaches	Summary of Breach Issues
Lower GI	31 Day /62 Day	18	8 x Complex diagnostic pathway 2 x Patient choice 2 x Medical reason 5 x Diagnostic delay 1 x Capacity at STH
Breast	62 Day	8	3 x Complex diagnostic pathway 5 x Outpatient capacity
Gynaecology	62 Day	3	2 x Complex diagnostic pathway 1 x Patient choice
Upper GI	62 Day	4	3 x Admin delay 1 x Diagnostic delay
Haematology	62 Day	1	1 x Complex diagnostic pathway
Lung	62 Day	5	2 x Complex diagnostic pathway 1 x Medical reason 1 x Diagnostic delay 1 x Delay due to Covid 19

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust Performance Exception Report March 2021

d) 104 Day Breaches – January 2021

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	
	Jul 20	Aug 20	Sept 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21
Cancer Waiting Times Open Suspected Cancer Pathways 104 Days +	47	15	5	3	3	10	6	4	6	5	5

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

Overarching Issues Affecting Performance	Summary of Trust Wide / Corporate Improvement Plan
<ul style="list-style-type: none"> Capacity challenges in Breast Services – surge in referrals from younger patients due to celebrity diagnosis raising awareness Limitation on additional external capacity (Mutual Aid) from other Cancer Alliance Breast Services resulting in continued capacity pressures. Histopathology delays due to staffing levels and continued need to outsource for reporting impacting on 28 and 62 day Standards 31 day & 62 day breaches – impact of 14 days patient self-isolation prior to surgical treatment continues to impact on decision to treatment element of pathway 	<ul style="list-style-type: none"> 'Super Saturday' breast clinics to commence 17.4.2021 for 6-8 weeks Recruitment process underway for additional Histopathologist (Q3/Q4) Also looking for an ICS approach to support diagnostic services across ICS footprint. Local Services Improvement mapping to some process issues will be sought from in house QI team. Following review, self-isolation guidance is being taken case by case based on type of procedure and overall patient medical fitness to reduce the impact where possible.

Report Cover Page					
Meeting Title:	Trust Board				
Meeting Date:	18/5/21	Agenda Reference:	E4		
Report Title:	Financial Performance – Month 1 April 2021				
Sponsor:	Jon Sargeant - Director of Finance				
Author:	Alex Crickmar – Deputy Director of Finance Jon Sargeant - Director of Finance				
Appendices:	N/A				
Executive Summary					
Purpose of report:	To report the draft month 1 financial position to the Trust Board.				
Summary of key issues:	<p>The Trust’s surplus for month 1 (April 2021) was £366k, which is c. £116k favourable to budget.</p> <p>Capital expenditure in month 1 is £0.8m, which is in line with the plan. There are no significant variances to report. However, it should be noted that the incident at the Women’s and Children’s block that occurred on the 27th April is a risk to delivery of the capital plan (and revenue) if additional funding and capital allocation is not provided.</p> <p>The cash balance at the end of April was £44m (March: £51.7m). Cash has reduced by c £7.7m as a result of the Trust paying capital invoices totalling £8m in month. These were within capital creditors at year-end.</p> <p>There remains no guidance for the second half of the year with regards to financial arrangements. Thereby there remains the significant risk that the potential that system top up funding received under current arrangements is removed causing a potential significant deficit in the second half of the year.</p> <p>The annual accounts for 20/21 are due within the next month for signing post review by external audit. Therefore, it is requested in line with previous years that the Board approves delegated authority for the Audit and Risk Committee to sign off the accounts, the annual governance statement and the annual report for 20/21.</p>				
Recommendation:	<p>The Board is asked to note:</p> <ul style="list-style-type: none"> • The Trust’s surplus for month 1 (April 2021) was £366k. • Approve delegated authority for the Audit and Risk Committee to sign off the accounts, the annual governance statement and the annual report for 20/21. 				
Action Require:	Approval	Information X	Discussion	Assurance	Review
Link to True North Objectives:	TN SA1:	TN SA2:	TN SA3:	TN SA4:	
	<i>To provide outstanding care for our patients</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<u>The Trust is in recurrent surplus to invest in</u>	

				<i>improving patient care</i>
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 1 – April 2021

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

P1 April 2021

1. Income and Expenditure vs. Plan						2. CIPs					
Performance Indicator	Monthly Performance		YTD Performance		H1 Budget £'000	Performance Indicator	Monthly Performance		YTD Performance		Annual Plan £'000
	Actual £'000	Variance to budget £'000	Actual £'000	Variance to budget £'000			Actual £'000	Variance to budget £'000	Actual £'000	Variance to budget £'000	
I&E Perf Exc Impairments & top up Income	(347)	(98) F	(347)	(98) F	0	Local	43	(0) F	43	(0) F	2,862
Operating Expenditure	(39,712)	(836) F	(39,712)	(836) F	(229,459)						
Pay	37,901	745 A	37,901	745 A	220,624						
Non Pay & Reserves	24,392	(254) F	24,392	(254) F	147,989						
Financing costs	13,510	999 A	13,510	999 A	72,635						
	1,445	(25) F	1,445	(25) F	8,835						
I&E Performance excluding Donated Asset adjustment	(347)	(98) F	(347)	(98) F	0						
Donated Asset adjustment	(19)	(19) F	(19)	(19) F	0						
I&E Performance including Donated Asset Adjustment	(366)	(116) F	(366)	(116) F	0	Total	43	(0) F	43	(0) F	2,862
F = Favourable A = Adverse											
Financial Sustainability Risk Rating		Plan		Actual		4. Other					
Risk Rating		3		3		Monthly Performance		YTD Performance		Annual Plan	
3. Statement of Financial Position						Plan		Actual		Annual Plan	
All figures £m						£'000		£'000		£'000	
						Opening Balance		Closing balance		Movement in year	
Non Current Assets						235,884		239,147		3,263	
Current Assets						74,793		70,380		-4,413	
Current Liabilities						-72,376		-68,600		3,776	
Non Current liabilities						-14,787		-14,167		620	
Total Assets Employed						223,514		226,760		3,246	
Total Tax Payers Equity						-223,514		-226,760		-3,246	
						Funded WTE		Actual WTE		Bank WTE	
						Agency WTE		Total in Post WTE			
						6,241		5,707		258	
						6,240		5,766		160	
						-1		59		-98	
								-194		-233	

Key

Income

Over-achieved F

Under-achievement A

Expenditure

Overspent A

Underspent F

1. Month 1 Financial Position Highlights

Summary Income and Expenditure – Month 1

	Mth 1		
	Plan £000	Actual £000	Variance £000
Income	-38,876	-39,712	-836
Pay			
Substantive Pay	22,455	22,198	-257
Bank	775	797	22
Agency	840	759	-81
Recharges	576	637	61
Total pay	24,645	24,392	-254
Non-Pay			
Drugs	724	830	106
Non-PbR Drugs	1,549	1,673	125
Clinical Supplies & Services	2,704	2,546	-158
Other Costs (including reserves)	6,232	6,791	558
Recharges	1,302	1,670	368
Total Non-pay	12,511	13,510	999
Financing costs & donated assets	1,470	1,445	-25
(Surplus) / Deficit Position as at month 1	-249	-366	-116

The Trust's surplus for month 1 (April 2021) was £366k, which is c. £116k favourable to plan.

The favourable variance against plan was mainly driven by a favourable position on pay (£254k). This was mainly due to underspends on nursing in the clinical divisions. Pay expenditure in April was also lower than the last quarters expenditure run rate by c£200k, which was also driven by lower nursing spend (including nursing bank spend relating to COVID). Whilst not impacting on the month 1 financial position (but will potentially from month 2 onwards) it has come to light that there are significant theatre staffing issues which were not foreseen within divisional workforce/business plans. This will likely lead to an overspend in this area as expensive agency spend is now being incurred in order to fill vacancies. It should also be noted that there remains a lack of clarity in terms of the Trust's bed plan and therefore uncertainty in terms of future costs and the impact on delivery of activity plans.

Non-pay (excluding reserves and recharges) was c. £350k overspent in month, with the main driver of this being increased drugs expenditure which also saw an increase in spend in month against the last quarters run rate of circa £180k. The main area of overspend was on non-PbR drugs in Medicine (c. £125k).

The overall income position is c. £0.8m above plan driven by:

- ERF Income – c.£0.36m
- Specialised Drugs – c £0.1m
- Recharges (offset with expenditure) c£0.4m

The clinical income position reported at month 1 is aligned to the national block arrangements for H1 (month 1 - month 6). In month the Trust had a favourable income variance of £86k relating to specialist

excluded drugs which are not part of block arrangements. The clinical income position also includes income relating to the Elective Recovery Framework (ERF). In month 1 the estimated ERF position for the Trust was £985k, which was £360k above plan. This was caused by activity being higher than plan, with 80% achievement versus the 70% national target for April, and 77% plan position. The table below shows the position compared to plan excluding and including independent sector activity (ISP) undertaken.

	Plan	Actual	Variance
Revised Baseline	9,469,521	9,469,521	0
Capacity Plans (Exc. ISP)	7,048,111	7,388,745	340,634
ISP Plans	205,631	225,085	19,454
Revised Capacity Plans	7,253,742	7,613,830	360,088
% Achievement - Core Capacity	74%	78%	4%
% Achievement - Inc. ISP	77%	80%	4%
Target Achievement	70%	70%	
Tariff Funding - Excluding ISP	419,446	760,080	340,634
Tariff Funding - Including ISP	625,077	985,165	360,088

However, given that the Trust has yet to receive an official calculation from NHSI/E, we do not know at the point of reporting if all the gateway criteria (non-activity related) has been met by the ICS for accessing ERF, or the overall ICS activity position (ERF is earned on a system basis), the month 1 position assumes a risk on ERF of £360k in Month 1 (in reserves), bringing the ERF position back in line with plan. This will be reviewed once the ERF position becomes clearer and is confirmed.

Capital expenditure in month 1 is £0.8m, which is in line with the plan. There are no significant variances to report to the Board. However, it should be noted that the incident at the Women's and Children's block that occurred on the 27th April is a risk to delivery of the capital plan (and revenue) if additional funding and capital allocation is not provided. Discussions are ongoing with NHSI/E.

The cash balance at the end of April was £44m (March: £51.7m). Cash has fallen as a result of the Trust paying capital invoices totalling £8m in month. These were within capital creditors at year-end. Overdue debtors and creditors were broadly consistent to previous months and the Trust is paying 98% of invoices within 30 days of the invoice date.

There remains no guidance for the second half of the year with regards to financial arrangements. Thereby there remains the significant risk that the potential that system top up funding received under current arrangements is removed causing a potential significant deficit in the second half of the year.

The annual accounts for 20/21 are due within the next month for signing post review by external audit. Therefore, it is requested in line with previous years that the Board approves delegated authority for the Audit and Risk Committee to sign off the accounts, the annual governance statement and the annual report for 20/21.

2. Recommendations

The Board is asked to note:

- The Trust's surplus for month 1 (April 2021) was £366k, which favourable to plan by £116k
- Approve delegated authority for the Audit and Risk Committee to sign off the accounts, the annual governance statement and the annual report for 20/21.

Report Cover Page					
Meeting Title:	Board of Directors				
Meeting Date:	18 th May 2021	Agenda Reference:	F1		
Report Title:	Strategy & Improvement Update				
Sponsor:	Marie Purdue, Director of Strategy & Improvement				
Author:	Marie Purdue, Director of Strategy & Improvement				
Appendices:	None				
Report Summary					
Purpose of report:	To present Board a Strategy & Improvement Update				
Summary of key issues/positive highlights:	This report is being presented to update on work to develop the new DBTH Strategy, national changes impacting the strategic direction and the QI work to refocus on restoration of services.				
Recommendation:	The Board are asked to note the content of the report				
Action Required:	Approval of next steps	Information	Discussion	Assurance	Review
Link to True North Objectives: <i>Links to all TN objectives</i>	TN SA1:	TN SA2:	TN SA3:	TN SA4:	
	<i>To provide outstanding care for our patients</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>	
Implications					
Board assurance framework:	Impacts on TN SAs 1-4				
Corporate risk register:	N/A				
Regulation:	N/A				
Legal:	Impact of the forthcoming Health and Care Bill				
Resources:	N/A				
Assurance Route					
Previously considered by:	N/A				
Next Steps:	Further updates on the strategy development will be provided so Board continues to be sighted on development				
Previously circulated reports to supplement this paper:	N/A				

1. Introduction

The first section of this report highlights the progress made with development of a new Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH) which is being developed to replace the existing Strategic Direction 2017 – 2022 (including enabling strategies).

A second section of the paper provides an update on recent developments that impact place and Integrated Care System (ICS) Infrastructure.

Finally a brief overview is provided of the Quality Improvement practice incorporating which supports implementation of the Strategic Direction and restoration of services.

2. Clinical Strategy Development

- 2.1. The service Line Review process is still aiming to achieve completion by the planned date of the end of July; however, this timeline has the potential to slip with expected changes to the team structure over the forthcoming months. Some changes have been made to the schedule to align with priority areas in recovery plans at local and system level and the process will be kept under review with additional resources aligned, if required.
- 2.2. Board will already be aware that a concurrent listening exercise is underway in order to inform the development of the Trust's new strategy. Progress is good, with interviews currently underway and a series of engagement events (focus groups and discussion events) with various stakeholders arranged for June and July. Public and staff surveys are also planned to go live in June. Further updates will be provided to Board and other stakeholders as this process progresses.
- 2.3. Work on the strategy runs alongside strategic developments that are concurrent in the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) and at Doncaster and Bassetlaw Place level.

3. Development of Place and Integrated Care System (ICS) Infrastructure

- 3.1. The Queen's Speech on 11th May set out a bill to legislate for the government's proposals in the earlier white paper, [Integration and Innovation](#), aiming to enable the integration of services, collaboration with local authorities and addressing health inequalities.
- 3.2. This includes the establishment of statutory integration care systems (ICSs) and the Healthcare Safety Investigation Branch (HSIB), removing the legal requirement for mandatory tendering of NHS services, completing the merger of NHS England and NHS Improvement (NHSEI) and making the combined organisation more accountable to ministers, as well as a number of public health measures.
- 3.3. The Board reviewed the White Paper proposals earlier in the year and now await the second reading of the health and care bill which is understood to be in July 2021.
- 3.4. Good progress has already been made by DBTH in the anticipated areas of change arising from the upcoming bill with collaboration at place and SYB ICS level to support integration and address health inequalities. For example, our delivery of urgent and emergency care as

part of the Doncaster Provider Alliance and the increasing extent of work in networked arrangements at system level for services such as children's services, gastroenterology and pathology.

- 3.5. Work is underway with place and system partners to strengthen existing partnership arrangements and explore new models of working to support the potential changes as required.

4. Restoration and Quality Improvement (QI)

- 4.1. Throughout 20/21 a significant proportion of the QI team resource has been utilised to support the covid response with members of the team working to provide vaccination services and implementing lateral flow testing, whilst applying QI techniques to this work. However, the team is now back to previous levels and is focussing on resetting the priorities to support restoration of services with work focussed in areas such as emergency surgery pathways and supporting areas of focus identified by operational teams.
- 4.2. Given the difficulties with supporting improvement events due to covid, training is online and individual wards and departments are being supported with QI skills on a rolling programme basis, with a focus on developing an environment for improvement and development of practical QI skills.
- 4.3. Support from the Vital Signs programme provided by NHSI/E is due to cease in July 2021 when the contract ends. Plans are in place to manage this transition with the QI team having Specialist Practice Coach accreditation from the programme to continue the roll out of QI education and skills to teams in clinical and non-clinical areas.
- 4.4. The benefits of being part of the Vital Signs programme continue with the cohort that commenced this programme providing a strong improvement learning network. In addition improvement team secondment opportunities are now in place to enable rotation of members of other teams into the improvement team to develop enhanced skills to take back to ward/department. This has recently commenced and will be evaluated to understand the impact.
- 4.5. Work is underway to revise the QI Strategy as part of a wider DBTH quality framework and this work will align with the timescales for the revised Trust strategy.

Report Cover Page					
Meeting Title:	Trust Board of Directors				
Meeting Date:	18 May 2021	Agenda Reference:	G1		
Report Title:	Corporate Risk Register				
Sponsor:	David Purdue, Chief Nurse / Deputy Chief Executive				
Author:	Fiona Dunn, Deputy Director Corporate Governance/Company Secretary				
Appendices:	CRR MAY 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:	<p><u>Key changes to the CRR this period:</u></p> <ul style="list-style-type: none"> No new corporate risks added or escalated from Management Board Currently there are 122 risk logged rated 15+ across the Trust . 14 of these risks are currently monitored via Corporate Risk register (CRR) <p><u>Internal Audit Assurance</u></p> <ul style="list-style-type: none"> KPMG has undertaken Internal audit on 2 areas of the Risk Management system and Final report is awaited.: <ol style="list-style-type: none"> Design of the Risk Management framework Operating Effectiveness of the Risk Management framework <p><u>Action required</u></p> <ul style="list-style-type: none"> 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. 				
Recommendation:	The Committee 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:	
	<i>To provide outstanding care for our patients</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>	
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 Executive Team – (15+ risks)		
Date:	April 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		

ID	Ref	Review date	Division / Corporate(s)	Speciality(ies)	Title	Description	Risk Owner	Existing Controls	Risk level (current)	Rating (current)	Risk level (Target)	Last Reviewed	Movement since last review
1517	Q&E9	31/05/2021	Clinical Specialist Services	Pharmacy (Outpatient), Pharmacy (inpatient)	Availability and Supplies of Medicines	<p>There are extraordinary stresses on the medicine supply chain which are leading to unavailability of medicines in the hospital. This could have an impact on patient care, potentially delaying the delivery of treatment, non-optimisation of treatment and decrease in patient satisfaction. It could also increase the chance of error and harm occurring</p> <p>The issues is causing significant disruption and increased workload of the pharmacy procurement and logistics team which compounds the problem. Disruption of work by other professionals involved in supply and administration of medicines is possible as well.</p> <p>There a number of issues causing it: - 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 Esop's team take any local actions required by the national scheme on a medicine by medicine basis - this general Datix is not the appropriate place to record these specific individual case actions</p>	Barker, Andrew	There is a 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.	Extreme Risk	15	High Risk	Mar-20	↔
2664	PEO3	01/05/2021	Clinical Specialist Services	Critical Care	Staff shortage - Consultant Intensive Care	<p>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.</p>	Noble, Timothy / Jochen Seidel	Some support from general anaesthetists and external locums. This is inadequate as a medium or long term solution.	Extreme Risk	20	High Risk	Mar-21	↔
2472	COVID1	30/05/2021	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	[09/02/2021 Covid planning robust, staffing reallocated due to reduction in elective care. Command Structure in place working through current issues	Extreme Risk	25	High Risk	Feb-21	↔
11	F&P1	13/08/2021	Directorate of Finance, Information and Procurement	Not Applicable (Non-clinical Directorate)	Failure to achieve compliance with financial performance and achieve financial plan	<p>Failure to achieve compliance with financial performance and achieve financial plan leading to :</p> <ul style="list-style-type: none"> (i) Adverse impact on Trust's financial position (ii) Adverse impact on operational performance (iii) Impact on reputation (iv) Regulatory action 	Sargeant, Jonathan	13/5/21:New controls : Budget process linked to capacity planning; Additional Training Programmes for managers; Perf Assurance Framework; Close working with ICS and Provider DoF's	Extreme Risk	16	High Risk	May-21	↔
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	<p>Failure to achieve compliance with performance and delivery aspects of the Single Oversight Framework, CQC and other regulatory standards leading to:</p> <ul style="list-style-type: none"> (i) Regulatory action (ii) Impact on reputation 	Joyce, Rebecca	[10/03/2021] IQPR, Performance assurance framework goes to Sub committees, At divisional level = activity & performance meetings & wider governance framework. Accountability framework also in place at Organisational level. CQC regular engagement meetings & CQC action plan complete (Feb 21 & agreed by CQC.) Performance also reported and discussed at ICS level and to NHSE/ etc via cancer alliance, weekly delivery meetings and performance delivery group.	Extreme Risk	16	High Risk	Mar-21	↔
19	PEO1 (Q&E1)	31/05/2021	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	[12/02/2021] New people committee set up. People plan priorities being finalised for 2021/22. Improving staff survey performance focus on this via breakthrough objectives.	Extreme Risk	16	High Risk	Feb-21	↔
12	F&P4	29/10/2021	Estates and Facilities	Not Applicable (Non-clinical Directorate)	Failure to ensure that estates infrastructure is adequately maintained and upgraded in line with current legislation	<p>Failure to ensure that estates infrastructure is adequately maintained and upgraded in line with current legislation, standards and guidance.</p> <p>Note: A number of different distinct risks are contained within this overarching entry. For further details please consult the E&F risk register. leading to</p> <ul style="list-style-type: none"> (i) Breaches of regulatory compliance and enforcement (ii) Claims brought against the Trust (iii) Inability to provide safe services (iv) Negative impact on reputation (v) Reduced levels of business resilience (vi) Inefficient energy use (increased cost) (vii) Increased breakdowns leading to operational disruption (viii) Restriction 	Edmondson-Jones, Kirsty	[16/11/2020 16:51:07 Sean Alistair Tyler] - DBTH not included on list of 40 new hospitals, Board decision required on continuing developing case in preparation for bid for further 8 new hospitals mid decade.	Extreme Risk	20	High Risk	Apr-21	↔

ID	Ref	Review date	Division / Corporate(s)	Speciality(ies)	Title	Description	Risk Owner	Existing Controls	Risk level (current)	Rating (current)	Risk level (Target)	Last Reviewed	Movement since last review
1410	F&P11	03/01/2021	Information Technology	Not Applicable (Non-clinical Directorate)	Failure to protect against cyber attack	<p>Failure to protect against cyber attack - leading to:</p> <p>(i) Trust becoming non-operational (ii) Inability to provide clinical services (iii) Negative impact on reputation</p> <p>The top 3 DSP risk areas have been recognised as:</p> <p>(1) Insider threat (accidental or deliberate) (2) New / zero day vulnerability exploits (3) Failure to robustly implement patch management</p>	Anderson, Ken	<p>[23/11/2020 Server patching and ATP: Implementation ongoing - expected completion date end Dec 2020 (then ongoing maintenance).</p> <p>Backup software and hardware upgrades: Procurement completed - expected implementation end Dec 2020.</p>	Extreme Risk	15	Moderate Risk	Nov-20	↔
16	PEO2 (F&P8)	31/05/2021	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	<p>Inability to recruit right staff and have staff with right skills leading to:</p> <p>(i) Increase in temporary expenditure (ii) Inability to meet FYFV and Trust strategy (iii) Inability to provide viable services</p>	Barnard, Karen	<p>[12/02/2021] People Committee now in place to review vacancy data and obtain assurance re recruitment report and expenditure vs agency etc. International recruitment uptake where appropriate. Apprenticeship schemes in place. People committee reporting structures reviewed to ensure good governance,</p>	Extreme Risk	16	High Risk	Feb-21	↔
2426	F&P	29/12/2020	Information Technology	Not Applicable (Non-clinical Directorate)	Multiple software systems end-of-support	<p>Installed software versions have gone past the date of supplier support and there has been insufficient internal resources to upgrade and dependencies with multiple software systems being incompatible with the supported software, have prevented these upgrades. This leads to vulnerabilities within our infrastructure. For example, unpatched systems are significantly more vulnerable to cyber attacks. A single compromised device threatens all devices. There is a further vulnerability the Trust faces where we cannot draw on the expertise of the supplier to fix faulty software in a timely manner or at all.</p>	Linacre, David	<p>Where possible support has been extended with supplier. Firewalls and antivirus software are in place.</p>	Extreme Risk	15	High Risk	Sep-20	↔
2147	F&P21	07/07/2021	Estates and Facilities	Not Applicable (Non-clinical Directorate)	REF 29 - Edge Protection DRI	<p>Due to the lack of edge protection on flat roofs across the site at DRI there is an increased risk of falls from height, which could result in death or serious injury</p>	Edmondson-Jones, Kirsty		Extreme Risk	15	Moderate Risk	Apr-21	↔
1807	F&P20 / Q&E12	08/07/2021	Estates and Facilities	Not Applicable (Non-clinical Directorate)	Risk of critical lift failure	<p>Risk of critical lift failure leading to:</p> <p>(a) Reduction in vertical transportation capacity in the affected area (b) Impact on clinical care delivery (c) General access and egress in the affected area</p>	Edmondson-Jones, Kirsty	<p>[08/04/2021] - Site wide Lift survey undertaken by independent lift consultant, lifts 3 and 7 in the EWB identified for upgrade and included within the FY21/22 Capital Plan.</p>	Extreme Risk	20	High Risk	Apr-21	↔
1412	F&P12	29/10/2021	Estates and Facilities	Not Applicable (Non-clinical Directorate)	Risk of fire	<p>Failure to ensure that estates infrastructure is adequately maintained and upgraded in accordance with the Regulatory Reform (Fire Safety) Order 2005 and other current legislation standards and guidance. Note: a number of different distinct risks are contained within this overarching entry. For further details please consult the EF risk register. leading to :</p> <p>(i) Breaches of regulatory compliance could result in Enforcement or Prohibition notices issued by the Fire and Rescue Services (ii) Claims brought against the Trust (iii) Inability to provide safe services (iv) Negative impact on reputation</p>	Edmondson-Jones, Kirsty	<p>07/04/2021 SYFR wrote to CEO on 1st April to rescind both notices for EWB and W&C and replace with action plans to be complied with</p>	Extreme Risk	15	High Risk	Apr-21	↓

QUALITY AND EFFECTIVENESS COMMITTEE ANNUAL REPORT 2020 21	
DATE:	18th May 2021
PREPARED BY:	Pat Drake, Chair of the Quality and Effectiveness Committee
1	INTRODUCTION
1.1	<p>The Quality and Effectiveness Committee (QEC) was established in June 2017 as a sub-committee of the Board of Directors, replacing the Clinical Governance Oversight Committee and with a wider remit. The remit of the Committee is to provide assurance on the systems of control and governance specifically in relation to clinical quality, governance and organisational effectiveness.</p> <p>The committee agenda is developed against the work plan. This plan is reviewed regularly by the Chair in conjunction with the Trust Clinical Governance Committee to ensure alignment of reporting.</p> <p>The purpose of this report is to provide the Board of Directors with a summary of the work of the Quality and Effectiveness Committee (“the committee”) for the year 2020/21 including:</p> <ul style="list-style-type: none"> a) Providing Governors with assurance that the Non-Executive Directors (NEDs) are holding the Executive Team to account for delivery of the Trust’s strategic plan in particular assurance and compliance with CQC regulations and clinical activity within the Trust. b) Assuring that the Trust strategies in relation to clinical site development, patient experience and patient safety, clinical governance, clinical audit, research and development, quality improvement and innovation, people and workforce development, communications and engagement are fit for purpose. c) Undertaking strategic discussions and deep dives into quality, governance and workforce related issues. d) Ensuring that the Trust has reliable, up-to-date information on patient experience as care is administered throughout the Trust. e) Reviews updates provided on internal audit recommendations relevant to QEC from the Internal Auditors. <p>Assurance is provided to the Board of Directors through a Chair’s Log after each Committee meeting. The Board is given the opportunity to question the Chair of the Committee.</p> <p>The Chair of the Committee also attends Council of Governors to answer questions and provide assurance to governors.</p>

	It is to be noted that assurance relating to workforce matters have been the responsibility of the new People Committee since November 2020.
1.2	<p>This report summarises the key information required against last year's recommendations and each of four elements namely:</p> <ul style="list-style-type: none"> 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	<p>The Quality and Effectiveness Committee (QEC) is one of the five Board Committees (Finance and Performance Committee, Audit and Risk Committee, People Committee and Charitable Funds Committee) and is responsible for providing assurance to the Board of Directors on the clinical quality and governance and organisational effectiveness. The committee works with each of the member Executives to ensure that the Trust governance and clinical quality measures are providing assurance by reviewing systems of control and that each Division is staffed and trained effectively to provide full coverage in each portfolio. The committee also seeks assurance against CQC compliance and other regulatory compliance. This is managed by Clinical Governance committees and other working groups within the Trust.</p>
3	THE ROLES AND MAIN RESPONSIBILITIES OF THE COMMITTEE
3.1	<p>The main purpose of the committee is to:</p> <ul style="list-style-type: none"> a) Provide assurance and detailed scrutiny of clinical quality and effectiveness b) Make recommendations, as appropriate, on quality and effectiveness matters to the Board of Directors c) Support the development of the workforce and ensure there is a safe staffing and organizational development programme in place.
4	MAIN ACTIVITIES
4.1	<p>During 2020/21 the Committee has delivered its key responsibilities and duties as outlined in its Terms of Reference with a caveat that normal systems and processes in place were largely affected during the year due to the COVID-19 pandemic. Meetings have been held in accordance with the agreed schedule.</p>
4.2	<p>All issues for escalation have been continuously reported upwards to the Board of Directors with relevant information being shared with F&P, ARC and PC.</p>

4.3	Throughout the year the Committee has continuously scrutinised and challenged the accuracy and robustness of the information being reported, ensuring that learning is being implemented from clinical incidents and complaints and that examples of good practice are shared.
4.4	The committee has ensured that the Trust has reliable, up-to-date information about what it is like being a patient experiencing care administered by the Trust. Deep dives have been performed in areas of patient safety and experience areas e.g. falls, hospital acquired pressure ulcers, complaints etc.
4.5	Through the Clinical Governance Committee, the Committee has obtained assurance that clinical governance strategies and plans are embedded and that the clinical governance function is adequately resourced and has appropriate staffing.
4.6	Reviewed the outcome from the recent CQC Inspection and ensured the essential standards of quality and safety have been monitored and supported the safe and efficient completion of the CQC action plan supporting sub committees in doing this.
4.7	Reviewed key risks on the Trust's corporate risk register and Board Assurance Framework which were relevant to the Committee
4.8	Received and reviewed the Ockenden Report and the Trust's initial response to the seven key actions outlined.
4.9	Monitored the HSMR reporting trends for the past year with a review undertaken in January 2020 to explore the reasons behind the rise in elective HSMR and to provide assurance with respect to the quality of care delivered.
4.10	Gained assurance that DBTH wants to be recognised as an employer of choice by attracting, training and retaining a sustainable workforce capable of providing safe, compassionate and effective care.
4.11	Reviewed all workforce matters including workforce planning, staff engagement and experience, training, education and development, staff wellbeing, equality and diversity, employee relations and HR and OD systems and processes until November 2020.
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. The Board was given the opportunity to question the Chair of the Committee. Following the implementation of a new Board and Committee reporting structure, Chairs Logs ceased in

5.3	<p>March 2021 and assurance to the Board would be provided in the new front sheet format under the assurance section in the business-as-usual reports.</p> <p>The Chair of Quality and Effectiveness Committee attended Council of Governors to answer questions and provide assurance to governors.</p>																					
6	MEETINGS AND MEMBERSHIP																					
6.1	<p>The Committee met on 5 occasions during 2020/21 and the Committee’s membership and attendance has been as follows:</p> <table border="1" data-bbox="293 594 1417 934"> <thead> <tr> <th data-bbox="293 594 594 667">Name</th> <th data-bbox="594 594 1154 667">Role</th> <th data-bbox="1154 594 1417 667">Meeting attendance</th> </tr> </thead> <tbody> <tr> <td data-bbox="293 667 594 705">Pat Drake (Chair)</td> <td data-bbox="594 667 1154 705">Non-executive director</td> <td data-bbox="1154 667 1417 705">5 of 5</td> </tr> <tr> <td data-bbox="293 705 594 743">Mark Bailey</td> <td data-bbox="594 705 1154 743">Non-executive director</td> <td data-bbox="1154 705 1417 743">5 of 5</td> </tr> <tr> <td data-bbox="293 743 594 781">Sheena McDonnell</td> <td data-bbox="594 743 1154 781">Non-executive director</td> <td data-bbox="1154 743 1417 781">4 of 5</td> </tr> <tr> <td data-bbox="293 781 594 819">Dr Tim Noble</td> <td data-bbox="594 781 1154 819">Medical Director</td> <td data-bbox="1154 781 1417 819">5 of 5</td> </tr> <tr> <td data-bbox="293 819 594 856">David Purdue</td> <td data-bbox="594 819 1154 856">Chief Nurse</td> <td data-bbox="1154 819 1417 856">5 of 5</td> </tr> <tr> <td data-bbox="293 856 594 934">Karen Barnard</td> <td data-bbox="594 856 1154 934">Director of People and Organisational Development (until November 2020)</td> <td data-bbox="1154 856 1417 934">3 of 3</td> </tr> </tbody> </table>	Name	Role	Meeting attendance	Pat Drake (Chair)	Non-executive director	5 of 5	Mark Bailey	Non-executive director	5 of 5	Sheena McDonnell	Non-executive director	4 of 5	Dr Tim Noble	Medical Director	5 of 5	David Purdue	Chief Nurse	5 of 5	Karen Barnard	Director of People and Organisational Development (until November 2020)	3 of 3
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7	SUB COMMITTEES																					
7.1	<p>The committee has the following sub-committee:</p> <ul style="list-style-type: none"> • Clinical Governance Committee • Research and Innovation Committee • Workforce Education & Research Committee (WERC) (until November 2020) <p>Minutes of the sub-committees are presented to each meeting of the Committee for information.</p> <p>The committee receives information and assurances from the Trust’s internal management and operational committees as required. During 2019/20 we have received, reviewed and noted minutes from the Clinical Governance sub committees:</p> <ul style="list-style-type: none"> • Infection Prevention and Control • Audit and Effectiveness Committee • Risk Management Report • Children and Families Board • Infection Prevention and Control • Patient Engagement Experience Committee • Drug and Therapeutics Committee • Strategic Safeguarding Board <p>During 2020/21 the following CGC and WERC sub committees will be submitting minutes to be noted by the committee:</p>																					

	<ul style="list-style-type: none"> • Audit and Effectiveness (Inc. NICE Guidance) • Equality & Diversity and Inclusion (until November 2020) <p>These minutes will provide assurance that outcomes of the committee meetings are being cascaded down to the staff to support improvement and development.</p>
8	WORK PLAN
8.1	The Committee's work was largely dictated by the operational pressures present because of the COVID-19 pandemic, however the work-plan was reviewed at each committee and at pre-meetings that took place approximately two weeks before the Committee.
9	COMMITTEE EFFECTIVENESS
9.1	The committee has not conducted a committee effectiveness review since 2018/19 however a comprehensive effectiveness review would be undertaken during 2021/22.
10	CONCLUSION AND RECOMMENDATIONS
10.1	In conclusion, the Committee delivered well against its key objectives during 2020/21.
11	WORK FOR 2020/21
11.1	<p>Work to progress in 2021/22 includes:</p> <ul style="list-style-type: none"> a) ToR approval; b) Continued development of the QEC work plan ensuring all issues are covered to clearly track matters going forward; c) A Committee Effectiveness Review; d) Continue the review of Quality and Effectiveness during the return to normal business post Covid19; e) Continue reviewing the CQC action plan during the return to normal business post Covid19; f) Continue the monitoring and review of safer staffing levels; g) Continue the monitoring of improvement within the patient engagement and experience team in relation to incidents and complaints; h) Support the development of the True North Objectives within the Divisions in relation to Corporate Risks and Board Assurance Framework; i) Support the progress of Divisional presentations from September 2020;

	j) Support the development of the Quality Strategy for the Trust to incorporate patient safety, clinical governance and patient experience.
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Report Cover Page				
Meeting Title:	Board of Directors			
Meeting Date:	18 May 2021	Agenda Reference:	G3	
Report Title:	Provider License – Self Certification 2020/2021			
Sponsor:	Jon Sargeant, Director of Finance David Purdue, Chief Nurse / Deputy Chief Executive			
Author:	Fiona Dunn, Deputy Director Corporate Governance/Company Secretary			
Appendices:	Self Certifications – FT4, G6, CoS7			
Report Summary				
Purpose of report:	To confirm that the Board of Directors is assured that the Trust complies with its Provider Licence requirements?			
Summary of key issues/positive highlights:	<ul style="list-style-type: none"> Condition G6(3) - The provider has taken all precautions to comply with the licence, NHS acts and NHS Constitution Condition G6(4) - Publication of condition G6(3) self-certification Condition FT4(8) - The provider has complied with required governance arrangements Condition CoS7(3) - The provider has a reasonable expectation that required resources will be available to deliver the designated services for the 12 months from the date of the statement. This only applies to FTs that are providers of CRS. 			
Recommendation:	The Board of Directors are requested to approve the self-certification documents attached as appendices.			
Action Require:	Approval	Information	Discussion	Assurance
Link to True North Objectives:	TN SA1:	TN SA2:	TN SA3:	TN SA4:
	<i>To provide outstanding care for our patients</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>
Implications				
Board assurance framework:	none			
Corporate risk register:	F&P6 - Failure to achieve compliance with performance and delivery aspects of the SOF, CQC and other regulatory standards – No change			
Regulation:	Required to self-certify whether or not they have complied with the conditions of the Provider Licence NHSE/I. (previously Monitor)			
Legal:	Compliance with regulated activities and requirements in National Health Service Act 2006 and the Health and Social Care Act 2012.			
Resources:	N/A			
Assurance Route				
Previously considered by:	N/A			

Date:	N/A	Decision:	N/A
Next Steps:	<i>To publish on Trust website.</i>		
Previously circulated reports to supplement this paper:	N/A		

EXECUTIVE SUMMARY

NHS foundation trusts are required to self-certify whether or not they have complied with the conditions of the Provider Licence (which itself includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009, and the Health and Social Care Act 2012, and have regard to the NHS Constitution). They are also required to confirm they have the required resources available if providing commissioner requested services, and that they have complied with governance requirements.

The Trust is required to self-certify against the following licence conditions:

NHS Provider licence conditions.		
Condition		Required by
Condition G6(3)	The provider has taken all precautions to comply with the licence, NHS acts and NHS Constitution	31 st May
Condition G6(4)	Publication of condition G6(3) self-certification	30 th June
Condition FT4(8)	The provider has complied with required governance arrangements	30 th June
Condition CoS7(3)	The provider has a reasonable expectation that required resources will be available to deliver the designated services for the 12 months from the date of the statement. This only applies to FTs that are providers of CRS.	31 st May

The purpose of self-certification is to carry out assurance that the Trust continues to comply with its licence conditions. It is down to the Trust how it decides to do this but templates have been provided by NHSI to assist in this process. ([see link for Guidance document](#)) The Trust's response is given as an appendix (below).

The completed self-certification templates are required to be made available via the Trust's website once approved.

This paper asks if the Board of Directors are assured that the Trust complies with its License requirements as indicated in the responses completed in the appendices?

The process asks the Board to examine its governance and Licence requirements. It therefore mitigates against the risk that the Trust fails to have in place adequate arrangements and is not complying with its regulatory duties.

This template may be used by Foundation trusts and NHS trusts to record the self-certifications that must be made under their NHS Provider Licence.
You do not need to return your completed template to NHS Improvement unless it is requested for audit purposes.

Self-Certification Template - Condition FT4

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

*Insert name of
organisation*



Foundation Trusts and NHS trusts are required to make the following self-certifications to NHS Improvement:

Corporate Governance Statement - in accordance with Foundation Trust condition 4 (Foundations Trusts and NHS trusts)
Certification on training of Governors - in accordance with s151(5) of the Health and Social Care Act (Foundation Trusts only)

These self-certifications are set out in this template.

How to use this template

- 1) Save this file to your Local Network or Computer.
- 2) Enter responses and information into the yellow data-entry cells as appropriate.
- 3) Once the data has been entered, add signatures to the document.

Corporate Governance Statement (FTs and NHS trusts)

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements, setting out any risks and mitigating actions planned for each one

Corporate Governance Statement	Response	Risks and Mitigating actions
<p>1 The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.</p>	<p>Confirmed</p>	<p>The Trust monitors and reviews its systems and processes to ensure they comply with good governance. They were subject to internal audit and Core & Well Led CQC's inspections in 2019 and positive feedback was received with the Trust achieving overall CQC Good status.</p>
<p>2 The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time</p>	<p>Confirmed</p>	<p>New requirements are highlighted through national and regional networks and the Board is appraised through the CEO's report on a monthly basis.</p>
<p>3 The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.</p>	<p>Confirmed</p>	<p>The Board has clear terms of reference as detailed in the Trusts Standing Orders. Board and committee structures were audited in Q3 2018/19. The Board agreed a revised scheme of delegation, SFIs and standing orders in July 2020. Each of the Sub-Committees has agreed Terms of Reference which are regularly reviewed and each Sub-Committee has a NED chair with NEDs being in the majority in each Committee. Each Sub-Committee monitors compliance against contractual requirements and provides assurance to the Board with identification of risk and mitigation. There are clear responsibilities for Board and Sub-Committees in place with Chairs of Sub-Committees writing regular clear reports (Highlighting key risks/mitigations) as well as minutes of the meetings being received once approved. There are clear reporting lines throughout the organisation with a clear structure in place. Accountability structures for corporate and clinical divisions are in place. Individual accountabilities are understood through job descriptions, contracts and appraisals.</p>
<p>4 The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.</p>	<p>Confirmed</p>	<p>The committee architecture gives assurance to the Board that the Trust is operating effectively. The committees scrutinise areas of performance around finance, operations, quality and workforce and escalate appropriately.</p> <p>The Board of Directors monitors a series of quality measures and objectives on a monthly basis. Risks to the quality of care are managed and monitored through robust risk management and assurance processes. The committees of the Board, particularly the Quality and Effectiveness Committee and newly formed People Committee, play a key role in quality governance, receiving reports and using internal audit to test the processes and quality controls in place. This enables rigorous challenge and action to be taken to develop services to enable improvement. The Board gives regular consideration to ensuring service quality in all aspects of its work, including changes to services and cost improvement plans. The Board proactively works to identify and mitigate potential risks to quality. The Trust received a Good CQC rating in year.</p> <p>The Finance and Performance Committee provides assurance on the systems of control and governance specifically in relation to operational performance, workforce and financial planning and reporting. In the year the Committee has, on behalf of the Board has provided assurance on:</p> <ul style="list-style-type: none"> - Current financial, workforce and operational performance, - Financial forecasts, budgets and plans in the light of trends and operational expectations, - Plans and processes for the implementation of Effectiveness and Efficiency Improvement plans, - Any specific risks in the Board Assurance Framework relevant to the committee. - Reviewed and developed strategy in relation to clinical site development, estates and facilities, IT and information and finance. - Undertaken deep dives into key service areas, effectiveness and efficiency plans and areas of performance. <p>The Audit Committee's provides the Board of Directors with a means of independent and objective review of internal controls and risk management arrangements relating to: financial systems; the financial information used by the Trust; controls and assurance systems, risk management arrangements, compliance with law, guidance and codes of conduct, counter fraud activity. The Trust has clear SFIs and Scheme of Delegation that determines the framework for financial decision-making, management and control. Systems of internal control are subject to regular audit and the Audit and Risk Committee provides independent oversight and challenge. There are robust accountability systems in place to monitor effectiveness and efficiency schemes. The Trust has an annual planning process that ensures business plans are developed and supported.</p> <p>The Board committee calendar ensures up-to-date information is provided to meetings for scrutiny and assurance. The Trust has a Risk Identification and Management Policy in place and the Board Assurance Framework and Corporate Risk Register provide the framework through which high-level risks are considered. The Board and committees receive and review the BAF and CRR on a frequent basis. The governance, risk and control processes in place ensure the Trust remains compliant.</p>

5 The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure:

- (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;
- (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;
- (c) The collection of accurate, comprehensive, timely and up to date information on quality of care;
- (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;
- (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and
- (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.

Confirmed

There is an effective and robust objective setting and performance review process in place for board members, portfolios are reviewed on an annual basis and skills are refreshed and kept up to date through a range of development opportunities.

Board members are actively involved in quality initiatives including ward walkabouts and membership of operational committees. One non-executive has taken on responsibility as a Freedom to Speak Up Guardian. As set out above the Board of Directors monitors a series of quality measures and objectives on a monthly basis. Risks to the quality of care are managed and monitored through robust risk management and assurance processes. The committees of the Board, particularly the Quality and Effectiveness Committee, play a key role in quality governance, receiving reports and using internal audit to test the processes and quality controls in place. This enables rigorous challenge and action to be taken to develop services to enable improvement. The Board gives regular consideration to ensuring service quality in all aspects of its work, including changes to services and cost improvement plans. The Board proactively works to identify and mitigate potential risks to quality.

There are clear escalation routes throughout the Trust to ensure matters can be escalated and referred up to the Board and Trust Sub-Committees. Board committees also have a standing item on each Board agenda allowing them to escalate to the Board.

#REF!

6 The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.

Confirmed

The Trust has in place a formal and rigorous appointments process to the Board. Executive responsibilities and those within the Division structure are reviewed and refined on a regular basis. Key roles often include Board involvement at interview.

#REF!

Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature

Signature

Name: Richard Parker - Chief Executive

Name: Suzy Brain England - Chair

Further explanatory information should be provided below where the Board has been unable to confirm declarations under FT4.

A: Not applicable.

OK

Certification on training of governors (FTs only)

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements. Explanatory information should be provided where required.

Training of Governors

- 1 The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.

Confirmed OK

Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature

Name: Richard Parker

Capacity: Chief Executive

Date: 18 May 2021

Signature

Name: Suzy Brain England

Capacity: Chair of the Board

Date: 18 May 2021

Further explanatory information should be provided below where the Board has been unable to confirm declarations under s151(5) of the Health and Social Care Act

A Not applicable

This template may be used by Foundation trusts and NHS trusts to record the self-certifications that must be made under their NHS Provider Licence.
You do not need to return your completed template to NHS Improvement unless it is requested for audit purposes.

Self-Certification Template - Conditions G6 and CoS7

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Insert name of organisation



Foundation Trusts and NHS trusts are required to make the following self-certifications to NHS Improvement:

Systems or compliance with licence conditions - in accordance with General condition 6 of the NHS provider licence

Availability of resources and accompanying statement - in accordance with Continuity of Services condition 7 of the NHS provider licence (Foundation Trusts designated CRS providers only)

These self-certifications are set out in this template.

How to use this template

- 1) Save this file to your Local Network or Computer.
- 2) Enter responses and information into the yellow data-entry cells as appropriate.
- 3) Once the data has been entered, add signatures to the document.

Declarations required by General condition 6 and Continuity of Service condition 7 of the NHS provider licence

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (please select 'not confirmed' if confirming another option). Explanatory information should be provided where required.

1 & 2 General condition 6 - Systems for compliance with licence conditions (FTs and NHS trusts)

1 Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.

Confirmed

OK

3 Continuity of services condition 7 - Availability of Resources (FTs designated CRS only)

EITHER:

3a After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.

Confirmed

Please fill details in cell E22

OR

3b After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.

OR

3c In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.

Please Respond

Statement of main factors taken into account in making the above declaration

In making the above declaration, the main factors which have been taken into account by the Board of Directors are as follows:

After making enquiries, the directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. This is based on:

- Continuing support from local commissioners and the ICS.
- The Trust ends the year with £51m cash at bank
- The Trust has delivered a surplus in 2020/21
- * The Trust has set a balanced budget for the H1 period of 21/22 and expects to do the same for H2
- There are no licence conditions in place on the Trust from its regulatory body.
- The Trust has received a Good rating from the CQC for use of resources during 2019/20.

Signed on behalf of the board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature

Signature

Name Richard Parker

Name Suzy Brain England

Capacity Chief Executive

Capacity Chair of the Board

Date 18 May 2021

Date 18 May 2021

Further explanatory information should be provided below where the Board has been unable to confirm declarations under G6.

Not applicable.

Report Cover Page					
Meeting Title:	Board of Directors				
Meeting Date:	18 May 2021	Agenda Reference:	H1		
Report Title:	Chair & NEDs Report to Board				
Sponsor:	Suzy Brain England OBE				
Author:	Suzy Brain England OBE				
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 is 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:	TN SA2:	TN SA3:	TN SA4:	
	<i>To provide outstanding care for our patients</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>	
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

ICS Development

Since my last board report I have attended a number of webinars related to ICS development and proposals on the necessary supporting framework. You will recall that following the publication of the government's white paper in February 2021, there was a subsequent NHSE/I consultation and in the Queen's speech on 11 May, the introduction of the new Health and Care Bill, which although broad ranging will include the following:



- Putting integrated care systems (ICSs) on a statutory footing
- Formally merging NHS England and NHS Improvement
- Giving greater powers to the Secretary of State for Health and Social Care, including over NHS England's work and functions, health service reconfigurations, and the creation of new trusts
- Introducing provision for the Department of Health & Social Care to limit individual Foundation Trust capital expenditure
- Removing the NHS from current procurement regulations and making sufficient provision for the new financial regime, and new provider selection regime
- Making the Healthcare Safety Investigation Branch a statutory body

A Board workshop on this subject has also taken place this month, facilitated by Marie Purdue, Director of Strategy & Improvement. As part of this the Board considered the following outputs from the ICS Design Group:

- **The Health Compact** (*the health and care partners commitment to deliver better health and wellbeing for the whole population, better quality care for all patients, sustainable services for the taxpayer and the reduction of health inequalities*).
- **The Health & Care Partnership Terms of Reference**
- **Place Development Matrix** (*to support Places and Provider Collaboratives on their journey to achieve ambitions and pace based priorities*)

As you would expect the topic features heavily on many agendas and much work is being undertaken within SY&B ICS to continue to build on the excellent work of recent years, adapting to the new future which will see the introduction of an ICS Health and Care Partnership and an ICS NHS Body. The partnership will bring together the NHS, local government and other local partners to develop a plan for the health, public health and social care needs of its population.

NHS Providers



On 5 May I attended NHS Providers board meeting, the agenda included the regular updates from Chief Executive, Chris Hopson and his directors. In addition, the board received feedback from the 2021 stakeholder survey, the 2021/22 business plan, the management accounts for the period ending 28/2/2021 and verbal updates from the Board's sub committees.

This month also saw a return to the pre-Covid agenda for NHS Providers Governor Advisory Committee. With newly elected members in attendance the session opened with a pre-meeting ice breaker, where all members were asked to share their hopes and expectations as a GAC member; we also took the opportunity to consider the Committee's terms of reference and code of conduct. Moving onto the standard business of the meeting, and following some scene setting for the new members, Chris Hopson shared an overview of the key policy issues and the board received the Q4 progress report, which reflected on all that we had achieved and looked forward to plans for Q1 2021/22.

Recruitment of Non-executive Directors

At the end of last month SY&B Chairs met with Kathryn Singh, Chief Executive of RDaSH and Senior Responsible Officer for Equality and Inclusion for our ICS. Colleagues from NHSE/I's NED Talent and Appointments Team shared plans to explore a framework for regional joint working to improve the diversity of non-executive directors, known as the NeXT Director Programme. You may remember the Trust completed a recruitment campaign back in November 2020 which aimed to improve the diversity of our NEDs, unfortunately this was unsuccessful and as a result I am keen to explore alternative solutions. The Trust is also exploring other opportunities, internally and externally, and I hope to bring you more details in due course.

Council of Governors

At the end of April I chaired the meeting of the Council of Governors, updates were received from all of the Non-executive Directors, in their capacity as chairs of the sub-committees of Board, along with an overview from myself and Richard of key events, decisions and activity within the last quarter.

Ahead of the appraisal season the Council of Governors received a paper seeking approval to adopt NHSE/I's framework for the appraisal of NHS chairs and adoption of last year's process for the Non-executive Directors. Both processes were approved and the date for my appraisal has been set for early June 2021. My appraisal will be completed by the Senior Independent Director, Pat Drake, and in addition to my self-evaluation, will be supported by a multisource assessment by stakeholders and subsequently shared with the Non-executive Talent and Appointment Team before submission to the Regional Director, NHSI Chair and Chief Operating Officer.

It is then my intention to complete appraisals for all of the NEDs by mid-July, using the Trust's 2021 appraisal documentation. In a similar vein to my own appraisal, the reviews will incorporate feedback from the Board of Directors and facilitated by Lead Governor, Hazel Brand, input from the governors.

Following completion of the appraisals the Council of Governors will then receive a report detailing, in broad terms, performance against 2020/21's objectives and the NEDs priorities for 2021/22 at their November 2021 meeting.

Other meetings

In the last month I have had 1:1 discussions with David Purdue, Sheena McDonnell and Mark Bailey. I continue to meet with the Lead and Deputy Lead Governors and hold regular updates with the Non-executive Directors.

In addition to my weekly 1:1s with the Chief Executive I have also conducted Richard's appraisal; ahead of our meeting Richard shared with me his self-assessment, I also took the time to reflect on my personal observations of Richard's achievements during 2020/2021 and offered feedback gathered on behalf of the governors and from Richard's direct reports. Last year was certainly the most challenging the NHS had faced and despite all the challenges, and with the support of his team, Richard's contribution was extensive and appropriate and the Board is grateful for his professionalism, expertise and calm approach.

Finally, I attended Doncaster Chamber's board meeting, taking opportunities to promote the trust as an anchor institution and an employer of choice.

NED Reports

Mark Bailey

Since the last Board, Mark has continued to work virtually and has participated in the Board Committee for People and the Board workshop on ICS development.

A new Teaching Hospital Board has been constituted as a strategic educational and research board to drive forward the Teaching Hospital ambitions of our Trust. This Board will now meet for the first time with external stakeholders at the start of June and as Chair, Mark has held preparatory sessions with Executives.

As the Trust's Wellbeing Guardian Mark has met with the Head of Leadership & OD, EDI and Wellbeing, to agree a structured NHSI/E assessment of our current Health & Wellbeing activities and offerings. Mark observed the workshop of our Health & Wellbeing leads as they undertook this

review and the outcomes will now form part of Executive reporting into the People Committee and Board.

Mark has supported the Medicine Division in the appointment of two Consultant Dermatologists and the Director of Finance in completing the second stage interviews leading to the substantive appointment into the Chief Information Officer position.

In addition to the regular catch-up calls with Non-executive colleagues, individual calls with Governors have been held and he has attended the Governor Briefing and Development session on the Staff Survey. Mark also attended the Council of Governors and presented as Chair of the Trust's Charitable Funds Committee.

Kath Smart

In Kath's role as Audit Chair she has attended the Procurement start up meeting to prepare for tendering of both internal and external audit services, she has held a planning meeting to finalise the agenda for the May Audit & Risk Committee (ARC) meeting, and met with KPMG to discuss progress and the year-end position. She also met with Doncaster NHS Audit chairs as part of partnership working, and observed the Trust's Health & Safety Committee, which reports into ARC.

Along with other NEDs she presented to the Council of Governors on 29 April, attended the Governor briefing session on the new holistic care team, and took part in briefings with the Chair.

As part of buddying arrangements with the Chief Operating Officer, Kath and Becky visited a number of administration teams within the Trust's Head and Neck services as part of ongoing work to thank staff for their efforts during a difficult year.

Finally, she attended her nominated Committees of Finance & Performance and the People Committee, as well as a Board workshop session on the development of the ICS.

Pat Drake

In Pat's role as the NED Safety Champion for Maternity she attended a national conference on the National Maternity and Neonatal Leaders Programme. She also attended a number of internal trust meetings, the monthly maternity safety session, the monthly specialist midwives meeting, with the Director of Midwifery, and she observed the Children and Families Board which she will continue to do on a monthly basis to cover the obstetric and neonatal part of the agenda.

Pat presented the key areas of focus for the Quality & Effectiveness Committee (QEC) at the Council of Governors and chaired a governor briefing session on the work of the Holistic Care Team. Some excellent work has already been carried out on falls prevention which will continue to be reported to the Committee. Pat also observed the re-established Falls and Bone Health Group to hear what is planned for the future in terms of the work and noted the work of the Holistic Care Team which is a significant patient centred care improvement.

Pat had a pre planning session with our Governance Officer prior to chairing the QEC Planning Group to set the agenda for the next meeting in June.

Since the last board report Pat joined the NED update meeting with the Chair, attended the People Committee and the Finance and Performance Committee, where a full and comprehensive business plan was received in response to the national planning guidance.

Finally, along with her fellow NED, Kath Smart, Pat had an introductory meeting with Jane Tombleson, Interim Deputy COO.

Neil Rhodes

At April's Board meeting Neil chaired the confidential section, in support of the Chair. Since then he has held meetings with the Director of Finance and Chief Operating Officer and attended NED update meetings with the Chair.

He chaired the Finance and Performance Committee agenda planning meeting ahead of the meeting on 17 May and later that same day chaired the Doncaster & Bassetlaw Healthcare Services board meeting.

Neil has attended governor briefing sessions, hosting one of them and on 29th April gave a presentation to the Council of Governors summarising the work of his committee and the annual outturn of the Trust for the year. He attended the Audit and Risk Committee meeting and the Board workshop on ICS development.

Sheena McDonnell

This month has seen Sheena chair another People Committee meeting, again with a packed agenda. She attended a Governor briefing on holistic care, caught up with progress on the ED FTSU work with fellow NED, Kath Smart. She attended a one to one with the Chair and contributed to the board workshop, relating to the development of the ICS.

Sheena has attended an equality diversity and inclusion meeting as an observer, this is a group led by trust colleagues to further this important area, which feeds into the People Committee. She also attended a working group developing the approach to Associate NED recruitment, developing the preferred approach.

On this occasion Sheena was unable to attend the Council of Governors, however, she prepared in advance the slides, which her colleague, Kath Smart delivered on her behalf.

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

As has been the case over the last few months, the number of patients in our care with COVID-19 has continued to decrease. At the time of writing this report, the overall figure of positive inpatients is under 10, which matches some of the lowest figures we saw in mid-2020.

On Monday 12 April, lockdown restrictions eased in line with the Governments Roadmap, and e again on the 17 May. We have, and will continue to keep a close eye on admission rates and continue to communicate with our communities about the continued importance of hands, face and space.

In this period of reducing Covid activity we continue to work hard to ensure that we recover the planned activity impacted by COVID-19, developing and implementing plans to reduce waiting times and ensure patients receive timely access to diagnosis, care and treatment.

I can also report that we have completed our COVID-19 vaccination programme, with over 13,000 jabs delivered into the arms of colleagues. I want to put on record my thanks to every member of staff who opted to receive the jab. Team DBTH have made huge sacrifices in tackling COVID-19, and the enthusiasm shown towards receiving this vaccination has truly been exemplary and has made what was a difficult and daunting task far easier.

Over 200,000 Covid-19 Vaccinations given out in Doncaster

More than half the adult population of Doncaster have now received their first Covid-19 jab as the vaccination programme continues at pace across the borough.

As of late April, over 160,000 first doses of the vaccination have been given out to some of the borough's most vulnerable residents since the start of the programme back in December. Additionally, over 60,000 second doses have also been administered meaning a fifth of the borough is now fully vaccinated against the virus.

For more information about the vaccine and read frequently asked questions please visit <https://www.doncasterccg.nhs.uk/covid-19-vaccine/>.

Major water leak at Doncaster Royal Infirmary

At around 5.30pm on Tuesday 27 April, a large water leak occurred within the Women's and Children's Hospital at Doncaster Royal Infirmary, and unfortunately the water ingress caused significant damage to some electrical mains and we had to evacuate the building.

Following established contingency plans, 67 patients were safely and securely relocated to neighbouring wards on site, whilst some of those receiving care within our Neonatal Unit were escorted via a specialist service to other hospitals within the region.

Since this time, power has been safely restored to some sections of the building, and a number of services returned or relocated. Unfortunately, the damage is quite extensive in the affected areas, and we expect the repair works to take some time.

The following interim measures are now in place:

- The **Neonatal Unit** is relocated to the former Children's Ward on Level 4 of the Women's and Children's Hospital (W&CH). It retains the same contact number.
- The **Children's Ward** has relocated to the Enhanced Recovery Unit (now renamed the Children's Ward), which is on the basement level of South Block. It retains the same contact number.
- **M1** has returned to the normal place, while **M2** will be relocated to what was G5 (level 5 of the W&CH). They retain the same numbers.
- **G5** has relocated to what was Mallard Ward. It retains the same number.

Marking one year since the passing of our colleague Dr Medhat Atalla

On Wednesday 22 April, we marked one year since our colleague Dr Medhat Atalla passed away following a brief but brave battle with COVID-19.

Dr Atalla became a full-time member of our Trust in 2014, when he was appointed as a Consultant Geriatrician on our Gresley Unit. We were fortunate to have worked with him for many years prior to this, since his arrival in the United Kingdom in the early 2000s, where he cared for many elderly patients in hospitals throughout the North of England.

A hugely popular and respected colleague who practised medicine across three continents throughout his career, affecting the lives of so many in such a positive way. He was a truly gentle gentleman and he is hugely missed by us all.

Following the announcement of Medhat's passing, thousands of colleagues across DBTH came together and clapped for him for one minute, and again this happened on Thursday 22 April 2021.

Listening to colleagues

Throughout April and into May, I have been conducting a series of Listening Events with colleagues, and this will continue as we head into summer.

The premise of these sessions is simple – Divisional or Directorate teams are invited into a Microsoft Teams meeting with myself for an hour. I open with a short presentation outlining our progress as a Trust throughout the past year, and plans for the future, before opening the floor to questions for those in attendance.

At the time of writing, we have completed four of these meetings with Clinical Specialities, Medicine, Estates and Facilities and Finance, Information and Procurement, with around 250 people participating in respective sessions.

At the end of each, we have shared a quick feedback form, and I am pleased to note that these meetings have been received with positivity, and an appetite for them to continue beyond into the future – which is something that we will look to organise.

Midwives' adventurous fundraiser for local hospital to complete three peaks in 24 hours

Two health professionals at our Trust have set their sights on conquering the three highest peaks in the UK, to show support to families experiencing pregnancy loss and in the process raise funds for the hospital's charity.

Taking on the challenge are Matt Proctor and Rhian Morris, both Bereavement Leads for the maternity service at the Trust. Together they will tackle the National Three Peak Challenge between 25 and 27 June 2021. They face a feat of endurance climbing up the highest mountain ranges across the United Kingdom, including Ben Nevis (1,344m), Scafell Pike (978m) and Snowdon (1,085m). To add to the challenge, the trek will take place within 24 hours.

Organised activities such as the National Three Peak challenge incur a registration cost, which has been generously met by sponsors Molly Maid, a local cleaning company, and newly appointed Deputy Director of Midwifery at DBTH, Sarah Ayre. This means that every penny raised can go directly to the hospital's dedicated charity. All funds received will go towards further investments in the bereavement service, such as improvements to the environment and specialist rooms to give comfort for the families when they need it most.

The bereavement team hopes that the trek will show strength and commitment towards members of the community who have experienced a pregnancy loss.

If you would like to sponsor the bereavement team, please head over to their JustGiving page: <https://www.justgiving.com/fundraising/maternitybereavementservices>

To get involved in your own fundraiser for the Doncaster and Bassetlaw Teaching Hospital's Charity, visit: dbth.nhs.uk/charity

Appointments:

On behalf of all within Team DBTH, I want to wish Ian Currell the very best of luck as he joins Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) as their Executive Director of Finance and Performance.



Chief Executive Report

Health Executive Group

11th May 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	Strengthening our foundations	
<input checked="" type="checkbox"/> Understanding health in SYB including prevention, health inequalities and population health management	<input checked="" type="checkbox"/> Working with patients and the public	
<input checked="" type="checkbox"/> Getting the best start in life	<input checked="" type="checkbox"/> Empowering our workforce	
<input checked="" type="checkbox"/> Better care for major health conditions	<input checked="" type="checkbox"/> Digitally enabling our system	
<input checked="" type="checkbox"/> Reshaping and rethinking how we flex resources	<input checked="" type="checkbox"/> Innovation and improvement	
Building a sustainable health and care system	Broadening and strengthening our partnerships to increase our opportunity	
<input checked="" type="checkbox"/> Delivering a new service model	<input checked="" type="checkbox"/> Partnership with the Sheffield City Region	
<input checked="" type="checkbox"/> Transforming care	<input checked="" type="checkbox"/> Anchor institutions and wider contributions	
<input checked="" type="checkbox"/> Making the best use of resources	<input checked="" type="checkbox"/> Partnership with the voluntary sector	
	<input checked="" type="checkbox"/> Commitment 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 April 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

11th May 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 April 2021.

2. Summary update for activity during April

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

More than 50 million COVID-19 (Covid) vaccine doses have now been administered across the UK providing all regions, including South Yorkshire and Bassetlaw (SYB), with a real sense of optimism as we look ahead to the next phase of lockdown easing which is on track for the 17th May.

The SYB vaccination programme continues to go from strength to strength and is playing an important role in reducing new hospitalisations and community transmissions. Covid infections are not spreading or 'stacking' into older or more vulnerable age groups and the over-65s population is experiencing low numbers of positive cases with very few patients being admitted to hospital due to Covid-related illness.

In terms of variants of concern, the data shows that we are not currently seeing any new or additional pressure on health and care services within SYB. The so-called 'Kent variant' remains the most prevalent strain in our region, and although other variants are emerging, it is still responsible for the majority of positive cases without being any more or less severe - despite being more infectious.

National and regional public health teams continue to analyse vaccine effectiveness against the most dominant variants of concern, but so far, the data indicates that vaccines remain highly effective against all of these in general circulation.

Overall, there continues to be ongoing, sustained progress in our ability to manage Covid in SYB but we remain cautious about the impact on community infection rates and further lockdown easing as time moves on.

2.2 Regional update

The North East and Humber Regional ICS Leaders meet weekly with the NHS England and Improvement Regional Director. During April, discussions focused on the ongoing Covid response and vaccination programme, planning and recovery, a memorandum of understanding for the region on a greener NHS and ICS development and People Framework.

2.3 National update

2.3.1 Simon Stevens departure

I am sure colleagues will join me in paying tribute to Simon Stevens who is stepping down as NHS England and Improvement Chief Executive at the end of July 2021. Simon's achievements during his seven-year tenure are outstanding and he leaves a significant legacy which will have a profound impact on the direction of health and healthcare in the future. He has been a hugely inspiring leader with vast experience and knowledge of the NHS. I know you will join me in wishing him every success for the future.

2.3.2 ICS' operating across England

As of 1st April, every area of England is now operating as an Integrated Care System (ICS), achieving a major milestone in the NHS Long Term Plan. A total number of 42 ICSs have been set up across England to provide joined up health and care through integrating hospital, community and mental health trusts, GPs and other primary care services.

The transitional roadmap (April 2021 - April 2022) for ICS', including SYB, will see closer working arrangements between the NHS and Local Authorities and the voluntary, community and social enterprise sector (VCSE).

2.3.3 New Office for Health Promotion

A new Office for Health Promotion, which will sit within the Department of Health and Social Care (DHSC), is being set up. It will lead national efforts to improve and level up the health of the nation by tackling obesity, improving mental health and promoting physical activity. The new office will bring together a range of skills to lead a new era of public health polices, leveraging modern digital tools, data and actuarial science and delivery experts. It plans to promote good health and prevent illness, building on the work of Public Health England.

2.4 ICS development update

SYB ICS continues to make in-roads in our ICS development transition, with new timelines emerging for more immediate areas of work:

- By the end of May, health and care leaders will provide feedback and comments on the initial key outputs from the first phase of the ICS development work
- By the end the June, we will have put together a system development plan in time for the national submission deadline

The next phase requires us to develop a System Development Plan, which will outline the key actions for partners over the coming months as our ICS evolves into a new organisation – reflecting its new statutory framework (as an NHS body) and its wider obligations as a Health and Care Partnership.

The next ICS Development Steering Group meeting in May will focus on the work of our provider collaboratives and the main transition commitments for 2021, in recognition of the development phases and guidance expected in June/July.

2.5 The Macmillan Living With and Beyond Cancer (LWABC) Programme in South Yorkshire, Bassetlaw and North Derbyshire

The Living With and Beyond programme, which launched five years ago, came to an end in March. The programme was a partnership with Macmillan Cancer Support to help improve the experience of people living with and beyond cancer in our region. It specifically focused on breast, bowel and prostate cancer services with the aim of ensuring everyone diagnosed with these cancers can live well after a diagnosis.

The programme evaluation and executive summary report are now available and you can view them from the link below. The evaluation highlights the benefits to people diagnosed with cancer and the region's cancer care workforce from the £5 million investment.

The developments in improving personalised cancer care have been far reaching and will support regional cancer services in meeting the challenges brought about by the pandemic. The improvements include the recruitment of 43 Macmillan Cancer Support Worker roles, better IT coordination, establishing patient support groups and providing the cancer workforce with learning and development opportunities.

The link to the reports is:

<https://canceralliancesyb.co.uk/what-we-do/living-and-beyond-cancer/macmillan-living-and-beyond-cancer-programme>

You can learn more about personalised care in the video here:

<https://vimeo.com/showcase/8239370/video/510707639>

2.6 New SYB ICS website

The South Yorkshire and Bassetlaw ICS website has been refreshed and is now live. The revamped site has new content layout, greater emphasis on more visual formats and it aims to appeal to a broad audience. It incorporates the views and feedback from our Citizen's Panel, online membership and SpeakUp (an autism and learning disability advocacy charity). Its main objectives are to clearly explain what the ICS is, our key priorities and act as an easy-to-use information repository for key documents and reports.

Alongside the main ICS site, a subsidiary site for the QUIT Programme, sponsored by Yorkshire Cancer Research, has also been built and includes an overview of the Programme, clinical and patient resources and e-platform training modules.

Both sites aim to be accessibility compliant (ISO regulated), easy to use, functional and interesting to encourage repeat visits in order to find out more and be more involved in the work of the ICS.

Link to the new SYB ICS site: www.sybics.co.uk

Link to the QUIT website: www.sybics-quit.co.uk

2.7 Partner appointments

Two new Board appointments have been confirmed at Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH). Pauline Vickers will join as Non-Executive Director and Ian Currell will join as the Director of Finance and Performance.

Pauline has extensive business and leadership experience at board level in a variety of executive roles, most recently as a Director of Royal Mail where she was also a member of Royal Mail Groups Diversity Council and Gender Steering Group. She has previous experience in the NHS, having been a Non-Executive Director at Bradford Teaching Hospitals NHS Foundation Trust.

Ian, who is currently the Chief Finance and Deputy Chief Officer at NHS Kirklees Clinical Commissioning Group (CCG), will join the Trust in August. He started out in the NHS as a graduate finance trainee and went on to work in a range of provider and commissioner organisations including as Director of Finance at NHS England area teams and Deputy and Acting Director of Finance at Calderdale and Huddersfield NHS Foundation Trust.

Ian replaces Steve Hackett, who leaves the Trust at the end of June to work at The Rotherham NHS Foundation Trust.

2.8 NICE Strategy 2021-2026

A five-year strategy has been released by the National Institute for Health and Care Excellence (NICE) setting out how it aims to drive change following the health challenges posed by COVID-19. It sets out a need to:

- Embrace innovation by speeding up access to new and effective treatments, practices and technologies.
- Integrate real-world data into our evaluation processes to inform rapid but robust decisions.
- Provide information in dynamic, useable formats that support busy health and care practitioners in their work and encourage shared decision.
- To work collaboratively and seamlessly with others, particularly to reduce health inequalities.

There are a number of parallels with the work we have undertaken in SYB in which our partnership with the Yorkshire and Humber Academic Health Science Network (YH AHSN) around Rapid Insights has been instrumental in our future planning discussions.

The link to the report is: <https://www.nice.org.uk/about/who-we-are/corporate-publications/the-nice-strategy-2021-to-2026>

2.9 King's Fund Report: Place-based Partnerships

The King's Fund has published a report that explores the importance of developing successful place-based partnerships. In *Developing place-based partnerships: The foundation of effective integrated care systems*, the report authors set out a series of principles to help guide local health and care leaders in these efforts. They also explore how each principle can be applied and examples of how they are being put into practice.

The report also looks at the implications of these ways of working for the development of ICSs and for national bodies and regional teams as they approach the next stages of policy development and support for integrated care.

<https://www.kingsfund.org.uk/publications/place-based-partnerships-integrated-care-systems>

3. Finance update

I am pleased to report that the system has met its two key system financial targets to operate within its revenue and capital financial envelopes. The pre audit draft accounts show a revenue underspend of £36.8m and an underspend against total capital of £15.9m of which £14.3m of the under-spend relates to the system capital envelope of £84.7m.

The system has submitted a balanced financial plan for the period April to September 2021 (H1) which includes efficiencies of £37.3m or 1.3% of allocation/expenditure. Risks of £36.6m have been identified (1.3%) which require to be managed and of which over 50% relates to risks around efficiency schemes.

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

Date: 6th May 2021



FINANCE AND PERFORMANCE COMMITTEE

**Minutes of the meeting of the Finance and Performance Committee
Held on Monday 22nd March 2021 at 09:00am via Microsoft Teams**

- Present:** Neil Rhodes, Non-Executive Director (Chair)
Pat Drake, Non-Executive Director
Rebecca Joyce, Chief Operating Officer
Jon Sargeant, Director of Finance
Kath Smart, Non-Executive Director
- In attendance:** Peter Anderton, Stroke Consultant (Item FP21/01/E1)
Julie Butler, General Manager for the Division of Medicine (Item FP21/01/E1)
Alex Crickmar, Deputy Director of Finance
Fiona Dunn, Deputy Director Corporate Governance/Company Secretary
Katie Shepherd, Corporate Governance Officer (Minutes) (KAS)
Jane Tombleson, Deputy Chief Operating Officer
Alice Waweru, Matron for the Division of Medicine (Item FP21/01/E1)
- To Observe:** Bev Marshall, Public Governor
- Apologies:** Marie Purdue, Director of Strategy and Transformation
Lynne Schuller, Public Governor

ACTION

FP22/03/A1 Welcome and Apologies for Absence (Verbal)

The Chair welcomed the members and attendees. The apologies for absence were noted. The Interim Deputy Chief Operating Officer was welcomed to the meeting.

FP22/03/A2 Conflict of Interest

No conflicts of interest were declared.

FP22/03/A3 Action Notes from Previous Meeting (Enclosure A3)

Action 1 – 5, 7 – 10 and 12 – 15 were closed.

Action 6 – To be discussed as part of item B2.

Action 11 - Update 22/03/2021 – The Director of Finance advised that during the COVID-19 the vacancy control panel had been minimised down to the Director of People and Organisational Development and the Director of Finance where previously the panel would include the Chief Nurse and Chief Operating Officer also. Where prior to the COVID-19 pandemic all managers were invited to discuss their case, presently only managers of cases

where further information were required were given a MS Teams slot to speed up the process of approval. The full panel would reconvene the vacancy control panel.

Following a review, it had been identified that there were only 12 cases in the system older than one-week, with no cases over three-weeks old. There was no backlog identified however it was unknown if the delay was in front of the point that jobs were added to Trac.

Pat Drake noted the helpful update. Kath Smart advised that data produced from Trac presented to the People Committee had shown that there were delays and suggested that the action was for Divisions to work with People and Organisational Development to reduce delays. Kath Smart advised that she would raise this at the People Committee.

It was agreed the 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.

FP22/03/A4 Request for Any Other Business (Verbal)

None.

FP22/03/B1 Financial Performance – February 2021 (Enclosure B1)

The Trust's deficit for month 11 (February 2020) was £452k, which was c. £1.1m favourable to plan (£1.9m favourable to plan in month 10). The Trust's year to date position was a £107k surplus which was c. £7.7m favourable to plan. The Trust had not included any fines under the Elective Incentive Scheme within the position since NHSI/E had confirmed the scheme had 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 had been received from NHS England which had 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 was forecasting a break-even financial position for year end, however this was 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 was £5.8m. This was £1m ahead of the original £4.8m plan and £1.5m ahead of the forecast. year to date capital expenditure spend was £25.3m, including COVID-19 capital spend of £1.5m. This was £5.1m behind the £30.4m plan and £1.7m ahead of the forecast. Estates were £686k ahead of the year to date forecast and Medical Equipment and IT were £185k and £801k ahead of the year to date forecast respectively. The Trust was 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 remained high due to the Trust receiving two months' worth of the block income in April 2020, although in March, the Trust would not receive any block income. The increase in cash in month was as a result of receiving one-off income from NHS England and Health Education England.

The Trust would receive £3.4m for annual leave accrual, however it was not known if this would be cash or revenue.

Following a question from Pat Drake regarding underspend within the CCGs, it was confirmed that the CCGs had deposited cash into the local authority and the private independent sector for work that was not funded centrally.

The Committee:

- ***Noted and took assurance from the financial performance report for February 2021.***

FP22/03/B2 Planning and Budget Setting including Capital (Enclosure B2)

Business Planning

The Trust had made significant progress since the previous meeting, and had now completed the business planning workshops to date including:

- Developed a more detailed understanding of specialities appetite to continue to use telephone / video consultations for outpatients,
- Understanding pathways changes implemented during Covid-19 specialities want to continue with or reverse,
- Identifying areas where more focussed People and Organisational Development support was required to address workforce shortages,
- Understanding capacity changes from 19/20 and the underlying reasons beneath this.

The majority of specialities had met the deadlines for the workforce and capacity plans to be completed. There have been issues in certain specialities where an output had not been finalised in time and the workshops have needed to be delayed, these areas were now receiving more focussed support to ensure the meetings do not need to be pushed back again. Each speciality output goes through a structured quality assurance process to ensure its accuracy prior to the workshop. It was expected that the business planning process would be complete to present to the Finance and Performance Committee in May 2021.

Underlying Financial Position 2020/21

The ICS had been asked by NHSI/E to complete a run rate template which bridges from the 2019/20 financial outturn to the exit run rate for 20/21 (recurrent financial position). The understanding was that the run rate model was for ICS's to provide assurance to NHSI/E regarding the 20/21 outturn position and that the ICS understands its exit run rate position. It was initially thought this tool would be used for planning purposes, but due to the delay in planning guidance and the rollover of Q1 financial arrangements into 21/22 this appears to not currently be the case (this may change). However, this exercise had provided an opportunity for the Trust to review its 20/21 underlying recurrent financial position and understand the key financial movements since 19/20. The first draft of the submission from organisations to the ICS was on Friday 5th March, with the ICS's having until the end of March to review the information (including consistency checks etc.) and any further changes to be made before the ICS then presents the information to the regional NHSEI team.

Several key assumptions had been made in determining the £38.2m underlying deficit financial position. The activity baseline was based on financial year 2019/20 and there was

an expectation that the Trust achieved 75% of 2019/20 activity in April 2021, 80% in May 2021 and 85% in June 2021. It was reported that the ICS was currently performing at a level of 70% and therefore it was required that activity would need to increase. The Chief Operating Officer advised that it was expected that the activity outturn would be calculated in value and not volume, however until planning guidance was received this was unknown. Foureyes had built the model for outpatient, day case, elective and outpatient capacity, and were also supporting the capacity modelling for orthopaedics and trauma theatre sessions. There was a concern regarding the use of a spread sheet for this work and therefore a database would be set up as a central system to avoid the risk of multiple versions being available. The Chief Operating Officer noted that whilst some teams have found the consultation work challenging, it would provide the Trust with a good baseline for moving elective activity forward. The key next steps would be setting trajectories for the recovery plans.

The Chair advised that the progress to date was encouraging however noted the challenges ahead. Reference was made to page 30 of the papers, where the 2019/20 outturn to 2019/20 recurrent underlying position was reported, and asked for further clarification on the position. The Director of Finance advised that the 2020/21 underlying deficit was reported at £38.2m. No cost improvement programmes had been achieved in-year, which was a lost opportunity. There was a concern regarding the overall position as the Trust was likely to be held to the 5-year plan target, however until the guidance was received this was an uncertainty. It was expected that the control total would be finalised following the receipt of the guidance.

Kath Smart noted that throughout the business planning process it was clear that there was a consideration of what the specialities appetite was for the provision of telephone and video consultations, however asked if this should be based on what was best for that particular service and the patients. The Director of Finance advised that a balance would be found on when the use of telephone and video consultations would be appropriate, and noted that the use of the word appetite was not the best word to describe the work undertaken.

In response to a question from Kath Smart regarding committee focus for 2021/22, the Director of Finance advised that cost improvement programmes would likely form part of this alongside efficiency gains through model hospital and GIRFT. There was a desire to improve the length of stay position, however this would be in the context of a reduced bed base due to infection prevention and control measures that have been in place due to the COVID-19 pandemic.

Pat Drake noted that many service improvements were not cash releasing, and suggested that use of agency staff may increase due to sickness absence and therefore an understanding of triggers was required.

Pat Drake asked if there were contingencies in place regarding the recent public pressures on the 1% pay increase for NHS workers. It was confirmed that this would be picked up as part of the budget setting process with an assumption that this would be funded and therefore would not cause any pressure.

Pat Drake noted that there had been a number of significant business cases approved in 2019/20, and asked if they would be picked up in 2021/22 to assist in the return to the anticipated activity levels. The Chief Operating Officer advised that the administrative

challenges needed to be resolved as there was £800k worth of vacancies, and as these roles under the elective activity, this was a priority. A paper had been developed on the recruitment to the posts and would form a top priority for early 2021/22. It was agreed following a discussion regarding the large number of administrative vacancies (roles that support elective activity), that once the business case had been finalised for the recruitment to the posts, it would be presented to the People Committee.

Action: It was agreed following a discussion regarding the large number of administrative vacancies (roles that support elective activity), that once the business case had been finalised for the recruitment to the posts, it would be presented to the People Committee. RJ

The Committee:

- ***Noted the update on planning and budget setting, including capital.***

FP22/03/B3 Year-End Accounts Update including Draft Accounting Policies (Enclosure B3)

There were no new accounting standards for year ended 31 March 2021. IRFS 16 (Leases) had been deferred to go live until 1st April 2022, although there was still a disclosure note requirement in the 2020/21 accounts, outlining the potential impact of the standard. The expected annual leave position had reduced by £200k from the original estimate. It was known that medical staff had more outstanding annual leave than other staff groups, and the nursing and midwifery accrual had reduced. PPE would need to be accounted for within the organisation position. Centrally procured ventilators and other medical equipment provided to the Trust would need to be recognised as a donated fixed asset with the notional donated income being equal to the opposite entry. As in 2019/20, there would be an additional 6.3% employers pension contribution by NHS England that required accounting for in the Trust's accounts. As a result of the block contract in place in 2020/21, there was no basis for either Partially Completed Spells assets or Maternity Pathway liabilities. The Trust had now received national guidance regarding Flowers (15th March), which was currently under review. There was a risk of £2.2m for outsourcing to the independent sector. The timetable was outlined, with a deadline to send the provision final accounts to the Audit and Risk Committee on 21st May 2021.

The Committee:

- ***Noted the annual accounts update.***

FP22/03/B4 ICS Financial Position (Enclosure B4)

The ICS financial position at Month 10 had continued to improve and was a surplus of £54.2m (removing impact of annual leave accrual and reduction in non-NHS income). All Providers and Commissioners had shown a break-even or surplus position, with STH's the largest surplus at £16.9m.

The Committee:

- ***Noted the update provided on the ICS financial position.***

FP22/03/B5 Annual Leave (Enclosure B5)

The Chair noted that a comprehensive return rate of information was received at 85%.

Pat Drake noted the areas that had high average carry over days including Anaesthetics, Medical Imaging, Trauma and Orthopaedics and Urology, which could be problematic for the restoration of elective services, and asked if CPD for medical staff had been factored in at 10-days per year. The Director of Finance confirmed that CPD days were an additional pressure and were being reviewed, however noted that medical staff annual leave years run based on their NHS start date, and not the financial year like other staff groups. The Deputy Director of Finance advised that as the annual leave calculations had been undertaken at divisional level, they were aware of the amount of outstanding leave, and therefore would use that to inform business planning.

Following a question from Kath Smart, it was agreed that an update would be received part way through 2021/22 on IFRS.

Following a query from Kath Smart regarding the evaluation report as of 31st December 2020, it was confirmed that there had been nothing unexpected returned.

A discussion took place regarding how the use of annual leave would be monitored throughout 2021/22 to ensure that the Trust was not in a similar position leading into 2022/23, as the carry-over of annual leave was for a two-year period. The Director of Finance advised that the use of Allocate e-rostering system would give the ability to manage this, likely to become a divisional key performance indicator.

Action: It was agreed that an update would be received part way through 2021/22 on IFRS. JS

The Committee:

- ***Noted the update provided on the annual leave carry over position.***

FP22/03/B5 Going Concern (Verbal)

The Director of Finance took an action to circulate the paper on going concern to the Committee members. Feedback was to be sent back to the Director of Finance.

Following a question from Kath Smart regarding the sign off of going concern at Board, it was confirmed that it was likely that this would be done at the May 2021 Board meeting.

Kath Smart advised that she had met with the external auditors the previous week and asked for their views on going concern, to which they advised that they were expecting the management assessment to be against why the Trust believe to be a going concern based on the information in place at that time.

Action: The Director of Finance would circulate the paper on going concern. All required to send feedback to the Director of Finance. JS / All

The Committee:

- ***Noted the update provided on going concern.***

FP22/03/C1 Operational Update (Presentation)

The Chief Operating Officer provided an operational update which highlighted that the number of COVID-19 admissions to the Trust were decreasing in line with the community infection rate. The vaccination programme had progressed well to date in Doncaster and Bassetlaw.

The COVID-19 occupancy rate continued to decrease at a faster rate, however it was noted that there had been an increase in the demand for non-COVID-19 emergency beds. Staff absence was reported as 7.4%, 42.3% of which was COVID-19 related.

Attendance in the emergency department had continued to increase, however was below the rates seen during summer 2020.

Pressure on the intensive care units had decreased, however, it was noted that rates were higher than pre-COVID-19 rates. Demand was still seen in the high dependency units.

National mutual aid arrangements had ceased in late February 2021.

The Trust had provided colorectal mutual aid to two Chesterfield patients in late February 2021, however not further requests had been received. The Trust continued to steadily increase elective work, and the 52-week wait challenge remained. Outsourcing/insourcing had taken place to support this with increase outpatient activity on site. Regional mutual aid continued.

The Trust would continue to step up the theatre plan throughout March and April 2021. There would be a further focus on outpatient throughput. A national contract on outsourcing was expected to continue into the new financial year. The Foureyes consultation would continue to establish strong capacity plans.

The validation of long-waiting patients commenced on 8th March 2021, through letters to each patient.

There would be a focus on return to business as usual, and include a focus on the patient tracking list, followed by a resulted focus on administrative processes, validation and training.

Colleagues would continue to be supported through the recovery phase. Collaborative work would continue at Place and ICS level.

Pat Drake asked if a review of the necessity of outpatient follow ups would take place, as in previous years this was something that could be minimised if there wasn't a requirement for a follow up. The Chief Operating Officer advised that this was an area that would require refining through the recovery process.

Following a query from Kath Smart regarding the reprofiling of trajectories, it was agreed that an exercise would take place to reprofile the 52-week wait and set realistic trajectories for the committee to monitor.

Following a request from the Chair, it was agreed that pre-COVID-19 data would be presented alongside current performance data as a comparative tool. It was noted that as the bed base was reduced due to infection prevention and control measures, that activity would not return to the same levels prior to COVID-19.

In response to a question from Kath Smart regarding the required number of staff to fulfil the additional capacity from the additional CT scanner, it was confirmed that whilst the sessions in-month had been funded and staffed, there were staffing shortages and key vacancies would be recruited to. The division were aware of this.

Action: An exercise would take place to reprofile the 52-week wait and set realistic trajectories for the committee to monitor. RJ

Action: Following a request from the Chair, it was agreed that pre-COVID-19 data would be presented alongside current performance data as a comparative tool. RJ

The Committee:

- ***Noted the information in the operational update presentation.***

FP22/03/C2 Integrated Performance Report (Enclosure C2)

In February 2021, the Trust reported 2,272 52-week breaches due to COVID-19 delays. Whilst a challenging position, this position was comparable with other SYB providers. For RTT in February 2021, the Trust delivered 61.8% performance within 18-weeks, below the 92% trajectory, the decline anticipated and linked to significant validation and a reduction of the total patient tracking list size. The patient tracking list size was down to 31,793, a reduction of under 3,000 patients since 13th December 2020. For diagnostics, 66.31% was achieved against a target of 99%. A plan was in place which outlined the actions taken to recover the position.

The Trust delivered 80.38% for 4-hour access in February 2021, against a national target of 95%. A wide-ranging action plan was in place within the emergency department to focus on leadership, organisational development, team development. Good engagement had been seen from this.

There was a two-week wait challenge seen in Breast due to an increase in referrals. An increase in patients presenting at a much later stage of cancer had been seen due to the impact of COVID-19. It was agreed that a deep dive into cancer services would take place at the April 2021 committee meeting to build an understanding of quality of performance.

A continued focus would be in different divisional arrangements, including the strengthening of capacity and seniority of elective recovery. The Deputy Chief Operating Officer for Elective had been appointed, with an interim in place until in post. There would be a strengthened general management approach. Theatre capacity step up plans would continue until April 2021, and there would be a continued focus on administrative processes.

The Chair asked if there were any practical actions that could be taken in relation to super stranded patients. The Chief Operating Officer advised that on site presence had not been as strong during COVID-19 pandemic, however partners had been working well with the Trust and had agreed several actions to get patients discharged quicker.

Pat Drake was pleased that the Committee would undertake a deep dive on cancer services and added that she had observed the Mortality Committee, where an increase in metastatic cancers had been reported, therefore it would be useful to hear an update on that within the deep dive.

Following a comment from Kath Smart related to two outstanding audit recommendations in the audit on discharge projects (red to green), it was advised that the Chief Operating Officer had looked at how quality improvement support would be helpful in this.

Action: A deep dive would take place at the April 2021 committee meeting to build an understanding of quality of performance. RJ

The Committee:

- ***Noted and took assurance from the integrated performance report.***

FP22/03/C3 Patient Communications (Verbal)

Following a discussion regarding the letters sent to long-waiting patients to establish their position, it was confirmed that from 1,500 letters sent out to date, there had been 36 responses with 5 discharge requests. It had been a helpful exercise however it wasn't expected that this would contribute to a significant reduction in the number of long waiters. The Chair hoped that there would be a more effective communication method for use in the future.

Following a question from Pat Drake it was agreed that the Chief Operating Officer would identify if patients were sent an acknowledgement of referral letter, due to the time lapse between an appointment being set.

Action: The Chief Operating Officer would identify if patients were sent an acknowledgement of referral letter, due to the time lapse between an appointment being set. RJ

The Committee:

- ***Noted and took assurance from the information providing on patient communications.***

FP22/03/D1 Board Assurance Framework (Enclosure D1)

The Company Secretary advised that there had been no updates since the version received at the Board on 16th February 2021. The Director of Finance advised that once planning and financial guidance was received for the 2021/22 year, the board assurance framework would be updated to reflect that. The overarching risks were the Trusts lack of clarity regarding the future NHS financial regime and the uncertainty regarding the future of commissioning arrangements. The Chief Operating Officer added that the uncertainty applied to the elective performance expectations for 2021/22. Other issues may include new variants of COVID-19.

In response to a comment from Kath Smart regarding the references to risk within the heat map, it was confirmed that the work to transfer any outstanding risks from the Finance and Performance Committee and Quality and Effectiveness Committee to the People Committee had been completed. It was noted that the heat map did not reflect this as the People Committee had no identified risks, however it was noted that as the 15+ rated risks were reviewed, this could change.

Kath Smart referenced page 102 'output from Board sub committees' as a method of assurance and asked how the Board would receive assurance or negative assurance since the removal of the Board subcommittee chairs log submitted to Board. The Company Secretary advised that she had assurance/negative assurance would be provided through the front sheet of each Board report in the 'assurance' section.

The Committee:

- **Reviewed the board assurance framework for Strategic Aim 1 and Strategic Aim 2.**

FP22/03/D2 Corporate Risk Register (Enclosure D2)

The Company Secretary advised that there had been no updates since the version received at the Board on 16th February 2021. One new corporate risk had been added, escalated from the Management Board – Risk ID 2664 – Consultant Staffing Shortage DCC. A robust action plan was to be developed to address risk mitigations. The Medical Director would lead on this with the Divisional Director for Clinical Specialities.

The Chair noted his concerns regarding the impact this risk may have on performance and the ability to deliver the elective plan. The Company Secretary advised that the risk would be discussed at the next People Committee.

The Chair requested that in addition to the risk dashboard in receipt at committees, there be an additional single page for each individual risk with further detail. It was agreed that the Chair would meet with the Company Secretary to identify how further detail of relevant corporate risks could be incorporated into the corporate risk register report received at the meeting.

Following a query from Kath Smart, it was agreed that the risk review dates for corporate risks 11, 1244 and 2426 would be updated.

Action: Risk ID 2664 – Consultant Staffing shortage DCC would be reported to the People Committee. FD

Action: Neil Rhodes would meet with Fiona Dunn to identify how further detail of relevant corporate risks could be incorporated into the corporate risk register report received at the meeting. NR/
FD

Action: The review dates for corporate risks 11, 1244 and 2426 would be updated. JS

The Committee:

- **Considered and noted the information in the corporate risk register.**

FP22/03/D3 Maintenance and Management of Patient Facing Medical Equipment (Enclosure D3)

The governance process for the maintenance and management of medical devices was outlined. Work had been undertaken to streamline the governance structure within the Estates and Facilities Team. It was agreed that a quarterly update from the Estates and Facilities Management Board would be received quarterly. A decision would be made whether the Audit and Risk Committee or the Finance and Performance Committee was most appropriate.

It was confirmed that there was a Medical Devices Management Group which reported into the Medical Equipment Group, chaired by the Medical Director and reported to the Management Board and Executive Team. The Medical Devices Policy required a review, however the terms of reference for the meeting were substantial.

Following a discussion regarding the Medical Devices Policy, it was advised by the Director of Finance that comprehensive risk assessments were required in the purchase of ad hoc non-medical equipment items that wards had access to do.

Whilst the Medical Devices Group had stepped down during the COVID-19 pandemic, it would recommence with immediate effect.

Action: It was agreed that a quarterly update from the Estates and Facilities Management Board would be received quarterly. A decision would be made whether the Audit and Risk Committee or the Finance and Performance Committee was most appropriate. JS

The Committee:

- ***Noted the update on the maintenance and management of Medical Equipment.***

FP21/01/E1 Stroke Update (Enclosure E1)

Peter Anderton, Stroke Consultant, Julie Butler, General Manager for the Division of Medicine and Alice Waweru, Matron for the Division of Medicine were welcomed to present an update on Stroke Services. The presentation outlined the following key points.

As a regional Hyper Acute Stroke Unit (HASU) and Acute Rehabilitation Stroke Service, patients were admitted from Rotherham and Barnsley and repatriated after three-days.

The Stroke pathway was discussed which outlined the urgent and advanced imaging of stroke patients from the use of advanced imaging with the aim to provide medication sooner for life and limb saving treatment.

Whilst the unit had retained an A rating within the SNNAP results (sentinel stroke national audit programme), there had been a change to an E rating in the last measured quarter, likely due to bed pressures and the impact of COVID-19.

Following the HASU evaluation, which was fully implemented in autumn 2019, a configuration to service was made, which had improved some outcomes, however it was noted that not all outcomes could yet be measured. From this were six recommendations:

- Further improve the SSNAP performance,
- Monthly local Trust stroke quality improvement groups to measure improvement using SNNAP data,
- The ISDN (Integrated Stroke Delivery Network) should establish a patient and carer panel as part of its infrastructure by May 2021,
- ISDN Work Programme should continue to be developed in line with local, regional and national drivers,
- ISDN should establish key priorities to address any health inequalities within Stroke services,

- All stroke services should continue to adapt and respond effectively to the challenges presented by the COVID-19 pandemic, working to sustain high-quality, consistent stroke services.

A comprehensive update was provided on the DBTH Stroke Improvement Plan for 2021. Eleven priority areas had been identified across four key-themes which included improvements to be made in treatments/diagnostics, safer care, patient flow and service organisation and research and quality improvement.

Following a discussion on the provision of stroke thrombolysis and thrombectomy, and a business case for the purchase of a CT perfusion scanner, it was suggested that whilst it would be undertaken at the end of other scans, it could offer the potential as life saving treatment.

Kath Smart asked what the impact would be on the need of rehabilitation beds and staffing, if the patient flow increased to the original assumption. It was confirmed that there shouldn't be a significant impact, as patients were repatriated after 3-days of admission to the Trust.

Kath Smart noted the link of admission of patients from the region with income and that the first year was protected and asked for clarification on this. It was advised that as a Stroke Unit, they were focused on dealing with the patients as they arrive, however it was noted that it had been recognised as a risk for the future with the finance business partner.

Pat Drake commended the presentation and work undertaken by the Stroke team and asked for views on the 4-hour access target. Peter Anderton advised that if the correct pathway was followed, patients showing acute stroke symptoms should arrive at Doncaster by ambulance. A minority of patients self-presented at Bassetlaw or were brought by ambulance to Bassetlaw if they did not display acute stroke symptoms. It was reported that a contributing factor was staffing and therefore it had been confirmed that Advanced Clinical Practitioners working within the Stroke Unit were protected and could not be pulled for other duties elsewhere.

The Chief Operating Officer noted that she would support further work and dialogue with YAS and EMAS.

The Committee:

- ***Noted the Stroke Update.***

FP22/03/F1 Governor Observations (Verbal)

Bev Marshall observed that until the COVID-19 pandemic, the Trust had worked hard to balance the budget, however noted that an underlying deficit of £38m was substantial and that the challenges remained. Bev Marshall wished to note that the Trust had made very good progress with its financial systems to date.

FP22/03/G1 Escalation (Verbal)

Issues were identified for escalation to/from:

- G1.1 F&P Sub-Committees – none identified,
- G1.2 Board Sub-Committees – It was agreed following a discussion regarding the large number of administrative vacancies (roles that support elective activity), that once the business case had been finalised for the recruitment to the posts, it would be presented to the People Committee.
- G1.3 Board of Directors – none identified.

FP22/03/H1 Any Other Business

None.

FP22/03/H2 Sub-Committee Meetings (Enclosure H2):

The Committee noted the sub-committee meeting minutes:

- *Capital Monitoring Group 21/01/2021*
- *Cash Committee 14/01/2021 and 11/02/2021*

FP22/03/H3 Minutes of the meeting held on 26 January 2021 (Enclosure H3)

The Committee:

- *Noted and approved the minutes from the meeting held on Jan*

FP22/03/H4 Date and time of next meeting (Verbal)

Date: **Thursday 15th April 2021**
 Time: **09:00**
 Venue: **Videoconference**

MANAGEMENT BOARD

**Minutes of the meeting of the Management Board
Held on Monday 12th April 2021 at 15:00 via Microsoft Teams**

Present: 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
Ms Antonia Durham–Hall – Divisional Director, Surgery & Cancer Division
Kirsty Edmondson Jones – Director of Estates and Facilities

In attendance: Nicola Ashton – Head of Pay, Systems and Employee Services, STH (Item MB21/04/B1)
Mark Brookes – Associate Director of P&OD (Item MB21/04/B1)
Fiona Dunn – Deputy Director Corporate Governance / Company Secretary
Katie Shepherd – Corporate Governance Officer (Minutes)
Jane Tombleson – Interim Deputy Chief Operating Officer (Elective)
Julie Wright – Deputy Director of Finance (Item MB21/04/B1)

Apologies: Rebecca Joyce – Chief Operating Officer
Richard Parker – Chief Executive (Chair)

ACTION

MB21/04/A1 Welcome and Apologies for Absence (Verbal)

The Chair welcomed the members and attendees. The apologies for absence were noted.

MB21/04/A2 Matters Arising / Action Log

Updates were received on actions:

Action 1 – ICS Update – Pathology – The process continued, however there was no large-scale solution. The ICS business case to develop the region-wide pathology service was in the development stages and not further information had been received. It was confirmed that the next overseas recruitment effort would include Histopathologists, although expected to be challenging due to the differences in training.

Action 2- SAS Doctor Charter – A discussion took place and it was confirmed that the final independent practice agreement had been signed off, however clarification was still required on which SAS doctors would be eligible to transition into a new specialist role. The Director of People and Organisational Development would review this as part of the speciality doctor process. Eki Emovon suggested liaising with other organisations on their

action. The issue relating to whether SAS doctors should have their own ICE access code required further action to identify how this could be achieved. The Medical Director took this action.

This action would be closed, and two further actions opened.

Actions 3 and 4 were closed.

Action: The Director of People and Organisational Development would review which SAS doctors were eligible to transition to a new specialist role as part of the speciality doctor process. KB

Action: The Medical Director would take further action to identify how SAS doctors could be provided with their own ICE access codes. TN

The Committee:

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

Action: Katie Shepherd would update the Action Log.

MB21/04/A3 Conflict of Interest

No conflicts of interest were declared.

MB21/04/A4 Requests for any other business (Verbal)

The Medical Director requested to discuss the Medical Advisory Committee.

MB21/04/B1 Transfer of Payroll and Pensions Service (Presentation)

The Management Board welcomed Nicola Ashton – Head of Pay, Systems and Employee Services and Jane Tombleson – Interim Deputy Chief Operating Officer to present the update on the transfer of payroll and pension service to Sheffield Teaching Hospitals (STH) following the tender process.

A brief introduction was presented on the Victoria Pay Services (VPS). Whilst a part of STH, the service was known locally as VPS that provides services to several organisation and processes 29k assignments each month. The team consists of 31 members providing payroll and pension services. The team are actively encouraged to expand their professional qualifications, and to provide development and resilience for the team, there was engagement in developing apprentices within the service through a professional provider in payroll qualifications.

VPS sits within the wider Pay and Employee Services Team at STH that manages the provision of wider services, including ESR, e-rostering, employee benefits and HR transactional services which allows for the provision of wider wrap-around services to compliment the efficient service provision to clients.

Customer service was a high-priority with dedicated call centres for all Clients and services were open on a Monday to Friday basis from 08:30am – 17:00, with all calls answered and no use of answer phones. Dedicated call centre technology had been in place for 3 years with a select option to be directly transferred to the appropriate service.

In regard to the transition from SBS to STH, project meetings had taken place since January 2021 on a weekly basis. There was an implementation project plan monitored weekly

alongside an action log. Process mapping sessions were ongoing and nearing finalisation, and the service was liaising with SBS to enable a seamless transition. Communications within the Trust to employees would commence tomorrow in DBTH Buzz, and the go live date was planned for 1st June 2021, however it was noted that all paperwork would need to be sent to VPS following the SBS cut off date in May 2021.

The Medical Director asked if a presentation to the Trust Medical Committee could be arranged as the presentation provided reassurance on the transition process.

In response to a question by Nick Mallaband regarding accessibility to an electronic payslip, it was confirmed that VPS itself didn't have an app for this, however there was already an 'MyESR' app in place where electronic payslips had been accessible on mobile devices for some time.

Following a question from Emma Shaheen regarding any action the Trust could take to make the transition as smooth as possible, it was confirmed that VPS were undertaking a process mapping exercise to understand how each process works within the organisation, with an extensive list of processes to work through. There were also lots of meetings planned before the go live date to ensure that there would be a smooth transition.

Action: A presentation relating to the Transfer of Payroll and Pension Services would be provided to the Trust Medical Committee. TN

The Committee:

- ***Noted the update provided on the transfer of pay roll and pension services to Sheffield Teaching Hospitals.***

MB21/04/B2 Proposal for Management Board Structure (Enclosure B2i and B2ii)

The Chair presented the proposal of the Trust Executive Group. The current meeting schedule consisted of the following:

- Board of Directors every 3rd Tuesday of the month,
- Management Board, every 2nd Monday of the month, with quarterly extended Management Board,
- Executive Team each Wednesday morning,
- Senior Leadership Team on a monthly basis.

The proposal included a change to the terms of reference for the Management Board, to be renamed the Trust Executive Group. This meeting would include the executive team, corporate and divisional directors, who would meet on a Monday afternoon the week prior to Board to raise any strategic issues to the wider Board of Directors.

The Trust Executive Group meeting would run in the same format as the Board of Directors. Divisions would be required to complete their key risks to each Trust North Board Assurance Framework prior to each meeting for submission in the papers. This would allow for learning of best practice and areas of concerns to be raised across Divisions and change the format to that of a decision-making forum as opposed to an information providing forum. It would also provide the Trust Executive Group the opportunity to escalate items directly to the Board.

Following this would be the Trust Leadership Forum which would take place every two-months on a Wednesday afternoon and include Divisional Leadership Teams and Corporate Deputies. A key debate took place whether the Divisional Directors would be present at this meeting, the majority agreed that it would remove duplication of discussion between the two meetings, however, it was understood that the topic of discussion on the planned agendas would inform whether Divisional Directors needed to be present.

A comprehensive discussion took place and the following points were clarified:

- The Trust Executive Group would be a decision-making forum, with a similar format to the Board of Directors. The format would include a review of Divisional risks on the board assurance framework – any risks that could prevent the achievement of the strategic aims,
- Divisional accountability meetings would still take place which would be the forum that Divisional Director provide assurance against risk, however the Trust Executive Group would be the forum for colleagues to debate and undertake discussion as a wider team to discuss risk and priorities,
- A consideration was required on what type of papers would go to the Trust Executive Group for decision instead of to the Executive Team meeting,
- The Divisional Directors would assist in the agenda setting process; however, it was noted that it would need to be focused and smaller to allow for discussion to take place. It was suggested that a work plan be introduced,
- It was suggested that the Divisional Directors liaise with one another to identify agenda items,
- Sharing best practice would be included as an area identified that isn't shared well,
- The Trust Executive Group would be chaired by the Chief Executive, with the ability for discussion following by conclusion,
- A consideration would be made on whether Deputy Medical Directors would attend the Trust Executive Group,
- This would be the opportunity to discuss strategic ICS development and standardised pathways.

It was agreed that this process had provided the opportunity to refresh the Senior Leadership Team meeting that currently took place each month, and work would be undertaken to co-produce a piece of work to look at the needs of this team and to ensure that there was a forum that they would attend/report to. The Team Brief would be refreshed and may include a similar format to the current roadshows that the Chief Executive was undertaking within individual Divisions and Departments that had been well attended. It was noted that as they were virtual, they had been more accessible for colleagues to attend.

Antonia Durham-Hall would provide support to develop the terms of reference for the Trust Executive Group.

Action: The Trust Executive Group terms of reference would be developed with support from Antonia Durham-Hall.

**DP /
ADH**

The Committee:

- ***Approved the to change the name of the Management Board meeting to the Trust Executive Group,***
- ***Agreed to a review of the terms of reference.***

MB21/04/B3 Quality Framework Strategy (Enclosure B3)

The Chief Nurse presented the Quality Framework Strategy which would include an organisational approach to improvement. A consideration would be made on the overlap of committees for supporting elements include leadership, culture and performance. The long-term process would include a continual improvement underpinned by quality management systems. The elevator pitch includes the following questions and considerations:

- Where are we going? Formed from the True North and breakthrough objectives,
- How are we going to get there? As part of the Quality and Delivery Frameworks,
- How would we know that we've arrived? Through embedding ownership and assurance.

The proposed quality framework was shared, which outlined how the Trust would achieve a CQC good rating for safety and ultimately an overall rating of outstanding through the delivery of the True North Objectives, by four areas of quality: quality planning, quality control, quality improvement and quality assurance. Organisational values would be embedded through the framework. The Director of Education and Research presented a completed example completed for his Directorate.

It was agreed that in the creation of the completed quality framework for each Division and Directorate, that wider involvement was important and therefore the Chief Nurse would set up three multi-divisional working groups to work through the completion of the frameworks for assigned Divisions/Directorates and an update would be provided to the Management Board at the following meeting.

Action: The Chief Nurse would set up three multi-divisional working groups to work through the completion of the frameworks for assigned Divisions/Directorates and an update would be provided to the Management Board at the following meeting.

**DP /
All**

The Committee:

- ***Noted the Quality Framework Strategy.***

MB21/04/B4 Finance Update (Verbal)

The Director of Finance advised that regional Directors of Finance would agree the income for the first six-month. On the basis expected to be agreed, the Trust would need to identify £2-2.25m within the six-months to break-even. A £1.25m saving had already been recognised within Procurement if required, along with a renegotiation of rates in the Estates and Facilities Team where savings could be made. The Trust would remain on a block contract for the six-months, however, could earn extra income through the elective

incentive scheme. The Finance Team would provide a summary to circulate to Management Board members.

The Finance Team were undertaking the close of year-end, and there had been no request for monies for the private sector work as yet. The Trust had been given the income for the annual leave accrual, and on that basis, there may be a larger than planned surplus at year-end.

Following a question from Jochen Seidel regarding the capital agreed in parliament for the Bassetlaw Emergency Front Door scheme, it was confirmed that whilst the money had not been received to commence the physical works, money had been allocated internally within the budget to continue the project at pace, however no further information had been received regarding the funding.

Action: The Director of Finance would circulate a financial summary to the Management Board members once the income from the ICS had been approved. JS

The Committee:

- ***Noted the finance update.***

MB21/04/B5 Admin Training and Development Plan (Enclosure B5)

Jane Tombleson presented the proposed Admin Training and Development Plan on behalf of the Chief Operating Officer which included the current status of patient pathway management and validation activity and the shortfall in patient administration workforce capacity and the proposed initiatives for developing and sustaining the skill, capability and responsibility of the divisions to effectively and efficiently undertake patient administration activity for which they are accountable to deliver and sustain. There were eight proposed interventions:

- Establish a formal competency assessment process for all patient administration staff to determine role-based training /refresh requirements in relation to standard IT operations, RTT, HR, CAMIS and other systems.
- Establish formal training programme for all patient administration staff (c450 staff).
- Creation of a new expert role dedicated to pathway management and validation
- Creation of a Patient Access Manager role dedicated to administrative governance.
- A review of the lines of responsibility between the central structure and devolved structures.
- Undertake a structured recruitment process and career development programme.
- Review volume of paper records and the filing system.
- Establish a single patient tracking list.

The proposal outlined that this process would be cost neutral, and Divisions had been asked to review how they would reuse their current admin vacancies in line with this proposal.

Following a question from the Deputy Chief Executive regarding where this paper had been shared prior to this meeting, it was confirmed that the information had been passed through the Finance Team for costing and Divisions for consultation. Nick Mallaband advised that he was first consulted with over a year ago when there were administrative vacancies within the Medicine Division, however these vacancies had since been filled.

A discussion took place regarding the financial implications for the proposal and whether it would be cost neutral, and it was agreed that a meeting would take place with Divisional Directors, the Director of Finance and the Chief Operating Officer to discuss further.

It was advised that new posts would be important, and Antonia Durham-Hall noted that there was an urgent need for validators within the Surgery and Cancer Division.

Jon Sargeant left the meeting.

Action: A meeting would take place with Divisional Directors, the Director of Finance and the Chief Operating Officer to further discuss the plans for patient administration.

JS /
RJ /
DD

The Committee:

- ***Approved the admin training and development business case.***

MB21/04/D Divisional Matters (Verbal)

Vacancy Control Process

Nick Mallaband wished to raise a concern regarding the vacancy control process, an issue raised at the previous Management Board meeting as a challenge he encountered through the recruitment process. Whilst the nursing vacancies had been approved the previous week, they had not been processed in Trac and therefore were unable to recruit. The Chief Nurse advised that he would take action to ensure that the roles were processed in Trac.

Capacity Plans

Antonia Durham-Hall raised that the capacity plans for 2021/22 had been based on 2019/20 activity, however did not reflect the level of activity that could be delivered due to COVID-19. The Deputy Chief Executive advised that this was known and would form part of the final stage of capacity planning with FourEyes.

The Committee:

- ***Noted the items of any other business.***

The Committee noted:

- ***CIG minutes 25/01/21***

MB21/04/E1 Children and Families Board Update – February and March 2021 (Enclosure E1)

There were not escalation concerns. Work was ongoing on Level 6 in the Women and Children's Hospital at Doncaster. Building work would commence on the Children's Ward after.

The Deputy Chief Executive advised the Management Board of the surmountable work being undertaken within Maternity Services following the receipt of the Ockenden Report for required returns on data and information.

The Committee:

- ***Noted the Children and Families Board Update for February and March 2021.***

MB21/04/E2 Health and Wellbeing Update (Enclosure E2)

The paper outlined the various initiatives available for colleagues to support them with their health and wellbeing. There had been a specific ask for TRIM training which was training to managers and leaders to provide support with staff health and wellbeing. The Director of People and Organisational Development asked that all present identify if there was anyone specifically they wish to nominate for the training as there were 2 cohorts of 8 places available for operational leaders.

The Trust had engaged with the charity, Climbing Out, who were keen to support NHS people to help them deal with, and process life changing injury, illness or deal with trauma.

Alasdair Strachan suggested that there was a requirement for a certain level of intervention and responsiveness in the work place available immediately when support was required, whether on a team basis or an individual basis. It was confirmed that due to COVID-19 the offer of counselling had mostly been virtual, however it had been confirmed that once Counsellors had received their two COVID-19 jabs, they would return to face-to-face sessions. Charitable Funds had been secured for on-site psychological support.

Action: All members of Management Board to nominate individuals for TRIM training (training for managers and leaders to support staff through health and wellbeing). All

The Committee:

- ***Noted the Health and Wellbeing Update.***

MB21/04/F1 Minutes of the Meeting – 8th March 2021 (Enclosure F1)

The Committee:

- ***Approved the minutes of the meeting dates 8th March 2021.***

MB21/04/G Any Other Business (Verbal)

1

Medical Advisory Committee

The Medical Director asked for confirmation of the line of reporting for the Medical Advisory Committee. It was agreed that the direct report would be the Trust Executive Group.

The Committee:

- ***Noted the items of any other business.***

MB21/04/G Items for escalation from sub-committees (Verbal)

2

There were no items of escalation from sub-committees.

The Committee:

- ***Noted the items of escalation to the management board.***

MB21/04/G **Items for escalation to the Corporate Risk Register (Verbal)**

3

None.

MB21/04/H **Date and time of next meeting (Verbal)**

1

Date: **Monday 10th May 2021**

Time: **15:00**

Venue: **Videoconference**

The meeting closed at 17:15.

PEOPLE COMMITTEE

**Minutes of the meeting of the People Committee
Held on Tuesday 2nd March 2021 at 09:00am via Microsoft Teams**

- 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
Kirby Hussain, Equality, Diversity and Inclusion Lead
Sherrif Adewunmi, Emergency Department Consultant (Item PC21/03/B2)
Sam Sidwell, Matron, Emergency Department (Item PC21/03/B2)
Nicola Vickers, Clinical Simulation, Clinical Skills and Resuscitation Manager (Item PC21/03/C2)
- To Observe:** Mark Bright, Public Governor – Doncaster
Kay Brown, Staff Governor
- Apologies:** Sue Shaw, Partner Governor
Katie Shepherd, Corporate Governance Officer (minutes via video recording)
Alasdair Strachan, Director of Education and Research

ACTION

PC21/03/A **Apologies for Absence (Verbal)**

1

The Chair welcomed the members and attendees. The apologies for absence were noted.

PC21/03/A **Conflicts of Interest**

2

No conflicts of interest were declared.

PC21/03/A **Actions from previous meeting (Enclosure A3)**

3

Action 1 – Annual Leave – Following a question from the Chair, it was confirmed that the update on annual leave was included as part of item C3 - Wellbeing Report, following escalation from the Finance and Performance Committee to identify if colleagues were being encouraged to take their annual leave. The Director of People and Organisational Development advised that the data was checked periodically, and work was underway for managers to identify how much annual leave would be carried out the financial year. The

Chair confirmed that the action would remain open until assurance was received on the size and scale of the carry over position of annual leave from 2020/21 to 2021/22.

Action 2 – Workforce Assurance Report – This action was for the committee to decide what information they wish to focus on periodically in the Workforce Assurance Report. The Director of People and Organisational Development suggested that a work plan be devised for this specific item. A proposal would be provided to the next pre-meet on the areas of focus for the future. Pat Drake requested a complete data set with assurance that it reflected the workforce plan and the key risks associated with the plan. It was agreed that the work plan be updated to reflect this.

Actions 3, 5-8, 10-16 and 18-21 were closed.

Kath Smart identified that an action had not been documented on the action log from the previous meeting during item PC12/01/C1 for the Medical Director to review the data in relation to the disproportion of medical staff that had tested positive to COVID-19 in relation to other staff groups. This was added to the action log for an update at the May meeting. The Chief Nurse advised that an investigation had taken place following outbreaks of COVID-19 amongst staff and it had been identified that several medical staff had not adhered to infection prevention and control guidance and did not have access to rest areas, which led to the introduction of the marquee for all colleagues to access for use at break times.

Kath Smart identified that an action had not been documented on the action log from the previous meeting during item PC12/01/D1, in which Kath had raised that KPMG had offered to provide a webinar, free of charge on workforce. The Director of People and Organisational Development would identify the best time to plan this.

The Committee:

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

Action: Katie Shepherd would update the Action Log.

KAS

PC21/03/A Workforce Planning Terms of Reference (Enclosure A4)

4

Pat Drake asked that the terms of reference be reflective of the workforce strategy. Following a question from Pat Drake, as to whether the Equality, Diversity and Inclusion Lead should form part of the membership of the group, it was confirmed that whilst there would be outputs from the meeting for the Equality, Diversity and Inclusion Lead to undertake, membership wasn't required. Clarification would be sought on the representative from business planning and service line reporting following a question from the Chair regarding the 'question mark' in the terms of reference.

The 'Head of Clinical Therapies' would be amended to state 'Director of Allied Health Professionals'.

Mark Bailey requested a copy of the workforce strategy.

Action: A copy of the workforce strategy would be sent to Mark Bailey.

KB

The Committee:

- ***Approved the workforce planning terms of reference, subject to the agreed amendments above.***

PC21/03/A Request for Any Other Business (Enclosure A5)

5

The Deputy Director of Education and Research requested that the committee approve the Knowledge, Library & Information Service Strategy 2018-2022.

Pat Drake requested that the committee review the use of personal devices by colleagues and patients. The Director of People and Organisational Development advised that the policy owner sat in the Director of Estates and Facilities remit and had therefore made contact to ensure that she was aware that when the policy was revised to take account of the use of personal devices and include the IT Department in the policy review in September 2021. Pat Drake suggested that patients/visitors be given guidance so they can self-manage their devices. The Chief Nurse advised that the policy was not reflective of current working practices and Mark Bailey suggested that the policy review be brought forward. The Deputy Director of Education and Research asked that if there was a review of the policy, it was inclusive of the Education and Research Team, as pre-reg learners were asked to use their own devices whilst in placements.

Pat Drake added that videoconferencing for outpatient appointments would need to be included as part of the policy and the way in which the Trust would interact with patients and families in the future.

Action: The Director of People and Organisational Development would liaise with the Director of Estates and Facilities regarding the review of the Mobile Communication policy KB

PC21/03/B Workforce Planning Deep Dive (Enclosure B1)

1

The Deputy Director of People and Organisational Development presented an update on workforce planning which provided the context of workforce planning development over the previous two years which included engagement with managers to further develop the workforce planning process, which allowed the opportunity to evaluate what works well and what process required improvement. A key consideration of workforce planning included surge and demand and once a decision was reached, ensuring that managers across the organisation understood this thoroughly through education and training.

The process was outlined, and it was identified that a crucial stage was evaluation which included the identification of the tools that managers required to be able to undertake their roles effectively such as the safer nursing care tool.

It had been identified that the Trust had an aging workforce in several speciality areas, and therefore planning for this was included.

The reason for working planning included mitigating the challenges facing supply and retention of the NHS workforce, the demand for healthcare staff continued to exceed supply despite staffing increases, national policy on increased resilience on the domestic workforce and to reduce reliance on overseas workforce, and the expectations of the future workforce would change.

There were many solutions considered which included growing your own recruitment through multidisciplinary and partnership working, and the introduction of new roles and the development of existing ones.

Following the Trusts Annual Business Planning process, a number of areas would be selected for a deeper dive workforce planning review. The areas selected would be chosen based on the following principles:

- Green – few workforce issues identified,
- Amber – Speciality require additional activity to ensure workforce was aligned to service need,
- Red – Speciality identified as having numerous workforce issues impacting on capacity to deliver services.

The business planning process would run in conjunction with the capital planning process and feed in at key inflection points. Key to the success of this process was engagement and the implementation of a workforce lead within the Chief Nurse and Medical Director team would support this, with an aim to fully implement workforce planning leads across the organisation in the future to complement this process. The Director of People and Organisational Development advised the importance of the workforce planning committee to take forward the process and take action.

Pat Drake advised that through the process, external cognisance was required, and that future proofing was important. Pat Drake requested that the People Committee have an understanding of the key risks associated with workforce planning.

Following a question from Kath Smart, regarding the Foureyes consultation on demand and capacity planning versus this workforce planning work and the connection between the two, it was confirmed that the Deputy Director of People and Organisational Development attended the weekly meetings within the Project Management Office to ensure that there was an extensive link between the two directorates throughout the planning process.

Kath Smart reflected on the 2017/18 workforce internal audit report which suggested the important aspects in planning were engagement and ensuring that Divisions had the capacity and capability to be involved in workforce planning, which appeared to be embedded in the plans. In response to a question regarding the longer-term view of workforce planning, the Deputy Director of People and Organisational Development advised that although this planning round was as part of annual planning, outputs had been identified that would feed into longer term planning and involve education, engagement and the recruitment strategy.

The Chief Nurse advised that an important aspect of workforce planning was succession planning to ensure that the right processes were in place to retain staff through development and opportunities to progress. The Chief Nurse noted that there were national tools in place to identify the required number of clinical staff, however processes were required to determine the numbers of administrative roles required in many areas. The Deputy Director of People and Organisational Development agreed with this and suggested that the recruitment data was demonstrable of high levels of applicants, however many of which didn't meet the essential criteria and therefore this needed to form part of that process to identify routes for progression.

Mark Bailey raised concerns regarding the scale of the workforce planning challenge and suggested making big planning assumptions alongside looking at the skill base required.

The Deputy Director of Education and Research suggested that this would link into upstreaming and the widening participation work in ensuring that the Trust supported college and schools to encourage local people to enter health service careers, however agreed that the Trust needed to undertake the work to identify what was required first. This would help to strategically manage placement capacity.

The Director of People and Organisational Development advised that the clinical service strategy review would provide the opportunity to identify how the service would look in the future. There were workforce groups at ICS and Place level, however one, funded by primary care would focus on whole systems workforce planning, and discussions were underway to identify where acute providers would feed into this.

Sheena McDonnell suggested that, although the RAG rating was a good measure against workforce planning, there should be a sense check to ensure it was and accurate reflection.

Action: There would be an ongoing understanding of workforce planning risks weaved into the workforce assurance report. KB

The Committee:

- ***Noted the workforce planning deep dive.***

PC21/03/B **Feedback from EDOD Programme (Verbal) (Presentation)**
2

The committee welcomed members of the emergency department organisational development programme to provide an update on the emergency department organisational development project group which highlighted that a robust project team had been established, and from that the work undertaken in the emergency department had been linked with the BEST strategy which would be in place until 2025. The launch event took place in January 2021 and the six pillars had been established. Sherrif Adewunmi, Emergency Department Consultant had joined the project team to support in Khairul Mohammed's absence, The daily huddles were being supported well. Communications have been Trust wide have produced some wider positive engagement. Engagement with the Lead for Civility Saves Lives would allow for further work on behaviours and the branding had been approved for the High 5 App.

Sherrif Adewunmi provided an update on the engagement aspect of the programme and suggested that engagement had been fantastic through interaction and interest. The Facebook group had 220 active members, with 152 views provided from the patient safety and governance sessions. There had been 436 attendances at the face-to-face engagement sessions (morning and evening).

The challenges experienced throughout the programme to date included a medium level of commitment from line managers for project members capacity and a low-level budget to support emergency department colleagues in the pillar workstreams. Support had been provided; however, it was acknowledged that it would be costly.

Sam Sidwell, Matron, Emergency Department added that the momentum remained on the sixth pillar as it had at the start of the programme, and great feedback had been received from colleagues that they feel they can engage and be involved in new ideas. Considerations had been made on how workstreams would continue following the programme.

Kath Smart noted that she had attended some of the daily huddles and was pleased to see the level of engagement from colleagues and added that time allocation was important to ensure that colleagues could take forward the workstreams identified. The Director of People and Organisational Development provided assurance following a question from Kath Smart that staff would be released from duties to undertake this work. This would be included as part of job planning, whilst ensuring that it was realistic and achievable.

Mark Bailey commended the work to date and following a request for clarification of what was meant by funding, it was confirmed that this related to the money to backfill positions in the emergency department whilst colleagues were released to support the programme.

The Medical Director commended the fantastic project and the work undertaken to date, and advised that he was passionate about the culture in the Trust. The Medical Director invited the programme team to present at the Medical Advisory Committee, and asked if communications on the programme had been received more widely in the Trust, particularly amongst medical colleagues. Sherrif Adewunmi advised that medical colleagues had engaged in the programme.

Pat Drake commended the work undertaken to date and noted that a key driver was maintaining momentum. Following a question from Pat Drake regarding the provision of feedback to colleagues on a 'you-said, we-did' format. It was noted that feedback was provided to emergency department colleagues via the Communications and Engagement Department on a weekly basis.

The Freedom to Speak Up (FTSU) Guardian provided an update that, those that had engaged with her prior to the programme, had since provided good feedback on the engagement of the process and advised that learning had been taken from that and suggested that this be used to assist in culture change within the wider organisation.

Following a question from the Deputy Director of Education and Research regarding the engagement of learners in the process from induction stage, it was confirmed by the Head of Leadership and Organisational Development that this would take place as part of the education pillar. Sheena McDonnell noted that the organisation was a learning organisation and this programme was a good example of that.

The Director of People and Organisational Development added that progress against the programme would be monitored in line with the original recommendations to provide assurance that they would be met.

The committee thanked those in attendance for providing an update.

Action: An update on the emergency department organisational development programme would be provided to the Medical Advisory Committee. TN

The Committee:

- ***Noted the feedback provided in from the EDOD programme.***

PC21/03/C Workforce Assurance Report (Enclosure C1)

1

The Director of People and Organisational Development provided the highlights of the report which included a focus on the reliance of bank and agency and the exploration of this to reduce the use of bank and agency, and as a minimum replace agency with bank fully. The use of a pool ward meant that the Trust would explicitly state that to bank staff when booked, that they may be required to work in any clinical area dependant on where the need was. The Chief Nurse was the lead Chief Nurse within the ICS for this piece of work.

Pat Drake commended the work undertaken to date to reduce the amount of bank and agency used, however, asked for clarification of why the consultant rates were higher than the average cost across the Trusts who also work with Holt. It was confirmed that this was a scarcity issue.

Following a question from Pat Drake regarding the nursing bank incentives and a potential end point to those, it was confirmed by the Chief Nurse that work was underway across the ICS, as currently Trust's offered different rates, and therefore this work would ensure that there was a standardised approach to this with NHS Professionals, to stop incentive use. A discussion took place regarding the use of overtime and where this was appropriate, when specific cover was required.

Kath Smart noted that the Medicine Division accounted for 75% of all medical agency shifts, at a cost of £4.1m to date and asked if there were any opportunities for innovation to reduce this down such as over recruitment in the Division. The Medical Director noted that although this had been a recruitment strategy for some time, it had not been successful, and suggested that this was an area for improvement through the review of all data to show where gaps were to ensure that recruitment took place to fill vacancies. It was agreed that the Medical Director would liaise with the Divisional Director for Medicine to review the gaps in medical recruitment within the Medicine Division and provide a proposal to the committee in due course to mitigate this.

In response to a question from Kath Smart regarding the increase in use of bank and agency within the Estates and Facilities Directorate, it was concluded that the increase was a requirement of additional cleaning since the start of the COVID-19 pandemic, however further work was required to recruit to vacancies as it appeared that the hours potential candidates wanted to work were different to the Trust's requirement. This was under review with the recruitment team.

Action: The Medical Director would liaise with the Divisional Director for Medicine to review the gaps in medical recruitment within the Medicine Division and provide a proposal to the committee in due course.

The Committee:

- ***Noted and took assurance from the workforce assurance report.***

PC21/03/C Education Assurance Report (Enclosure C2)

2

GMC National Training Survey

The Deputy Director of Education and Research presented the GMC National Training Survey, launch as a shorter, targeted version of the usual annual survey due to the COVID-19 pandemic. The report was presented to provide assurance on the internal processes. The Deputy Director of Education and Education Quality & Governance Manager continue to support the College Tutors in implementing action plans and identifying any other issues or concerns they may have within their areas. The Deputy Director of Education chaired the 6-weekly Management Trainee forum to ensure there were close links with the trainees and opportunities for issues to be raised directly and actioned in a timely manner. During the second wave of the pandemic the DDofE also held a weekly drop-in session for the management trainees and they also have daily access to the Medical Education team in the Education Centres. The health & wellbeing of our trainees had been a priority throughout the pandemic and wellbeing meetings along with 1:1 support remains ongoing in addition to the resources that the DBTH Health & Wellbeing service was offering.

Statutory and Essential Training

Nicola Vickers, Clinical Simulation, Clinical Skills and Resuscitation Manager was in attendance to present the statutory and essential training (SET) report for February 2021, which highlighted that overall SET compliance was 85.38% against a target of 90%. Following a discussion at a previous meeting on the need to improve resuscitation training compliance, the main challenges being room capacity and release of staff for training. In response to a question from Pat Drake regarding the level of risk the Trust had in relation to paediatric and neonatal resuscitation training compliance, the Deputy Director of Education and Research advised that there was a risk. Nicola Vickers advised that training places had been allocated on a priority basis against patient safety, as opposed to SET Compliance statistics. This included the training of rotational doctors from other Trusts who had not been able to undertake resuscitation training during the COVID-19 pandemic, and therefore compliance figures for other staff may decrease, it was because the prioritisation was undertaken on a basis of patient safety, and where colleagues were required to cover on call or resuscitation teams. It was noted that some colleagues had received training at a lower level than the required level for their role. Following a question from Pat Drake regarding whether this had been flagged as a divisional risk for women and children's, the Chief Nurse advised that discussions had been undertaken with the division and they did not deem it a divisional risk presently as they believe to have enough staff relevantly trained, but the Chief Nurse advised that he would liaise with the division to discuss further. Pat Drake requested that the balance of risk be included in future reports to demonstrate the reasons for decisions made relating to resuscitation training.

Kath Smart echoed the comments and asked if the risk should feature on the risk register. Kath Smart noted the helpful summary of recommendations and suggested that the People Committee be sighted on progress, however asked if there was any solution at Place level on room usage for training. It was confirmed that discussions had taken place regarding use of rooms at RDASH for lower level resuscitation training. It was noted that the risk had been highlighted at the Patient Safety Review Group and would be picked up via the clinical governance route. It was agreed that the People Committee would retain a focus on this risk and the outcome of the risk assessment would be received.

The Director of People and Organisational Development noted that whilst improvements were required across the ICS, it was reassuring that the Trust had lesser an issue than other Trusts. In response to a question regarding risk stratification, it was confirmed that new

starters versus refreshers had been factored in and work was undertaken to review competencies that colleagues had achieved in previous organisations.

In response to a question from the Director of People and Organisational Development, regarding the impact of streamlining requirements across the ICS, and the impact that it had that Sheffield Teaching Hospitals do not use the same platform as the Trust, it was confirmed that the inter-authority transfer process to automatically move training compliance between Trust's was not at its most efficient and there was still manual input required, however as the majority of SET training was eLearning this did not present too much of a challenge. As the practical training included resuscitation and manual handling, where close working had taken place for a number of years with local Trust's, and the levels of and type training delivered at other Trust's was known in these subjects, it was easier to interpret the levels that equated to in our Trust. It was noted that all SET training within the ICS had been aligned except for manual handling. Work was underway to rectify this.

Action: The Chief Nurse would discuss the risks associated with paediatrics and neonatal resuscitation training and compliance at the Children and Families Board for clarification if this was a divisional risk. DP

Action: An inclusion of the context behind the balance of risk and reasons for decisions taken was to be included as part of the SET report of the Education Assurance Report. SD

Action: Progress on the recommendations for resuscitation training would be included as part of the Education Assurance Report. SD

The Committee:

- ***Noted and took assurance from the education assurance report.***

PC21/03/C Health and Wellbeing Report (Enclosure C3)

3

The highlights of the report suggested that more colleagues were accessing support from Vivup, the employee assistance provider, which suggested that whilst support was required, colleagues were remaining at work. The demographic of colleagues accessing support were from a range of age groups and staff groups. There had been an increase in the number of manager referrals.

Following a suggestion by Mark Bailey, it was agreed that the inclusion of the NHSI/E diagnostic tool would be used to identify progress to date and existing measures in place, which would then be reported back to the committee for review.

Kath Smart noted that it was assuring to see the data confirming the numbers of colleagues that had accessed support, however asked for clarification on the strategy for getting feedback from colleagues on their perception of the health and wellbeing offer. The Head of Leadership and Organisational Development advised that progress was underway to collate evidence for the Wellbeing at Work Award, which would include creation of focus groups where colleagues would share their experiences, however recognised that there was further work to be undertaken to close the loop on this.

The FTSU Guardian added that colleagues had accessed the TLC support which had been well received also. These were the 6,000+ welfare calls to staff who had been redeployed or

agile working. It was noted that the Trust had been a positive outlier in the offer to pre-registration student and advised that this should also be captured.

Thanks were to be passed onto the team, from the committee, on the work undertaken to improve the health and wellbeing offer to colleagues.

Following a comment from the Chair regarding the importance of the rainbow rooms as a space for colleagues to go and reflect, and how the health and wellbeing offer would be for the future, beyond the COVID-19 pandemic, it was suggested that it should form part of the estates strategy to ensure there was space for them. The Chair requested that a corporate response be provided on the future wellbeing offer for staff, and whether rainbow rooms would form part of that.

Following a comment from the Chair regarding the accessibility of the health and wellbeing offer, in particular the medical staff, it was advised by the Medical Director that lots of communications had been sent out to colleagues during the COVID-19 pandemic, however further work was required to improve this.

Following a comment from the FTSU Guardian regarding alternative therapies and the availability of it, in light of its popularity, it was agreed that this should form part of future planning of the wellbeing offer. It was noted that charitable funds could be accessed for this type of offer. Mark Bailey would meet with the Director of People and Organisational Development and Head of Leadership and Organisational Development to discuss this further.

Action: The inclusion of the NHSI/E diagnostic tool would be used to identify progress to date and existing measures in place, which would then be reported back to the committee for review. JC

Action: Thanks were to be passed onto the health and wellbeing team for their contribution to the improvement of the health and wellbeing offer. JC

Action: A corporate response was requested on the future wellbeing offer beyond the COVID-19 pandemic, and whether rainbow rooms would form part of that. KB

Action: Mark Bailey would meet with the Director of People and Organisational Development and Head of Leadership and Organisational Development to discuss the access of charitable funds for alternative therapies as a wellbeing offer. MB / KB / JC

The Committee:

- ***Noted and took assurance from the health and wellbeing report.***

PC21/03/D Recruitment and Staff Record – TRAC and ESR (Enclosure D1)

1

An update was provided in the internal audit report on recruitment and staff record, and it was confirmed that although specific action had been taken against the more recent audit report, the opportunity have been taken to review other outstanding audit actions as one merged report. Progress was underway.

Kath Smart requested that the revised implementation dates be provided prior to the next Audit and Risk Committee so that a measure of delivery could be reviewed, whilst understanding reasons behind the delay of outcomes.

Following a comment from Mark Bailey regarding the involvement of IT, it was advised that whilst the interface was a national one, a meeting would take place with the Chief Information Officer regarding the art of the possible.

Action: It was agreed that revised implementation dates would be provided to KPMG on actions outstanding so that the measure of delivery was determined. KB

The Committee:

- ***Noted the update on the internal audit of recruitment and staff records.***

PC21/03/E **People Plan Priorities (Enclosure E1)**

1

Following a workshop, the people plan priorities had been determined. It was proposed that the priorities were grouped as quick wins versus major pieces of work/projects. Quick wins include the introduction of the High 5 app within the emergency department, review of the appraisal paperwork for 2021/22 and the review of corporate and local induction. A meeting would take place within the ICS to identify people plan priorities as a collective ICS.

It was noted that wellbeing had not taken a focus as a priority, as was the aim to create a speak up culture. It was agreed that these would be added.

It was agreed that an action plan on the priorities would be provided to the committee. This would include a consideration of resources and capabilities required to deliver the plan.

Following a question from Mark Bailey regarding the alignment of the internal people priorities to the NHS people promise, it was agreed that it would make sense to align the two.

KPIs would need to be agreed. All people committee members and attendees to send suggested KPIs to monitor delivery of the people plan to the Director of People and Organisational Development before the next meeting.

Action: Wellbeing and speak-up culture would be added as a people plan priority. KB

Action: It was agreed that an action plan on the delivery of people plan priorities would be provided to the committee. This would include a consideration of resources and capabilities required to deliver the plan. The internal people priorities would be aligned to the NHS people promise. KB

Action: All people committee members and attendees to send suggested KPIs to monitor delivery of the people plan to Karen Barnard before the next meeting. All

The Committee:

- ***Noted the update on the people plan priorities.***

The Freedom to Speak Up (FTSU) Guardian provided an update of the freedom to speak up strategy implementation which highlighted that the FTSU forum had strengthened the inclusion of Equality, Diversity and Inclusion Lead and Deputy Director of Patient Safety. The development of the FTSU champions service continued gain momentum with 12 members to date. Training was to take place during April 2021. Collaboration with wider FTSU partners had taken place to provide support throughout the COVID-19 pandemic. Communication formed a key part of the delivery of the strategy, including ensuring colleagues understood the role of the guardian. Partnership working had been agreed with the Local Counter Fraud Specialist and the Director of Finance.

Internal awareness level training had been delivered throughout 2021/22 and would be included as part of all induction sessions. A revised learning needs analysis had been undertaken with the identification of three levels aligned to HEE FTSU eLearning. Roll out of the training programme would commence in April 2021.

It was reported that whilst there was an increase in the number of cases during Q1 of 2020/21, 35 of which related to the same matter. A range of themes were identified and by a range of staff groups. In relation to case themes and trends, a break down had taken place to identify cases by relationships, conduct and behaviour, and bullying and harassment to provide a true reflection of the types of cases.

Of 141 individuals (46 cases to date) that have been supported since April 2020, 36 had been resolved successfully through support, coaching and facilitation of conversations locally. The key element of the strategy was ensuring that there was a no blame culture and a focus would remain on engagement and support of teams and individuals. It was acknowledged that detailed information was not presented to the committee, further information could be requested if required.

Following a request from Kath Smart for clarification on when progress against the NGO recommendations would be made, it was confirmed that further triangulation of information was required, however the Company Secretary would share the additional documentation to provide context to the recommendations.

Following a comment from Kath Smart regarding collation of feedback from people raising concerns, it was confirmed that feedback was sought and generally it was positive, however feedback wasn't received from all and an understanding was required on how this could happen to help improve the service. The feedback process was being considered for revision, as the follow up of closed cases was six-months which didn't feel right for all cases.

The Chair suggested a Board workshop take place on FTSU. This was agreed.

Pat Drake commended the work in the emergency department organisational development programme discussed earlier in the meeting and noted that the FTSU process was about cultural change, improvement and organisational development and a longer term view that this would become a reporting mechanism.

Action: The Company Secretary would circulate the NGO recommendation documentation to the committee. FD

Action: A Board workshop would take place on freedom to speak up to discuss and identify how culture changes could be made. FD

The Committee:

- ***Noted the freedom to speak up strategic update.***

PC21/03/G Corporate Risk Register (Enclosure G1)

1

The Deputy Director Corporate Governance/Company Secretary advised that the new format of receipt of the board assurance framework was trialled at the Board in February and March 2021 and would be rolled out further to Board committees. There were no questions.

The Committee:

- ***Considered and noted the corporate risk register.***

PC21/03/H Update on EDI (Reciprocal Mentoring) (Enclosure H1)

1

Kirby Hussain, Equality, Diversity and Inclusion Lead presented the highlights of the report which advised the programme would help address identified inequalities within the Workforce Race Equality Standards and allow aspiring BAME leaders to become leaders. There had been sign up by the Board who had undertaken a briefing session. A steering group had commenced and were in the process of pairing people together for the programme.

Following a question from Kath Smart, it was confirmed that there were eight candidates to date that had signed up to the programme, with a further two being sought.

Following a question from Kath Smart regarding releasing staff from duties to undertake the training and the programme, it was confirmed that there was no expectation that problems would be seen with this taking place.

The Committee:

- ***Noted and took assurance from the EDI update (reciprocal mentoring programme).***

PC21/03/I1 Governor Observations (Enclosure I1)

i

Mark Bright, Public Governor advised that questions raised regarding the bank and agency issue had been comprehensively covered during the meeting, however, asked if just culture had been discussed as part of the FTSU Forum, following the video shared on the topic at Mersey Care NHS Foundation Trust. The Chair advised that just culture would run through all aspects that the People Committee would review and seek assurance on. It was agreed that just culture would be added to the People Committee work plan.

Kay Brown, Staff Governor, advised that prior to joining the People Committee as a Governor Observer, that she didn't fully understand the role of non-executive directors and the work involved in the committee and therefore suggested it would be helpful for other Governors

to observe the committee to gain a better understanding of the roles. It was agreed that the offer would be provided to Governors to observe committees to gain a better understanding of the role of them.

Action: Just culture would be added to the People Committee work plan. FD

Action: Governors would be offered the opportunity to observe Board committee meetings to gain a fuller understanding of the role of them. FD

The Committee:

- *Thanked the Governors for their observations and agreed with the above actions.*

PC21/03/I1 Minutes of the Sub-Committee Meeting

ii

The Committee noted:

- *Noted the Equality Diversity and Inclusion Forum Minutes.*

PC21/03/J Any Other Business (Verbal)

The Knowledge, Library & Information Service Strategy 2018-2022 was circulated for approval by the Committee. The Deputy Director of Education and Research advised that that strategy had been in place since 2018, however under the library quality and improvement outcomes assessment it was required that the strategy had Board or Board Committee approval, and therefore retrospective approval was requested. It was noted that when required the strategy would be refreshed as normal. The Chair noted that whilst parts of the strategy were outdated such as the link to the strategic objectives, however, was content to recommend the committee approve the strategy.

The Committee noted:

- *Approved the Knowledge, Library & Information Service Strategy 2018-2022.*

PC21/03/J1 Minutes of the Meeting held on 12 January 2021 (Enclosure J1)

A request was made by Mark Bright to amend the first sentence of Item PC12/01/I1 from:

Mark Bright requesting support through his Buddy NED on reporting on the Governor report.

To:

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

The Committee:

- *Approved the minutes of the meeting held on 12 January 2021 subject to the above amendment.*

PC21/03/J2 Committee Work Plan (Enclosure J2)

The Committee:

- ***Noted the work plan.***

PC21/03/J3 Items of escalation to the Board of Directors (Verbal)

There were no items for escalation.

The Chair thanked all that had prepared reports and participated in the meeting.

PC21/03/J4 Date and time of next meeting (Verbal)

Date: 4th May 2021
Time: 09:00am
Venue: Videoconferencing

**Minutes of the meeting of the Public Session of the Council of Governors
Held on Thursday 28 January 2021 at 15:30
Via Microsoft Teams**

Present:

Chair	Neil Rhodes – Deputy Chair/Non-Executive Director		
Public Governors Via Starleaf	Peter Abell Mike Addenbrooke Dennis Atkin Ann-Louise Bayley Phil Beavers Hazel Brand Mark Bright	Linda Espey David Goodhead Jackie Hammerton Geoffrey Johnson Lynne Logan Ainsley MacDonnell Steve Marsh	Bev Marshall Susan McCreddie David Northwood Pauline Riley Lynne Schuller Mary Spencer Clive Tattley
Staff Governors	Kay Brown	Duncan Carratt	Vivek Pannikar
Partner Governors	Alexis Johnson	Joanne Posnett	Sue Shaw

In attendance: Richard Parker OBE – Chief Executive
Jon Sargeant – Director of Finance
Pat Drake, Non-Executive Director and Senior Independent Director
Sheena McDonnell – Non-Executive Director
Kath Smart – Non-Executive Director
Kirsty Edmondson Jones – Director of Estates and Facilities
Ken Anderson – Acting Chief Information Officer
Mark Bailey – Non Executive Director
Fiona Dunn – Deputy Director Corporate Governance/Company Secretary
Adam Tingle – Communications and Engagement Manager
Abigail Trainer – Deputy Chief Nurse

Apologies:

Governor Apologies	Anthony Fitzgerald Sophie Gilhooly Tina Harrison	Phil Holmes Maria Jackson-James Victoria McGregor-Riley	Sally Munro Mandy Tyrrell
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**Board Member
Apologies** Suzy Brain England OBE – Chair Karen Barnard - Director of People and Organisational Development
Rebecca Joyce – Chief Operating Officer
Dr Tim Noble – Medical Director
David Purdue – Deputy Chief Executive and Chief Nurse
Marie Purdue – Director of Strategy and Transformation
Emma Shaheen – Head of Communications and Engagement
Alasdair Strachan – Director of Education and Research

ACTION

PC21/01/A1 Welcome and Apologies for Absence (Verbal)

The Deputy Chair welcomed the Council of Governors and those in attendance to the meeting. The apologies for absence were noted.

PC21/01/A2 Declaration of Governors' Interests (Enclosure A2)

Prior to the meeting two Governors declared additional interests:

Dennis Atkin additional declaration:

Member of the Doncaster Health Ambassadors Group (Doncaster Healthwatch)
Doncaster NHS Clinical Commissioning Group (Equality Engagement Committee)
Member of the Great North Medical Centre, GP Patients Forum

Geoffrey Johnson additional declaration:

Co-Chair at Doncaster Metropolitan Borough Council, Carers Strategic Oversight Group.

The Council:

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

PC21/01/A3 Actions from previous meetings (Enclosure A3)

There were no outstanding actions from the meeting held on 11th November 2020.

PC21/01/C Reports of Activity, Performance and Assurance (Presentation)

PC21/01/C1.1 Richard Parker – Chief Executives Report (Presentation)

The Chief Executive provided an update on the Trust's current operational position which highlighted that the number of admissions with COVID-19 remained stable with no current evidence of increased community transmission but noted that the Trust needed to remain vigilant as there were severe pressures in other areas of the country. The Trust had expected to see a significant increase in activity in mid-January, but due to Government measures whilst numbers had risen they had not reached the levels of the wave 2 admissions. The Trust continued to focus its efforts on urgent, emergency and cancer work, and would be in a position to commence the restoration of other services. Work continued with partners to provide mutual aid, should it be required.

COVID-19 Vaccination Update

Efforts had continued since December 2020 in the administering of the COVID-19 vaccination, working alongside partners at Doncaster CCG and with Primary Care Networks. The majority of the Trust's frontline colleagues had received their first vaccine. At the time of writing, Yorkshire was second only to the Midlands in the number of vaccines delivered.

Looking Ahead

The Trust would continue to closely manage its position, making changes to services and activity levels to manage the pressures. Work would continue with partners both locally, and regionally to ensure we were making the best use of our capacity across the patch. The Trust would continue to vaccinate colleagues in order to minimise any effects of a further wave of COVID-19 infection.

PC21/01/C1.2 Suzy Brain England – Chairs Report (Presentation)

Neil Rhodes presented on behalf of the Chair, the Chairs Report. The Chair wished to thank Team DBTH for their unswerving dedication throughout 2020 and into the New

Year, and local communities for their ongoing support throughout the COVID-19 pandemic. Looking forward, there would be a further round of Governor elections to take place later in the year. The Chair wished to reflect on the efforts of the teams involved in the COVID-19 vaccination programme and wished for a more optimistic 2021. The important message of 'hands, face, space' was reiterated.

PC21/01/C1.3 **Hazel Brand – Lead Governor Update (Presentation)**

Hazel Brand, Lead Governor provided an update on behalf of the Council of Governors that highlighted the key points formed by Governors:

- Patients must remain at the heart of NHS/social care,
- Don't forget the hard-to-reach groups in any re-shaping of services,
- A legislative foundation for ICSs would ensure consistency within and between ICSs,
- Don't create another layer of bureaucracy,
- But get rid of duplication, develop staff skills, make better use of finances,
- Good leadership with change management skills was required.

The Lead Governor also advised that the Governors had made suggestions for the Executive's objectives for 2021/22 which included:

- A focus on the COVID-19 recovery,
- To lead implementation of change arising from the ICS development,
- Move from a paper to a digital culture,
- Keep a focus on the aim to reach 'outstanding' status.

PC21/01/C1.4 **Neil Rhodes – Finance and Performance (Presentation)**

Neil Rhodes provided an update on the most recent Finance and Performance Committee meeting that took place on 26 January 2021 which included:

- The committee had been in receipt of the COVID-19 situation report which outlined the impact that COVID-19 had on the Trust's elective services and the plan to commence the restoration of elective services,
- It was expected that the Trust would break-even at year-end,
- The committee received an update on the intended work to improve the emergency department area to be named the Bassetlaw Emergency Care Village. Although announced by the PM and confirmed at PMQ, the funding had not yet been received, however preparatory work was underway internally to ensure that quick mobilisation could take place when the funding was received. It was noted that this was being undertaken as a proportionate financial risk,
- Planning and budget setting discussions had taken place for the year ahead and the Committee had received an update pertaining to the ICS financial position.

PC21/01/C1.5 **Pat Drake – Quality and Effectiveness (Presentation)**

Pat Drake provided an update on the most recent Quality and Effectiveness Committee meeting that took place on 24 November 2020 which included:

- The committee had welcomed back Peter Abell as a governor observer following re-election into his second governor term of office. Lynne Logan was welcomed as a new governor observer of the committee and would join her first meeting on 2nd February 2021,
- There had been a restructure within the Chief Nurse Team which would impact and improve the reporting mechanism into the committee,
- Pat Drake welcomed Abigail Trainer, Deputy Chief Nurse, in attendance on behalf of the Chief Nurse who would oversee the areas that would report into the committee. Other members of the Chief Nurse Team include Stacey Nutt, Deputy Director of Nursing for Patient Experience and Cindy Storer, Deputy Director of Nursing for Patient Safety,
- A new Quality Framework and Strategy would be devised that would be the underlying framework to support the achievement of the strategic objectives, which would include reports of good quality outcomes and demonstrate how the strategic objectives were being achieved,
- The committee had expected to undertake a deep dive into complaints in February however as an internal audit was underway, it was agreed that it would be beneficial to move this until the April meeting where the full outcome of the audit would be presented,
- The Trust had received the Ockenden Report, which featured actions to be undertaken by all Trusts. Maternity transformation would be a regular feature at the committee and Board. The Chief Nurse was the Maternity Patient Safety Champion for Maternity, a new statutory role required, and Pat Drake had taken the role of Non-Executive Director Patient Safety Champion for Maternity,
- The committee work plan had been reviewed and the focus would continue to be on patient safety during the COVID-19 pandemic with a focus on falls, incidents, pressure ulcers, infection prevention and control and discharge. In depth reports on each of these areas would be received at the committee meeting on 2nd February 2021,
- The Divisional Reporting Framework had been revised.

PC21/01/C1.6 **Sheena McDonnell – People (Presentation)**

Sheena McDonnell provided an update on the most recent People Committee meeting that took place on 12th January 2021 which included:

- The committee welcomed three governor observers, Mark Bright, Sue Shaw and Kay Brown,
- A deep dive had taken place on the preliminary staff survey results with the full results expected in March and the allocate e-rostering system. A software system that allows the Trust to plan and manage the workforce (rotas, annual leave and sickness),
- It was noted that workforce planning and recruitment had been identified as a risk, however had been subject to internal audit and would be a regular feature of the People Committee monitored through key performance indicators,

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- Kirby Hussain had been appointed as the Equality, Diversity and Inclusion Lead, an important role with the link the strategic objectives and the national people plan, in the delivery of inclusive compassionate leadership,
- The Trust had signed up to the Race Equality Code, the Council of Governor had already received a workshop on this,
- The health and wellbeing of the workforce had featured high on the agenda and would continue throughout 2021 to ensure that support was in place for all colleagues,
- Regular updates were received on freedom to speak up and the progress made against action plans,
- Widening participation was underway to ensure colleagues continued to develop skills with innovation and the experience they require to undertake their role well to provide high-quality and compassionate care. This would also include the pathways for people into healthcare careers such as apprenticeships,
- Thanks was given to the teams involved in the delivery of the COVID-19 vaccination programme.

PC21/01/C1.7 **Governor Questions (Verbal)**

Question from Hazel Brand

In regard to a recent article in the Doncaster Free Press, Hazel Brand asked for an update on the location debate relating to the site of the potential new build hospital following much debate about the waterfront location and a possible location near the M18 for ease of access?

The Chief Executive advised that he had not seen the article however that the Trust would continue to secure funding to relocate the Doncaster site to a new build site, however the site, yet to be determined, would be identified on a basis of an evaluation of the options and an overall value for money assessment for patients. Although the possible locations had been narrowed down the work was never concluded following the announcement that the new build for Doncaster was not part of the HIP (hospital improvement plan) list. The waterfront site remained an option.

Question from Peter Abell

Peter Abell wished to comment on the delivery of services, in regards to a friend's wife who had continued to receive treatment and care from the Trust throughout the pandemic for leukaemia, contrary to reports in the media Peter suggested that cancer services had operated pretty normally. However, asked for an overview of all services that had continued throughout the pandemic?

The Chief Executive advised that since the start of the COVID-19 pandemic, the Board had been very clear on the prioritisation of care for emergency care, urgent and cancer care followed by absolute dates, and whilst there was a balance between the need to treatment or diagnostics and the risks had to be made with all patients, including cancer patients. If treatment was likely to increase their risks, the treatment plans were altered and managed in that context. The Trust continued to support partner organisations within the ICS with mutual aid.

Question from Peter Abell

Peter Abell asked for further information on the Bassetlaw Emergency Care Village.

The Chief Executive advised that the Finance and Performance Committee had considered the matter, which had been announced by the Prime Minister and Secretary of State following a visit to Bassetlaw Hospital and that funding for the scheme was still expected. The capital paperwork was submitted at the time, however it was then not included as part of the HIP list announcement. The Trust remained optimistic and expected clarity on the funding soon. Work continued to prepare for a prompt start once the funding is confirmed.

Question from Michael Addenbrooke

Michael Addenbrooke firstly noted that prior to the pandemic he had over thirty patients in contact with him at any one time however, noted this was down now to the mid-twenties.

Michael Addenbrooke advised that he had received three questions from patients.

One was how many patients in hospital with COVID-19 were negative when they were admitted?

The Chief Executive advised that at the start of the COVID-19 pandemic, only patients who were symptomatic were tested, however this system had changed and had improved as further guidance had been received and the availability of testing increased, and all patients admitted now were tested upon presentation and again on day five of their stay if the first test was negative. It was noted however that whilst there had been an improvement in the testing regime, that false negative results could be achieved, and this therefore made the analysis of the number difficult. There had been a number of areas in the Trust that had seen outbreaks, which the majority of hospitals had seen due to the risk associated with asymptomatic carriage. All front line healthcare workers were now undertaking twice weekly lateral flow testing and the Trust endeavoured to ensure that control measures were as good as they could be.

Question from Michael Addenbrooke

Michael Addenbrooke asked if the national COVID-19 figures had been inflated and asked if someone who tested positive for COVID-19 five days prior to being knocked down by a car and killed, would they be recorded as dying of COVID-19?

The Chief Executive advised that a cause of death would always be recorded as the main diagnosis. It was noted that the current rate of COVID-19 as a cause of death was between 3-4%. For those who have a significant illness, mortality was increased to a rate of 26% which was consistent across the country.

Question from Michael Addenbrooke

Michael Addenbrooke noted that there had been no indication of a flu pandemic and asked if Covid19 had assisted in this due to the mask wearing and social distancing guidance.

The Chief Executive advised that during winter, flu was usually the dominant virus, however this was not a normal winter and measures in place such as the national lockdown, the flu vaccination programme and the hands, face, space message had contributed to the reduction in the numbers of flu cases seen. Advising that this was the same with norovirus for the same reasons. This was seen to be a positive benefit of the measures in place, as the addition of these viruses alongside Covid19 would have created a significant problem for the NHS.

Question from Lynne Logan

Lynne Logan asked if there had been an issue with staff burn out, or staff leaving the NHS because of the pressures faced during the COVID-19 pandemic?

The Chief Executive noted that the draft staff survey had been received, which was for the Trust, undertaken during wave 2 of the COVID-19 pandemic, which would allow the Trust to identify how colleagues had felt at that point in time. The Chief Executive had worked in the health service since 1982 and had never known a period of sustained pressure like this that this had challenged the resilience of colleagues, and the families and friends of colleagues. It was noted that there had been a doubling of sickness absence amongst colleagues and an impact had been seen of the shielding guidance and therefore suggested that people may evaluate their position in the NHS once through the pandemic. It was noted that the Director of People and Organisational Development had the health and wellbeing of colleagues as a priority, alongside equality, diversity and inclusion, training and development for colleagues

Comment from Sue Shaw

Sue Shaw wished to thank the Chief Executive for his support alongside Bassetlaw District Council on the new Bridge Court Hub, a place to focus on the training and development and access to future careers for those in Bassetlaw.

Question from Geoffrey Johnson

Geoffrey Johnson asked if there was a question within the staff survey pertaining to whether staff were working carers? And asked if the recruitment process identified this information.

Sheena McDonnell advised that through the health and wellbeing offer to colleagues there was opportunity for individual circumstances to be addressed through counselling and support.

The Chief Executive clarified that as the staff survey was a national one, the questions were determined by a national team and therefore a question relating to working carers was not currently included as part of the survey and would need to be agreed nationally.

Question from Clive Tattley

Clive Tattley suggested that COVID-19 and the different new variants were not likely to go away in the future and wondered if this had been factored in strategically? Clive added that there had been some excellent work undertaken to divide the hospital up and asked if plans were in place for the future or the possibility of future pandemics that would require such divisions on a permanent basis?

The Chief Executive noted that whilst the COVID-19 pandemic would end, the COVID-19 virus was likely to be active for some time. Learning from the management of the COVID-19 pandemic would inform planning through the next winter period and into the future and that separate pathways and point of care COVID-19 testing would be needed for some time. Services would need to be robust to withstand the winter period, particularly as COVID-19 was still a factor. The estate would be reviewed and work with partners would take place to identify how services could be provided resiliently and what lessons could, and should be included in the refresh of the Strategic Direction which would be undertaken this year.

Question from Vivek Pannikar

Vivek Pannikar had a follow up question regarding the potential new hospital build and asked if there was an aspiration to become a trauma centre, as the Trust undertook similar levels of trauma work as the neighbouring Trust, Sheffield Teaching Hospitals, however did not receive funding as a trauma centre. Vivek added that to attract the best talent having a trauma status would be beneficial.

The Chief Executive advised that the designation of trauma centres was nationally determined and compliance with the standards was more extensive than the current offer at the Trust as there had to be on-site neurosurgeons and other speciality posts, which were different to the provision of acute care. It was noted however that the Trust did provide an element of this through vascular surgery, interventional radiology and a comprehensive orthopaedics service. The vision moving forward with a new build at Doncaster, would provide a link between the development of key services and the universities alongside an aspiration to build a significant research portfolio. The Trust was working actively with Doncaster Council regarding the creation of a university campus and a research village offer.

Pat Drake left the meeting.

The Council of Governors

- ***Noted the information provided in the presentations and through the question and answer session.***

PC21/01/D1

Appointment of External Auditors Process and Timeline (Enclosure D1)

The Director of Finance informed that Council of Governors that current best practice recommends a three-to-five-year period of appointment for External Audit Services. Our regulator, NHS Improvement, recommends that Foundation Trusts undertake a market-testing exercise to appoint an auditor at least once every five years. The current contract had reached the end of its term. For practical purposes re-tendering means that the existing contract between the Trust and Ernst & Young for external audit services would come to an end on 31st October 2021, with a new contract (and potentially new provider) to commence from 1st November 2021. Ernst & Young would externally audit the annual accounts, quality accounts, charity accounts and Wholly Owned Subsidiary accounts relating to the 2020/2021 financial year.

The Council of Governors have the ultimate oversight over the external auditor tendering process. However, the Trust's internal audit contract requires re-tendering in a similar timescale. As it involves a number of potential suppliers who would be suitable for both contracts, it was proposed that the process for both to be conducted

Public Council of Governors 28 January 2021

at the same time, including the same evaluation panel for both. It was therefore proposed that the Council of Governors:

- take oversight of the External Auditor appointment process; and
- Agree with the Audit and Risk Committee the selection criteria for appointing, re-appointing and removing external auditors.

There would be a requirement for a minimum of two, maximum of three governors to be a part of the process.

The Council of Governors

- ***Noted the requirement to re-tender,***
- ***Noted the outline process and the roles required from the Council of Governors.***

PC21/01/D2 Minutes of Council of Governors held on 11 November 2020 (Enclosure D1)

No changes to note.

The Council of Governors

- ***Noted the minutes of the public Council of Governor meeting held on 11th November 2020.***

PC21/01/E1 Questions from members or the Public (verbal)

There were no questions submitted by the public.

PC21/01/F1 Any Other Business (Verbal)

There were no items of any other business.

PC21/01/F2 Items for escalation to the Board of Directors (Verbal)

There were no items of escalation.

PC21/01/F3 Governor Board/Meeting Questions Database

Mark Bright commented in the chat functionality of Teams:

In relation to Section F: Raised at Pre-meet but for benefit of all attendees, I'd like to compliment the Trust on providing enclosure F3 (Governors Questions and Answers). This was a most welcome enclosure. Shows questions raised by governors, executive director responses, and forums where questions were raised over last 8 months, i.e., through the Covid-19 timeline. F3 was information which assures our public the Council of Governors have been active (even if in a virtual sense) during the pandemic; and the good-level of transparency and detail from Trust with answers given. A very much appreciated addition (especially at this time).

The Council of Governors

- *Noted the governor board meeting question database.*

Date and time of next meeting:

Date 29 April 2021

Time 15:00

Venue Microsoft Teams - Videoconferencing

PC21/01/G Meeting closed at 17:15.



**Suzy Brain England
Chair of the Board**

**Date
29 April 2021**

Report Cover Page					
Meeting Title:	<i>DBTH Board Meeting</i>				
Meeting Date:	18 th May 2021	Agenda Reference:	H8		
Report Title:	Wholly Owned Subsidiary (WOS) - Briefing document				
Sponsor:	<i>Jon Sargeant – Chief Financial Officer</i>				
Author:	<i>Mark Olliver</i>				
Appendices:	N/A				
Report Summary					
Purpose of report:	To provide an update on the activities at Doncaster and Bassetlaw Healthcare Services Limited, including current financial performance and development opportunities				
Summary of key issues/positive highlights:	<ul style="list-style-type: none"> • Strong financial performance throughout 2020/21 • The creation of a strong brand, offering uniqueness within a cautious market • Collaborating with the Trust to deliver an e-prescription solution, supporting virtual clinics and new ways of working • Through further collaborative working, developing new routes to market and diversifying commercial return 				
Recommendation:					
Action Require:	Approval	Information	Discussion	Assurance	Review
		X			X
Link to True North Objectives:	TN SA1:	TN SA2:	TN SA3:	TN SA4:	
	<i>To provide outstanding care for our patients</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>	
	X			X	
Implications					
Board assurance framework:					
Corporate risk register:					
Regulation:					
Legal:					
Resources:					

Assurance Route			
Previously considered by:		Full visibility has been given to the WOS board, prior to Trust submission	
Date:	n/a	Decision:	n/a
Next Steps:		n/a	
Previously circulated reports to supplement this paper:		n/a	

EXECUTIVE SUMMARY

This briefing document aims to provide the Trust Board of Directors with an update on the performance of Doncaster and Bassetlaw Healthcare Services Limited i.e. the Trust's wholly owned subsidiary.

The information has been presented in three parts:

- Corporate identity - Detail pertaining to brand development, including the over-arching corporate mission and strategic outcome targets
- Financial performance - A financial update for April 2020 to March 2021, highlighting the surplus produced
- Operational stability and growth - A summary of some deliverables to date, including potential opportunities for 2021/22

The information provided highlights a successful year for the subsidiary and the WOS Board does not have any ongoing concerns or issues that need to be addressed.

The Trust Board are asked to note the report accordingly.

CORPORATE IDENTITY

Over recent years there has been a dramatic increase in the amount of NHS providers seeking to form new wholly owned subsidiaries (WOS), to operate specific elements of service.

Offering a truly unique position with the commercial market, Doncaster and Bassetlaw Healthcare Services Limited was incorporated in September 2020 and its mission and outcome targets are highlighted below.

Our Mission

Inspiring and supporting NHS Trusts, Health Organisations and Communities to deliver innovation, operational excellence and new ways of working, leading to improved patient care and enhanced financial return

Corporate Outcomes – The differences we want to see by 2023

- More NHS funds retained within the NHS
- To support and encourage more NHS Trusts to work collaboratively and deliver outstanding patient care
- Key influencers, organisations and health bodies understand and fully support the role of wholly owned subsidiaries within the NHS
- Supported by a highly skilled and motivated workforce, colleagues are listened to and treated with fairness and respect. Talent retained through clear succession planning
- Identify new concepts and improved ways of working, through innovation and change. Innovation delivering tangible improvements to patient care and financial management

It is strongly believed that the subsidiary at Doncaster offers a unique proposition within the market.

FINANCIAL PERFORMANCE

The tabulated data highlights the annual financial performance from April 2020 to March 2021

Income and Expenditure				
<i>All figures £'000</i>	YTD Performance			
	Budget	Actual	Budget Vs Actual	
Income	7,222	7,525	(303)	F
Cost of Sales	6,648	6,906	258	A
Pay	391	316	(75)	F
Non Pay	171	163	(8)	F
I&E Performance	12	140	(128)	F

Statement of Financial Position			
<i>All figures £'000</i>	Opening Balance 01/04/2020	Closing Balance 31/03/2021	Movement In Year
Non-Current Assets	0	0	0
Current Assets	2,538	2,088	(449)
Current Liabilities	1,987	1,398	(589)
Total Net Assets	551	690	140
Total Equity	551	690	140

Cost of Sales £'000	Budget	Actual	Budget Vs Actual	
Cost of Goods Sold	9	22	12	A
Cost of Goods Sold - Trust	6,639	6,882	243	A
Direct Expenses	0	3	3	A
Total	6,648	6,906	258	A

Pay £'000	Budget	Actual	Budget Vs Actual	
Salaries	328	257	(72)	F
Agency Pharmacist	26	21	(5)	F
Employers National Insurance	24	25	1	A
Pensions Costs	13	14	1	A
Total	391	316	(75)	F

Non Pay £'000	Budget	Actual	Budget Vs Actual	
Rent	51	51	0	F
Audit fees	11	15	4	A
Cleaning	0	0	0	F
Insurance Costs	8	6	(2)	F
Intercompany management costs	36	44	8	A
Legal / Prof Fees	30	3	(28)	F
IT Software and Consumables	0	(0)	(0)	F
Net Bank Charges	7	1	(6)	F
Office Equipment	0	0	0	F
Recruitment Agency Fees	2	6	5	A
Stationery	4	3	(1)	F
Subscriptions	0	0	(0)	F
Uniforms	0	1	1	A
Telephone & Internet	1	1	(1)	F
Travel & Subsistence	0	0	0	F
Waste Disposal	6	0	(6)	F
Staff Training	3	0	(3)	F
Interest Paid	12	0	(12)	F
Corporation Tax	0	33	33	A
Total	171	163	(8)	F

The board are asked to consider and note the following points:

- Overall profit has been delivered at 140k, some 128k favourable to budget
- Total income delivered at 303k favourable to budget
- In terms of overhead costs, the performance highlighted represents a 75k saving to budget
- Non pay expenditure highlights a firm control on costs and fees
- The WOS has no fixed assets to note

The retained profit for 2020/21 will allow the WOS to invest in future business growth and development

OPERATIONAL STABILITY AND GROWTH

Coronavirus Impact

The recent pandemic has unquestionably presented the business with operational instability and unpredictability. These challenges have been met with positivity and vigour.

From a professional perspective, the outpatient pharmacy has delivered all contractual obligations in accordance with the agreement in place. No lost hours of service have been experienced.

Through early intervention, employees have been protected. Following guidance from the National Pharmacy Association and Pharmacy Services Negotiating Committee, employee welfare has been a top priority. Physical modification(s) within the unit, at pace, have supported social distancing and upheld employee protection and safety.

The business operates a 'risk register' and all pandemic eventualities have been considered and actioned proactively.

To support the wider Trust, a delivery service was introduced. This service aimed to support those patients officially shielding, or those advised to stay at home on the advice of the prescribing doctor. Whilst this service has been limited (in terms of geographical coverage) feedback has been extremely positive and the service has certainly supported patients at a time of great need.

E Prescribing

Following the Trust's operational response to the coronavirus pandemic, the introduction and implementation of virtual clinics impacted negatively on the performance of the outpatient pharmacy department situated at DRI.

During the peak of the first wave, the outpatient pharmacy operated at circa 40% of normal output. This pattern continued for a number of weeks/months. Through discussions with other Trusts, this situation was consistent with other 'like for like' arrangements across the NHS.

The observed downturn in dispensing directly resulted from some or all of the following:

- The Cancellation of all non-urgent outpatient appointments
- The Cancellation of broader outpatient clinics
- The Relocation of clinics away from DRI i.e. eye clinics moving to Mexborough
- The need for shielded patients to stay away from hospital to stay protected and safe

To support the Trust during its time of need and to consider future operational modelling positively, the WOS has been consulting closely with the relevant Trust departments, to build a system to allow for the submission of electronic prescriptions.

Substantial market intelligence was obtained, through conversations with a number of external Trust representatives across the UK. Advice on system build was sort externally, through professional bodies such as the National Pharmacy Association and General Pharmacy Council. Furthermore, contact was made with Barnsley Hospital NHS Foundation Trust and their own wholly owned subsidiary, to share best practice and to understand their own operational modelling.

As a result of initial discussions, a thorough scope of works was created and the IT team have since built a IT solution/specification that is fit for purpose and adheres to all the required legal and professional standards surrounding electronic prescriptions and advanced electronic signatures.

The system is currently at pilot stage, with a full rollout plan to follow, dependent on pilot trial feedback and expected success.

To support the need for total seamless care, the WOS has scoped out a fully-fledged delivery service with Royal Mail. This would allow for an end to end service, with the patient undergoing a virtual consultation and then receiving their medication via a robust postal delivery service. Royal Mail work collaboratively with a number of pharmacy providers throughout the UK and the method is proven and tested. From a legal perspective, all required guidelines are supported. To date, the WOS has downloaded all the required software and purchased all the necessary equipment to implement the service at pace.

The service will be monitored as part of the e-prescription pilot. A conversation will then need to take place between the Trust and WOS, to discuss and agree on the future cost implications of full delivery rollout.

One area that will need some consideration is a future model to undertake efficient prescription payment capture. At present, prescription charges are either taken in person (when a patient visits the pharmacy) or remotely (pharmacy team calling the patient prior to delivery). Whilst this is manageable at present, a full scale delivery rollout would need to consider an electronic solution accordingly.

QIMET

Since 2018, Doncaster and Bassetlaw Teaching Hospitals NHS Trust (DBTH) and the International Centre of Emergency Medicine (ICEM), an organization owned by one of the Trust's in-house consultants, have been operating jointly, under a live Memorandum of Understanding.

The QIMET program has aimed to provide a solution to the current clinical resourcing issues witnessed across Emergency Medicine. Wide spread shortages across middle grade clinicians presents numerous challenges, to both individual department(s) and also the wider Trust.

Over the last 3-4 months, the WOS has been working closely with both Qimet International and the Trust, to review the existing project and to provide advice and support on the potential development and scalability of the program.

From a cultural perspective, the QIMET project appears to align favourably with the cultural and operational objectives of the WOS. Active involvement would provide good social leverage and brand impact. With its commercial expertise and flexibility, the WOS would be in a strong position to exploit this opportunity in a more robust and agile manner.

The WOS has built a financial model, based on forecasted commercial numbers across the next 5-6 years. Through discussion, the business opportunity looks rather compelling. As a result, all parties are now entering into more formal relationships. Advice is being sort from legal representation, to draw up the required letter of Intent, Memorandum of Understanding, over-arching contracts and also Service Level Agreements (to be created for partner Trusts purchasing the programme under a commercial agreement).

The financial model is being finalised at present and it will aim to deliver good financial return to all parties involved. Once the agreements are in place, the WOS will proactively target commercial opportunities across the UK, using market data and existing NHS contacts. Other specialities are also being considered, for inclusion into the strategic plan.

To support project delivery, all relevant project costs will align to the WOS. As a result, the process may involve a TUPE exercise to be conducted for one individual currently working on the project. All relevant processes will be undertaken in alignment with the Trust HR team and internal procedures.

Collaborative Working

Throughout 2020, the WOS has been in contact with Damian Child, Clinical Director of Pharmacy at Sheffield Teaching Hospital. Initial contact was made in August, in response to the current outpatient pharmacy incumbent (Boots) lease expiring on 21st November 2020. Sheffield have been discussing (internally) the benefits of creating their own wholly owned subsidiary.

Whilst Sheffield appear keen to seek advice, for consultancy services and support for this potential venture, they are not currently in a position to enter into informal discussions with appropriate parties. As such, a formal 'invite to tender' is expected to be announced, detailing the full specifications required and the model in which this information should be delivered.

A conversation has taken place with Richard Somerset (DBTH procurement lead), to ensure that any formal processes are not missed. Informal correspondence will continue with Sheffield, to ensure Doncaster and Bassetlaw Healthcare Services Ltd maintains its position as the provider of choice for this consultancy venture. It is highly likely that a simple RFQ 'Request for Information Quotation' will be presented.

It is a valid assumption, based on conversations with external pharmacy contractors, that the pandemic will almost certainly decrease any appetite for such outpatient pharmacy contracts going forward. The large pharmacy multiples are already suggesting that such services are just too unstable. This position, along with the relationship building that has taken place recently, could position our business favourably within the market, when future tender processes go live.

A similar conversation has taken place with David Corral, Clinical Director at Hull and East Yorkshire NHS Trust. Whilst this opportunity represents more of a slow burn, it is a relationship worth exploiting. David's Trust are looking at potential wholly owned subsidiary options, once all of their current lease arrangements allow for alignment (next 3-4 years).

Homecare

Homecare services across the UK account for circa 1.5 billion of the 4 billion spent on hospital medicines. The sector has grown rapidly and continues to develop and expand accordingly. One such service involves the dispensing of Methotrexate syringes, for patients suffering with rheumatoid arthritis.

Consideration is being given as to whether the WOS could offer a sound alternative to the current arrangements in place. This could add value, both financially and also from a patient care perspective.

A 'proof of concept' is being considered, to test and understand how a future model may operate. This process will also consider the scalability of such an offer.

GOVERNANCE

Doncaster and Bassetlaw Healthcare Services Limited operates as a wholly owned and independent subsidiary. As such, the business is under the direct control of a separate board that meets bi-monthly.

CONCLUSION

It is hoped that this briefing paper highlights the current financial and operational position at Doncaster and Bassetlaw Healthcare Services Limited.

Whilst the financial year covering 2020/21 has been evidently challenging, the business continues to thrive. A number of commercial opportunities sit on the very near horizon and, once realised, will add favourably to the financial model.

More importantly, the WOS has carved out a unique point of difference. By presenting as an inclusive business tasked with delivering the business outcomes identified in this paper, the WOS board are confident of positive growth and strong stakeholder support.

12/05/2021

DRAFT

BOARD OF DIRECTORS – PUBLIC MEETING

**Minutes of the meeting of the Trust's Board of Directors held in Public on
Tuesday 20 April 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 – Executive Medical Director Neil Rhodes – Non-Executive Director and Deputy Chair 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 Emma Shaheen – Head of Communications and Engagement Katie Shepherd – Corporate Governance Officer (Minutes)
Public in attendance:	Peter Abell – Public Governor (until item P21/04/E3) Dennis Atkin – Public Governor Marc Goddard - Healthcare Development Manager, Wound & Infusion Care UKI, ConvaTec (until item P21/04/E3) Gina Holmes – Staff Side Chair Ian Johnson - Business Development Manager, IMS MAXIMS (until item P21/04/E3) Steve Marsh – Public Governor Susan McCreddie – Public Governor (until item P21/04/E3) Vivek Pannikar – Staff Governor (until item P21/04/E3) Clive Tattley – Partner Governor (until item P21/04/F1)
Apologies:	Marie Purdue – Director of Strategy and Transformation
P21/04/A1	<u>Welcome, apologies for absence and declaration of interest (Verbal)</u>
	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 apologies for absence were noted. No declarations of interest were declared, pursuant to Section 30 of the Standing Orders.
P21/04/A2	<u>Actions from Previous Meetings (Enclosure A3)</u>

	Actions 1 – 7, 9, 10, 12-13 were closed.	
	<p>The Board:</p> <ul style="list-style-type: none"> - <i>Noted the updates and agreed which actions would be closed.</i> 	
P21/04/B1	<u>Quality Framework Strategy (Presentation)</u>	
	<p>The Chief Nurse presented the Quality Framework Strategy which describes an organisational approach to improvement. A consideration would be made on the overlap of committees for supporting elements include leadership, culture and performance. The long-term process would include continual improvement underpinned by quality management systems. The elevator pitch includes the following questions and considerations:</p> <ul style="list-style-type: none"> - Where are we going? Formed from the True North and breakthrough objectives, - How are we going to get there? As part of the Quality and Delivery Frameworks, - How would we know that we've arrived? Through embedding ownership, delivery and assurance. <p>Each Division and Directorate would develop an action plan against the delivery of each of the four quality metrics: quality planning, quality control, quality improvement and quality assurance. The Quality Framework Strategy had been discussed at the Quality and Effectiveness Committee and the Management Board. The Chair of the Quality and Effectiveness Committee confirmed this and was supportive of the development of the framework.</p> <p>It was noted by the Director of People and Organisational Development that it was crucial that further work be undertaken to identify how the framework would translate into the Divisions and Directorates, and where accountability would be. In response to a question from Mark Bailey regarding Divisional engagement, it was confirmed that the performance and assurance framework was under review to identify where accountability sits at differing levels. Following the discussions at the Management Board meeting, work was underway in small teams to translate the strategy into reality for each Division and Directorate and to ensure that work was standardised. The Medical Director noted that culture was important throughout this work to enable new ways of working.</p> <p>There was a general consensus that the framework should be simplified as it appeared to be complex. Using a simpler language would ensure that the framework was more adoptive.</p> <p>Following a comment from Kath Smart regarding the inclusion of risk management, risk assessment and risk awareness in the relevant boxes of the framework relating to process and leadership culture, it was agreed that this would form part of that.</p> <p>Kath Smart suggested that forms of assurance were listed in the matrix to make it clear where they fit into the quality management process and used the CQC as an example.</p> <p>It was noted that the communications regarding the Quality and Framework Strategy was key to the successful implementation of it.</p> <p>Neil Rhodes was supportive of the approach and urged colleagues to think about how the framework would work alongside the breakthrough objectives. The Chief Executive advised</p>	

	that there were three strands involved in the delivery of the objectives: financial sustainability and the delivery of the financial plan, performance delivery and quality and communication.	
	<p>The Board:</p> <ul style="list-style-type: none"> - Approved the development of the Quality Framework Strategy. 	DP
True North SA1 - QUALITY AND EFFECTIVENESS		
P21/04/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 1 – to provide outstanding care and improve patient experience. The measures had been updated and there were no new risks identified. Dates were added to the assurance section.	
P21/04/C2	<u>Chief Nurse Update (Enclosure C2)</u>	
	<p>An in depth review was undertaken at the Quality and Effectiveness Committee on falls, as there had been an increase in falls on the previous year. It was noted however that there had been a 28.2% reduction seen in those falls causing moderate and severe harm. 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 soon after the falls as possible. A year end collation of themes will be also shared across the Trust so that falls accreditation can be based around local learning. Quality improvement work had commenced in Ward 26 and Ward 17, and would be rolled out to the ten wards with the highest number of falls over the remainder of the year.</p> <p>Whilst there had been a reduction in the number of hospital acquired pressure ulcers in 2020/21, there had been an increase in the small number of category 4 ulcers. 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.</p> <p>Recent guidance had been released on how to report hospital onset probable or definite healthcare associated COVID-19. While all hospital onset COVID-19 infections had been reported to the daily and weekly Hospital Onset COVID-19 Infection (HOCl) SitRep, the COVID-19 Patient Notification System (CPNS) has been used to report hospital acquired COVID-19. Trusts were now advised, for cases of definite and probably hospital onset COVID-19 that reporting should identify if COVID-19 had resulted in death, moderate or severe harm and to follow the definition of a patient safety incident. This work had now commenced to establish how many patients this has affected and whether the next of kin had received information, and where required an apology and relevant support. A further update would be provided at the next meeting.</p> <p>The ongoing work to implement eObservations, fluid balance and sepsis, via nerve centre has continued at pace. This work is essential for improvements on deterioration management tools such as NEWS2. Nursing assessments are currently being developed, along with preparations for the Nervecentre system upgrade that will bring additional functionality, fixes and ground work for future developments in the system.</p>	

There would be an upgrade to the current Electronic Prescribing and Medicines Administration (EPMA) in the early hours of 17 May 2021. Although all the functionality of the current system for prescribing and medicines administration would be available on the new version, it was being created as a web based system that will have a different look to it. Medical and Nursing staff who use the current system will need to complete an online training package available via ESR. This will also enable symphony to work with the system to improve prescribing in the Emergency Department.

An update was provided on maternity initiatives which included that the Maternity and Neonatal Safety Improvement Programme Team (MatNeoSIP) has been working with colleagues across the NHS to address the variation and care issues highlighted by the Ockenden report.

A weekly Complaints Panel would commence that week chaired by the Chief Nurse to review all ongoing complaints.

COVID-19 hospital restrictions would be eased in line with the Government's road map.

A report of the progress of the Magnet4Europe study would be received at the Quality and Effectiveness Committee.

Following a question from Pat Drake relating to the guidance received for the reporting of hospital onset of COVID-19 and duty of candour, it was confirmed that a review was underway of all cases to identify what was probable and definite.

It was requested that a glossary of acronyms be included as part of the maternity report.

Following a question from Kath Smart regarding how learning from falls and hospital acquired pressure ulcers was monitored, it was confirmed that monthly monitoring of data was undertaken to ensure that there was learning from incidents. The iQAT (inpatient quality accreditation tool) would be relaunched.

A discussion took place regarding the nursing leadership restructure which includes a head of nursing for each division and a matron for workforce. This restructure would enhance development and improve patient care in the Trust.

In response to a question from Sheena McDonnell regarding complaints reported in month, it was confirmed that there had been an improvement in the number of open cases in month and efforts had been made to close cases. There had been a big reduction in the feedback received from the Friends and Family Test, due to the wrong information given to patients, however assurance was provided that this had been rectified.

A discussion took place regarding the number resignations seen in the midwifery workforce, and it was confirmed that the resignations were due to many reasons including staff relocation, achievement of other role elsewhere, retirement and the continuity of carer mandate had impacted, as a change to how midwifery services would be delivered in the future. There was a pilot underway across the ICS to recruit third year midwife students as a collaborative. There may be an opportunity to recruit midwives from Ireland.

	Action: A report of the progress of the Magnet4Europe study would be received at the Quality and Effectiveness Committee.	DP
	Action: A glossary of acronyms would be used in the maternity report.	DP
	The Board: - Noted and took assurance from the Chief Nurse update.	
P21/04/C3	Medical Director Update (Enclosure C3)	
	<p>95% of patients on the admitted RTT active waiting list (excluding planned waiters and diagnostics) had been stratified using the guidance issued by the Royal College of Surgeons. A large number of letters had been sent to patients to verify their position, only 1% of which returned a choice to remove themselves from the waiting list.</p> <p>The average uptake for Medical appraisals during 2020/21 was 64.94%.</p> <p>The compliance for response to Declarations of Interest for medical staff increased to 99%.</p> <p>Crude mortality demonstrated a reduction had been seen from December 2020 to March 2021 although the current position is still reflecting the impact of the pandemic.</p> <p>A request had been made by the Trust Medical Committee to create the Medical Advisory Committee. Two meetings had taken place to date and provided the opportunity for collaborative discussions regarding wider and general matters. A survey had been sent to all Consultants and SAS Doctors to advise of areas they would wish to be discussed. The proposed work plan included IT, education, research and training, patient safety, quality improvement, ICS impact of changes and more. It was noted by Pat Drake that this would be a productive process.</p> <p>Final discussions were required to complete the clinical governance structure with a review of the terms of reference for each of the key committees to be undertaken over the coming month.</p> <p>Following a question from Pat Drake regarding issues relating to a lack of patient ID bracelets upon admission, it was confirmed that this had been an isolated issue, however the documentation would be reviewed to amalgamate to the electronic system.</p> <p>Pat Drake noted that metastatic cancer was still reported as one of the top five causes of death, and advised the Board that the Quality and Effectiveness Committee would be in receipt of a deep dive in August 2021.</p> <p>The Chief Executive advised the Board that the two new posts within the Medical Director Office would be titled Medical Directors, Dr Noble would become the Executive Medical Director with immediate effect.</p> <p>An update was provided on the Executive Medical Director Office restructure and it was expected that the General Manager role, and Medical Director posts would be advertised shortly.</p>	

	<p>Sheena McDonnell reflected on complaints themes and how families had found it difficult to contact wards. The Chief Nurse advised that there were ward liaison managers in place. During the COVID-19 pandemic it had been difficult as there were many volunteers unable to come to site. Efforts would be made to recruit volunteers from a wide range of age groups. The Chief Executive advised that due to the COVID-19 pandemic, patient relative interaction had changed significantly with the wards because they weren't able to come to site, this communication moved to telephone contact.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Medical Director Update.</i> 	
P21/04/C4	<u>Ockenden Report (Enclosure C4)</u>	
	<p>The Trust was waiting for the Senior Advocate Role job description, therefore couldn't recruit to the post. Significant development of the DBTH maternity website was still required.</p> <p>Pat Drake, in her role as non-executive director support to the Maternity Voices Partnership (MVP) advised that the indicator remained amber for the required monthly meetings to take place they had not been set up as yet by the CCGs, and the chair of one MVP had resigned. An update would be provided to the Quality and Effectiveness Committee on progress of the MVPs as agreed by the Board in April 2021.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> - <i>Noted and took assurance from Ockenden Report Action Plan.</i> 	
<i>Kath Smart and Jon Sargeant left the meeting.</i>		
True North SA2 & 3- PEOPLE AND ORGANISATIONAL DEVELOPMENT		
P21/04/D1	<u>Board Assurance Framework</u>	
	<p>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.</p> <p>There were no changes this month. A plan was in place update the board assurance framework to reflect the staff survey results and refreshed break through objectives.</p>	
P21/04/D2	<u>Our People Update (Enclosure C2)</u>	
	<p>COVID-19 related absences saw a reduction in February 2021 but a small increase in March 2021 with a further reduction in staff requiring a COVID-19 swab and subsequently testing positive. Colleagues who were shielding had mostly returned to work. With regard to lateral flow testing c.0.31% of staff testing were reporting a positive result.</p> <p>The Trust had completed the first phase of the COVID-19 vaccination programme with second dose programme underway. The campaign was expected to be completed at the end of April 2021. In excess of 6000 colleagues working on Trust sites had been vaccinated with</p>	

	<p>ci.88% of Trust colleagues vaccinated. The Trust was working with Place partners to continue to offer the first dose to those who now wish to or are able to have the vaccine.</p> <p>The 2021 appraisal season with refreshed paperwork combining the wellbeing conversation with the standard appraisal documentation had been launched. Through the recognition of the importance of the wellbeing conversation, the Trust had taken the decision to continue with a 4-month appraisal season (April to July) to ensure those conversations take place. The Trust would also continue with the approach of either maintenance or developmental appraisals.</p> <p><i>Kath Smart and Jon Sargeant returned to the meeting.</i></p> <p>Following a question from Sheena McDonnell regarding the lateral flow and colleagues not vaccinated, the Director of People and Organisational Development advised that the majority of colleagues had been vaccinated, however managers had been encouraged to discuss with those who hadn't received the vaccine to identify reasons why, or if they had received it elsewhere. Main themes were staff trying to start families, or who were pregnant. There was likely to be a booster vaccination alongside the flu vaccination. There was no national guidance to indicate that vaccination would be mandated. The Chief Executive noted that a focus for winter would still be on infection prevention and control measures, when it was expected that more positive COVID-19 tests would be returned. Policies would be updated to reflect the changes in agile working relating to health and safety, sickness absence and working hours.</p> <p>Following a question from Mark Bailey regarding the health and wellbeing offer, it was confirmed that the access to the Vivup employee assistance programme had been reviewed. Efforts were underway to implement enhanced on-site hubs for colleagues in rest rooms. The ICS had received funding for health and wellbeing and an update would be provided to the People Committee.</p> <p>The Chair noted that the health and wellbeing offer was comprehensively covered in the weekly Buzz magazine to colleagues. It was noted that the update of reiki was high, and there had been feedback from colleagues from the department for critical care that the psychological support was valuable.</p> <p>Kath Smart suggested that whilst there were multiple good health and wellbeing offers, it would be beneficial to review those that had the best and most impact on colleagues and the appraisal would be a good place to evaluate this. The Director of People and Organisational Development advised that many health and wellbeing apps had been made available to NHS colleagues during the pandemic which were due to come to an end and therefore feedback from a national and regional level to the impact that the offer of those apps had would assist in forming a conclusion.</p>	
	<p><i>The Board:</i></p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the 'our people' update.</i> 	
<p>P21/04/D3</p>	<p><u>Staff Survey Action Plan/People Plan Priorities (Enclosure C3)</u></p>	
	<p>A workshop had taken place with People Committee members to discuss the people plan priorities for the organisation. The themes had been agreed, however the key priorities for</p>	

	<p>the themes were still to be determined. A focus would be taken on managing issues in a timely manner, regular communication with colleagues, learning, and the leadership, development and talent management offer. Wellbeing conversations would continue to form part of the appraisal process. A new DBTH leadership programme prospectus would be available soon with an additional strand 'everyone counts'. A leading to outstanding programme would commence in September 2021, delayed due to the COVID-19 pandemic.</p> <p>Following the developing success of the emergency department organisational development programme, similar work was likely to be undertaken in trauma and orthopaedics.</p> <p>A new quarterly staff survey would be introduced, consisting of the nine questions asked in the annual staff survey relating to the staff engagement score. It was anticipated that this would replace the staff friends and family test.</p> <p>Neil Rhodes advised the Board that he had chaired a briefing session to Governors on the staff survey results which provided Governors with a comprehensive update which was very well received.</p> <p>Sheena McDonnell noted that following the workshop to identify the Trust's people plan priorities, there were six key areas of focus identified. The Chief Executive advised that the Management Board would change to a Trust Executive Group meeting which the Divisional Directors will form part of. The Executive Team meetings would change to allow for time for six senior leadership meetings per year with the wider leadership teams to discuss development, the future strategy and other matters.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the staff survey results.</i> 	
<p>P21/04/D4</p>	<p><u>RACE Equality Code Action Plan (Enclosure D4)</u></p>	
	<p>A report was provided on the update of the RACE equality code action plan. The assessment report confirmed that the Trust completed all the required stages of the assessment and demonstrated a good level of compliance. Completion of stages 2 and 3 of the assessment process provided confidence that based on the discussions that took place, and the evidence provided at stage one, the Trust had applied the principles of the RACE equality code. The RACE equality code action plan had highlighted 71 actions in total that the Trust needs to complete. The Equality, Diversity and Inclusion Forum would be tasked with ensuring that actions were completed. The reciprocal mentoring programme had commenced in April 2021.</p> <p>The statutory and essential training offer would be reviewed to ensure that it was fit for purpose and clearly included equality, diversity and inclusion issues in relation to the Recruitment and Selection Policy. The Fair Treatment for All policy would be refreshed to ensure that it was fit for purpose. Efforts would be made to recruit Associate Non-Executive Directors, and the Shadow Board programme would recommence to provide a development opportunity for colleagues to experience Board and Board committee meetings.</p> <p>Pat Drake commented on the work undertaken to date, and asked if the membership of the Equality, Diversity and Inclusion forum would be reviewed as there had not been a good uptake from Divisions prior to the COVID-19 pandemic. It was noted that it would form part</p>	

	of the accountability framework to ensure that Divisions understood the important of the work.	
	<p>The Board:</p> <ul style="list-style-type: none"> - Noted and took assurance from the RACE Equality Code Action Plan. 	
True North SA4 - FINANCE AND PERFORMANCE		
P21/04/E1	<u>Board Assurance Framework</u>	
	<p>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. Additional risks included:</p> <ul style="list-style-type: none"> - Robust plans required for the delivery of operational activity requirements in H1 of 21/22 to meet 85% required standards for H1 of 21/22 within baseline resource and funding, - Delivery of ERF, - Further work was needed on the Trust's bed plan and therefore costs of workforce plans, - H2 – currently there is no guidance for the second half of the year with the potential that system top up funding is removed causing a potential significant deficit in the second half of the year for the Trust of c. £14m. 	
P21/04/E2	<u>Covid19 Update / Recovery of Elective Work – Looking Forward (Presentation)</u>	
	<p>The vaccination programme had progressed well in Doncaster and Bassetlaw. Attendance in the Emergency Department (ED) had increased rapidly with a specific increase seen in paediatric cases, in line with schools reopening. An analysis had been undertaken on the increase in ED attendance and it was evident that a small number of GP practices have seen significant changes in patient behaviour, however there had also been a significant rise in patients advising that they were unable to access their GP. These issues had been escalated to Doncaster CCG, Bassetlaw CCG and Wakefield and Barnsley.</p> <p>COVID-19 occupancy had reduced, the total COVID-19 occupancy was 3.6%, the active case occupancy reported at 2.2%. A rise had been seen in the demand for non-COVID-19 emergency beds. Pressures had reduced in the intensive care unit (ITU).</p> <p>Key elective issues included the 52-week wait position, with 2,394 reported at 31st March 2021. There was a growing focus by NHSE/I on the delivery of P2 patients within 28-days, which was an important metric for urgent patients. The Cancer Team continued to perform well in comparison to partner organisations. There was a small number of patients waiting 104-days.</p> <p>The national planning guidance had been received and advised that there must be a phase return of elective activity from 70% in April 2021 to 85% from July 2021 onwards as a percentage of value of the activity undertaken in 2019/20. It was noted that there was access to the elective incentive fund via the ICS, and not on an organisational level. Action would be taken to restore the full operation of cancer services, with no more patients waiting over 62-days by March 2022.</p>	

	<p>The ongoing utilisation of Park Hill Hospital had been agreed at 30-cases per week from 1st May 2021 for a six-month period, undertaken at financial risk. The bed plan had been agreed for Doncaster and Bassetlaw, based on a 20% length of stay increase seen.</p> <p>A full set of risks and mitigations had been considered by the Finance and Performance Committee, which highlighted that there was a significant level of uncertainty, risk and challenge. A focus of elective recovery was the governance of elective processes and the approach to the administration processes. The Integrated Performance Report would be refreshed. A deep dive into the cancer plan and urgent emergency plan would take a focus at the Finance and Performance Committee in May 2021.</p> <p>Neil Rhodes advised the Board that the Finance and Performance Committee undertook a comprehensive discussion regarding this item in April 2021. The quality of work undertaken by the Chief Operating Officer, Director of Finance and their teams were to be commended. An important feature of success would be to monitor progress carefully via the Finance and Performance Committee.</p> <p>A discussion took place regarding the change in behaviours of patients and the increase in attendance seen in the Emergency Department. The Chief Operating Officer would follow up on discussions with CCGs.</p> <p>Kath Smart noted that there needed to be a balance the tension between staff taking their annual leave and the achievement of the 85% of elective activity by July 2021.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the information provided in the Covid19 Update/ Recovery of Elective Work – Looking Forward presentation</i> 	
P21/04/E3	<u>Performance Update (Verbal)</u>	
	This was discussed as part of item P21/04/E1.	
	<i>Action: As the Integrated Performance Report was not available in time for the meeting, it would be circulated once available.</i>	RJ
	<p>The Board:</p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the performance report for February 2021.</i> 	
P21/04/E4	<u>Finance Update (Enclosure E4)</u>	
	<p>The Trust's surplus for month 12 (March 2020) was £4.3m (excluding donated assets), which was c. £5.2m favourable to plan. The Trust's year-to-date position was a £4.1m surplus excluding donated assets (£5.5m including donated assets). Therefore, the Trust achieved its forecast required financial performance for the year which was a break-even position. The favourable variance against the breakeven forecast, was driven in by the Trust receiving c£4m of additional funding from NHSE/I relating to the additional costs of increased annual leave (due to increase in carried forward leave due to COVID).</p> <p>The annual leave accrual funding (notified in month 12) and 'lost' NHS income (received in month 11) is subject to change post submission of the Trust's key data return on the 19th April. Therefore, this position is draft and is subject to change. The other key area under</p>	

	<p>review is a potential staff pay issue that we have been made aware of and is being assessed by P&OD.</p> <p>Capital expenditure in month 12 was £11.0m, with annual capital expenditure being £36.3m, including COVID-19 capital spend of £1.5m and donated asset spend of £1.9m. This was £1.0m behind the £37.4m original plan but was £0.1m ahead of the forecast (excluding donated assets). Thereby the Trust achieved its revised capital plan.</p> <p>The cash balance at the end of March was £51.7m (February: £77.1m). Cash had fallen as a result of the Trust not receiving Block income in the month, reversing that the Trust received two months' worth of the block income in April 2020 as a cash advance (which was the same for all Trust's nationally). The Trust also received £10.1m of PDC Dividend for capital schemes in month, and there were capital creditors of £11.6m at March 2021.</p> <p>The Trust accounts would be audited in the last week of April 2021.</p> <p>Neil Rhodes noted that the Trust would exit the year ending 31st March 2021 in a good position and had made good use of public money.</p> <p>Kath Smart noted that the key messages to staff when the Trust was in a surplus position at year end would need to include a management of expectations, particularly with the challenging year ahead and the underlying deficit. The Director of Finance advised that the position previously described was the year-end position for the year, however noted that there was an underlying deficit of £31m.</p> <p>The Chief Executive advised that the during the first half of 2020/21 many governance processes were managed differently due to the pace at which change was required due to the COVID-19 pandemic, and with the clarity on H1 (first six months) of 2021/22, the Trust would ensure that it remained within the governance framework and ensure that this was communicated more widely to colleagues.</p> <p>The Chair commended the year-end report and noted that the annual accounts would be presented at the Annual Members Meeting in September 2021.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the finance report for the year-end 31 March 2021.</i> 	
<p>P21/04/E5</p>	<p><u>Going Concern (Enclosure E5)</u></p>	
	<p>International Accounting Standard (IAS) 1 requires the management of all entities to assess, as part of the accounts preparation process, the bodies' ability to continue as a going concern. This was further enforced by Department of Health requirements to review the trust's going concern basis on an annual basis. The going concern principle being the assumption that an entity will remain in business for the foreseeable future. This is to facilitate the accounting basis to be used in the preparation of the Trust's annual accounts. It had been recommended to the previous Finance and Performance Committee that Trust produce its accounts on the basis of being a going concern who supported this. The Board considered and approved that the Trust would produce its annual accounts on the basis of it being a going concern. The annual report would clearly statement this assessment whilst outlining the risks facing the Trust.</p>	

	<p>The Board:</p> <ul style="list-style-type: none"> - Considered and approved that the Trust would produce its annual accounts on the basis of it being a going concern. 	
P21/04/E5	Capital Plan 2021/22 (Enclosure E6)	
	<p>The Trusts capital delegated expenditure limit (CDEL) for 21/22 is £18.9m which will be self-funded by the Trust through depreciation £11.3m, and cash reserve of £7.6m (which was net of repayment of the capital loan in year £2.0m).</p> <p>The capital sub-committees (Estates, Medical Equipment, and IT) along with engagement from the Divisions/Corporate Directorates have collated the capital priorities for the Trust over the next 12 months. On this basis the groups have recommended the capital programme as detailed in the paper which was in line with the initial allocation splits agreed by the Executive Team which was affordable within the Trusts allocated CDEL for 21/22. The Executive team have also reviewed the priorities and agreed the capital plan for 21/22. The recommended capital programme delivers the key priorities over the next 12 months including:</p> <ul style="list-style-type: none"> - Continuation with eradicating the high Critical Infrastructure Risk - Continuation of the Fire Safety works, and Electrical Enhancement programmes - Replacement of high risk Medical Equipment - Replacement and Upgrade of high risk IT equipment and systems <p>Unlike in previous years the capital allocation had been set at an ICS/system level with SYB ICS allocated c. £105m. SYB ICS, following discussions with leads from each organisation has agreed the organisational level split in which DBTH would receive £18.9m as the capital allocation. The Chief Executive advised that the position had been negotiated with the ICS and the Director of Finance had secured the capital to continue the fire works. It was confirmed that shortly after the approval, the Fire Service had undertaken a review and the fire improvement notices in place had been rescinded. This was a good outcome for the Trust and would provide the opportunity for further improvement.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> - Noted and took assurance from the Capital Plan for 2021/22. 	
P21/04/F1	Annual Objectives (Enclosure F1)	
	<p>The Chief Executive outlined the minor changes to the Breakthrough objectives for 2021/22, which reflected the impact of, and lessons learnt from, the COVID-10 pandemic:</p> <ul style="list-style-type: none"> - Achieve measurable improvement in our quality standards and patient experience - At least 90% of colleagues have an appraisal linked to the Trust Values and feel able to contribute to the delivery of the Trust vision - Team DBTH feel valued and feedback from staff and learners in top 10% - The Trust is in recurrent surplus to invest in improving patient care 	

	The Board reviewed the updated corporate objectives, progress updates would be provided on a quarterly basis.	
	<p>The Board:</p> <ul style="list-style-type: none"> - Considered and approved the corporate objectives for 2021/22, - Considered and approved the Breakthrough objectives for 2021/22. 	
P21/04/G1	<u>Corporate Risk Register (Enclosure G1)</u>	
	<p>There were no new corporate risks escalated from the Management board. There were 109 risks logged 15+ within the Trust, fourteen of which were monitored via the corporate risk register. Risk ID 1412 – Risk of fire to Estate had been reduced from a rating of 20 to 15. South Yorkshire Fire and Rescue Service wrote to the Chief Executive on 1st April 2021 to rescind the fire safety notices for the East Ward Block and Women and Children’s Hospital, both of which were replaced with action planned to be complied with.</p> <p>KPMG continued their internal audit to sample risks rated 15+ from the risk log for compliance with the risk management policy.</p> <p>Further action was required to continue to review existing risk, identify new risk or alter risk through the improvement process. Efforts would be made to embed the risk management process through refreshed training and education.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> - Considered and noted the information in the Corporate Risk Register. 	
P21/04/G2	<u>Terms of Reference of the Audit and Risk Committee</u>	
	The Board reviewed the revised terms of reference of the Audit and Risk Committee to include the People Committee within the Board meeting structure. Kath Smart, as Chair of the Audit and Risk Committee commended the terms of reference for approval.	
	<p>The Board:</p> <ul style="list-style-type: none"> - Approved the revised terms of reference of the Audit and Risk Committee 	
P21/04/G3	<u>COVID-19 Business Continuity Terms of Reference – Trust’s SO’s (Enclosure G3)</u>	
	<p>The Company Secretary proposed an extension to the COVID-19 Business Continuity Terms of Reference – Trust Board and Sub Committees as there was a clear organisational need to continue the response to the COVID-19 pandemic with all available efforts, whilst continuing to have an overview on the safety of all DBTH patients and the wellbeing of staff, during the pandemic.</p> <p>It was agreed at the Board on 21st March 2020 to suspend certain elements of the Trust current standing orders (SO’s) relating to Board and its sub-committee meetings normal terms of reference. It had been agreed to invoke section 6.2 of the SO’s Emergency powers.</p> <p>Following a discussion regarding the matter, it was agreed that when the Standing Orders are reviewed in July 2021, the addendum would be removed.</p>	

	Sheena McDonnell noted that the People Committee would need to be included in the Standing Orders.	
	Action: <i>When the Standing Orders are reviewed in July 2021, the COVID-19 Business Continuity Terms of Reference addendum would be removed.</i>	FD
	The Board: - Approved the COVID-19 Business Continuity Terms of Reference – Trust’s SO’s.	
P21/04/G4	Finance and Performance Committee Annual Report (Enclosure G4)	
	Neil Rhodes – commend to Board – thanks to Katie Shepherd.	
	The Board: - Noted and took assurance from the Finance and Performance Committee Annual Report.	
P21/04/H1-H9	Information Items (Enclosures H1 – H9)	
	The Board noted: - H1 Chair and NEDs Report - H2 Chief Executives Report - H3 ICS Update - H4 Minutes of Audit and Risk Committee – 29 January 2021 - H5 Minutes of the Finance and Performance Committee – 26 January 2021 - H6 Minutes of the Management Board Meeting – 8 March 2021 - H7 – Minutes of the Quality and Effectiveness Committee – 2 February 2021 Pat Drake provided assurance that all actions had been completed or had been included as part of the forward work plan. Pat Drake advised the Board that she had made a request to Executive Director colleagues to ensure that any concerns raised are reflected in their reports to Board. - H8 – Infection Prevention and Control Board Assurance Framework - H9 – Minutes of the Acute Federation Chairs and Chief Executives 1 February 2021 and 1 March 2021	
P21/04/I1	Minutes of the Meeting held on 16 March 2021 (Enclosure I1)	
	A request was made for an amendment to page 15, Section P21/03/I3(i) From: <i>It was advised that vaccinations were mandated, however efforts have been put into encouraging colleagues to have the vaccination, recognising that some colleagues do have good reasons why they don’t wish to have it at this time. The Chief Nurse advised that there was a national debate regarding this topic regarding whether certain staff groups should be</i>	

	<p><i>required to have the vaccination such as students who rotate or bank staff who work across different sites, which would be reviewed within the ICS.</i></p> <p>To:</p> <p><i>It was advised that vaccinations were not mandated, however efforts have been put into encouraging colleagues to have the vaccination, recognising that some colleagues do have good reasons why they don't wish to have it at this time. The Chief Nurse advised that there was a national debate regarding this topic regarding whether certain staff groups should be required to have the vaccination such as students who rotate or bank staff who work across different sites, which would be reviewed within the ICS.</i></p>	
	<p>The Board:</p> <ul style="list-style-type: none"> - Received and Approved the Minutes of the Public Meeting held on 16 March 2021 subject to the above amendments. 	
P21/04/12	<u>Any Other Business (Verbal)</u>	
	There were no other items of business.	
P21/04/13	<u>Governor Questions Regarding the Business of the Meeting (Verbal)</u>	
P21/04/13(i)	<p>The Lead Governor advised that that a Governor had been involved with the £4k raised by a local Muslim community and expressed on the Governor's behalf how proud she was of them for it.</p> <p>It was noted that the Governors had an interest in quality, with an upcoming briefing session to be held on the Quality Accounts, and suggested that the Governors should have an explicit role built into the Quality Framework Strategy as a formal role was required in relation to quality. There was no response given.</p> <p>Hazel some other questions answered.</p> <p><u>In reference to the Falls paper C2 page 21, there has been a 19.3% increase in falls in 2020/21 compared to the previous year although the severity of these falls has reduced. Governors have long been concerned about falls and have been told that there is a correlation between this increase and COVID-19, particularly relating to the restriction on visitors. How can staff address this to prevent a further increase in falls if/when we experience a further wave of COVID-19 restrictions? And can governors be appraised of the work of the 'Learning from Falls' panel in due course?</u></p> <p>It was noted by the Lead Governor that the majority had been discussed as part of the business of the meeting and that there was a planned briefing session to Governors by the Holistic Care Team. The Chief Nurse added that the Falls Practitioner was part of the Holistic Care Team, and learning would be taken from the quality improvement work underway. If a fourth COVID-19 wave was to occur it would depend on the severity and how the pandemic would be nationally mandated. A further discussion would take place at the Governor Briefing delivered by the Holistic Care Team. It was requested that the Governors be</p>	

	<p>appraised of the learning from falls panel. It was agreed that this would be included in the Holistic Care Team presentation.</p> <p><u>In reference to page 61 of the papers, I see that there will be new quarterly staff survey. Are staff expected to fill these extra surveys in during their working hours? How do they contribute to the annual staff survey – if at all?</u></p> <p>The Director of People and Organisational Development advised that it was expected that the quarterly staff survey would run three times per-year, with the annual staff survey to take place in the fourth quarter. It was known that the quarterly staff survey questions would be the nine staff engagement questions as asked in the annual staff survey however it was unknown whether there would be any flexibility to add further questions.</p> <p>The Chair noted the efforts of the Muslim community in raising £4k worth of equipment and treats for local hospitals.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> - <i>Noted the comments raised, and information provided in response.</i> 	
P21/04/I4	<p><u>Date and Time of Next meeting (Verbal)</u></p> <p>The Chair advised the Board and its attendees that a review would be undertaken of the frequency of the Board meetings, following a discussion and suggestion throughout the quality improvement work that they be amended to alternative months. If agreed, on that basis the next Board meeting would be on Tuesday 15th June 2021.</p> <p>Date: Tuesday 18 May 2021 Time: TBC Venue: Star Leaf Videoconferencing</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> - <i>Noted the date of the next meeting.</i> 	
P21/04/I5	<p><u>Withdrawal of Press and Public (Verbal)</u></p>	
	<p>The Board:</p> <ul style="list-style-type: none"> - <i>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.</i> 	
P21/04/J	<p><u>Close of meeting (Verbal)</u></p>	
	<p>The meeting closed at 13.00.</p>	