

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

Enc		Purpose	Page	Time
A	MEETING BUSINESS			09:30
A1	Welcome, apologies for absence and declarations of interest <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>			10
A2	Actions from previous meeting <i>Suzy Brain England OBE, Chair</i>	<i>Review</i>		
B	PRESENTATION			
	None			
C	True North SA1 - QUALITY AND EFFECTIVENESS			09:40
C1	Board Assurance Framework <i>David Purdue, Deputy Chief Executive and Chief Nurse / Dr T J Noble, Executive Medical Director</i>	<i>Assurance</i>		5
C2	Chief Nurse Update <i>David Purdue, Deputy Chief Executive and Chief Nurse</i>	<i>Assurance</i>		10
C3	Executive Medical Director Update - Q1 2021/22 Learning from Deaths Report <i>Dr T J Noble, Executive Medical Director</i>	<i>Assurance</i>		10
D	True North SA2 & 3- PEOPLE AND ORGANISATIONAL DEVELOPMENT			10:05
D1	Board Assurance Framework <i>Karen Barnard, Director of People and Organisational Development</i>	<i>Assurance</i>		5
D2	Our People Update <i>Karen Barnard, Director of People and Organisational Development</i>	<i>Assurance</i>		10

E	True North SA4 - FINANCE AND PERFORMANCE			10:20
E1	Board Assurance Framework <i>Alex Crickmar, Acting Director of Finance & Rebecca Joyce, Chief Operating Officer</i>	Assurance		5
E2	Finance Update <i>Alex Crickmar, Acting Director of Finance</i>	Note		10
E3	Operational Update – Looking Forward <i>Rebecca Joyce, Chief Operating Officer</i>	Assurance		10
E4	Performance Update <i>Rebecca Joyce, Chief Operating Officer</i>	Assurance		10
E5	Ambulance Handover Delays <i>Rebecca Joyce, Chief Operating Officer</i>	Assurance		15
BREAK 11:10 – 11:20				
F	STRATEGY			11:20
F1	Doncaster & Bassetlaw Teaching Hospitals Strategy Review Listening Exercise <i>Marie Purdue, Director of Strategy and Improvement Emma Shaheen, Head of Communications & Engagement</i>	Review		10
F2	Bassetlaw Children’s Services Engagement <i>Marie Purdue, Director of Strategy and Improvement</i>	Note		10
F3	True North, Breakthrough and Corporate Objectives 2021/22 – Q2 Directors Update <i>Richard Parker OBE, Chief Executive</i>	Approve		10
G	GOVERNANCE AND ASSURANCE			11:50
G1	Corporate Risk Register <i>Fiona Dunn, Deputy Director Corporate Governance/Company Secretary</i>	Review		5
G2	Use of Trust Seal <i>Fiona Dunn, Deputy Director Corporate Governance/Company Secretary</i>	Approve		5
BREAK 12:00-12:10				
H	INFORMATION ITEMS (To be taken as read)			12:10
H1	Chair and NEDs Report <i>Suzy Brain England OBE, Chair</i>	Information		
H2	Chief Executives Report <i>Richard Parker OBE, Chief Executive</i>	Information		
H3	ICS Update <i>Richard Parker OBE, Chief Executive</i>	Information		

H4	Performance Update Appendices <i>Rebecca Joyce, Chief Operating Officer</i>	Information		
H5	Minutes of the Finance and Performance Committee – 24 September 2021 <i>Neil Rhodes, Non-Executive Director</i>	Information		
H6	Minutes of the Quality and Effectiveness Committee – 3 August 2021 <i>Pat Drake, Non-Executive Director</i>	Information		
H7	Minutes of the People Committee – 7 September 2021 <i>Sheena McDonnell, Non-Executive Director</i>	Information		
H8	Minutes of the Charitable Funds Committee – 10 June 2021 <i>Mark Bailey, Non-Executive Director</i>	Information		
H9	Minutes of the Audit & Risk Committee – 15 July 2021 <i>Kath Smart, Non-Executive Director</i>	Information		
H10	Minutes of the Trust Executive Group – 13 September 2021 and 11 October 2021 <i>Richard Parker OBE, Chief Executive</i>	Information		
I	OTHER ITEMS			12:15
I1	Minutes of the meeting held on 19 October 2021 <i>Suzy Brain England OBE, Chair</i>	<i>Approval</i>		5
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 21 December 2021 Time: 9:30 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			12:30

*Governor Questions

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

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

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

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



Suzy Brain England, OBE, Chair of the Board



Action notes prepared by:

Angela O'Mara

Updated:

19 October 2021



**Doncaster and Bassetlaw
Teaching Hospitals**

NHS Foundation Trust

Action Log

Meeting:	Public Board of Directors	KEY	
Date of latest meeting:	19 October 2021	Completed	On Track
		In progress, some issues	Issues causing progress to stall/stop

No.	Minute No.	Action	Lead	Target Date	Update
1.	AR21/05/E 2i	Escalation to Board – Job Planning Internal Audit Report The internal audit report on Job Planning would be escalated to the Board for review.	TN	September 2021	Update 21.9.2021 – development of policy and procedures was ongoing. Action plan in place. Update to be provided to Audit & Risk Committee on 12.10.2021 Update 19.10.2021 - on 12 October 2021 the Audit & Risk Committee (ARC) received an update, including a revised timeline, from the Executive Medical Director. It was agreed that ARC would continue to monitor progress and a further update would be timetabled in 2022. As a result, the Chair of ARC agreed it was appropriate for the Board action to be closed.
2.	P21/07/D2i	Diagnostic Framework Self-Assessment – Board Leadership Action would be taken to determine the information provided to arrive at the outcome of the Diagnostic Framework Self-Assessment for Board Leadership and what steps would be required to make improvements.	KB	September 2021 January 2022	In order to move this assessment to overall green there will be explicit inclusion of the importance and specific priority areas for health and wellbeing within the refreshed People Strategy together with an explicit funding stream. Update 21.9.2021 – refreshed People Strategy due by 31.12.2021 - action to be carried forward to January 2022

Action notes prepared by: Angela O'Mara
 Updated: 19 October 2021

No.	Minute No.	Action	Lead	Target Date	Update
3.	QEC21/08/C4i	<p><u>Safeguarding Information to Board</u> Following a discussion regarding the lack of safeguarding information received at Board, a decision would be made on whether a presentation update be provided to Board, or if regular information would be provided as part of the Chief Nurse report.</p>	DP	November 2021 January 2022	To be included in the Chief Nurse Update Update 12.11.2021 to be reported in January 2022 report.
4.	P21/09/C2	<p><u>Civility Training</u> September's Chief Nurse report highlighted that 50% of complaints in respect of staff values and behaviours related to medical staff. An update to be incorporated in the next Board report with regards to the provision of civility training.</p>	DP KB	November 2021	To be included in the Our People Update
5.	P21/09/C2	<p><u>Nursing Budgets and Establishments</u> To incorporate an update on nursing budgets and establishments in November's Chief Nurse paper.</p>	DP	November 2021	To be included in the Chief Nurse Update

COVID19 Major incident			
Risk Owner: Trust Board Committee: Q&E, F&P,	COVID19 - Addition to SA1	Date last reviewed : SEPT 2021	
<p>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.</p>	<p>Risk Appetite: The Trust has a high appetite for risks that impact on patients and staff during a worldwide pandemic.</p>	<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"> 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 – <ul style="list-style-type: none"> Changes to rules of the elective incentive fund with increase of thresholds to 95% impacting on funding available to deliver additional activity as per accelerator plans – impact for waiting lists and associated patient care. Potential risk of long waiting patients presenting as emergencies or developing further complications. Impact on staff & Inability to provide viable service High number of staff absence (due to COVID related reasons) with impact on services across the board – impact on elective services which may affect ability to deliver the elective activity plan and supporting accelerator activity 	<p>Rationale for risk current score:</p> <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 	<p>Future risks:</p> <ul style="list-style-type: none"> Impact of COVID on elective restoration 	<p>Opportunities:</p> <ul style="list-style-type: none"> Change in practices, new ways of working by
<p>Controls / assurance (mitigation & evidence of making impact):</p> <ul style="list-style-type: none"> Pandemic incident management plan implemented. Governance & Performance Management and Accountability Framework 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 17/5/21: Operational Update / Delivery of Elective Restoration Update (Presentation) given to F&P Committee on monthly basis. Covers risk areas of Theatre staffing, Be Plan, Risk to patients & Oversight & Governance. Mitigation via high level actions from COO led Performance & Access Board. High level actions from Performance and Access Board Finalisation of 52 week trajectories and wider issuing of IQPR Confirm & Challenge events on Annual Plan end of May Clinically urgent care being prioritised Ongoing daily operational reviews to allocate or redeploy staff to maintain safe care, or mitigate risks in a particular service Thrice weekly enhanced operational meetings in place as cross Trust ongoing incident management arrangements Full projections of C19 demand & other emergency flow modelled with partners, & supporting bed modelling. This informs week to week operational plans & winter planning. Winter planning internally and with partners, incorporating ongoing response to COVID 	<p>Comments:</p> <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 	<p>Assurance (evidence of making an impact):</p> <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 Winter Plan 	<p>Gaps in controls / assurance (actions to achieve target risk score):</p> <ul style="list-style-type: none"> Overall delivery of work streams pandemic plans – link CRR Risk ID2472 on DATIX

OUR VISION : To be the safest trust in England, outstanding in all that we do			
True North Strategic Aim 1 – To provide outstanding care & improve patient experience.			
Risk Owner: Trust Board – Medical Director/Chief Nurse Committee: QEC	People, Partners, Performance, Patients, Prevention		Date last reviewed : November 2021
<p>Strategic Objective To provide outstanding care and improve patient experience</p> <p>Breakthrough Objective Achieve measurable improvements in our quality standards & patient experience</p>	<p>Risk Appetite: The Trust has a low appetite for risks</p> <p>Measures:</p> <ul style="list-style-type: none"> • Ward/department quality assessment scores, recommencement of quality frameworks. Work on the roll out of the Perfect ward to commence in quarter 3. • 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 division’s breakthrough objectives • Clinical effectiveness, processes to include the following of NICE guidance • IQPR measures • Co-production of changes with patients • Insights profiles from CQC 	<p>Initial Risk Rating Current Risk Rating Target Risk Rating</p>	<p>4(C) x 5(L) = 16 extr 4(C) x 4(L) = 16 extr 3(C) x 3(L) = 9 low</p>
<p>Risks:</p> <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 • Risk to safety and poor patient experience if we do not improve emergency flow in our capacity constrained environment • Current gaps in registered workforce whilst New registrants and international nurses complete preceptorship with increased reliance on agency staff. 	<p>Rationale for risk current score: Impact:</p> <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 	<p>Future risks:</p> <ul style="list-style-type: none"> • Impact of COVID on elective restoration • Staff engagement post covid • Patient expectations following Covid • Staff working in separate areas following the incident in the women’s hospital. 	<p>Risk references: Q&E9, F&P 6 and F&P 8.</p> <p>Opportunities:</p> <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 • Review of quality processes within the ICS
<p>Controls / assurance (mitigation & evidence of making impact):</p> <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 • Urgent and Emergency Care Improvement Programme to address emergency flow issues • Winter planning process 	<p>Comments:</p> <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 <p>Gaps in controls / assurance (actions to achieve target risk score):</p> <p>Uncertainty re COVID recovery outcomes</p> <p>Uncertainty re SYB ICS changes</p>	<p>Assurance (evidence of making an impact):</p> <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. Action plans completed against internal audit and reviewed at QEC in June.</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. BAF reassessed 14th July 2021, to be reassessed with latest guidance.</p> <p>Trust plan against the Ockenden Report, plan reviewed at Board February 2021 and QEC April 2021. Ockenden information uploaded to national portal on 1st July 2021.</p> <p>CNST 10 elements to be uploaded on the 22nd of July.</p> <p>SNCT undertaken to ensure safe staffing completed in June 2021.</p> <p>Action plans to respond to CQC patient surveys</p>	

Report Cover Page					
Meeting Title:	Board of Directors				
Meeting Date:	16 November 2021	Agenda Reference:	C2		
Report Title:	Chief Nurse Report				
Sponsor:	David Purdue – Chief Nurse and Deputy Chief Executive				
Author:	Lois Mellor, Director of Midwifery Abigail Trainer, Director of Nursing Cindy Storer, Deputy Director of Nursing, Patient Safety Stacey Nutt, Deputy Director of Nursing, Patient Experience David Purdue, Chief Nurse and Deputy Chief Executive				
Appendices:	None				
Report Summary					
Purpose of report:	<p><i>To provide information and assurance on the key deliverables for patient experience and safety.</i></p> <p><i>To provide assurance against the outcome measures for Maternity Services</i></p> <p><i>To provide assurance against safe staffing numbers for nursing and midwifery</i></p>				
Summary of key issues/positive highlights:	<ul style="list-style-type: none"> • Good progress is being made in relation to objectives. • Current performance against Maternity Dashboard • Learning areas from reports and incidents • Current staffing shortfalls and mitigation of risks 				
Recommendation:	To note and receive assurance				
Action Require:	Approve	Information	Discussion	Assurance	Review
Link to True North Objectives:	TN SA1: <i>To provide outstanding care for our patients</i>	TN SA2: <i>Everybody knows their role in achieving the vision</i>	TN SA3: <i>Feedback from staff and learners is in the top 10% in the UK</i>	TN SA4: <i>The Trust is in recurrent surplus to invest in improving patient care</i>	
Implications					
Board assurance framework:	None				
Corporate risk register:	None				
Regulation:	CQC – Safe Care and Treatment and Patient Centred Care. Achievement of Outstanding.				
Legal:	Trusts licence to operate				
Resources:	Nil				
Assurance Route					
Previously considered by:	Board of Directors, Quality and Effectiveness Committee				

Date:	Oct/Nov2021	Decision:	Regular updates required to QEC
Next Steps:	Update progress to QEC		
Previously circulated reports to supplement this paper:	None		

Safety Report

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.

Division questions for the Safety Culture index are now included in the Division Framework for the Quality and Effectives Committee.

The feedback from the 2 pilot areas for the new safety culture tool has been shared with the teams in theatres and maternity. The sample size in some departments was low so surveys are going to be repeated. The outcomes are being used to develop bespoke training relating to human factors.

INSIGHT

There was one serious incident and one never event in October:

- Retained foreign object post procedure (Never event)
- Wrong patient discharged, leading to delayed treatment

Learning from both incidents have been shared across the divisions. Individual support has been provided to the staff involved in the incidents.

This brings the total number of serious incidents for care issues, year to date to 16. This includes one never event this year. Total serious incidents year to date is 22 including care issues, HSIB and falls.

HSIB Investigations

There have been three HSIB investigations, year to date, which have been reported as serious incidents.

After Action Review (AAR)

There were four After Action Reviews declared in October.

The total number of AAR this year has been 10.

Patient Safety Incident Response Framework (PSIRF)

Following guidance from the national patient safety team, work is now in draft phase for the patient safety incident response plan. This is following analysis on the past three years of data on patient safety incidents, serious incidents, moderate harms, complaints and inquests. This analysis will form part of the Trust proposal on a patient safety incident response plan, in readiness for the launch of the national framework for PSIRF next year.

Falls

There were 132 falls in October. Of these, 104 resulted in no harm of which 10 were non-inpatient. 24 falls have resulted in low harm and three of these were non-inpatient. There have

been two moderate harms, one on FAU and one on ATC. There has been 2 severe harm on Respiratory 20 and A4.

Learning from falls includes a message around the use of safety sides. While there is a tendency to automatically put safety sides up when assisting a patient into bed, the Trust Falls Panel have recently reviewed a few incidents where the use of safety sides appears to be inappropriate and inconsistent to the patients assessed needs. All learning from falls is collected into infographics and shared regularly in the Sharing How We Care newsletter.

Hospital Acquired Pressure Ulcers (HAPU)

There were 69 HAPU in October 2021 affecting 54 patients. Of these, two were Category three HAPU and 5 are unstageable HAPU awaiting reclassification within the next 14 days.

This brings the total number of HAPU year to date to 550, affecting 447 patients. Of these, there were 16 Category three HAPU and 3 Category four HAPU.

Learning from HAPU has identified the need for earlier intervention into the lower category HAPU to proactively prevent any further deterioration. The skin integrity team have identified how to provide this early clinical input and will be evaluating the impact of their interventions. All learning for HAPU is shared by a successful social media page where clinicians can interact with messages and ask questions for further learning.

Infection Prevention and Control

Clostridium difficile

There were 4 cases of Clostridioides difficile in October 2021. 3 cases were Hospital Onset, Hospital Acquired (HOHA). One case was Community Onset, Hospital Acquired (COHA).

This brings the total number of cases of Clostridioides difficile to 30 against a trajectory of 48 (17 HOHA and 13 COHA).

All CDiff cases have a post infection review led by a director to assess any factors which may have contributed to the infection. No care issues have been identified in these cases.

e-Coli Bacteraemia

There were 10 cases of E.coli bacteraemia in October 2021.

The total number of cases, year to date is 30 against a trajectory of 115, we are therefore on track to achieve this trajectory by March 31st 2022.

MRSA bacteraemia

There was no MRSA bacteraemia reported in October 2021.

MRSA Colonisation

There was 1 reported MRSA colonisation in October 2021, with a year to date total at 9 cases. The previous Cluster identified on the Neonatal unit has resolved and there have been no further cases identified. The unit remains under supervision from the Infection Prevention and Control Team.

Nosocomial Covid 19

There was 1 outbreak ward identified in October which affected 2 patients and 1 member of staff. Enhanced surveillance has not identified any further cases and the outbreak has now closed.

INVOLVEMENT

The framework for involving patients in patient safety

This was released in June and is split into two parts

- Part A: Involving patients in their own safety
- Part B: Patient safety partner (PSP) involvement in organisational safety

<https://www.england.nhs.uk/publication/framework-for-involving-patients-in-patient-safety/>

Part B of the framework 'PSP involvement in organisational safety' relates to the role that patients, carers and other lay people can play in supporting and contributing to a healthcare organisation's governance and management processes for patient safety.

The ambition is to have patient safety partners in place by the end of Q1 2022/23.

Patient Safety Syllabus

The Trust wide Learning Needs Analysis has been completed and this will apply to all Trust staff, including a module for the Board of Directors. Work has been completed to ensure this will be available on ESR. Level one and two are now available.

IMPROVEMENT

Shared Learning

Following investigation, recommendations and learning from patient safety incidents, the monthly patient safety newsletter Sharing How We Care (SHWC) continues to be written and published each month with October 2021 being the 30th edition.

Digital Transformation

The digital transformation programme continues by introducing the Core Risk Bundle of Nursing Assessments by the end of December. The move towards electronic patient records is welcome and builds on the success of the electronic observations and sepsis screening.

Datix Update

Datix is the Trust risk management electronic system, currently there are a number of issues with the system which are affecting its effectiveness. IT are supporting the safety team to ensure the functionality of the system.

Patient Experience

Complaints

There continues to be a reduction in complaints received with a total of 42 in October. This consisted of 40; 40 WD, 0; 60 WD and 2 MP complaints, giving a year-to-date figure of 345 compared to 209 for the same period in 2020-21. Although this looks to be a substantial increase there was also 189 concerns and questions, which would have brought the YTD comparison to 398. Therefore overall, this year we are seeing a reduction in the amount of formal feedback received.

When split by Division, Medicine received 20 complaints, Surgery and Cancer 9 and Children's and Families 8, it is worth noting that there are increasing numbers of complaints in Surgery and Cancer that are associated with Outpatients. An Outpatients clinical governance group has been formed where themes from complaints will be reviewed and learning shared across all outpatient areas.

There was a continued reduction in the number concerns logged with 29 this month, 48% of these were logged as 'Values and Behaviours'. The Patient Advice and Liaison team are working hard to deal with contacts informally and directly with departments to provide resolution before needing to record as a concern.

The top themes of October complaints continues to be Diagnosis (with 12 complaints), Patient Care (11) Values and Behaviours (6), Communication (4) and Access to Treatments (3).

In October 40 complaints (including 1 MP complaint) were closed. 1 complaint had no outcome recorded giving a compliance rate of 98%. Of the 24 complaints (40/60/MP) that were either 'upheld' or 'partly upheld'. 21 had learning recorded (88%) and most importantly the learning is becoming much more meaningful. Month on month the number of complaints being closed is consistently good which is pleasing when clinical teams are under significant pressure dealing with operational issues at times of unprecedented emergency activity through the departments.

In October there has been 1 PHSO contact advising for further response to a complaint within Surgery and there continues to be just 1 ongoing investigation.

Maternity Safety Report

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

1.1 Stillbirths and late fetal loss > 22 weeks

Initial review findings	PMRT and investigation /review outcome
P0. GDM, Reported change in movements antenatally. SI (report outstanding). PM shows maternal diabetes effects on placenta	Awaiting Grading
P0. Severely pathological CTG on admission and fetal demise whilst on CTG. SI (report outstanding) Asymptomatic of covid, detected on admission. Cause of death: Covid changes to placenta severe necrosis.	Grading of care: B & A
P1. no FH on home Doppler, no FH on scan. Covid Positive. Cause of death: Covid changes to placenta	Awaiting Grading
Attended OOO/A&E with abdominal pain ?UTI x2. one twin delivered off pathway, second on delivery suite. Cause of death: Covid changes to placenta	Grading of care: A & A
P0. Type 1 diabetic. Hypertension. referred to FMU Sheffield. Sadly no FH when attended. Cause of death: Severe placental maternal arterial mal-fusion.	Awaiting Grading
Un-booked and unknown pregnancy. Attended A&E with abdo pain, and then transferred to triage. No FH. Discharged against advice. Delivered at home. Attended with baby, wants no follow-up or contact to do with baby. No cause of death as investigations declined.	Review cancelled following MBRRACE discussion
Twin pregnancy. Raised BMI. Attended triage with PV bleed and abdo pain. Admitted to ward. Subsequently laboured overnight and transferred to CDS. SI (report outstanding) sadly both twins born with no signs of life. Investigations pending.	Due for discussion and grading November meeting
P1. Attended triage Decreased foetal movements, with tightenings. Sadly no FH. SI (report outstanding) HSIB referred. Full PM requested, awaiting reports.	Due for discussion and grading November meeting

1.2 Neonatal deaths

Initial review findings care until the birth of the baby	Initial review findings of care of the baby	PMRT and investigation /review outcome
Severe hypoplastic left heart syndrome, delivered at DRI, transferred to Leeds for postnatal opinion. Supported by Bluebell wood until death at 12 days. Declined bereavement support	Date of death 18/06/21 Cytogenetics normal, awaiting follow-up joint review with NNU team and FMU consultant to discuss care	Grading A & A
MTOP for severe spina bifida, Arnold Chiari malformation and cerebellum banna and severe bilateral ventriculomeglay. Born with signs of life.	HR detected following delivery Referred to coroner and rapid review and child response. Informed open and closed case. Awaiting investigations	PMRT Not applicable due to MTOP

1.3 Action Plan for Quarter 2

Case	Issue	Action	Plan	Person responsible & role	Target
	This mother and her partner were not able to be cared for in either a sound proofed room or a room away from other mother and crying babies because the facilities were not available	Review of bereavement facilities has begun	Serenity suite project to be launched.	Julie Humphries Intrapartum Matron And Bereavement Midwives	11.11.2021

2. Findings of review all cases eligible for referral to HSIB.

Cases to date	
Total referrals	17
referrals / cases rejected	4
Total investigations to date	13
Total investigations completed	12
Current active cases	1
Exception reporting	0

2.1 Reports Received since last report

Safety Recommendations

1. The Trust to ensure that mothers with a cumulative risk factors have an obstetric led individualised discussion about their risks, including the timing and mode of birth
2. The Trust to ensure that mothers with complex medical factors have obstetric led risk assessment and an individualised plan for IOL, in conjunction with the multidisciplinary team
3. Trust to ensure staff are supported with clear guidance to support managing IOL services including triggers to support robust escalation when delays occur for any reason

Recommendations

1. The Trust to ensure mothers with complex medical factors have obstetric led risk assessment and an individualised plan for induction of labour, in conjunction with the multidisciplinary team.
2. The Trust to ensure staff are supported with clear guidance to support managing induction of labour services including trigger to support robust escalation when delays occur for any reason.
3. The Trust to support to interpret a cardiotocograph in line with current national guidance (NICE, 2014)

2.2 Identified Key Learning Themes

The service asked HSIB to review the recommendations from all reports received from HSIB since December 2019 to help with improving the service.

2.3 Sharing of learning and changes made by the services in response to recommendations

- PROMPT training days using real life case for training
- Multidisciplinary Obstetric Case review meeting weekly to learn from cases and CTG's
- Twice daily MDT safety huddles to address operational risks (oversight of the whole service)
- Twice daily consultant Lead ward rounds

- Change made to K2 (electronic patient record) to mandate risk assessments and plans of care
- Training about all forms of bias added to the CTG training day in June 2021
- Induction of labour lead to coordinate and audit the IOL service

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

Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	July 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
88.66%	89.01%	87.13%	86.43%	83.01%	82.45%	84.51%	84.72%	84.21%	84.07%	84.63%	85.57%
Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	July 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21
85.23%	83.84%	84.11%	85.45%	86.16%	86.52%	84.01%	83.16%	83.77%			

PROMPT Compliance

MDT Role	Number of staff available to train	Number of staff that have attended PROMPT	Compliance
Consultants & Staff Grades	17	17	100%
SPR's & SHO's	28	7	24.13%
Midwives	166	142	85.5%
Anaesthetists	32	24	75%
Maternity Theatre ODPs	58	16	27.5%
HCA's/MSW's	65	32	49.2%
<u>DIVISIONAL</u>	<u>367</u>	<u>238</u>	<u>64.8%</u>

Concerns & Actions:

CNST

- Year 4 launched 9th August.
- PROMPT needs to return to face to face in line with PHE and CNST Y4.

PROMPT

- Anaesthetic staff now being rostered on to attend. Compliance increasing.
- All Theatre ODP/Nurse staff are booked to attend between now and March 2022.
- MSW numbers very low – all managers given dates and asked to allocate staff to attend.

The educator roles are currently vacant, and the education team are developing an interim solution to support the maternity services until a permanent solution can be arranged.

The CD has identified medical staff to support PROMPT training, however the midwifery team can only provide limited support due to the current and ongoing midwifery vacancies. There is also a national deficit in neonatal life support training (NLS), the service is looking to utilise in house training.

This is an ongoing risk for the service, and has been added to the risk register.

4. Service User Voice feedback

The chair for Bassetlaw MVP has stepped down, and there is an interim solution at Doncaster. The service is working with the CCG's to combine the MVP's going forward, and work together. There is ongoing membership from women at the MVP's.

The service has also signposted two of women who have raised concerns or lodged a formal complaint to the MVP's to work with the service to make changes and improvements.

The DoM also has recently engaged with a grandmother who has two daughters who have used the service in 2018, 2019 and 2021 to work with the MVP's in making improvements.

5. HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust

None.

6. Coroner Reg 28 made directly to Trust

The service has received two recent PFDR from the Doncaster Coroner. One relates to training on confirmation bias for the multi-disciplinary team, the second case relates to side lying breast feeding.

The responses are due back to the coroner on the 15th and 18th November, and the initial drafts are being reviewed.

7. Progress in achievement of CNST 10

Submission was completed on 20th July 2021 declaring full compliance clarification has been requested by the team for three queries. Responses have been sent, and feedback is expected soon.

Year 4 standards are in progress.

Nursing and Midwifery Staffing

All NHS Trust providers are required to publish Nursing and Midwifery staffing data on a monthly basis. The data describes planned hours for staffing based against the actual hours worked. In addition to this the care hours per day (CHPPD) are reported as a monthly metric. In the last 12 months the on-going Covid 19 pandemic has created additional workforce challenges across the breath of the organisation, with particular pressure in areas such as respiratory and critical care. This has been reflected in our safe staffing data with a number of areas 10% under their planned versus actual.

40 inpatient wards were open throughout September.

- **17 (42.5%) were on green for planned versus actual staffing.**
- **6 (15%) wards were on amber for being 5% under planned versus actual staffing (A5, SCBU, C1, Ward 26, SAW, 1&3).**
- **2 (5%) wards were amber for being 5% over planned versus actual staffing (Rehab 1 and Ward 19).**
- **13 (32.5%) wards were red for being 10% under planned versus actual staffing (CDS, M2, M1, G5, ITU, ATC, Respiratory 21, Respiratory 20, 24, A4, S10, S11, C2/CCU).**
- **2 (5%) wards in September (Rehab 2 and Ward 25) which were over 10% of their planned versus actual staffing.**

40 inpatient wards were open throughout October.

- **16 (40%) were on green for planned versus actual staffing.**
- **5 (12.5%) wards were on amber for being 5% under planned versus actual staffing (B5, S10, S11, B5, SAW).**
- **3 (7.5%) wards were amber for being 5% over planned versus actual staffing (Haem, Rehab 1, Mallard).**
- **13 (32.5%) wards were red for being 10% under planned versus actual staffing (B6, A5, C1, CCU/C2, Ward 24, Ward 20, Ward 21, ITU, G5, M1, M2, CDS, A4).**
- **3 (7.5%) wards in October (Rehab 2, S12 and St Leger) which were over 10% of their planned versus actual staffing.**

The number of areas reporting 10% reduction against planned versus actual have remained static from since July. 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 six of these areas had less than 40% (average) 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 are sent to bank and agency. A formal process has been put in place to ensure any shifts that are requested via tier 2 agency require executive approval. The Divisional Nurse Directors have also devised a risk-based plan to ensure shifts are automatically sent to agency at 24 or 72 hours depending on the associated risk in that area. If the shift isn't filled by bank or tier 1 agency 24 hours prior to the request Executive Director sign off is then sort to utilise tier 2 agency.

The number of staff Covid positive or isolating has continued to decline. Currently 1.4 % of the workforce are off work due to Covid related sickness. This is across all staff groups not just nursing and midwifery.

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.

There continues to be areas of risk across all the divisions. This is having a direct impact on patient care. The requirement for staff to take annual leave has compounded availability in all areas. This coupled with an increase in general sickness, vacancy factor (especially in the medical division), extra beds opened and the increase in activity and acuity has put nursing and midwifery teams under considerable pressure across this time period.

To mitigate these risks the pool ward has been extended as this offer enhanced rates to staff and they are allocated on a shift by shift basis to the area with the greatest risk. The agency cascade has been reviewed to ensure all vacant registered nurse shifts are shared earlier with the agencies to improve fill rates. Other enhancements in key areas such as respiratory, orthopaedics maternity and theatres have also been extended to try and improved fill rates for registered nurse and midwifery shifts.

Work has been completed with the Divisional Directors of Nursing and the Management Accountants to agree the establishments for each division and to ensure these are replicated within the Eroster system. A paper will go to the corporate investment committee to agree the H2 additional staffing required for the current levels of acuity.

A review took place in September to analysis duty rosters in relation to annual leave percentages, rest days and compliance with E roster KPIs. This work was led by the Director of Nursing and E roster. Each division has been tasked with ensuring their establishment mirrors their budget so each area has the correct baseline to work from. A further review will take place in early 2022 by the Director of Nursing and E roster to support them with management of annual leave, owed hours and rest days.

There has been a planned approach to utilise the first cohort of international nurses in key areas of risk such as gastroenterology, respiratory medicine, theatres and also 1 cohort of 10 staff at Bassetlaw. The first three cohorts have commenced in post with the final two starting before the end of December 2021. This staff group will need to undertake their OSCEs and obtain their NMC pin number so would be a midterm solution for key areas of risk.

The Trust is also being supported by additional funding from NHSE to recruit a further 45 International nurses in 2022.

The impact of the major incident in the Women's and Children block (flood damage to the estate) has had a detrimental impact on nurse staffing in all services. Due to the relocation of Paediatric services onto the main site this has put some pressure on nurse staffing due to services not being co-located. Work is ongoing to ensure the estate is fit for purpose and the senior nursing leadership team in paediatrics are continually risk assessing staffing to ensure patient demand is met. There is a planned trajectory to relocate paediatrics into modular wards from early December. This will have a positive impact on the overall bed base in the Trust and also the staffing model required in paediatrics.

Mitigation

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

The mitigation includes:

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

Future Developments

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

As part of the future developments for 2021/22 the senior nursing leadership team are planning to roll out Allocate SafeCare model to support how nurse staffing is managed and risk-based decisions are made. 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. The Head of Nursing for Workforce is leading this programme and along with the E roster team will have SafeCare operationalised at Bassetlaw site by February 2022. Doncaster and Mexborough will be the second phase.

A review of Health Care Assistant (HCA) recruitment is taking place. This is being led by the Director of Nursing. Due to ongoing recruitment issues in all areas of the care sector our pipeline for qualified HCA staff has diminished significantly. A review of our training offer is being undertaken and there is a plan to undertake a HCA trainee scheme for applicants who have no formal care experience. This recruitment drive will be values based and a training plan will be tailored for these staff across a 6-month period.

The Director of Nursing 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. A business case planning session has taken place with key stakeholders and it's expected that the business case will be shared at the relevant internal forums in November 2021.

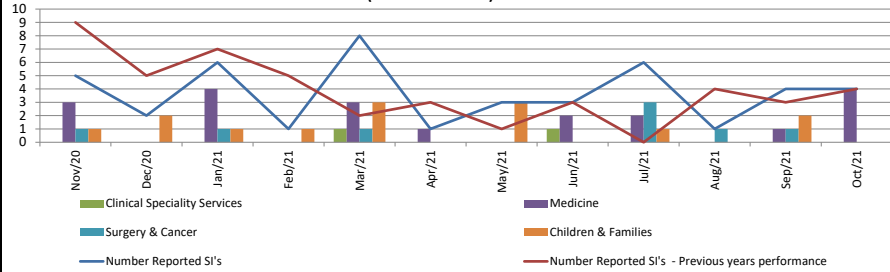
Serious Incidents - October 2021 (Month 7)

(Data accurate as at 14/11/2021)

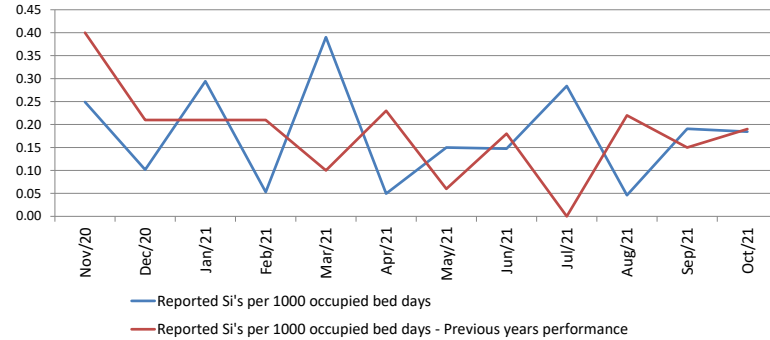
Please note: At the time of producing this report the number of serious incidents reported are prior to the RCA process being completed.

Overall Serious Incidents

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



Serious Incidents per 1000 occupied bed days



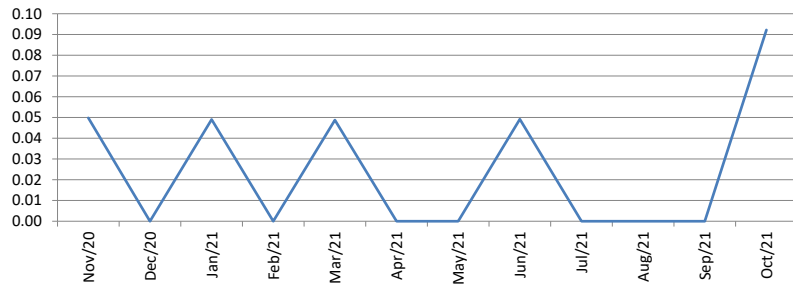
Current YTD reported SI's (April - October 21)	22	Number reported SI's (Apr 20 - October 20)	40
Current YTD delogged SI's (April - October 21)	0	Number delogged SI's (Apr 20 - October 20)	0

Maternity Serious Incidents

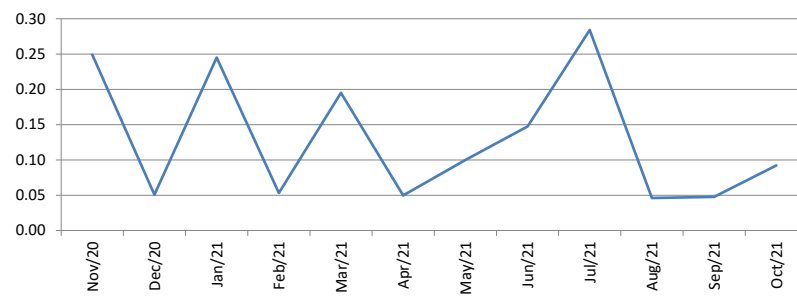
There have been no Serious Incidents in Maternity during October

Serious Incident Themes

Serious Falls per 1000 occupied bed days



Care Issues per 1000 occupied bed days

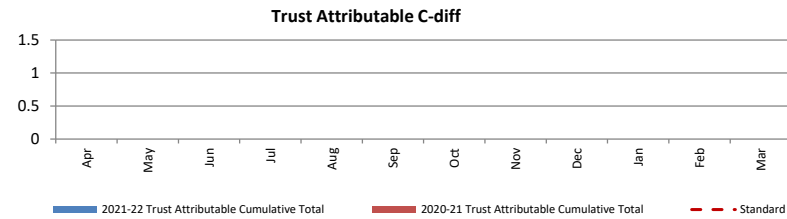
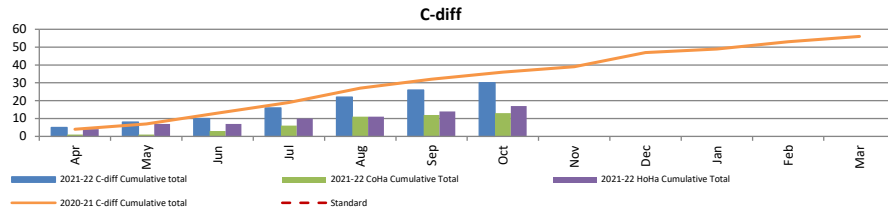


Infection Control C.Diff - October 2021 (Month 7)

(Data accurate as at 14/11/2021)

	Standard	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD
2021-22 Infection Control - C-diff	44 Full Year	5	3	2	6	6	4	4	30
2020-21 Infection Control - C-diff	39 Full Year	4	3	6	6	8	5	4	36
2021-22 Trust Attributable	12	0	0	0	0	0	0	0	0
2020-21 Trust Attributable	12	0	0	0	0	0	0	0	0

	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD
2021-22 - HOHA	4	3	0	3	1	3	3	17
2020-21 - HOHA	3	2	5	4	7	5	2	28
2021-22 COHA	1	0	2	3	5	1	1	13
2020-21 COHA	1	1	1	2	1	2	2	10

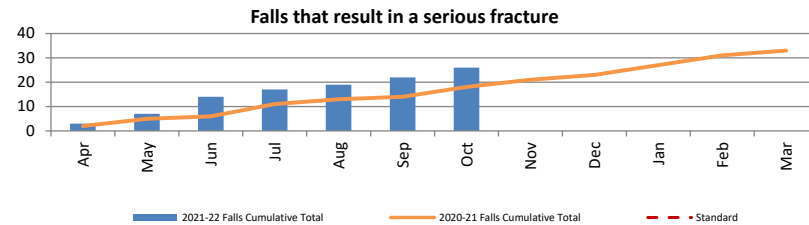


Pressure Ulcers & Falls (Moderate/Severe Harm) - October 2021 (Month 7)

(Data accurate as at 14/11/2021)

	Standard	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD
2021-22 Serious Falls (moderate/severe harm)	TBC	3	4	7	3	2	3	4	26
2020-21 Serious Falls (moderate/severe harm)	40	2	3	1	5	2	1	4	18

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	Oct	YTD
2021-22 Pressure Ulcers	TBC	83	70	80	75	106	67	71	552
2021-22 Pressure Ulcers (Cat 4)		0	0	0	1	0	2	0	3
2021-22 Pressure Ulcers (Cat 3)		4	3	0	0	7	0	4	18
2021-22 Pressure Ulcers (DTI Low Harm/Cat 2)		77	67	80	74	98	65	66	527
Mucosal Pressure Ulcer (reported as of October 2021 as per guidance)								1	1
2021-22 Pressure Ulcers (UNS)		2	0	0	0	1	0	0	3

	Standard	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD
2021-22 Number of patients with Pressure Ulcers	TBC	66	60	63	62	86	54	54	445
2021-22 Number of patients - Pressure Ulcers (Cat 4)		0	0	0	1	0	1	0	2
2021-22 Number of patients - Pressure Ulcers (Cat 3)		3	3	0	0	7	0	3	16
2021-22 Number of patients - Pressure Ulcers (DTI/low Harm/Cat 2)		61	57	63	61	78	53	50	423
Mucosal Pressure Ulcer (reported as of October 2021 as per guidance)								1	1
2021-22 Number of patients - Pressure Ulcers (UNS)		2	0	0	0	1	0	0	3

Report Cover Page					
Meeting Title:	Board of Directors				
Meeting Date:	16 November 2021	Agenda Reference:	C3		
Report Title:	Medical Director Update				
Sponsor:	Dr Timothy Noble, Executive Medical Director & Responsible Officer				
Author:	Dr Timothy Noble, Executive Medical Director & Responsible Officer				
Appendices:	None				
Report Summary					
Purpose of report:	To update the Board on work led by the Executive Medical Director's Office				
Summary of key issues/positive highlights:	<p>The Executive Medical Directors report provides information on.</p> <ul style="list-style-type: none"> ▪ Admitted RTT active waiting list stratification ▪ Summary Hospital Level Mortality Indicator (SHMI) ▪ The work of the Medical Examiner Team. ▪ Clinical governance structure. ▪ Medical School Quality Visit ▪ Compliance with the Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013). ▪ Compliance with HTA guidance 				
Recommendation:	The Board is asked to note the update.				
Action Require:	Approval	Information √	<u>Discussion</u>	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:	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"> ▪ Revalidation Annual Report presented to People Committee (2.11.2021) 				

		<ul style="list-style-type: none"> ▪ RSAB reports directly to the Clinical Governance Committee (CGC) monthly. The information contained within this report will be presented to CGC at its meeting on the 19.11.2021 ▪ Progress on the Clinical Governance review is reported to Clinical Governance Committee & Quality & Effectiveness Committee monthly. 	
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 Executive Medical Director's office.

1) Risk Stratification Assurance Body

As of 4th November 2021, 97% 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. This is a significant improvement on previous months.

2) Mortality update

During the Covid-19 pandemic the mortality reports to the Board of Directors have been limited to Hospital Standardised Mortality Ratio (HSMR) as it was recognised that SHMI was not designed to for this type of pandemic activity and the statistical modelling used to calculate the SHMI may not be robust if Covid activity is included.

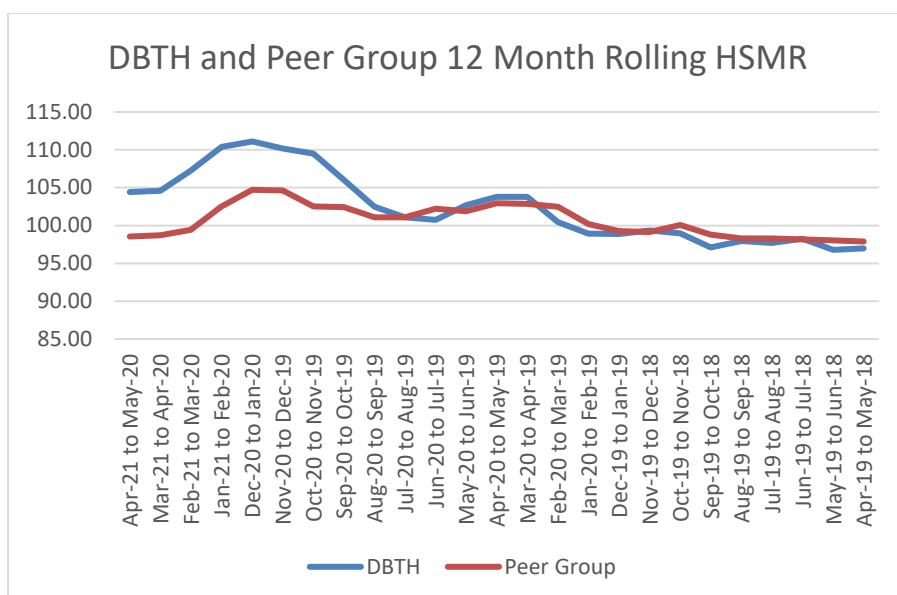
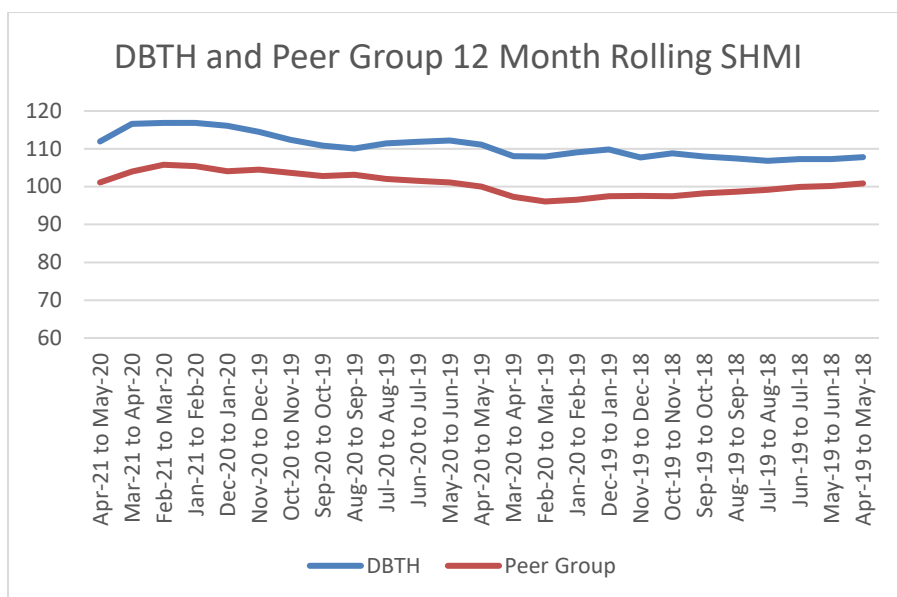
HSMR is based on a basket of diagnoses representing 85% of deaths and focuses on **inpatient** deaths adjusted for palliative care and co-morbidities to establish the risk profile as identified by coding using the Charlson Index. This is based on the risk profile of certain conditions over a ten-year period and is regularly rebased nationally to take into account developments in care.

In contrast, the SHMI looks at all deaths both **in hospital and in the community** up to 30 days following discharge. The cause of death when occurring after discharge is attributed to the hospital admission, regardless of the actual cause. While there is still an element of correction for risk and co-morbidity, this is not as granular as for HSMR which also corrects for deprivation, disease severity and number of admissions. Importantly, patients known to require a palliative pathway are included in this cohort in SHMI and this indicator makes no allowance for patients where death is expected.

The graphs below indicate that while the SHMI has been above the peer group selected through HED on the basis of hospitals similar to DBTH in terms of case mix, this was within the expected range until recently. Figures for the periods between April 2020 and March 2021 and again between July 2020 and June 2021 show the SHMI to be 1.13. Between January 2020 and December 2020, the SHMI was 1.11 within the expected range. While there has been a slight increase in the SHMI, this now seems to have stabilised.

HSMR has consistently mirrored the mortality position with our peers apart from the recent effect of covid, although it remains within the expected range. There is currently an evaluation of the covid deaths being undertaken as part of Mortality Governance which will report in due course. This includes patients who were admitted with covid and those who acquired covid in hospital.

Currently the Medical Examiner office scrutinises all deaths within the Trust and there is a robust system of review of individual cases. The quarterly Learning from Deaths report highlights any learning that is extracted in addition to any learning which arises out of reviews where there may be potentially avoidable mortality.



3) Medical Examiner

Quarter 1 Learning from Deaths Report was presented to the Clinical Governance Committee in September 2021. Key items for noting are as follows:

- Trust deaths had decreased significantly in keeping with coming out of the winter period during Q1
- The Medical Examiner Team is now scrutinising all deaths in hospital of patients over the age of 18
- Structured Judgement Reviews (SJR) continue to be carried out in certain circumstances. This provides a qualitative assessment of each phase of care, the findings of which can also be aggregated to produce knowledge about clinical services and systems of care.
- Where the Medical Examiner identifies any concerns, most will be formally investigated via the clinical incident reporting system and existing governance processes rather than have a SJR.
- There was one death of a patient with a learning disability in quarter 1. The care provided was judged to be “good” with good evidence of multidisciplinary working. The only issue was the use of the term

“Learning difficulties” on the ReSPECT form. This matter has been raised via the specialty clinical governance lead.

- 90% of MCCDs, where there is no coronial input, are completed within three days.
- The Trust has appointed three extra Medical Examiners and a Medical Examiner Officer with a view to rolling out the process into non acute deaths

4) Clinical Governance Review

A full review of clinical governance processes is complete, and the new structure was supported by the Quality & Effectiveness Committee at the October meeting. Terms of reference are being developed for each of the new Committees which will include a review of the membership for each. The new structure will take effect from the 1st April 2022.

5) Excellent feedback from Medical School Quality Visit

At the September annual quality visit by Sheffield Medical School Professor Michelle Marshall thanked the Trust for the excellent training support given to the medical students during these challenging times. She met 63 students to receive direct feedback as well as reviewing the previous student feedback. Overall, the feedback had been very positive and acknowledged that the slight dip in feedback from Women’s Health was understandable given the recent circumstances related to the damage to the electrical systems in the Women and Children’s Hospital from the water ingress. Specifically, the students said they were made to feel very welcome, timetables worked well and when cancellations occurred these were rearranged. Students recognised some areas were busier than others which added challenges but were still happy with the opportunities to see patients and present cases.

This is obviously a reflection of the support across the organisation given by many of our staff in challenging circumstances, reflecting our strong educational culture even during the past 12 months. Richard Parker (CEO) thanked the medical school and all DBTH colleagues in making this possible. Alasdair Strachan (Director of Education and Research) also paid tribute to the undergraduate placement team for their immense work to enable this to happen.

Overall excellent feedback and a great credit to the Trust

6) Revalidation

In view of the covid pandemic, the national Medical Director for NHS England wrote to Responsible Officers and Medical Directors in England at the end of April 2021 advising that although the 2020/2021 Annual Organisational Audit (AOA) exercise had been stood down, organisations were required to report on their appraisal data to the Board or a sub-committee thereof.

An annual report was reviewed by the People Committee, a sub-committee of the Board on the 2nd November 2021 which confirmed that the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013). The Trust’s Statement of Compliance has been duly submitted in accordance with NHS England requirements.

7) GIRFT analysis of claims

The National Getting It Right First Time (GIRFT) programme is clinically driven and covers 40 specialties. It uses Trust level data to drive clinical improvement.

The GIRFT programme and NHS Resolution have shared “Litigation in Specialties Data Packs” regarding medical negligence claims in the Trust.

To consider the GIRFT data on claims, the following process is required:

- a) Legal Services to validate the data for each individual specialty/division. This will involve ensuring that the claims have been apportioned to the correct specialty.
- b) Once the validation has been undertaken, it is then necessary to forward the said data to the individual specialties/divisions for their consideration. This should be accompanied by the relevant documentation with respect to each case for the specialty/division to consider.
- c) Support needs to be provided to the Divisions to undertake this process and once the Specialties/Divisions have considered the data, and extracted the learning, this is then submitted to the central team for wider dissemination.

The Trust will establish a working group to take this forward in conjunction with the Patient Safety and Legal Services Teams.

8) Trust Compliance with Human Tissue Authority guidance

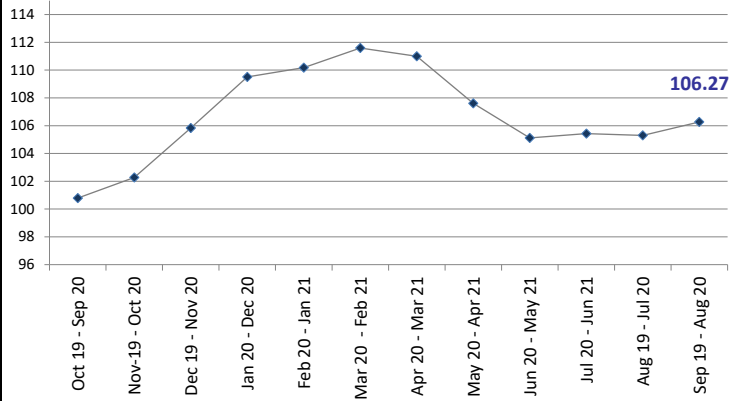
On the 12th October 2021 all Acute Trusts responsible for mortuary services received correspondence from NHSE/I requiring specific actions.

1. Ensure all access points to the mortuary or body store are controlled by swipe card security access. Where this is not immediately possible, organisations must assure themselves that there is sufficient mitigation in place to ensure the facilities are secure and there is auditable access.
2. There must be effective CCTV coverage in mortuary areas, and this should be reviewed on a regular basis by an appropriately trained and authorised individual. Specialist training and mental health support may be required to support staff to undertake this task.
3. A documented risk assessment of the facilities should be undertaken with regard to the operation, security and construction of the mortuary or body store area.
4. Ensure there is consistent application of appropriate levels of DBS checks for all Trust and contracted employees, specifically in line with requirements of the NHS Standard Contract. Employers are required to pay attention to the security features of a DBS certificate, and support on DBS checks can be found here.

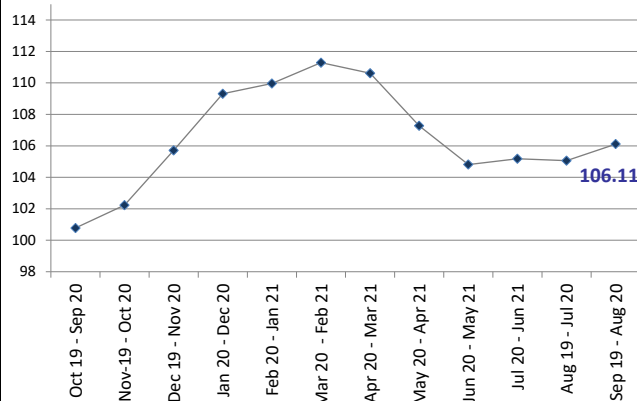
The Trust Estates Team have worked with colleagues in People and OD and Pathology to carry out and return the assessment. Additional actions will be taken to ensure full compliance with the required enhanced security measures and a full report will be presented to QEC.

Hospital Standardised Mortality Ratio (HSMR) - July/August 2021 (Month 4 & 5)

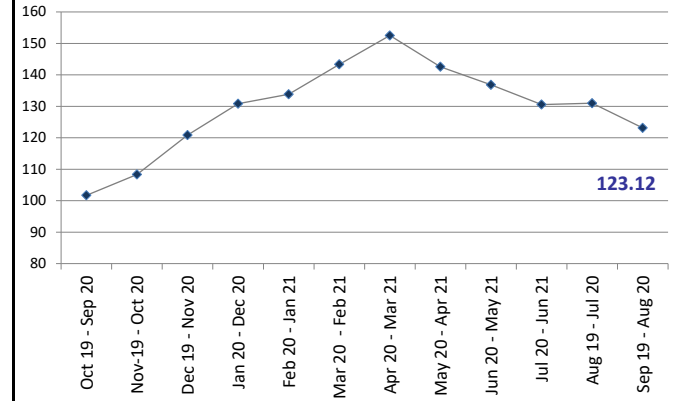
Overall HSMR (Rolling 12 months)



HSMR - Non-elective Admission (Rolling 12 months)



HSMR - Elective Admission (Rolling 12 months)



HSMR Trend (monthly)

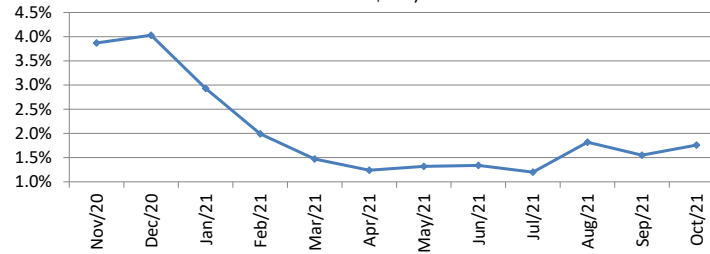
	2017	2018	2019	2020	2021
January	99.21	94.86	105.78	110.26	118.24
February	97.73	105.44	98.13	92.56	103.96
March	97.37	88.42	101.87	102.51	93.94
April	88.50	98.37	100.70	118.40	78.84
May	96.60	91.20	91.36	132.00	98.59
June	93.67	89.98	98.32	97.72	102.70
July	97.73	107.07	104.77	91.35	89.38
August	87.52	94.65	112.17	87.99	101.02
September	95.34	90.09	83.64	87.36	
October	88.66	96.74	100.24	117.17	
November	82.30	99.04	88.64	131.21	
December	93.52	80.45	103.24	144.31	

Crude Mortality (monthly) - September/October 2021 (Month 6 & 7)

(number of deaths/number of patient discharged)

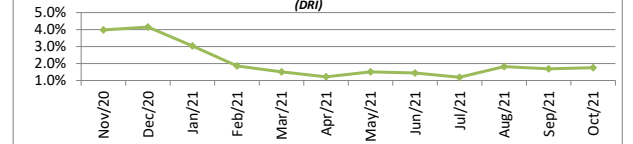
Crude Mortality (Trust)

(Trust)

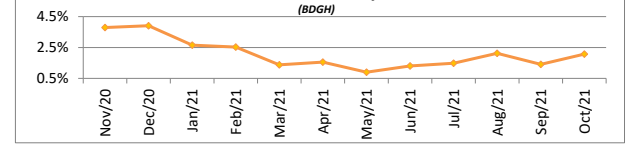


Crude Mortality (DRI)

(DRI)



Crude Mortality (BDGH)



	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Trust	3.87%	4.03%	2.93%	1.99%	1.47%	1.24%	1.32%	1.34%	1.19%	1.82%	1.55%	1.76%
DRI	3.98%	4.15%	3.04%	1.86%	1.51%	1.22%	1.51%	1.44%	1.18%	1.83%	1.75%	2.07%
BDGH	3.79%	3.91%	2.65%	2.53%	1.38%	1.55%	0.90%	1.30%	1.48%	2.12%	1.69%	1.41%



Quarter 1

Learning from Deaths Report

April to June 2021






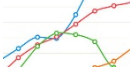



Karen Lanaghan – Lead Nurse End of life care services

Mandy Dalton & Gemma Wheatcroft – Lead Medical Examiner Officers



Learning from Deaths report, produced in line with the requirements of:

“National Guidance on Learning from Deaths” (National Quality Board, March 2017)

	<p>Deaths in Quarter 1 (Adult inpatients) Doncaster = 295 Bassetlaw = 93</p> <p style="text-align: right;">Total Inpatient deaths = 371</p>
	<p>Deaths in Quarter 1 (A&E) Doncaster = 33 Bassetlaw = 17</p> <p style="text-align: right;">Total A&E deaths = 50</p> <p style="text-align: center;">TOTAL DEATHS = 421</p>
	<p>Deaths Screened by MEO Doncaster = 281 Bassetlaw = 35</p> <p style="text-align: right;">Total MEO scrutiny = 316 75%</p>
	<p>Deaths scrutinised by ME Doncaster = 296 Bassetlaw = 80</p> <p style="text-align: right;">Total ME team Scrutiny =376 89%</p>
<p>Total deaths screened/scrutinised by ME team = 421/100% +3 Community Deaths</p>	
	<p>Structured Judgement Reviews (SJR) Number requested = 16 Themes of learning identified</p> <ul style="list-style-type: none"> • Concerns about EOL care not being started soon enough causing unnecessary interventions • Inconsistent medical input during inpatient episodes and families receiving conflicting information
	<p>Hospital Standardised Mortality Ratio (HSMR) 12 month rolling April = 81 May = 97 June = Awaited</p>
	<p>Top 5 cause of death recorded on MCCD this quarter</p> <ol style="list-style-type: none"> 1. Pneumonia (68) 2. Metastatic cancer (29) 3. Cardiac related (20) 4. Multi organ failure (10) 5. Covid 19 (9)
	<p>Top 5 "main condition treated" as coded from the notes:</p> <ol style="list-style-type: none"> 1. Pneumonia (62) 2. Sepsis (37) 3. Heart failure (21) 4. Cerebral infarction (18) 5. Aspiration pneumonia (15)
	<p>Percentage of MCCDs issued within 3 working days of death when no coronial involvement DRI 89% Bassetlaw 92%</p>

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1. Executive Summary and Achievements

This is Quarter 1 (2021/22) Learning from Deaths report in accordance with the National Guidance on Learning from Deaths (March 2017) . Once again we have seen a reduction in the number of in hospital deaths. There have been 421 deaths compared to 559 during quarter 4. This number of deaths is similar to the number for quarter 1 in pre covid times. 18/19 (440) and 19/20 (448)

As a result of this reduced number we have seen a significant increase in the number of deaths being scrutinised by the Medical Examiner (ME) Team and we are delighted to report that we have achieved 100% of all deaths for this entire quarter. This is an excellent start to the new financial year and a position that we hope we can maintain going forward.

The medical examiner team continue to spend a considerable amount of time speaking to bereaved people. This is one of the three components of ME scrutiny; asking the bereaved whether they have any questions about the circumstances of death or concerns about the care before death and in the majority of situations the feedback is very positive. When families are exceptionally complimentary about specific staff or teams, the ME office feed this back by way of an e-mail.

Should families raise issues with care, then the ME team always try to address this either by requesting a ward manager or Consultant to call the bereaved relative and offer further explanation and an apology. If it is clear that a family has a significant issue and wish to make a formal complaint, then they are signposted to PALS.

Any situations whereby the ME team feel that the death may have been avoidable or when care may have caused significant harm, these are referred to the patient safety team to be scoped as a potential serious incident.

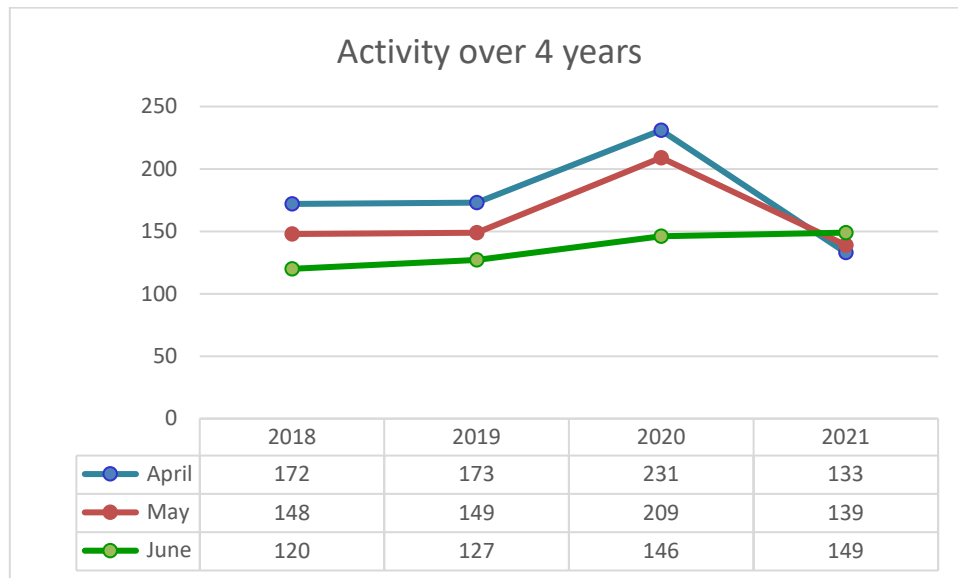
2. Introduction

A quarterly report on Learning from Deaths has been produced since April 2017 as dictated by the March 2017 National Guidance on Learning from Deaths. The report has evolved ever since as other processes and ways of working have been introduced. The most significant change since December 2019 has been the introduction of the Medical Examiner (ME) System and of course since March 2020 the national covid pandemic. We saw huge changes in processes due to the changes in legislation laid out by the Coronavirus Act 2020 which was published on 25th March 2020 and these changes have continued throughout the year and remain in place to this date.

3. Overview of Activity

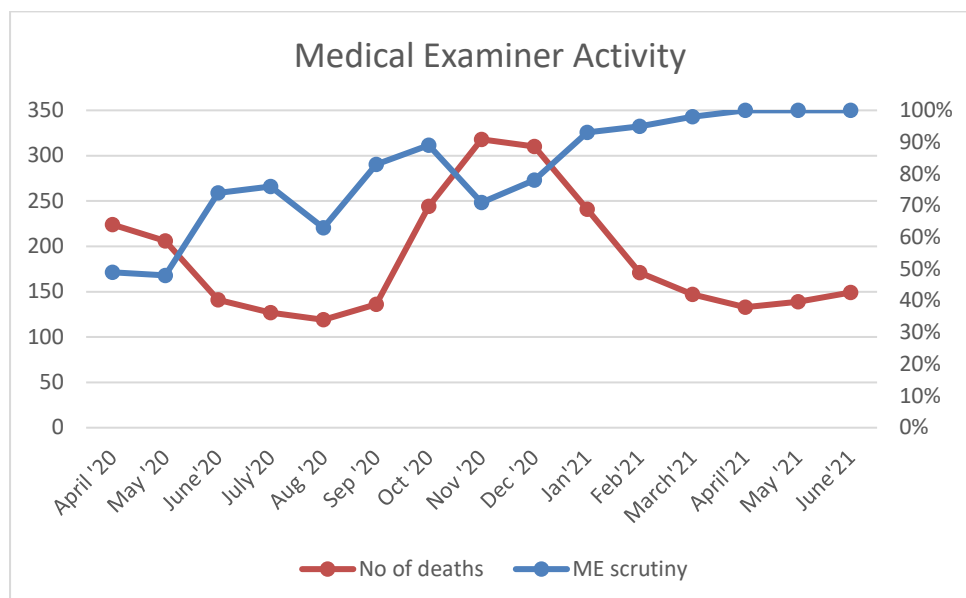
In quarter 1 there has been a total of 421 Trust deaths compared to 559 deaths in Quarter 4.

a) Activity (4 years data)



4. Medical Examiner Team

The Medical Examiner (ME) team consists of 6 part time Medical Examiners and 2 WTE Medical Examiner Officers. The service began in December 2019 and has worked extremely hard since then to further develop the processes and can now report that 100% of all adult in hospital deaths are scrutinised. The graph below illustrates the activity since April 2020.

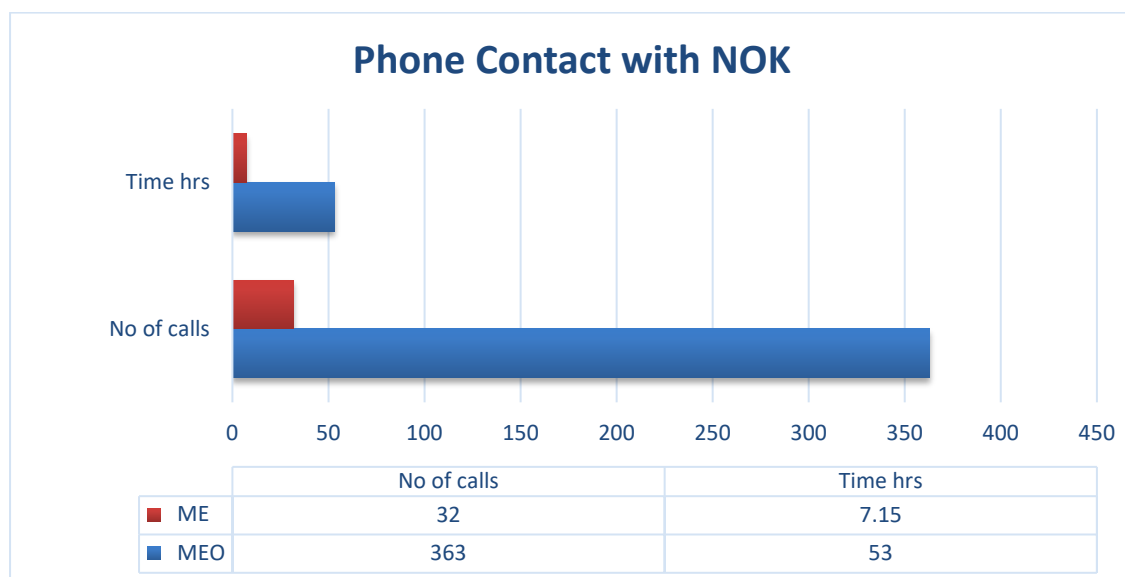


The introduction of medical examiner teams is part of the Department of Health and Social Care’s death certification reforms programme for England and Wales and will ultimately be a statutory requirement for all Trusts. The covid pandemic has caused a delay to this, though it is now expected that it will be statute by April 2022 and that non acute death scrutiny will be introduced during quarter 2 of this current year.

The system is designed to:

- Provide bereaved families with greater transparency and opportunities to raise concerns
- Improve the quality/accuracy of medical certification of cause of death
- Ensure referrals to coroners are appropriate
- Support local learning by identifying matters in need of clinical governance and related processes
- Provide the public with greater safeguards through improved and consistent scrutiny of all non-coronial deaths, and support healthcare providers to improve care through better learning

As stated above, one of the most significant aspects of this indepent scrutiny is speaking to bereaved people and providing them with an opportunity to raise any concerns they may have with the treatment their loved one received during their hospital stay. In the vast majority of cases, the feedback is highly complimentary. This quarter the ME team have spoken to 395 families(94%)and just 27 of these (7%) have raised concerns with 20 of these being offered the PALS contact number. Circa 68 hours has been spent speaking to bereaved people.



The types of concerns raised fall into the following categories:

- Unhappy with overnight transfers and not being aware until they phone the next morning
- Length of time it takes to get through to the ward on the telephone.
- Lack of attention to hygiene and mouth care
- Lack of empathy when breaking bad news

5. Assessment of care provided to adult patients who died using the Structured Judgement Review (SJR) process.

A Structured judgement review (SJR) blends traditional, clinical-judgement based review methods with a standardised format. This approach requires reviewers to make safety and quality judgements over phases of care, to make explicit written comments and to score each phase of care. The result is a relatively short but rich set of information about each case in a form that can also be aggregated to produce knowledge about clinical services and systems of care.

An SJR is requested by the ME team in the following circumstances:

- Elective admissions
- Patients with a Learning Disability
- When staff or bereaved family members have raised concerns
- ME/MEO identifies issues during their scrutiny

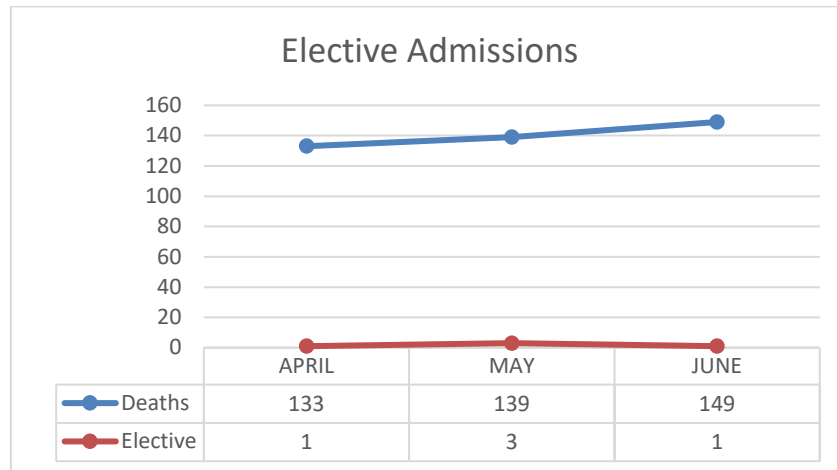
It has now become apparent that as the ME team are scrutinising all in hospital deaths of people over the age of 18 this is superceding the need for an SJR in some cases. We are currently undergoing a Qi project to ensure that SJRs are only requested when the ME identifies an issue. This will be reported on further in quarter 2.

Whenever the ME team conclude that a death is potentially avoidable or that any care provided has resulted in significant harm then the patient safety team is immediately notified and the case will be scoped in line with the governance process for a potential serious incident.

6. Elective Admissions

There were 4 elective admissions resulting in death this quarter, the same as the previous quarter. 3 of these were at DRI and 1 at BDGH. Each elective death has been reviewed by

the medical examiner team and one of the cases flagged some potential issues with care and was referred for an SJR. It is apparent that the vast majority of “elective” deaths are not what we class as a “true” elective admissions. Most are very ill patients with significant co morbidities who come in for pain relief or symptom management. One of the elective admissions was referred to HM Coroner and is still being investigated. The other three died of natural causes and an MCCD was issued.



7. Learning Disability deaths

There was 1 death of a patient at DRI with a learning disability this quarter, compared to 12 recorded in the previous quarter. This has been referred to the Learning Disabilities Mortality Review Programme (LeDeR). The new policy for LeDeR was published in March 2021 and by April 2022 all changes within the policy must be implemented by integrated care systems. This policy introduces the inclusion of autism into the programme for the first time. We have a robust system for identifying patients with a learning disability but this is not the case for autism. The identification of cases will be dependent on the documentation of such a diagnosis.

8. Completion of a Medical Certificate of Cause of death (MCCD)

The timely issuing of a MCCD is crucial to ensure that bereaved families and carers can register the death and progress other essential activities following the death of their loved one. Registration of death, where there is no Coroner involvement should be completed within 5 days. This is only possible once an MCCD has been issued.

We have instigated a 3 working day target to have the MCCD completed and issued and this quarter we have met that target 89% of the time at DRI and 92% at BDGH.

9. Referral to Her Majesty's Coroner (HMC)

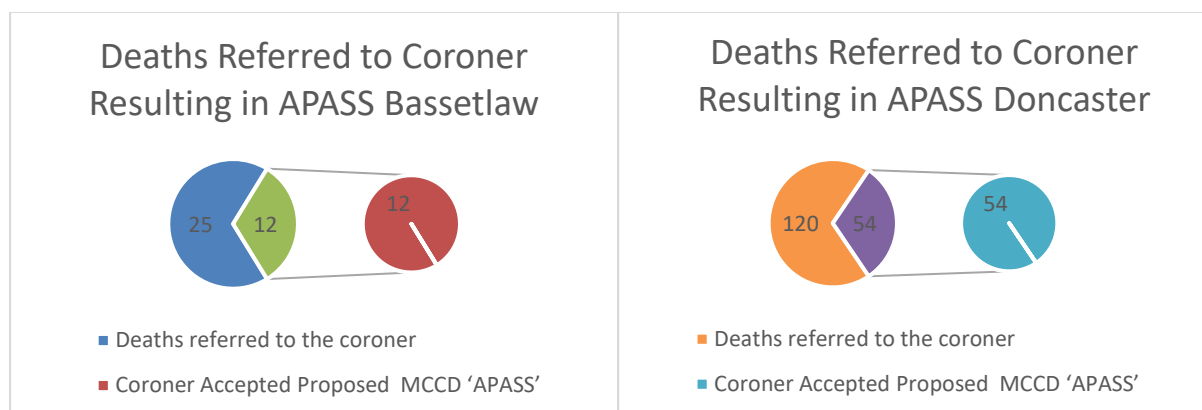
All referrals to the Doncaster Coroner are followed up with the submission of a medical examiner scrutiny form. The Nottingham Coroner has asked that all electronic referrals are seen by the medical examiner and that the notes are reviewed before the referral is sent to the Coroner. There have been occasions that the referral is not required as there is a clear natural cause of death. If the ME team observe that the referral is not of a good standard then individual feedback is given to the referring Dr.

Once a referral has been made, this triggers an e-mail to both the legal team and medical examiner team. This will ensure that any case which may go on to inquest or may have some triggers for internal learning will be picked up quickly and acted upon.

Referral to the Coroner does not necessarily mean the case will go to Inquest. In many cases the Coroners will review the referral and the ME Scrutiny and proposed cause of death as documented on the MCCD. Following communication and agreement with the family, if the proposed cause of death is accepted a form A is issued. This is commonly known as an 'APASS'

This quarter, Coroner's referrals have reduced once again. However, there are still some delays in receiving the outcome of the referral from the coroner's office at the time of finalising this report.

We have set up a system whereby 1 bereavement officer rings the Coroner's officer on a set date to be informed of the outcomes. We shall evaluate how this works going forward.



10. Cause of Death and Hospital Standardised Mortality Ratio (HSMR)

The top 5 causes of death as stated on 1a) of the Medical Certificate of Cause of Death (MCCD):

	From MCCD	Count
1	Pneumonia	68
2	Metastatic Cancer	29
3	Cardiac related	20
4	Multi organ failure	10
5	Covid 19	9

The Trust's HSMR is calculated from the information the clinical coding department extract from the clinical notes. It is important to understand national coding rules, which state that we code for morbidity and not mortality. Therefore, the primary diagnosis for the patient should be the main condition treated or investigated during the hospital spell, which may or may not be the actual cause of death. Secondary diagnoses will include those conditions or complications, which the patient has developed during their admission and any relevant comorbidity.

The top 5 main conditions treated were:

Year	Quarter	Top 5	Count	HSMR ICD	ICD-10 Description
2021/22	1	1	62	J18	Pneumonia, organism unspecified
2021/22	1	2	37	A41	Other sepsis
2021/22	1	3	21	I50	Heart failure
2021/22	1	4	18	I63	Cerebral infarction
2021/22	1	5	15	J69	Pneumonitis due to solids and liquids

11. Learning

Being able to demonstrate the learning from reports such as this always remains a challenge. Effective clinical governance processes within specialties are paramount in ensuring that this happens. The learning must happen at ward and department level.

Areas of learning/awareness raising this quarter as identified either from the feedback received from bereaved people when the ME team call them or the findings of SJR are:

- Consideration must be given on an individual basis with regards visiting. This has been detailed in the last 2 quarterly reports. We continue to hear from relatives that they could not stay with their elderly relative with dementia in ED or that they could not visit as their loved one was not on an EOL careplan, but yet they were palliative care patients. Senior staff members must apply compassion and empathy in cases and use their professional judgement.
- Families continue to report that they cannot get through when attempting to contact the wards to enquire about their loved ones. Again, this was raised last quarter. This has been escalated to senior managers who are exploring ways of addressing these problems.
- Careful consideration should always be given to patient movement at night time. Bereaved people feedback to us telling us that a middle of the night move was distressing for their loved one. They have also raised concerns about general noise at night being reported back to them via their relatives.
- Concerns about EOL care not being started soon enough and so preventing unnecessary interventions and preventing a dignified death. In addition, some relatives find the “revoking” of an EOL IPOC and then their loved one dies just a few days later to be an unnecessary action and causes confusion.

12. Bereavement Team.

The layout within the bereavement office has given the Doctors an improved area to sit and complete MCCDs and referrals to the Coroner as well as having access to the MEO/ME for advice and support.

The bereavement team has expanded which has enabled two bereavement officers on shift daily covering 8-4 and 9-5 to ensure a more robust service. Weekend cover has also begun so the bereaved are contacted in a timely manner.

13. Recommendations

Recommendations	Progress
To Ensure 100% M CCD's are available to the registrar within 3 days	Q1 90%
Complete the Qi project for when to request SJR's	Initial scoping completed July 2021. Action plan to be developed by September 2021
Introduce the scrutiny of non acute deaths	Initial meeting set up with key stakeholders.
The Board, via the QEC, to receive this report for assurance of the ongoing work to improve mortality review and the learning across the organistaion.	To be received September 2021

14. Conclusion

This Q1 reports a very promising start to the year where 100% of in hospital deaths have been scrutinised and the numbers have returned to "normal" for this period of time.

The bereavement office has seen an increase in staffing enabling some weekend cover which means that bereaved people are communicated with over a weekend too.

Going forward, there is to be recruitment to more ME's and MEO's so that the introduction of none acute death scrutiny can begin.

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust remain committed to investigating, learning from and taking action as a result of individual complaints where concerns have been made or where services can be improved.

Our vision is "to be the safest Trust in England, outstanding in all that we do". To achieve this The DBTH values must be followed which include always putting the patient first and committed to quality and continuously improving patient experience.

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: Trust Board Committee: People	People, Partners, Performance, Patients	Date last reviewed : November 2021	
<p>Strategic Objective Everybody knows their role in achieving our vision</p> <p>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.</p>	<p>Risk Appetite: The Trust has a low appetite for risks TBC</p> <p>Measures:</p> <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. 	<p>Initial Risk Rating</p> <p>Current Risk Rating</p> <p>Target Risk Rating</p>	<p>4(C) x 4(L) = 16 extr</p> <p>4(C) x 4(L) = 16 extr</p> <p>3(C) x 3(L) = 9 low</p>
<p>Risks:</p> <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 Capacity of teams to undertake appraisals in a timely manner Colleagues being redeployed from their teams in order to meet operational pressures Increase in number of staff retiring Reliance on international recruitment whilst increase in education places come to fruition Levels of sickness absence impacting on staffing levels 	<p>Rationale for risk current score:</p> <p>Impact:</p> <ul style="list-style-type: none"> Impact on performance Impact on Trust reputation Impact on safety of patients & their experience Possible Regulatory action Recruitment and retention issues Increased staff sickness levels Deterioration in management-colleague/team relationships 	<p>Future risks:</p> <ul style="list-style-type: none"> Morale and resilience of colleagues as we move into recovery phase 	<p>Risk references: PEO1 & PEO2</p> <p>Opportunities:</p> <ul style="list-style-type: none"> Change in practices, new ways of working Increase skill set learning
<p>Controls / assurance (mitigation & evidence of making impact):</p> <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 Stand survey and focus groups – positive feedback on staff knowing Trust vision 	<p>Comments: Considerations – capacity & capability of workforce including our leaders</p>	<p>Assurance (evidence of making an impact): Feedback from the appraisal season and quarterly staff survey results Stand survey feedback – 89% staff who responded knew the Trust vision Varied wellbeing offer in place</p>	<p>Gaps in controls / assurance (actions to achieve target risk score):</p> <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 Discussion at accountability meetings re workforce pressures Job planning audit

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: Trust Board Committee: People	People, Partners, Performance, Patients		Date last reviewed : November 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	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
	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 		
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 Low response rate for staff survey Low response rate in learner feedback Staffing levels impacting on how colleagues feel 	Rationale for risk current score: Impact: <ul style="list-style-type: none"> Impact on Trust reputation Impact on safety of patients & their experience Possible Regulatory action Recruitment and retention issues Increased staff sickness levels Deterioration in management-staff relationships Financial impact for the Trust if increased levels of absence and gaps 	Future risks: <ul style="list-style-type: none"> Morale and resilience of colleagues as we move into recovery phase 	Risk references: PEO1 & PEO2
Controls / assurance (mitigation & evidence of making impact): <ul style="list-style-type: none"> Regular discussion at People committee and sub committees Work programme to implement the People Plan Staff survey results and action plan PPQA feedback and action plans as appropriate GMC trainee survey and action plans Delivery of health and wellbeing action plan and strategy Improvement in payroll KPIs – to include survey of staff re their experience Prompt management of grievances Staff experience feedback from strategy listening events Health and wellbeing Place awards Strong partnership working with Partnership forum and JLNC Facebook feedback from staff – wildlife park, reiki, thank you badges Development programme to include Everyone Counts/Civility 	Comments: <ul style="list-style-type: none"> Requires good OD plan “fit for purpose” Staff survey impact Need good data Recruitment & retention – refresh of workforce plan Involvement in regional retention programme of work 	Assurance (evidence of making an impact): Feedback from staff and learner networks Junior doctor forum Staff networks (BAME, LGBTQ+, Dyslexia & long term conditions; Reciprocal Mentoring programme – feedback to learning partners Strategy listening event – response from circa 1k members of staff – feedback that wellbeing was a high priority for the Trust Positive feedback on social media channels Data from Vivup	Gaps in controls / assurance (actions to achieve target risk score): COVID response impacted on development work Wellbeing feedback – some feedback negative in nature so focused work required Difficulty in receiving feedback from Universities Job planning audit

Report Cover Page					
Meeting Title:	Board of Directors				
Meeting Date:	November 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				
Summary of key issues:	<p>The report this month provides an update to the Board in relation to:</p> <ul style="list-style-type: none"> • Absence – Take up of annual leave, Covid absence and swabbing data • Vaccine programme - Covid and flu vaccination programme – currently 71% of staff have accessed the covid booster vaccination. • Health and wellbeing – detail of the extension of our offer to include complementary therapies and Know your Numbers • SET report – currently sitting at 85% • Post registration trainees - GMC survey results for 2021 – some significant improvements in Anaesthesia, Endocrinology and Diabetes, Renal, Respiratory, Orthopaedics and ENT • International Recruitment update and refresh of the Workforce Plan • The People Promise – Enabling a voice that counts and recognising and rewarding our colleagues – feedback regarding the approach being taken • Civility training – detailing the plans and the training available • People strategy – planned refresh of the People & OD strategy 				
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:	None		
Legal:	None		
Resources:	None		
Assurance Route			
Previously considered by:	People Committee		
Date:	2 nd November 2021	Decision:	Assurance
Next Steps:	Ongoing discussions at People Committee		
Previously circulated reports to supplement this paper:	None		

1. Absence

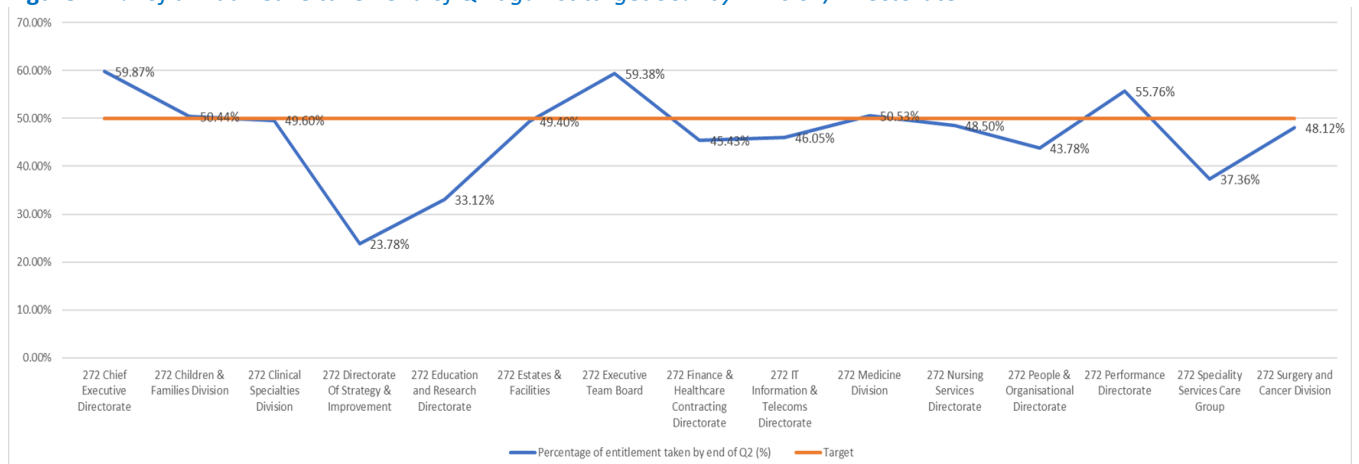
Annual leave

The table below provides details of the proportion of leave taken up to end of quarter 2 and booked against quarters 3 and 4. This data is taken from e-roster and is related to over 4,500 staff. This suggests that staff are continuing to take their leave in equal proportions across the year.

Table 1 - Annual leave booked/taken up to Quarter 2

Org L2	Total Entitlement (inc base entitlement & carried forward)	Target Annual leave to be taken by end of Q2 (50%)	Total Annual Leave taken by end of Q2 (Hrs)	Percentage of entitlement taken by end of Q2 (%)	Performance against Q2 target (%)	Annual Leave booked for Q3 and Q4 (Hrs)	Performance against Q3/Q4 target (%)
Chief Executive	1781.53	890.77	1066.58	59.87%	119.74%	220.25	24.73%
Children & Families	142960.35	71480.18	72105.82	50.44%	100.88%	38831.40	54.32%
Clinical Specialties	329440.66	164720.33	163411.22	49.60%	99.21%	61958.95	37.61%
Strategy & improvement	914.50	457.25	217.50	23.78%	47.57%	22.50	4.92%
Education and Research	1704.50	852.25	564.50	33.12%	66.24%	201.00	23.58%
Estates & Facilities	94798.00	47399.00	46826.90	49.40%	98.79%	23564.25	49.71%
Board	256.00	128.00	152.00	59.38%	118.75%	0.00	0.00%
Finance & Healthcare	21431.10	10715.55	9735.35	45.43%	90.85%	3374.15	31.49%
IT Information & Telecoms	19519.86	9759.93	8988.67	46.05%	92.10%	3074.30	31.50%
Medicine Division	330891.02	165445.51	167189.08	50.53%	101.05%	88606.38	53.56%
Nursing Services	26131.43	13065.72	12675.03	48.50%	97.01%	5322.78	40.74%
People & Organisational	15949.49	7974.75	6982.53	43.78%	87.56%	2110.78	26.47%
Performance	46633.80	23316.90	26003.03	55.76%	111.52%	10790.97	46.28%
Speciality Services	1476.00	738.00	551.50	37.36%	74.73%	215.00	29.13%
Surgery and Cancer	160349.78	80174.89	77161.08	48.12%	96.24%	29277.08	36.52%
Grand Total	1194238.03	597119.02	593630.80	49.71%	99%	267569.80	45%

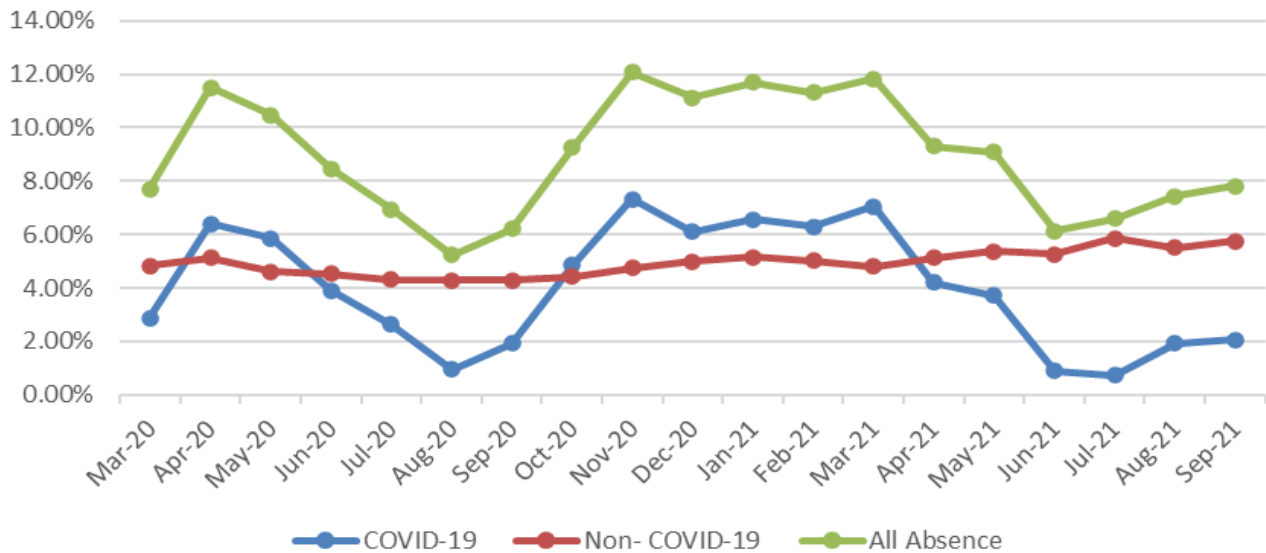
Figure 1 – % of annual leave taken end of Q2 against target 50% by Division/Directorate



Sickness and related absence

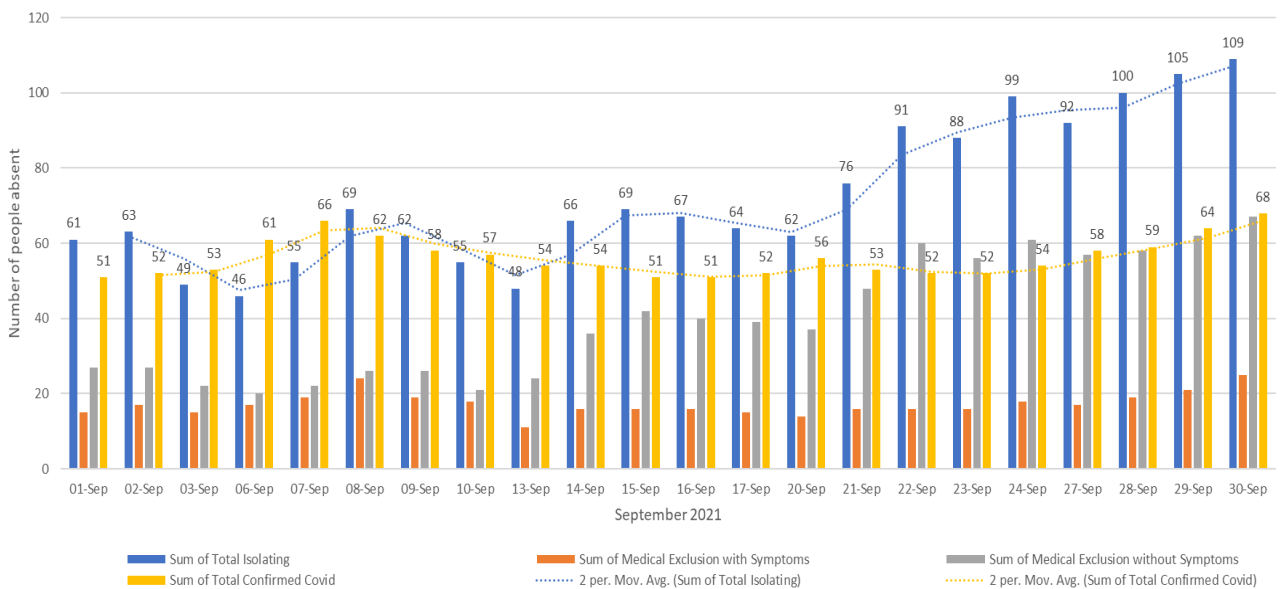
As can be seen Covid related absence did reduce after April 2020 and then rose from September 2020 with fairly static levels through to March 2021 followed by reducing levels. However more recently we have started to see a rise in covid related absences. It should be noted that non covid related sickness absence has continued at a similar rate to previous years but more recently we have seen a rise in non covid absences. Nationally the average non covid sickness levels are currently 5.5%.

Figure 2 – Absence Graph, March 2020 – September 2021



The table below provides a trend line of the various covid related absences for the month rather than the on the day figures – this demonstrates the rise in covid rates and absences that we are seeing across the Trust.

Figure 3 – Covid Absences, September 2021



Staff testing & Swabbing

This details the numbers of staff who have been swabbed and tested positive.

Between 23 March 2020 and the October 2021 1470 DBTH staff have tested positive for Covid 19.

Figure 4– Swabbing data, March 2020 to October 2021

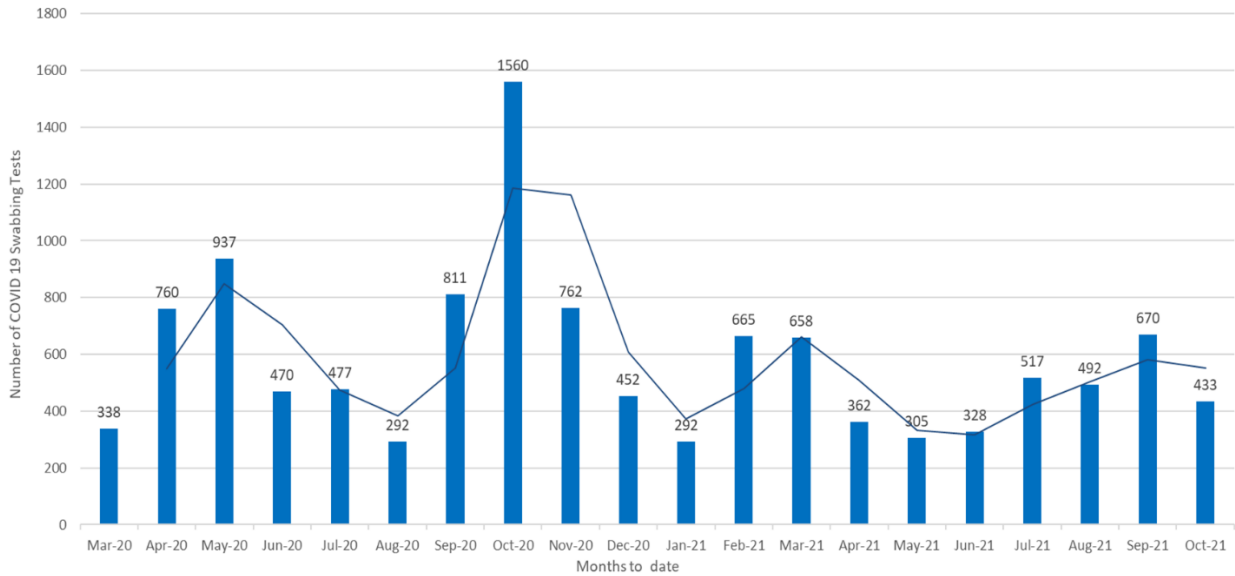
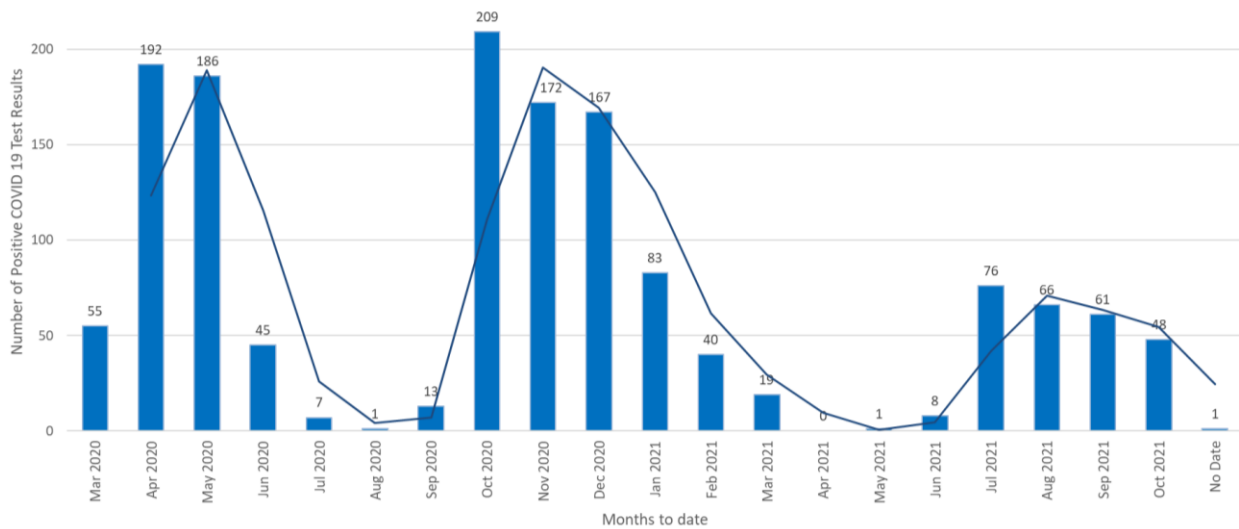


Figure 5 - Positive test data, March 2020 – October 2021



2. Vaccine Programme

The Trust commenced the vaccination programme for this year’s flu season on 21 September with the aim of offering all DBTH employees’ opportunity to have the vaccination. In conjunction with the flu campaign we have also been required to undertake the covid booster vaccination programme for all DBTH staff and in addition, operate as a hospital vaccination hub and offer the booster vaccination to the wider health and social cares staff as provided for both the first and second doses of the vaccination.

Due to the available resources to facilitate and run the vaccination hub and the stipulations around the administration of the vaccines regarding the co-administration of the vaccinations we planned to reduce the provision of the flu vaccination whilst focusing on the covid booster vaccination. This was planned with the intention of assessing demand for the booster vaccination to determine impact on the resources available and then increasing the flu vaccination offer.

Our plan is to continue the Covid Booster clinics up until end of November / early December and as per previous years we will continue to provide the flu vaccination through winter up until early March should that be required. We are delivering the covid booster vaccine in situ at both DRI and Bassetlaw with the flu vaccine programme supplemented with a roving team.

Current Position

Although the programme has had multiple challenges, it is proving to be a success story and 71% of staff have now been vaccinated for covid boosters. Please see below figures to note who is left to vaccinate in blue.

Figure 6 – Comparison of vaccinated staff (blue) against staff numbers (red)

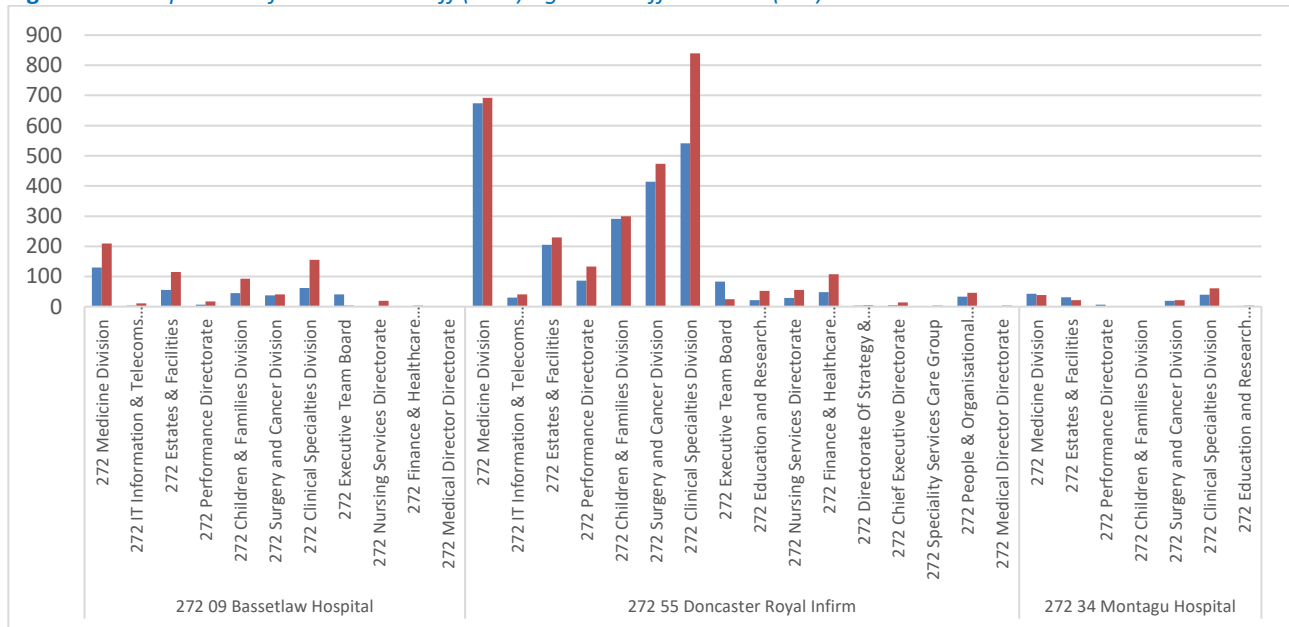
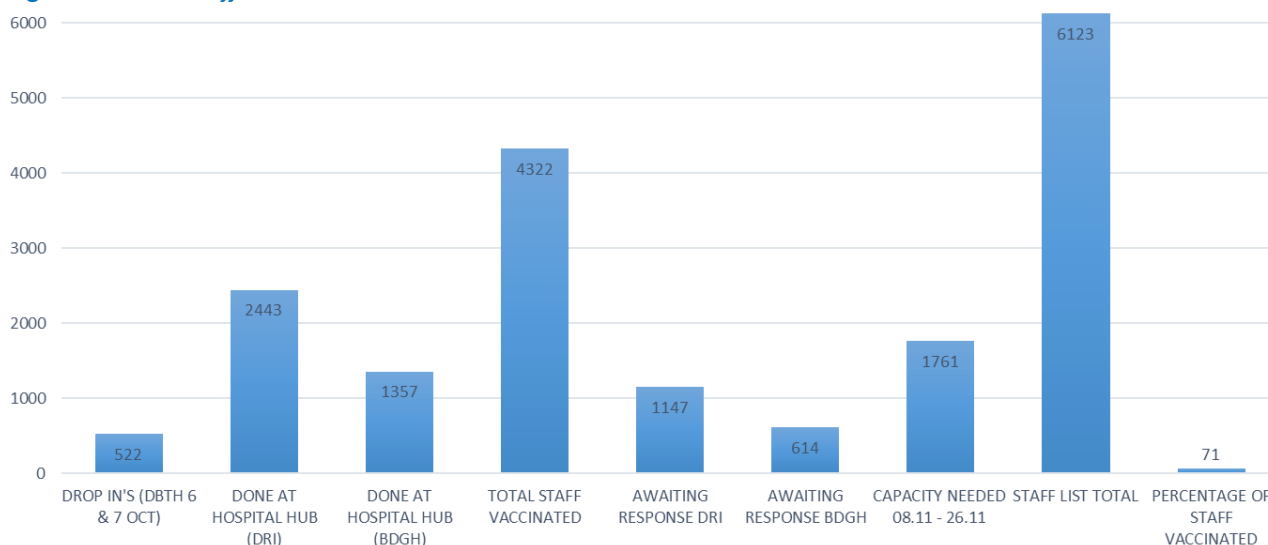


Figure 7 – DBTH Staff Covid Booster Vaccinations



All Trust Uptake Comparison

The data shown below shows uptake of the Covid vaccine and boosters in Healthcare Workers on ESR in NHS Trusts with the national covid booster uptake standing at 56%. Harrogate and Northumbrian share the highest percentage of 1st dose uptake at 97% whilst both Bradford Trusts have the lowest at 91%. In comparison, for second dose uptake the highest uptake, at 95%, was at Cumbria and Northumbria and the lowest, at 87%, again at Bradford. A decline in uptake can further be seen with regards to booster uptakes with much lower figures. Sheffield Children’s has the highest uptake at 63% and Leeds have the lowest at 28% of the total ESR population. At the time of this report DBTH was at 60% - this has since risen to 71%.

Table 2 – Covid vaccine & booster uptake

NHS Organisations	1 st Dose	2 nd Dose	Booster (Total ESR Population)	Booster (Eligible Population)
North East and Yorkshire	95%	92%	44%	57%
<i>DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST</i>	<i>95%</i>	<i>92%</i>	<i>49%</i>	<i>60%</i>

Many staff have accessed both the booster and flu vaccine external to the Trust. We understand that the data above is accessed by mapping the national vaccine recording system with ESR data. We are currently updating our records so that it can be recorded in ESR in order that we have accurate records if the covid vaccine becomes mandatory.

Flu Vaccinations – Over 4,000 DBTH staff have been vaccinated with supply due to run out on Friday 5th November. A further supply of 2,190, will be delivered into the trust on Friday 12th November and from w/c 15th November roving trolleys will be out and about across the trust targeting the areas with little uptake. Flu will also be offered at covid booster appointments.

The data below shows flu uptake in Healthcare workers on ESR in NHS Trusts.

Table 3 – Flu vaccine uptake

NHS Organisations	Vaccinated	Eligible Population (ESR)	Uptake
North East and Yorkshire	103,647	248,616	42%
<i>DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST</i>	<i>3,664</i>	<i>6,688</i>	<i>55%</i>

3. Health & Wellbeing

The regular update reports to the People Committee continue to inform members of continued work and focus within the organisation on the health and wellbeing of our people. The latest report from our EAP provider highlights some of the key issues in relation to the health and wellbeing of our people.

In summary in the period covering July, August, September 2021 64 new clients entered the service compared to 47 last quarter, of which 51 are female and 13 males. In total 232 counselling sessions were delivered in this period. It is to be noted that we are observing significant numbers of staff accessing the EAP portal on the website, more than 250 per month which is higher than the previous quarter.

We have seen a month on month increase in the number of calls to the EAP helpline, this could reflect the communication we have targeted in and across the organisation around 'In the Moment support'. From the EAP report it is important to note that the Top 5 Presenting issues in counselling sessions are:

- 14% Work Related Stress
- 14% Bereavement/Loss
- 13% Anxiety
- 13% Depression and Low Mood
- 11% Family Difficulties.

To complement the face-to-face counselling provision at DRI we are now able to offer a day a week at Bassetlaw Hospital.

Complementary Therapies

To extend and widen our wellbeing offer the team have successfully sourced and secured additional funding from the ICS to be able to offer staff access to a range of complimentary therapies including Massage, reflexology, Indian Head Massage, Warm hand massage and foot massage. Following a tender and selection process this offer will be delivered in partnership with Aurora charity and available on all 3 hospital sites. This initiative is considered a Win: Win as it supports a valuable charity that cares for our patients whilst funding them to offer staff some additional support too. To support this great initiative and be able to offer therapies in a conducive space the team have collaborated with our estates team to submit a costed bid for a Garden room facility to Charitable funds.

Know Your Number – Wellbeing in Action

The wellbeing team have again secured funding to increase capacity to deliver the 'Know your numbers' campaign within our organisation.

Key areas of measurement include:

- We would measure the numbers of staff having a one-to-one consultation
- We would measure BMI, blood pressure, weight and talk about lifestyle.
- We would check if women have had a mammogram and cervical screening in the necessary time frames
- We measure number of staff referred to other agencies including GP, smoking cessation, counselling services, substance misuse support and to other third sector organisations
- We would collate the data around demographic, job role and 9 protected characteristics data to evidence levels of inclusion and equity across the workforce

Our aim in 12 months is to reach more than 1000 members of staff. The sessions will be in operational areas and on wards and departmental areas and are face to face.

4. SET report

Overall compliance for SET has fallen slightly over the last few months to 85.03%. The increased provision for resuscitation training, specifically for adult compliance, has helped to improve the position in this area but we are now starting to see a downward trajectory because of difficulties releasing clinical staff to attend the sessions with 293 unused face to face resuscitation training places recorded throughout September.

National availability of NLS level 4 resuscitation courses continues to be a major issue and without the permanent increased provision of training rooms in C block DRI, establishing DBTH as a national course centre is not yet an option.

Compliance with topics achieved via the SET book and Fire safety video are areas where, despite increased clinical pressures, we can focus efforts on making improvements over the coming months. If all staff out of date with their SET book and Fire were to complete their training (e-learning) our compliance would jump to a staggering 91%. We have many staff in office-based roles who are out of date with these topics and where access to a PC is not the problem.

The People Committee receive a more detailed report by topic and division/directorate.

Table 4 – SET Compliance

SET Compliance 31.07.2021		Chief Executive Directorate	Children & Families Division	Clinical Support Services Division	Directorate Of Strategy & Imp.	Education & Research Directorate	Estates & Facilities	Finance & Healthcare Contracting Directorate	IT Info. & Telecoms Directorate	Medical Director	Medical Division	Nursing Services	People & OD	Performance	Surgical Division	Overall
30.09.2021	%	93.00%	83.77%	87.56%	95.37%	95.77%	76.05%	93.25%	93.72%	85.71%	84.42%	86.33%	91.78%	89.57%	83.15%	85.03%
31.08.2021	%	94.34%	83.16%	88.00%	90.43%	95.71%	76.15%	92.33%	93.39%	85.71%	84.41%	87.44%	93.81%	91.61%	83.33%	85.15%
31.07.2021	%	96.28%	84.01%	88.16%	87.83%	93.36%	74.52%	92.72%	93.86%	85.71%	84.70%	89.33%	94.42%	91.10%	83.19%	85.20%
30.06.2021	%	91.49%	86.52%	89.20%	82.11%	96.24%	77.16%	90.39%	91.07%	85.71%	85.89%	89.45%	93.48%	94.78%	83.24%	86.36%
31.05.2021	%	92.02%	86.16%	89.25%	87.80%	96.69%	84.77%	92.82%	93.88%	85.71%	85.39%	89.47%	90.11%	95.77%	83.41%	87.03%

5. Post Registration Trainees

GMC Survey and Action Plan

The overall Trust results are very positive with no outlier areas – one of only 4 acute trusts in the region to be in this position. This represents an improvement from our 2019 position (the 2020 survey was a one-off 'Covid' survey and not directly comparable). Some areas are notable for their improvement: Anaesthesia, Endocrinology and Diabetes, Renal, Respiratory, Orthopaedics and ENT. Other areas – Intensive Care Medicine (ICM), Emergency Medicine, Gastroenterology, Obstetrics and Gynaecology and Paediatrics require support to improve.

The GMC National Training Survey was carried out in the early part of 2021, with the results being released in July. Therefore, it still represents feedback from training during the pandemic response. The response rate overall was 76%, improved from 2020 (47%) but lower than 2019 (95%). The results are not directly comparable to the 2020 survey, which was a one-off Covid-related survey and are thus compared with the surveys from 2019 and before.

The results for DBTH overall are very positive with zero outlier areas of concern. We are one of only four Trusts in Yorkshire and the Humber to be in this position (out of 13 acute trusts) and it represents improvement from our 2019 standing. There are several departments within DBTH that have demonstrated improved results in this survey, notably Anaesthesia, Endocrinology and Diabetes, Renal, Respiratory, Orthopaedics and ENT. A few areas have seen a decrease in their results, including Emergency Medicine, ICM, Gastroenterology, Obstetrics & Gynaecology and Paediatrics. Action plans are being developed with the specialities and progress monitored through the People Committee.

6. Recruitment Update

Members will be familiar with the international recruitment campaign, our third cohort joined us last week with seven colleagues joining Bassetlaw Hospital. Our next cohort joins us mid November. Overall, ten colleagues will join theatres where there is particular pressure. We will also be recruiting midwives and radiographers from overseas and are currently bidding for a further nursing campaign for 2022. Our current workforce plan is being refreshed to ensure we understand where our hotspot areas are and the actions required in relation to recruitment and training & development.

7. The People Promise

Enabling a voice that counts and recognising and rewarding our colleagues

The NHS People Promise is a promise we must all make to each other, to work together to improve the experience of working in the NHS for everyone. The themes and words that make up the People Promise come from those who work in the NHS. The themes are:

- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team.

The People Committee received a report detailing the work DBTH have undertaken in the last 12 months specifically to address the themes of 'We are recognised and rewarded' and 'We each have a voice that counts and outlined below.

The Committee will be aware of the ongoing work to provide colleagues with a voice that counts through established communications channels including Listening Events with the Chief Executive. Work is ongoing to widen channels and increase participation to ensure that all colleagues have an opportunity to have a voice that counts. It is pleasing to report that an increasing number of DBTH colleagues access the staff Facebook page (5,900) and that an external engagement and consultation company described the levels of engagement at the Trust as 'exceptional, especially amongst staff'.

The development and delivery of a colleague thank you offer has been well received by colleagues, including the Yorkshire Wildlife Park thank you event, shopping vouchers and thank you days including random acts of kindness with a more comprehensive offer in development.

8. Civility Training

Civility and respect are about how we treat each other at work. We know that in some NHS systems, behaviours of incivility and disrespect can become common place. We know that rude and unkind behaviour has a detrimental impact on staff wellbeing and patient care. This type of uncivil and disrespectful behaviour is unprofessional and unnecessary and has no place in our organisation.

If we are to achieve our ambition to be an outstanding provider of healthcare, then we know we need to make explicit our expectations around values and behaviours in the workplace and within our organisation to create the culture we want. It involves all of us, everyone, and every role from top to bottom and side to side in our organisation.

As our starting point for creating the culture we want a new programme has been launched called Everyone Counts – Civility and Respect. This short programme brings to life our 'everyone counts' We Care value by making it explicit what we expect of our people in terms of respectful behaviours and civility in the workplace and what it looks like and feels like.

The NHS People Plan sets a vision in place which compassionate and inclusive cultures at the very heart of the NHS and emphasises that all NHS employees and employers are responsible for tackling bullying and harassment and the importance of creating a civil and respectful culture. We know that staff with one or more protected characteristics, for example, disabled, BAME and LGBTQ+ colleagues, are twice as likely to experience bullying and harassment. Our approach to the promotion of positive workplace cultures includes, but is not exhaustive:

- Zero Tolerance to Bullying and Harassment in the workplace
- Everyone Counts – Civility and Respect for all
- Development of workplace charter
- Compassionate and Inclusive Leadership programmes
- A focus on Diversity and Inclusion – EDI training
- Embedding Speaking Up and Speak Up champions in the organisation
- Engagement and application of the in the national Civility and Respect programme in our organisation.

It is our intention to create a culture where staff feel supported, valued, and respected for what they do and where the values we seek to show to our patients; kindness, compassion and professionalism are the same values we show to each other.

The national civility and respect framework has been developed to offer a flexible practical guide for the NHS to initiate culture change and sustain activity using an Analyse, Intervene, Measure (AIM) approach.

The AIM approach will help us to develop action plans tackling cultural issues through:

- Analyse: understand the issues through our data
- Intervene: take action to address the issues highlighted in the operational areas
- Measure: evaluate the impact of interventions through feedback and review.

Our Emergency Department leadership team along with the Leadership & OD team are working to implement the national tool kit civility and respect toolkit to create environments in which the teams feel valued and able to thrive. The learning and reflections from this work will also be used to inform the work scheduled in Trauma and Orthopaedics. This will help to create environments in which the teams feel valued and are able to thrive.

The national model does allow flexibility to adapt to the context in which teams work, for example the ED team have introduced.

- Weekly listening sessions open for all ED staff which are an opportunity to gather feedback and listen to concerns and issues raised by the team in a psychologically safe space.
- Co-creation of an ED Charter which makes explicit the values and behaviours that are expected within ED. Visibility of the charter will empower the team to hold each other to account for behaviours.
- Development of leaders through compassionate and inclusive leadership programmes through the Develop, Belong and Thrive Programmes
- Scheduling of Everyone counts sessions for the team
- Implementation of a shared governance model in ED.

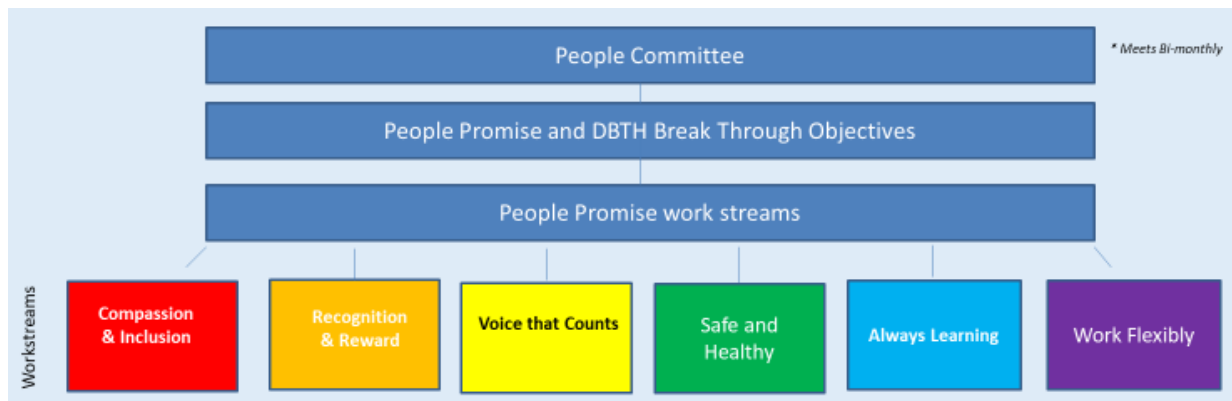
9. People Strategy

The current People & OD strategy is due to be refreshed. It has been agreed that it is appropriate to develop a People Strategy to incorporate all elements of the People agenda. Nationally the NHS People Plan was published last year, and we are anticipating the launch of the Future of HR & OD in the NHS this month. Discussions are taking place through various committees and meetings to consider what the priority areas should be for the coming 5 years. In particular, they have been asked to consider what they have currently got planned and what should be included in the strategy. Meetings where discussions are scheduled are:

1. Training & Education Committee
2. Education & Research Senior Leadership meeting
3. Equality, Diversity & Inclusion Committee
4. Workforce Planning Committee
5. Health & Well-being Committee
6. Extended P&OD Senior Leadership meeting
7. Senior Nurse meeting
8. Trust Executive Group
9. Partnership Forum



A draft of the People Strategy will be presented to the January meeting of the People Committee.



The future of NHS HR & OD 2030 – National Launch, 15 November 2021

There has been a national consultation exercise across the service regarding the vision for HR&OD in the NHS looking forward to 2030. The elements are expected to be:

1. Equality, diversity and inclusion
2. Health and wellbeing
3. Talent and leadership
4. Employee experience and recruitment
5. Digital and technology
6. Target operating model
7. Professional development for the people profession.

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

<p>Risk Owner: Alex Crickmar Committee: F&P</p>	<p align="center">People, Partners, Performance, Patients</p>	<p align="right">Date last reviewed: November 2021</p>	
<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 5(C) x 4(L) = 20 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 beyond H2 21/22: <ul style="list-style-type: none"> ➢ Trust’s underlying deficit financial position. There is increasing focus nationally on underlying positions and exit run rates entering 22/23. Non-recurrent support including COVID will be removed. ➢ 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 (by 22/23 will have been two years). • Robust plans are required for the delivery of operational activity requirements in H2 within resources and funding, ensuring value for money. • Ensuring full utilisation of any potential additional system funding in year to deliver operational requirements and support elective recovery plans. • Pay spend is continuing to increase, in particularly nursing spend which is currently being driven by an increase in expensive agency usage. A sustainable solution is required regarding temporary staffing along with finalisation of the recurrent nursing workforce requirements. • Lack of clarity in terms of the Trust’s recurrent bed plan and therefore costs of workforce plans, against a background of increasing temporary staffing spending suggesting a lack of control with some areas of the Trust. • Increased efficiency requirement in H2, with CIPs of £1.6m currently unidentified. • Impact of major incident at W&C on delivery of 21/22 capital and revenue plan. The incident highlights significant risks concerning the funding route for and delivery of backlog maintenance costs. • Any delays in the national approval of additional capital bids for H2 or delays in Divisions submitting capital business cases will impact on timescales to complete those schemes ahead of year end. 	<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 and maintain a sustainable site as its asset base ages further. ➢ 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 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 into future years. • Change in financial regimes in relation to ICS and Place budgets • Return to control totals and trajectories in future years • Increasing costs relating to old and poorly maintained buildings requiring increasing interventions to main the utility of the site <p>Risk references:</p> <ul style="list-style-type: none"> • F&P1, 2 and 3 • F&P2 • F&P3 <p>Opportunities:</p> <ul style="list-style-type: none"> • Change in practices, new ways of working • The Trust is looking at opportunities for additional funding to support elective recovery and operational requirements. 	
<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 • Accelerator Board review. 	<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 in future years. Since the Trust had not implemented a number of now agreed business cases/commitments or recruited to establishment levels (e.g., nursing), these along with any other increase in the expenditure run rate above previous year’s levels will be challenged and likely not funded in future years. 	<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 	

<ul style="list-style-type: none">• Improved IQPRS and information governance process via the Finance, Information and Digital Committee• Working with the ICS through CEO's and DoFs regarding funding arrangements. Reporting back through F&P and Board.• Establishment of new Directorate: Recovery, Innovation and Transformation.	<ul style="list-style-type: none">• 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>Gaps in controls / assurance (actions to achieve target risk score):</p> <ul style="list-style-type: none">• Uncertainty regarding future financial regime
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Report Cover Page			
Meeting Title:	Trust Board		
Meeting Date:	16 November 2021	Agenda Reference:	E2
Report Title:	Financial Performance – Month 7 (October) 2021		
Sponsor:	Alex Crickmar, Acting Director of Finance		
Author:	Alex Crickmar, Acting Director of Finance Finance Team		
Appendices:	None		
Executive Summary			
Purpose of report:	To report the Month 7 financial position to the Trust Board including any risks to the delivery of the Trust’s financial plan.		
Summary of key issues:	<p>The Trust’s reported financial position for month 7 was broadly a break-even position with a small in month deficit of £5k, which is £186k favourable to plan. The Trust delivered a small surplus in H1 of £10k, and therefore the year to date (YTD) position at Month 7 is a £5k surplus.</p> <p>The Trust’s in month favourable position against plan was driven by education income being higher than plan (c. £250k), accelerator spend (excluding Parkhill) relating to delivery of additional activity plans being c £100k underspent, offset by pay being overspent slightly by £55k due to significant nursing agency spend (offset with vacancies) and increased clinical supplies spend.</p> <p>Capital expenditure in month 7 was £2.7m, with YTD capital expenditure £16.4m against the plan of £9.7m. The variance to plan YTD is mainly driven by the W&C Major Incident Works (£10.6m) offset by underspends on medical equipment of £2.8m, underspends on IT of £0.5m and underspends on Estates of £0.8m. Also, for the Board to note is that the ICS reached an agreement in H1 regarding the £12.4m capital pressure from the W&C costs at DBTH. As part of this, each trust agreed to reduce its capital programme to enable the system to absorb the cost pressure, with a £3m impact for DBTH. However, offsetting this impact is that as part of H2 planning the system has been allocated an additional £19.6m of capital, of which the Trust has submitted Targeted Investment Fund (TIF) capital bids of £5.7m. The outcome on the TIF bids is expected imminently and a verbal update will be provided at the Board meeting.</p> <p>The cash balance at the end of October was £42.6m (September: £33.7m). Cash has increased by c £8.9m compared to month 6 as a result of receiving funding from Commissioners for the Agenda for Change backdated pay rise, as well as quarterly in advance income from Health Education England. The year end cash forecast is still expected to be c. £15m by year end, driven by the significant capital programme.</p> <p>Whilst the overall Trust position is on plan at this point in the year, there are several risks to note including:</p> <ul style="list-style-type: none"> • Pay spend is continuing to increase, in particularly nursing spend which is being driven by an increase in expensive agency usage. 		

	<ul style="list-style-type: none"> Unidentified CIPs within the H2 plan of £2.6m. Full utilisation of available resources given current operational pressures, with underspends against the accelerator plan seen in month. There is also the potential of further revenue funding in the system to support elective recovery and therefore it is imperative if this is received that this is utilised in year, whilst ensuring there is robust governance in place to ensure value for money for the taxpayer. Any delays in the national approval of additional capital bids for H2 or delays in Divisions submitting capital business cases will impact on timescales to complete those schemes ahead of year end. 				
Recommendation:	The Board is asked to note: <ul style="list-style-type: none"> The Trust's deficit for month 7 (October 2021) was £5k, which is favourable to plan by £186k. The YTD position is a £5k surplus. The financial risks reported within the paper. 				
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 improving patient care</u>	
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 7 – October 2021

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

P7 October 2021

1. Income and Expenditure vs. Plan					2. CIPs					
Performance Indicator	Monthly Performance		YTD Performance	Budget	Performance Indicator	Monthly Performance		Plan		
	Actual £'000	Variance to budget £'000	Actual £'000	H2 Budget £'000		Actual £'000	Variance to budget £'000	H2 Plan £'000		
I&E Perf Exc Impairments & top up	48	(161) F	122	307	Local	139	9 A	3,509		
Income	(39,742)	(130) F	(283,119)	(485,563)	Procurement & Commercial	9	6 A	90		
Operating Expenditure	39,238	(31) F	279,376	467,748	Nursing and AHP Workforce	15	(13) F	46		
Pay	26,161	55 A	180,258	309,497	Outstanding Outpatients	1	5 A	51		
Non Pay & Reserves	13,078	(86) F	99,118	158,251	Medical Workforce	7	(6) F	4		
Financing costs	509	(25) F	3,738	18,122						
I&E Performance excluding Donated Asset adjustment	48	(161) F	122	307						
Donated Asset adjustment	(43)	(25) F	(126)	(307)						
I&E Performance including Donated Asset Adjustment	5	(186) F	(5)	0	Total	171	(0) F	3,700		
F = Favourable A = Adverse										
Financial Sustainability Risk Rating	Plan		Actual		4. Other					
Risk Rating	3		3			Monthly Performance	YTD Performance		Annual Plan	
					Performance Indicator	Plan	Actual	Plan	Actual	
						£'000	£'000	£'000	£'000	
3. Statement of Financial Position					Cash Balance		42,633		42,633	21,259
All figures £m	Opening Balance		Closing balance	Movement in year	Capital Expenditure	2,214	2,690	9,738	16,412	28,300
Non Current Assets	235,884		246,514	10,630	5. Workforce					
<i>Current Assets</i>	74,793		71,449	-3,344		Funded WTE	Actual WTE	Bank WTE	Agency WTE	Total in Post WTE
<i>Current Liabilities</i>	-72,376		-79,826	-7,450	Current Month	6,241	5,707	258	300	6,265
<i>Non Current liabilities</i>	-14,787		-13,665	1,122	Previous Month	6,240	5,766	160	106	6,032
Total Assets Employed	223,514		224,472	958	Movement	-1	59	-98	-194	-233
Total Tax Payers Equity	-223,514		-224,472	-958						

Key

Income

Over-achieved F

Under-achievement A

Expenditure

Overspent A

Underspent F

Please note no YTD variances are reported in the tables in this report. This is because we are awaiting clarity from NHSI/E whether all H1 variances to plan will be removed (i.e., H1 actuals equal H1 plan). Once this is clarified (expected for Month 8 reporting and after H2 plan submissions) the YTD variances will be included/updated in the reports to Board and F&P in Month 8 to ensure they also align to external reporting.

1. Month 7 Financial Position Highlights

Summary Income and Expenditure – Month 7

	Mth 7			YTD
	Plan £000	Actual £000	Variance £000	Actual £000
Income	-39,612	-39,742	-130	-283,119
Pay				
Substantive Pay	24,991	22,567	-2,424	159,239
Bank	43	1,224	1,181	7,440
Agency	743	1,397	653	7,269
Recharges and Reserves	327	972	645	6,311
Total pay	26,105	26,161	55	180,258
Non-Pay				
Drugs	944	762	-183	6,190
Non-PbR Drugs	1,804	2,005	202	12,681
Clinical Supplies & Services	3,011	3,108	97	20,154
Depreciation and Amortisation	955	977	22	6,656
Other Costs (including reserves)	5,200	4,976	-224	42,867
Recharges and Reserves	1,249	1,249	0	10,571
Total Non-pay	13,164	13,078	-86	99,118
Financing costs & donated assets	534	509	-25	3,738
(Surplus) / Deficit Position as at month 5	191	5	-186	-5

The Trust's reported financial position for month 7 was broadly a break-even position with a small in month deficit of £5k, which is £186k favourable to plan. The Trust delivered a small surplus in H1 of £10k, and therefore the year to date (YTD) position at Month 7 is a £5k surplus. The Trust's in month favourable position against plan was driven by education income being higher than plan (c. £250k), accelerator spend (excluding Parkhill) relating to delivery of additional activity plans being c £100k underspent, offset by pay being overspent slightly by £55k due to significant nursing agency spend (offset with vacancies) and increased clinical supplies spend.

The vast majority of month 7 clinical income continues to be funded on a block basis as per the national agreements for H2 and therefore there were no significant variances to plan. In month clinical income is £34.8m which includes the non-recurrent back pay for H1 pay award as part of the block payment from CCG's and NHSE/I. In month the Trust has an overall adverse variance against plan due to an under-performance against the accelerator plan. This is expected to recover in future months however the Trust needs to ensure it is fully utilising all resources given current operational pressures. The Trust also saw an increase in Education income of c. £250k in month, which is in line with the most recent notification from Health Education England. A review of Education income and plans for expenditure is being undertaken to ensure all resources are utilised in year.

Overall pay in month has increased by £3m compared to month 6, however £2.9m of this is due to the back pay element of the pay award (backdated to April 21) paid in month 6. Thereby the underlying movement excluding the back pay was a c. £100k increase in costs which was £55k adverse to plan. The main increase in month has been on nursing (c.£100k) with the majority of this due to increases in agency spend. Analysis of the NHSP information has shown a significant increase in hours requested and filled across the Trust in October and many of these shifts (90%) are now being filled by a tier 2 agency (which is around double the

normal agency hourly rate and bank). The below table sets out the nursing agency spend by month which shows a significant increase from c. £50k in April to c. £450k in October. If the Trust had used Tier 1 agency providers or bank staff this would have been c. £200k less spend in month.

Division	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Total	Movement
Children & Families Division							2	2	2
Clinical Support Services Division	18	27	69	87	52	111	86	451	-25
Corporate	4	10	19	-2	29	35	78	173	43
Medical Division	25	29	30	20	18	138	251	511	112
Surgical Division		1	3	4	3	13	31	55	18
Total	47	67	122	109	101	298	448	1,191	149

The big increase in agency spend is not being seen in the overall pay variance due to offsetting vacancies in across several other areas.

Non-pay was £86k favourable to plan, which was also a decrease in spend compared to month 6. The main reason for the decrease in spend was due to a reduction in accelerator costs, offset by some increases in clinical supplies costs. The Trust has delivered £171k of CIP savings in month 7 with year to date delivery of CIP being £2.1m.

Capital expenditure in month 7 was £2.7m, with YTD capital expenditure £16.4m against the plan of £9.7m. The variance to plan YTD is mainly driven by the W&C Major Incident Works (£10.6m) offset by underspends on medical equipment of £2.8m, underspends on IT of £0.5m and underspends on Estates of £0.8m. Also, for the Board to note is that the ICS reached an agreement in H1 regarding the £12.4m capital pressure from the W&C costs at DBTH. As part of this, each trust agreed to reduce its capital programme to enable the system to absorb the cost pressure, with a £3m impact for DBTH. However, offsetting this impact is that as part of H2 planning the system has been allocated an additional £19.6m of capital, of which the Trust has submitted Targeted Investment Fund (TIF) capital bids of £5.7m. The outcome on the TIF bids is expected imminently and a verbal update will be provided at the Board meeting.

The cash balance at the end of October was £42.6m (September: £33.7m). Cash has increased by c £8.9m compared to month 6 as a result of receiving funding from Commissioners for the Agenda for Change backdated pay rise, as well as quarterly in advance income from Health Education England. The year end cash forecast is still expected to be c. £15m by year end, driven by the significant capital programme.

Whilst the overall Trust position is on plan at this point in the year, there are several risks to note including:

- Pay spend is continuing to increase, in particularly nursing spend which is being driven by an increase in expensive agency usage.
- Unidentified CIPs of £2.6m within the H2 plan.
- Full utilisation of available resources given current operational pressures. There is also the potential of further revenue funding in the system to support elective recovery and therefore it is imperative if this is received that this is utilised in year, whilst ensuring there is robust governance in place to ensure value for money for the taxpayer.
- Any delays in the national approval of additional capital bids for H2 or delays in Divisions submitting capital business cases will impact on timescales to complete those schemes ahead of year end.

2. Recommendations

The Board is asked to note:

- The Trust's deficit for month 7 (October 2021) was £5k, which is favourable to plan by £186k. The YTD position is a £5k surplus.
- The financial risks reported within the paper.

Report Cover Page					
Meeting Title:	Public Board of Directors				
Meeting Date:	16 November 2021	Agenda Reference:	E3		
Report Title:	Operational Update				
Sponsor:	Rebecca Joyce, Chief Operating Officer				
Author:	Rebecca Joyce, Chief Operating Officer				
Appendices:	None				
Report Summary					
Purpose of report:	<p>The aims of this paper are to:</p> <ul style="list-style-type: none"> Outline the Operational trends Outline the Key Planning Expectations for the second half of the year Provide a Progress Update on Winter Plans Outline key next steps on the operational plan 				
Summary of key issues/positive highlights:	<p>Key Points:</p> <ul style="list-style-type: none"> The Trust has experienced sustained ongoing pressure caused by ongoing COVID demand, high levels of emergency demand and high levels of patients requiring critical care This has caused challenges on elective delivery due to emergency demand and staffing pressures in common with other Trusts Significant planning has taken place for the new standards for the second half of the year. The new standards focus on outpatient transformation, bringing down long waiters and the total numbers of patients and delivering cancer standards Significant planning has taken place for winter internally and with partners. In addition significant work is taking place associated with the implementation of the new urgent and emergency care standards. The Trust has established an urgent and emergency care improvement programme to drive forward improvements across the pathway, working with place partners and NHS Improvement The report outlines next steps over the coming weeks and months 				
Recommendation:	<ul style="list-style-type: none"> For note & discussion 				
Action Require:	Approval	Information X	Discussion X	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>	<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:		Changes made to SA1 and COVID 19 addition to SA1 to reflect risk and related to winter planning & also planning mitigation	
Corporate risk register:		<ul style="list-style-type: none"> Impacts on Risk 2472 (COVID) and Risk 7 (F&P6) 	
Regulation:		<ul style="list-style-type: none"> National UEC standards National requirements to deliver elective access standards for patients as outlined by NHS England 	
Legal:		N/A	
Resources:		N/A	
Assurance Route			
Previously considered by:		Trust Executive Group	
Date:	8/11/2021	Decision:	Provided for Information
Next Steps:		For future, headlines from this monthly report will feed into the Finance and Performance committee in the executive summary of the integrated performance report	
Previously circulated reports to supplement this paper:		N/A	



Doncaster and Bassetlaw
Teaching Hospitals
NHS Foundation Trust



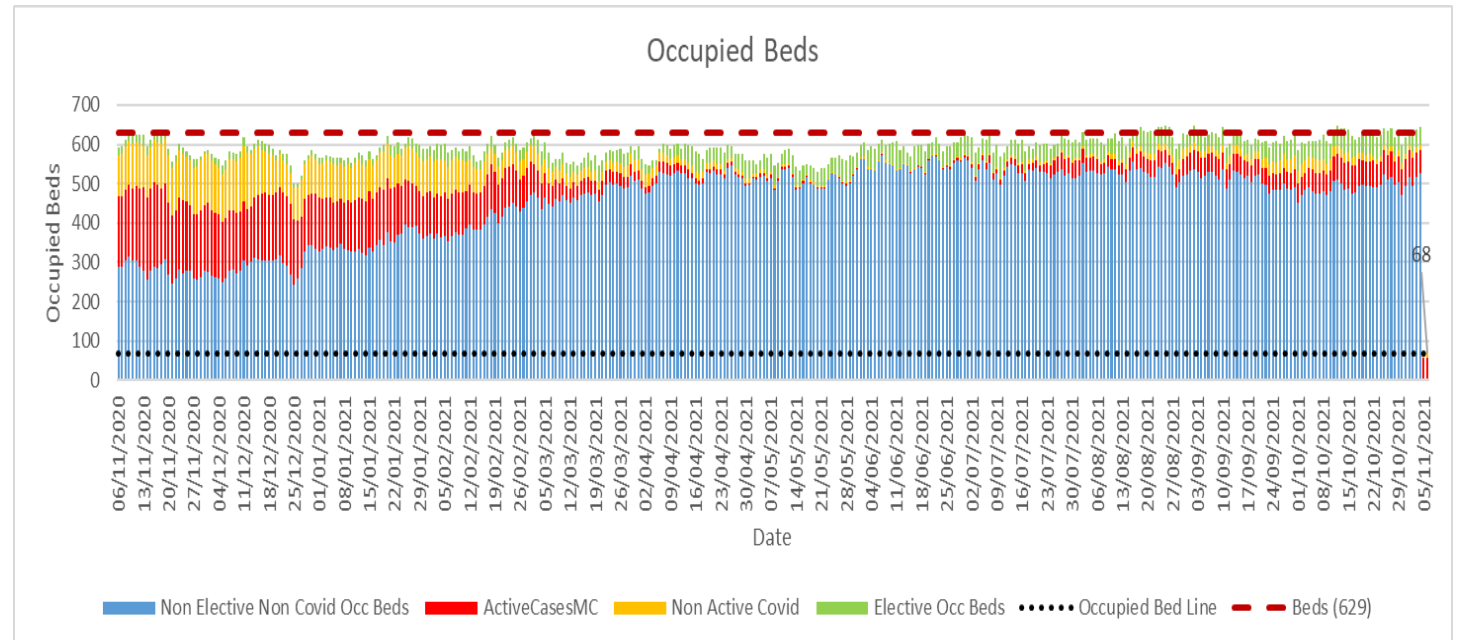
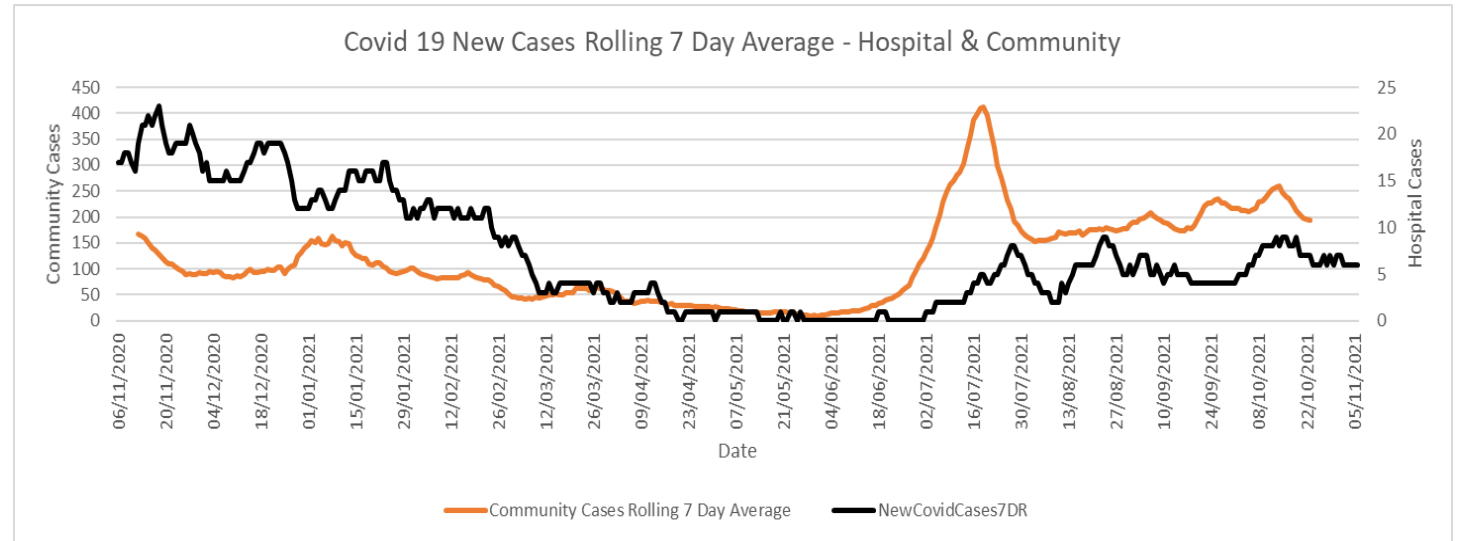
November 2021 - Operational Plan Update

Today

- Operational trends – where are we now
- Planning Round – Expectations from H2
- Planning for Winter
- Summary & Next Steps

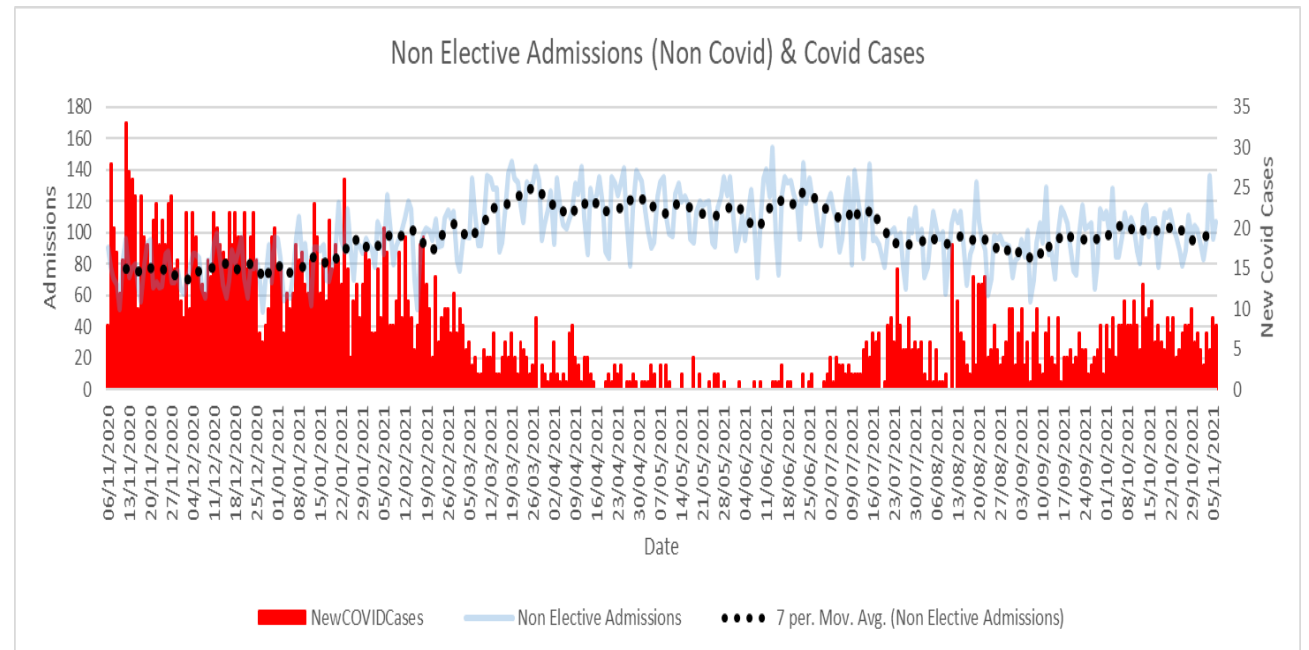
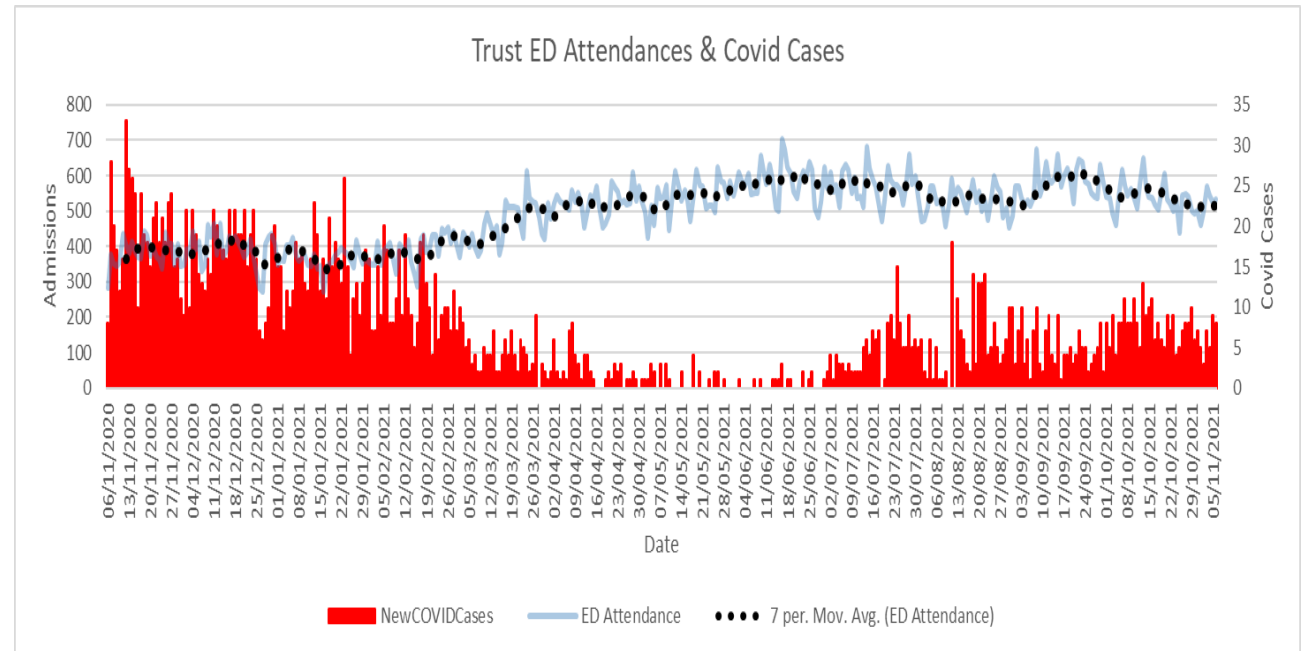
C19 Infection & Admission

- Covid 19 infections levels steady but over 60 infection level rising
- Public Health England (PHE) steady for a few weeks and rising numbers December through winter
- PHE expect Trusts to see 40-50% of peak number (c 120 for DBTH)
- Total COVID occupancy = 10.7%. Active case occupancy = 8.6%.
- High continued occupancy of 95%



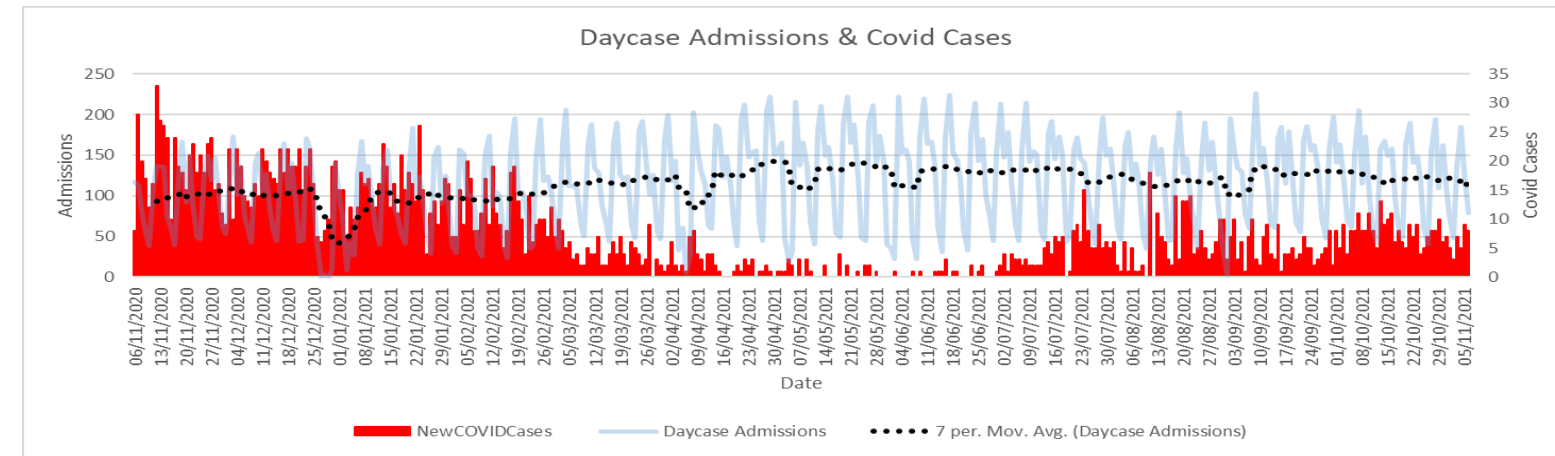
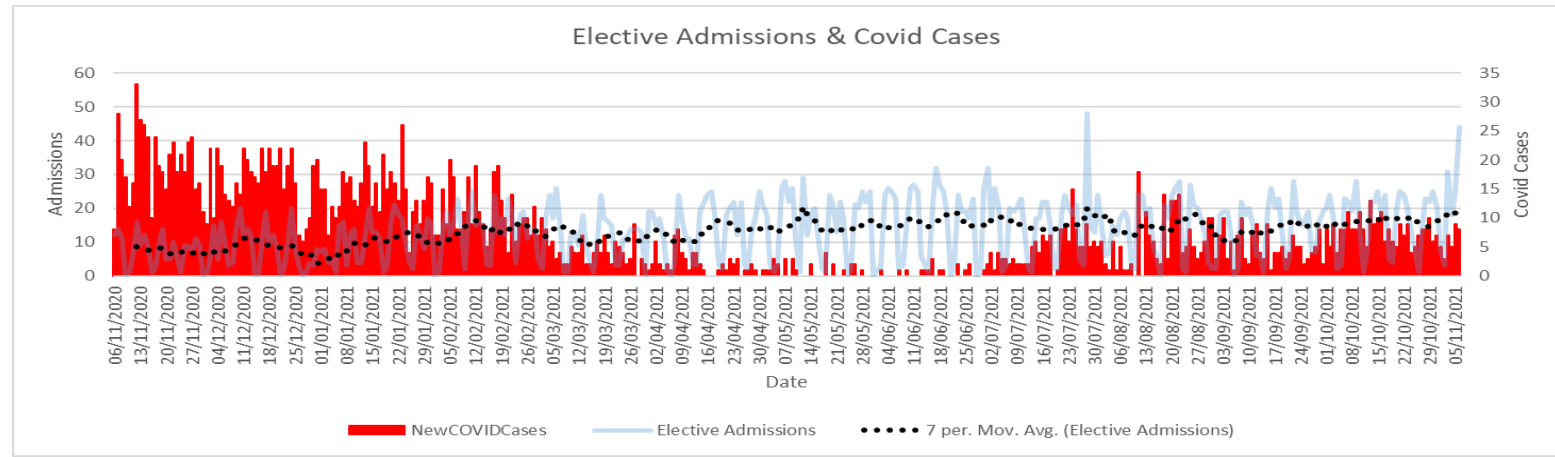
Emergency Flow

- Critical care occupancy also up – some requirement for surge into Ward 22
- ED attendance reduced compared to peaks over summer
- Urgent and Emergency Care Transformation Programme in place
- Focus on Ambulance Handovers with partners, especially at Doncaster
- Children transferred due to reduced paed capacity – 13 in October
- *N.B: Note paediatric transfer data reporting methodology updated since last board – figures have been overstated previously*



Elective

- Bed capacity & theatre staffing challenges key challenge – agency to support, plus
- Elective activity therefore impacted in common with Trusts across South Yorkshire and Bassetlaw (incl Accelerator). No Trust achieved Elective Incentive Funding in Oct
- Focus on PTL size, Non-Obstetric Ultrasound & inpatient elective throughput
- H2 Plan – OP Transformation, Outsourcing, Insourcing
- Continued high performance against cancer standards



	Apr-21		May-21		Jun-21		Jul-21		Aug-21		Sep-21	
	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement
OP New	77%	83%	88%	87%	84%	87%	95%	87%	95%	88%	95%	85%
OP Follow Up	77%	85%	88%	88%	84%	87%	95%	91%	95%	88%	95%	87%
Elective	77%	65%	88%	85%	84%	86%	95%	63%	95%	66%	95%	54%
Daycase	77%	92%	88%	94%	84%	91%	95%	96%	95%	86%	95%	71%
Trust	77%	82%	88%	89%	84%	87%	95%	85%	95%	82%	95%	74%

Planning Submission

Elective Plan – Main Requirements for H2

- **Zero 104 week waiters** by March
- All Trusts in the ICS to **stabilise or reduce** their number of 52 week waiters from the level in September 2021 (as at end of September we had 1259 x 52 week breaches).
- **Stabilise waiting list size** at the September 2021 level (c 43K , up from c 29K , end of March 2019)
- **A focus on OP transformation:**
 - Implementation of Patient Initiated Follow Up in 5 specialties
 - 25% of activity to be delivered on a non-Face to Face basis
 - Further increase of advice and guidance
- **Cancer standards** – ongoing focus on returning 62 day wait time performance to the level of March 2020, delivering 75% against the Faster Diagnosis Standard within 28 days. We continue to performance well against these standards

Approach to Delivering the Standards

- **A review of the current PTL** which has been commissioned by our partner CCG colleagues. This will ensure that each referral is checked, triaged with some patients returned to their referrer with a treatment plan in line with local pathways. There are currently 23,000 patients on our outpatient waiting list who have not yet had their first outpatient appointment.
- **Outsourcing to the independent sector** where possible, routine surgical care to enable us to focus resources on site on the most urgent patients or those with complex needs that cannot be managed elsewhere. **We will insource where clinically appropriate, building on established relationships.**
- In parallel with the management of **clinical priority patients and category 2 patients, a focus on the management of the long waiters** to bring down the unprecedented numbers of patients waiting up to 2 years for treatment.
- The arrival of the **paediatric modular on 8 December** will enable us to return Ward S11 to Surgery and increase paediatric inpatient provision. We expect the renovation of the women's wing to be completed by April 1.
- **Reducing diagnostic waits**, to ensure timely access to diagnostics which is impeding timely patient pathways. All specialties are asked to maintain virtual or phone appointments where clinically appropriate and work together to deliver the 25% of activity delivered in this way.
- All specialties are asked to take advantage of the **new infection prevention and control standards** to stretch and return outpatient work to 19/20 levels, or beyond.
- Building on volume of patients appropriately identified for **Patient Initiated Follow up (PIFU)**. We will better capture the PIFU work we do now, and also extend into additional specialties. There is already a service in Cardiology, Dermatology, Trauma and Orthopaedics and Gastroenterology. First focus for additional roll out has been agreed in Paediatrics, Rheumatology and Respiratory.
- Working with Primary Care, we will increase the volume of patients who are managed where appropriate through an **advice and guidance** route. We aim to better capture the considerable A&G we do now, whilst building A&G routes in hot clinics, SDEC etc.

Risks and next steps

Risks

- There are a number of key risks in delivering this plan specifically the 52 week elements these include:
 - Assuming all pathways can be completed within the next 20 weeks ~2,000 patients have not yet had their first outpatient
 - Assuming the independent sector can deliver the volumes of activity and all patients are suitable for outsourcing
 - Understanding the critical care requirements of the elective recovery plan
 - Constrained bed capacity due to winter pressures and covid
 - Assuming there are no other bottlenecks i.e. diagnostics on long waiting pathways
 - Assuming patients will be booked in order and the interdependency with P3/P4 designations
 - Covid / flu
 - Staff availability

Next steps

- Further circulate and validate the numbers with divisions and ensure plans are in place
- Real focus on delivery and gaining greater assurance on mitigating risks above
- Develop tracking i.e. “not seen” cohort moving through 1st outpatients
- Finalise remaining outstanding elements i.e. NOUS, PIFU
- Circulate final versions COP Monday 8th

Winter

Winter Plan – Where Are We Now – Internal Plans

- Ward 22 10 beds, Critical Care Surge, Discharge Lounge / nMABS, reconfiguration of medicine, paediatrics modular – 958K
- Divisional schemes agreed, funded & mobilising – c £1.5 m. CCG funding confirmed
- Agreement to new checklist for site meeting in line with FOCUS site management principles.
- Support for implementation of key principles & approaches to embedding good flow practice throughout the organisation
- “Get the Basics Right”: Improve patient flow; working to reduce length of stay, improve the number of morning discharges, processes around ward/board rounds and the development of ward production boards supported by NERVE Centre. Support implementation of new UEC standards (streaming, Think 111, reduce triage)
- Urgent and Emergency Care Programme developed - joined up approach
- Implementation of new Urgent and Emergency Care Standards through the organisation
- Criteria to Reside data – current area of focus (and improving one version of the truth)

Winter Plan – Where Are We Now – Partner Plans

- Range of schemes pulled together and evaluated with “impact assessment”
- CEO / COO meeting 14/10 to review impact assessment & consider where next
- Agreement to COO escalation to shore up actions especially
 - confirmation of additional home care capacity
 - plan for additional 5 beds on Hazel / Hawthorne
 - Improved hospice pathways
 - Any other options
- Agreed review/ refresh of escalation processes & current place and system meetings
- System risk assessment to be pulled together by the CCG
- Final plan and outputs to be presented to CEOs mid November with additional progress

Overall Operational Plan – Next Steps

- ***Further steps to close the capacity gap for adults being agreed with partners***
- ***Planned capacity from surgery*** - Surgery will consider and analyse what elective work can be further consolidated at Bassetlaw
- ***Get the basics right*** – optimise site management, escalation processes etc
- ***Finalise arrangements for emergency pathway improvement programme*** – supporting dashboard, governance and build on current plans
- Significant focus on **ambulance handovers** in line with NHS E requirement
- ***Schemes agreed with both Doncaster and Bassetlaw*** Place – further COO focus to finalise
- ***The Trust will consider additional exceptional contingency plans, for staff & capacity, learning from COVID***
- **“Roadshow”** planned on **Urgent & Emergency Care standards** and **Inter-Professional Standards** for October –following agreement at TEG in November
- **Key Messages from ED / Acute Med GIRFT Visits** – to be utilised as part of overall work
- Continue focus on **“hotspots”** to improve performance
- **Significant engagement & work for the elective new standards** and consolidate and quantify impact of plans for November H2 submission

Report Cover Page			
Meeting Title:	Board of Directors		
Meeting Date:	16 November 2021	Agenda Reference:	E4
Report Title:	INTEGRATED QUALITY & PERFORMANCE REPORT (IQPR) / Performance Exception Report (September 2021)		
Sponsor:	Rebecca Joyce, Chief Operating Officer		
Author:	Julie Thornton, Head of Performance		
Appendices:			
Executive Summary			
Purpose of report:	<p>The report now takes the following shape, aiming to streamline information for the committee. It therefore aims to:</p> <ul style="list-style-type: none"> • Deliver an executive summary – summarising headlines from the operational context, performance headlines and the forward plan • Share the full performance metrics through the at a glance charts • Provide the full Performance Exception report for deeper dive 		
Summary of key issues:	<p>1. <u>Operational Context – Headlines of Data Trend Analysis</u></p> <ol style="list-style-type: none"> a. Through October and November, the Trust has experienced sustained ongoing pressure caused by ongoing COVID demand (50 – 70 patients), high levels of emergency demand and high levels of patients requiring critical care. b. The impact of the women’s major incident in April 2021, and associated loss of 23 paediatric beds, and 19 surgical adult beds should not be under-estimated and continues to impact on flow c. In common with all Trusts, emergency demand and staffing pressures have impacted on elective delivery alongside the additional impact of the women’s incident d. Significant planning has taken place for the new elective standards for the second half of the year. The new standards focus on outpatient transformation, bringing down long waiters and the total numbers of patients waiting alongside delivering cancer standards e. Significant planning has taken place for winter internally and with partners. In addition significant work is taking place associated with the implementation of the new urgent and emergency care standards. f. The Trust has established an urgent and emergency care improvement programme to drive improvements across the pathway, working with place partners and NHS Improvement g. The performance report is presented in this operational context. 		

2. Headlines from Integrated Performance Report (September)

Elective

- a. **Elective Recovery Fund** – in September 2021 the Trust achieved 74% of the 2019/20 activity value against a target of 95%, reflecting increasing emergency pressures impacting on surgical work. As in previous months the Trust compares similarly to other Trusts across North East and Yorkshire. Across the different points of delivery, daycase performs well, outpatients are “in the pack”. Elective inpatient levels are in the lower quartile for September, reflecting increased COVID and emergency demand in our constrained bed base.
- b. **52 Week Breaches** – in September 2021 the Trust reported 1259 breaches due to Covid 19 delays, an increase of 152 from August 2021. The progress through previous months has ceased, reflecting the additional emergency and Covid pressures experienced by the Trust. This represents 2.99% of the PTL, which is the second highest proportion in the ICS. 52 weeks breaches make up 2.9% of the total PTL size. Teams will focus on actions for long waiting daycase and outpatient pathways, along with higher volume outsourcing of the elective inpatient long waiters. There was a small number of patients who waited over 104 weeks & are being managed on an individual pathway basis.
- c. **RTT** - in September 2021 the Trust delivered 69.7% performance within 18 weeks, below the 92% standard. This is a reduction of 0.5% from last month, but continues to be better than the most recent peer and national benchmark.
- d. **Diagnostics** – in September 2021 the Trust achieved 50.1% against a target of 99%. This is an improvement from last month, but continues to be well below the national and peer benchmark. There is a specific focus on recovering the Radiology position and particularly the NOUS position. Finance and Performance will receive a deep dive in November 2021.

Emergency

- a. **Emergency Care Bundle** – The Trust are currently shadow monitoring the new standards and awaiting the performance thresholds to be issued from NHS England.
- b. **4 Hour Access** – in September 2021 the Trust delivered 71.96% achievement against national target of 95%. Performance for the month benchmarks “in the pack” across North East and Yorkshire. A wide-ranging action plan is in place.
- c. The Trust are not reporting any 12 hour trolley breaches in September 2021.
- d. **Ambulance Delays** - There are continued challenges on the Doncaster site and a full action plan has been developed and submitted to NHS England. This is part of a wider focus and set of actions on the urgent and emergency care pathway.
- e. **Length of Stay** for non-elective patients continued to increase during September 2021. Focused work with partners is ongoing to improve complex discharge pathways and focused internal work to improve simple discharges and support flow
- f. **Stroke** – for July 2021 reporting, all standards were delivered with the exception of direct admission within 4 hours to the Stroke Unit (42.6% against a standard of 75%)

Cancer

- a. **Faster Diagnosis Standard** – In August 2021 the Trust achieved 74.4% against the performance target of 75%, an improved position.
- b. **31 Day Standard** – in August 2021 the Trust achieved 3 out of 3 nationally reported measures.
- c. **62 Day Standard** - in August 2021 the Trust achieved 1 out of 2 nationally reported measures.
- d. The Trust is slightly off track with 2 out of 3 of its recovery trajectories to reach the required reduction in over 62-day open pathways improvement on cancer pathways. Work is ongoing to recover this position.
- e. **Open Pathways over 104 Days** – in August 2021 the number of open pathways slightly increased to 7. The data is indicating this will slightly increase during September 2021 and remain at this higher level until November 2021.
- f. Cancer performance still performs well compared to peers and is benchmarked green by NHS England comparative information.

Next Steps on Performance & The Operational Plan

For elective and cancer performance, the key next steps are:

- a. Finalising short term additional actions in Radiology to improve performance and developing the medium term service proposal.
- b. With the projected increase in COVID numbers, emergency demand and flu through autumn and winter, the winter elective strategy plans to aim to deliver as much day case and outpatient activity as possible making use of confirmed additional funding.
- c. Protecting and safeguarding the good progress on cancer recovery, through the forthcoming difficult months.
- d. The ongoing focus on “getting the basics right” remains the right strategy to improve processes supporting elective care.
- e. Delivering the planning return for the second half of the year (H2) and preparing for the new standards now published with a focus on outpatient transformation, as well as PTL size and long waiters.

From an emergency perspective, the key next steps are:

- a. Further steps to close the capacity gap for adults being agreed with partners and internal winter plans being mobilised
- b. Planned capacity from surgery - Surgery will consider and analyse what elective work can be further consolidated at Bassetlaw
- c. Get the basics right – optimise site management, escalation processes etc
- d. Driving forward the urgent and emergency care pathway improvement programme – supporting dashboard, governance and build on current plans
- e. Significant focus on ambulance handovers in line with NHS E requirement
- f. The Trust will consider additional exceptional contingency plans, for staff & capacity, learning from COVID

	<p>g. “Roadshow” being mobilised through November on Urgent & Emergency Care standards and Inter-Professional Standards for October</p> <p>h. Key Messages from ED / Acute Med GIRFT Visits – to be utilised as part of overall work</p> <p>i. Continue focus on “hotspots” to improve performance</p> <p>j. Significant engagement & work for the elective new standards and consolidate and quantify impact of plans for November H2 submission</p> <p>k. The challenging context the Trust is operating in, will continue, and as we move forward, the Trust needs to focus on safety and sustainability and supporting its teams, people and patients through the challenging months ahead.</p>				
	The Committee 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:	Changes made to SA1 and COVID 19 addition to SA1 to reflect risk and related to winter planning & also planning mitigation.				
Corporate risk register:	<p>Report regards Risks ID 6 and 2349 on the Risk Register - F&P 6 and F&P 8.</p> <ul style="list-style-type: none"> • Failure to achieve compliance with performance and delivery aspects of the SOF, CQC and other regulatory standards • Failure to specifically achieve RTT 92% standard <p>Report outlines actions plan to make progress, no change to risks on CRR.</p>				
Regulation:	Report links to national quality and access standards. Performance against the standards contributes to the CQC regulatory framework.				
Legal:	Report outlines performance against standards, published annually by NHS England, some of which are outlined in the NHS Constitution.				
Resources:	Impact on resources of delivering activity taken account of in Trust plans.				
Assurance Route					
Previously considered by:					
Date:		Decision:			
Next Steps:	Continued monitoring of recovery & associated action plans at Finance & Performance Committee with the addition of H2 reporting requirements.				
Previously circulated reports to supplement this paper:					

Report Cover Page					
Meeting Title:	Public Board of Directors				
Meeting Date:	16 November 2021	Agenda Reference:	E5		
Report Title:	Ambulance Handovers				
Sponsor:	Rebecca Joyce, Chief Operating Officer				
Author:	Andrea Squires, General Manager (Emergency) Rebecca Joyce, Chief Operating Officer				
Appendices:	None				
Report Summary					
Purpose of report:	To update the Board on the position against Ambulance Handovers and the internal and partnership improvement action plan				
Summary of key issues/positive highlights:	<p>The aims of this paper are to:</p> <ul style="list-style-type: none"> Outline the current operational context as it pertains to ambulance handovers Share current performance for ambulance handovers on both sites which indicates the Trust needs to address ambulance turnaround time as a priority Outline the NHS England requirement and recommendations Outline the Ambulance Handover Improvement Plan, as part of the Integrated Urgent and Emergency Care Transformation Programme 				
Recommendation:	<ul style="list-style-type: none"> Data demonstrates there is an opportunity to improve ambulance handovers. Whilst this is a problem many Trusts are facing, data demonstrates an outlier position for Doncaster Royal Infirmary and it is an urgent priority to address this. The Trust has established a comprehensive programme of work to improve urgent and emergency care pathways, working internally and with partners. Within the “Pre Hospital” workstream is a Task and Finish group for Ambulance Handovers, focused specifically on implementing remaining actions not already mobilised from the NHS England letter. The Board will receive monthly updates of progress against this plan and the quantified impact on ambulance handovers. 				
Action Require:	Approval	Information	Discussion	Assurance	Review
		X	X	X	
Link to True North Objectives:	TN SA1:	TN SA2:	TN SA3:	TN SA4:	
	To provide outstanding care for our patients	Everybody knows their role in achieving the vision	Feedback from staff and learners is in the top 10% in the UK	The Trust is in recurrent surplus to invest in improving patient care	
Implications					
Board assurance framework:	Changes made to SA1 and COVID 19 addition to SA1 to reflect risk and related to winter planning & also planning mitigation.				

Corporate risk register:	<ul style="list-style-type: none"> • Impacts on Risk 2472 (COVID) and Risk 7 (F&P6)
Regulation:	<ul style="list-style-type: none"> • Existing national UEC standard • NHS England Requirement as per October 2021 letter
Legal:	N/A
Resources:	N/A
Assurance Route	
Previously considered by:	N/A
Date:	Decision:
Next Steps:	Finance and Performance meeting should provide close monitoring on a monthly basis with monthly escalation via the Board as per NHS England requirements.
Previously circulated reports to supplement this paper:	Monthly performance report provides highlights on this issue.

Ambulance Handovers

1. Introduction and Purpose

Colleagues will be keenly aware of the risks associated with hospital handover delays. As required by NHS England, the Board will receive a monthly deep dive update on this issue. The aims of this paper are therefore to:

- Outline the current operational context as it pertains to ambulance handovers
- Share current performance for ambulance handovers on both sites
- Outline the NHS England requirement
- Outline the Ambulance Handover Improvement Plan, as part of the Integrated Urgent and Emergency Care Transformation Programme

2. Current Operational Context

The November 2021 Briefing from NHS YAS indicates:

- NHS 111, 999 and Patient Transport Services have been under sustained pressure throughout the summer, comparable with pressures usually only seen in the most severe of winters. YAS and EMAS have been operating at the highest escalation level known as REAP 4, since July this year, in common with most English ambulance Trusts.
- Staff sickness, COVID 19, and exceptional demand levels and widespread pressure across all of the NHS continue to impact on ambulance services and all parts of the system
- 999 contact centres have been the busiest ever this year, dealing with around 3900 calls a day at times, and more patients with severe acuity than usual. From April to September 2021, there was a 25% increase in calls compared to the same period in 2019.
- All parts of the urgent and emergency care system remain under significant pressure. This is contributing to higher demand for ambulance services and increases in hospital handover delays across all parts of Yorkshire and Humber, reducing ambulance availability.

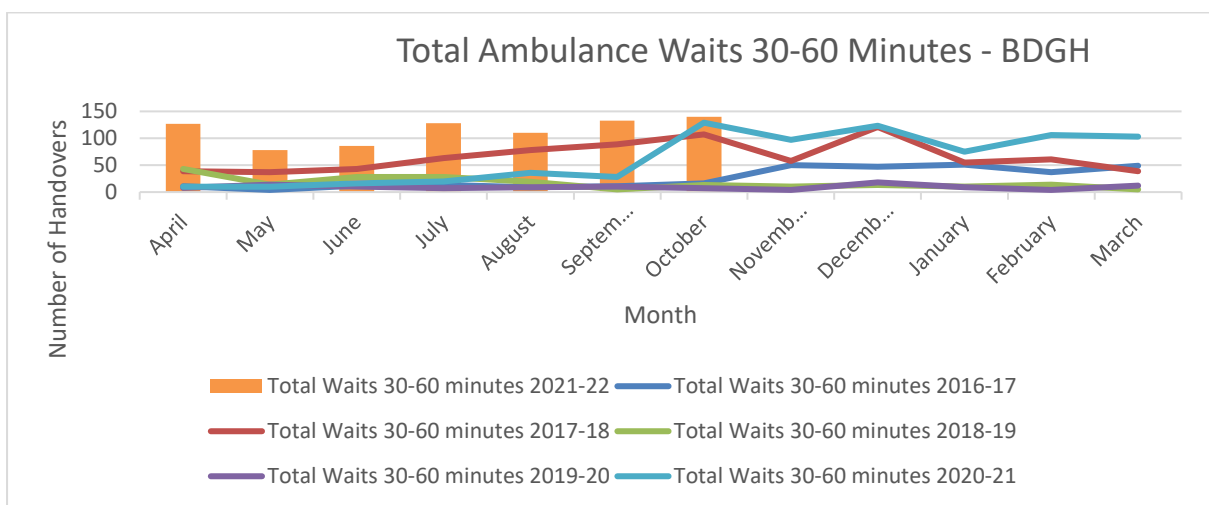
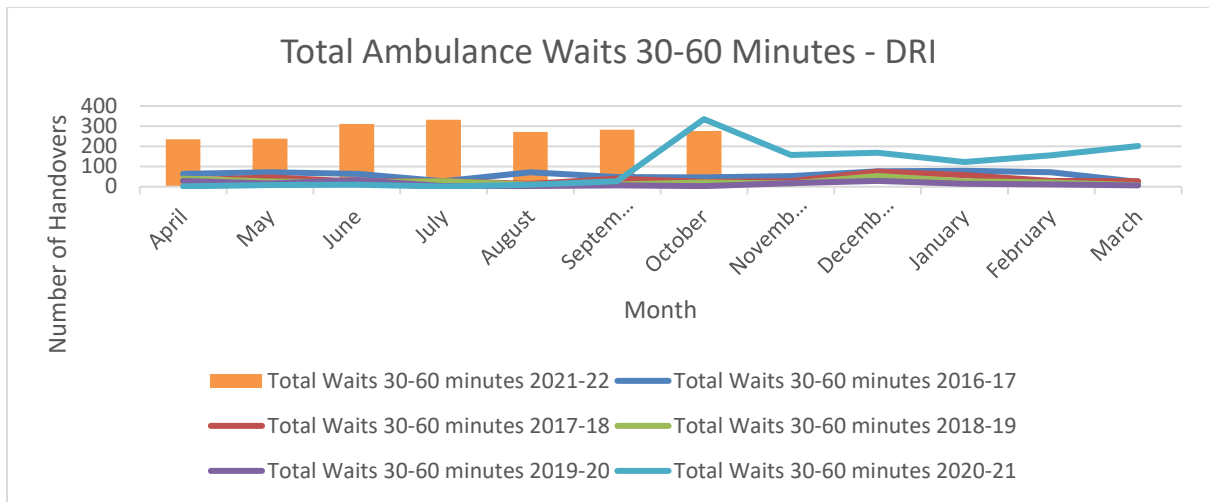
For DRI, the impact of the Women's incident in April 2021 created additional pressure on flow. These include:

- The loss of two adult surgical wards through the:
 - Loss of G5 (women's surgery)
 - Loss of S11, which was converted to a paediatric ward
- Loss of 25 paediatric beds from the usual 40 (with 15 re-provided on S11). This has resulted in the need for acute transfers to other providers and longer delays in Emergency Department for children.

The situation will partly improve from 8 December with the arrival of the modular ward, which will increase the paediatric bed base to 25 and return a ward to surgery.

3. Current Ambulance Handover Position at DBTH

The charts outline the current position at both sites and indicate the level of challenge regarding ambulance handovers. DRI in particular has been identified as an outlier in the ICS, along with STHFT.



4. Requirement from NHS England

On 26 October 2021 all Acute Trust CEOs received a letter from NHS England and Improvement, “For action – Addressing Ambulance Handover Delays”. This set out that

- National policy outlines that handovers should take no more than 15 minutes
- Acute Trusts should take responsibility for patients from when the ambulance arrives and ED staff are informed of arrival

A range of initiatives to improve ambulance handovers were outlined, as part of the recently published NHS England [Urgent and Emergency Care 10 Point Action Plan](#). Those initiatives are:

- Establish Surge capacity / priority admission unit to care for patients out with ED following a decision to admit (this may be to a place prior to admission to the appropriate ward)
- Implementation of “fit to sit” for patients that do not require a trolley
- Ensure early access to clinical decision makers to enable prompt admission / discharge
- Establish additional community capacity to enable earlier discharge for patients no longer requiring acute medical care
- Increase capacity of discharge lounge to enable earlier discharge for patients no longer requiring acute medical care
- Maximise discharge through principles of the hospital discharge and community support: policy and operating model

- Increase direct access to GP streaming, SDEC, acute frailty services and medical / surgical assessment units from ambulance crews to reduce direct ED conveyance
- Match community and mental health service capacity and demand to enable reduced conveyance to ED for appropriate patients
- Work with 2 hour community crisis response teams to offer appropriate alternative pathways to an ambulance response
- Local agreement of staffing models e.g. partnership models to support SURGE capacity
- Making use of HALO staff to support handover of care, or working with ambulance services to explore whether Community First Responders are available to take on additional roles to support care for patients
- Work with Provider Collaboratives and ambulance services to support boundary changes and diverts to decompress sites

5. Ambulance Improvement Plan at DBTH

For DBTH, joint working is ongoing with Yorkshire Ambulance Service (YAS) and East Midlands Ambulance Service (EMAS) with monthly system meetings across both place settings to discuss delays and improvement opportunities.

However, it is important to note that the handover challenge is not just an Emergency Department (ED) challenge. Without flow throughout the system the turnaround will still be challenged. The Trust has established an Urgent and Emergency Care (UEC) Recovery and Transformation Programme as part of its winter plans. This overall plan has been informed by winter workshops planning sessions, regional diagnostics of our urgent and emergency care pathways and local metrics which identify areas for improvement. The action plan comprises the following workstreams:

- Pre-hospital
- Front Door
- Same Day Emergency Care
- Acute
- Anticipate not React
- Patient Flow
- Home First

Within the “Pre Hospital” workstream is a Task and Finish Group for Ambulance Handover, which has been developed with Bassetlaw CCG and Doncaster CCG and all partners. Many of the identified actions from the NHS England letter are already mobilised, and the group is focused on implementing the remainder at pace on both sites. The Task and Finish Group reports into the Pre-Hospital/Front Door Steering Group, which reports into the DBTH UEC Board. Examples of the specific work to improve ambulance pathways include:

- Additional GP hours in urgent primary care to support ambulance crews where discussion needed with GP
- Extend Same Day Health Centre offer to YAS and South Yorkshire Police for patients that need minor injuries support
- Improve access to and use of specialty ‘Hot Clinics’ including direct referral pathways for ambulance patients
- Pilot with new geriatrician at DRI to support conveyance avoidance, particularly around frailty
- Work underway to promote the Rapid Response service with ambulance crews

- YAS direct pathway to Same Day Emergency Care (SDEC), Emergency Surgical Assessment Centre (ESAC) now implemented, to be duplicated at BDGH
- Single point of access for GPs to facilitate direct admission to SDEC, ESAC
- Early senior review in ambulance bay to identify patients suitable for SDEC, ESAC and fit to sit
- Implement Screening and Redirection tool, supported by signposting away and early senior review
- A full review of the Discharge Lounge to increase capacity to support decompression of ED in a morning has been completed
- Implementation of Criteria to Reside, Red to Green, and MDT Long Stay Wednesday walk-arounds which aim to reduce LoS and increase discharges
- Mutual aid is also in aid at Place and across SYB
- We are also working closely with partners to identify additional options for bedded capacity and increase support to care homes and domiciliary care

In addition, there are ongoing challenges with “batching” of ambulances on both sites that both YAS and EMAS have acknowledged. This is multifactorial issue with ambulances crews and can cause multiple ambulances to arrive at the same time and we are working through this in partnership.

More broadly, the **Urgent and Emergency Care Improvement Plan** is focused on improving flow, all of which will support the improvement of ambulance handovers and a range of patient experience and safety metrics. Metrics are being established to track improvement against each of the multiple initiatives within the plan. This overall programme board is currently meeting weekly and reports to the Accelerator and Winter Plan Board. Considerable work has helped develop this plan. This includes:

- “The iUEC Programme” has supported a joint Acute Walk Through with Getting It Right First Time (GIRFT), Emergency Care Improvement Support Team (ECIST) and the ambulance services. They have also completed a diagnostic audit of ambulance conveyances and handovers times over a two day period to identify opportunities to improve patient flow and ambulance handover times.
- ECIST have subsequently agreed to work with DBTH around the ambulance delays identified and we have been allocated one of the team from NHS Improvement who will work across both sites at the Trust in conjunction with partners to improve the pathways and conveyance to hospital.

The UEC programme is focused on improving flow. A full action plan with timescales and leads has been developed. The table below summarises the actions comprising the overall plan, with very direct actions to improve ambulance handover, alongside broader actions to improve flow:

Aims/Targets/ Objectives	
Pre-Hospital	Review Think 111 First Capacity and DoS Disposition
	Implementation of Integrated Community / ED Geriatric Service
	Establish UTC at Mexborough
Front Door	Implementation of Early Senior Assessment at the Front Door
	Implementation of Early Senior Assessment at Ambulance Assessment Area
	Improved flow for ambulance self-check in / Fit-to-sit pathways
	Improve access to and use of specialty ‘Hot Clinics’
	Review Mental Health Pathways to support Core 24 provision
	Review RAPS provision overnight
	Re-location of Minor Injuries to Fracture Clinic
Implementation of ED Streaming Tool	
SDEC	Implementation of Consultant-led Same Day Emergency Care Model using Consultant Connect
	Implementation of Ambulance / SDEC Pathways
	Review of current SDEC pathways / DoS Profiles to support conveyance to alternative dispositions

Aims/Targets/ Objectives	
Acute	Reconfiguration of AMU – 30 beds to operate as 72 hour unit with remaining 12 beds transferred to GIM
	Reconfiguration of EAU – to operate as a CDU for 24 hour medical patients
	Re-location of Discharge Lounge to Enhanced Recovery
	Development of 10 bedded Respiratory HDU on Ward 22
	Re-location of Medical / Surgical SDEC to Outpatient area
Patient Flow / Home / First	Implementation of Safer Care Bundle / Red2Green / Board Rounds
	Interrogation of Nerve Centre for all wards to support operational overview
	Reduce the number of outliers across the Trust
	Implementation of National Guidance in relation to Criteria to Reside and DTA
Anticipate Not React – ED	Improved Culture in ED using an OD Programme Approach
	Improved Capacity and Escalation Model with 2 hourly Clinically led action focused ED huddles
	Improved ED Medical Workforce and Rota Co-ordination Process
	Implementation of the new Clinical Review Standards / Review Intra-professional Standards
	Improved governance and business structures
	Implementation of a new operational management structure to support leadership and improvement across UEC
	Improved site operational management
	Re-location of paediatric wards to new Modular Wards
	Delivering the Winter Plan: <ul style="list-style-type: none"> ➤ Flu Vaccination ➤ CMDU / Covid-19 Vaccination

6. Conclusions and Next Steps

Data demonstrates there is an opportunity to improve ambulance handovers. Whilst this is a problem many Trusts are facing, data demonstrates an outlier position for Doncaster Royal Infirmary and it is an urgent priority to address this.

The Trust has established a comprehensive programme of work to improve urgent and emergency care pathways, working internally and with partners. Within the “Pre Hospital” workstream is a Task and Finish group for Ambulance Handovers, focused specifically on implementing remaining actions not already mobilised from the NHS England letter.

The Board will receive monthly updates of progress against this plan and the quantified impact on ambulance handovers.

Report Cover Page					
Meeting Title:	Board of Directors				
Meeting Date:	16 th November 2021	Agenda Reference:	F1		
Report Title:	DBTH Strategy Review Listening Exercise				
Sponsor:	Marie Purdue, Director of Strategy & Improvement				
Author:	Marie Purdue, Director of Strategy & Improvement and Emma Shaheen, Head of Communications & Engagement				
Report Summary					
Purpose of report:	The purpose of this paper is to provide Board with the feedback from the DBTH Strategy Review Listening Exercise that has been undertaken with an external partner, STAND and to agree the process for implementation of associated actions.				
Summary of key issues/positive highlights:	<ul style="list-style-type: none"> • Extensive reach of engagement • Two-thirds of patients and the public think of the trust positively or very positively • Insight has been gathered to inform the development of the new strategy and short medium- and long-term action plans • Ongoing engagement is required to ensure co-design of solutions and to understand the impact on the people using our services 				
Recommendation:	Board is asked to <ul style="list-style-type: none"> - note the content of the feedback and agree the development of detailed action plans in line with the high-level feedback provided to Board - approve the oversight of the plans at the relevant Board sub-committees - note the plans for strengthening ongoing engagement with the population we serve to ensure solutions are co-designed where possible. 				
Action Require:	Approval	Information	Discussion	Assurance	Review
Link to True North Objectives: Provides opportunities in all 4 areas	TN SA1: <i>To provide outstanding care for our patients</i>	TN SA2: <i>Everybody knows their role in achieving the vision</i>	TN SA3: <i>Feedback from staff and learners is in the top 10% in the UK</i>	TN SA4: <i>The Trust is in recurrent surplus to invest in improving patient care</i>	
Implications					
Board assurance framework:	N/A				
Corporate risk register:	N/A				
Regulation:	N/A				
Legal:	N/A				
Resources:	Resources required to implement actions				
Assurance Route					

Previously considered by:		Executive team	
Date:	20/10/21	Decision:	Recommendations supported
Next Steps:		Detailed plans to People and Quality & Effectiveness Committee	
Previously circulated reports to supplement this paper:		N/A	

DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST (DBTH)

DBTH Strategy Review Listening Exercise High Level Actions

This report presents the findings of the listening exercise carried out for Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (the Trust/DBTH) to inform the development of its 2022/27 strategy.

DBTH commissioned the support of Stand a company specialising in public engagement and consultation

The Trust commissioned a listening exercise to inform the development of the Trust's new Strategy and the exercise was divided into four parts:

- a) Engagement with identified stakeholders to capture insights and opinions on the Trust's strategy and presentation of the insight themes to the DBTH Board to develop lines of enquiry for engagement with wider stakeholders.
- b) Engagement with service users, patient groups, and seldom heard communities to capture insights and opinions on DBTH strategy in relation to personal experiences of services.
- c) Engagement with wider groups including members of Team DBTH and the wider public in Doncaster and Bassetlaw to capture insights and opinions on DBTH strategy in relation to personal experiences of the Trust.
- d) Analysis of the insights delivered as a report to the listening exercise.

This work has now been completed and a presentation on the outputs of the listening exercise from STAND is attached and forms the basis of a high-level action plan. A presentation outlining who participated and the high level findings is attached. This is underpinned by more detailed information.

Process

- 1,900 staff, patients, partners, stakeholders, local residents, and members and beneficiaries of voluntary organisations took part, sharing their thoughts, experiences and views on what the Trust does well, what it could improve, and what they think the Trust should be focusing on over the next five years in its new strategy.
- The listening exercise started in May 2021 and ran to July 2021. People took part in a variety of interviews, focus groups, discussion events, and surveys.

Key Areas of Insight Obtained

The combined insight distilled from the listening exercise provides these issues for the Trust to consider as priorities in its next strategy:

- **Service recovery:** Meet the demand for services and deal with patient backlog. Build on the clinical and leadership connections, partnership working and digital transformation momentum created by the response to the COVID-19 pandemic.
- **Inclusive services:** Eliminate the gap in service satisfaction for people who live with disabilities. Include people who have English as a second language and other minority communities

- **Recognise carers:** Greater recognition and respect of carers and their role in looking after patients.
- **Hospital estate:** Continue to address poor state of hospital buildings. Continue to seek to secure funding for new hospital buildings.
- **Effective service communication:** Appropriate and timely communication is a big part of patient experience. Identify and address sticking points.
- **Employer of choice:** Meet recruitment challenges. Reduce vacancy rate and improve retention. Improve student/trainee offer and work with local educators to create the workforce of the future

The detailed outputs have been used to develop the following high level action plan on the following page. Actions to share the findings are already underway and more detailed plans will be shared with the relevant Board subcommittees and implementation will be monitored.

The actions require ongoing engagement with the communities we serve, and this requires some specific expertise and dedicated time. Work is underway to identify the resources required to address this and this will be secured through the usual Trust business processes.

DBTH will also continue to work with partners to share engagement opportunities and feedback to optimise available insight and to co-ordinate action where this requires more than one organisation

High Level Action Plan

Actions required to share engagement outputs

Translation of outputs and next steps into British Sign language, Polish and easy to read to share with communities	In progress
Share detailed plans with relevant stakeholders <ul style="list-style-type: none"> Board and subcommittees (People and Quality & Effectiveness Committee) Publish outputs and action plans on website 	In progress

Short Term Actions

	Owner
Review signage	Director of Estates & Facilities
Continue with the Covid recovery plans and ensure these are communicated with the public and patients	Chief Operating Officer
Specific piece of work with members of the deaf community to improve access and experience in short term (e.g., equipment to address unnecessary DNAs, British Sign language posters/ 5 key phrases campaign)	Head of Communications & Engagement
Ensure capacity to work closely with vulnerable groups and people living with disabilities to co-design solutions to access and effective communication	Head of Communications & Engagement and Chief Nurse
Engage communities with medium term capital development – including: Bassetlaw Emergency Village Community Diagnostic Centres	Director of Strategy & Improvement
Continue with Anchor Institutions work widening access to work, sustainability and working with communities	All directors
Digital strategy addressing digital poverty and access issues	Chief Information Officer

Longer Term Actions

Incorporate the feedback into the strategy	Director of Strategy & Improvement
Co-develop a Carer's Strategy with local carers	Head of Communications & Engagement and Chief Nurse
Work closely with vulnerable groups and people living with disabilities to co-design solutions to access and effective communication – building on feedback received	Chief Operating Officer
Engage communities with longer term capital development – including new build	Director of Estates and Facilities
Ensure capacity and capability to develop health inequalities and Inclusion work across the organisation and with partners	Chief Executive/Director of Strategy & Improvement
Develop a robust health inequalities long term strategy with partners and the public	Director of Strategy & Improvement

stand.



Doncaster and Bassetlaw
Teaching Hospitals

NHS Foundation Trust



Strategy review listening exercise – key findings

August 2021

Interviews

Interviews were conducted with leaders in key partner organisations identified by the Trust including CCGs, local authorities, other NHS providers, academic institutions.

In interviews conducted between 28 April and 14 May 2021, partners were asked to share their thoughts, experiences and views on:

- what the Trust does well
- what are the opportunities for the Trust
- what are the challenges facing the Trust over the next 5 years

19 interviews were conducted with representatives of:

Education partner organisations

Local Authorities

NHS provider organisations

Clinical Commissioning Groups (CCG)

Voluntary sector organisations

Primary Care Networks (PCN)

Elected representatives

Strategic insights

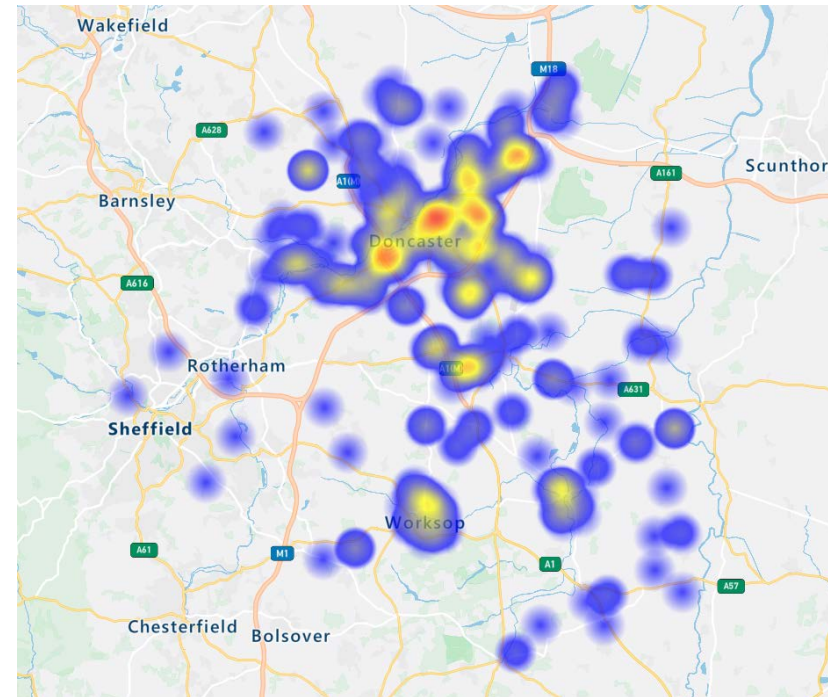
- **Focus on recovery:** Build on the momentum to the COVID-19 response. Further development of clinical and leadership connections, partnership working and driving digital transformation. Addressing the demand for services.
- **Partnership working:** Build closer working relationships with local partners, primary care, the voluntary and community sector, local authorities to establish itself as an anchor institution at place level.
- **Workforce:** Continue to address workforce challenges. Be seen as a worthwhile and respected employer of choice.
- **Developing the workforce of the future:** Develop and expand links with education so local people will become the workforce of the future.
- **Serving the community:** Focus on prevention and prioritising tackling health inequalities in the communities it serves. Redirecting resources into earlier intervention, rehabilitation and management of chronic conditions.
- **New hospital:** Strong aspirations to see a new, accessible, fit for purpose and future-proofed hospital which could meet the changes in delivery of health care.

Who we reached

860 local people participated

- 777 people completed a survey asking about their recent experiences of the Trust's hospitals and services.
- 20 patients were interviewed and two patients participated in an online focus group.
- 10 people took part in four scheduled open discussion events.
- 51 people took part in focus groups held by voluntary organisations.

Where participants live



Experience & perception

The majority of patients 78.5% are satisfied or very satisfied with their experience.

- People from areas of higher deprivation were more likely to indicate they were satisfied or very satisfied with their experience than those from other postcodes (84.4%, 76.8% respectively).
- Carers were significantly more likely to be dissatisfied or very dissatisfied with their experience than patients (20.6%, 8% respectively).

Two-thirds of patients and the public think of the trust positively or very positively.

- 73% of people from deprived postcode areas think of the trust positively or very positively. That drops to 63% among people from people from better off areas.
- The vast majority told us that their own personal care experiences influenced their thoughts about the Trust's reputation (89.8%).

Strategic insights

- **Communication:** Offer a range of ways to communicate with patients. Improve accessibility for people with conditions that affect communication and people whose first language is not English.
- **Carers:** Improve information sharing with, support for, and involvement of carers to benefit patients. Consider adopting a carers' charter or principles.
- **Staff:** Staff are kind, helpful, and caring and patients commented on their professionalism, expertise and knowledge. Perception is that more staff are needed on the shop floor and at weekends.
- **Restore services:** Reduce waiting times and restore services after COVID. Expand service provision at Bassetlaw.
- **Joined-up working:** Work more closely with GPs, social care, pharmacies, voluntary orgs and carers to benefit patients and reduce health inequalities.
- **Encourage healthy living:** The Trust should provide better self-care and lifestyle advice including weight management, healthy eating and exercise.
- **New hospital:** Current estate is poor and needs to be modernised. Improved parking is needed.

Participating communities

Voluntary and Community Sector Organisations working with these targeted communities were asked to run focus groups. In total 51 participants took part in six focus groups throughout July 2021.

Up to 10 participants were recruited by the organisations to take part in their focus groups.

To ensure participants had every opportunity to get involved, materials were provided in Polish, easy read and BSL translators were made available.

Different approaches are required for the Gypsy, Roma, Traveller community and the Trust will work with organisations who have established relationships.

Community / Area	Organisation
Deaf community	Doncaster & District Deaf Society Boroughwide
Learning difficulties	CHAD - Choice for All Doncaster
Mental health	Hope Community Services
Polish community	Language Café - Polish
South Asian community	Healthy Her
Vulnerable (homeless and shelter/ refuge users)	Doncaster Housing for Young People

Strategic insights

- **Communication:** Listen to and understand the communication needs of communities. Identify those with additional needs to ensure appropriate methods of communication are used to improve efficiency and benefit the patient experience.
- **Awareness:** Ongoing disability awareness training for all staff and students. Identify and understand how best to interact with those who have disabilities
- **Waiting times:** Focus on reducing the time to receive an appointment as well as the time waiting to be seen at hospital.
- **Staff:** Anticipate patient needs to reduce anxiety and stress. Identify patients with additional needs in advance, and allow extra time for appointments.
- **Appointments and aftercare:** Face-to-face appointments preferable as they are more reassuring and appropriate aftercare and follow-up appointments are required.
- **Alternative formats:** Provide materials in appropriate formats and access to information to ensure equality of access to healthcare, eg BSL interpreters and translations, Easy Read leaflets.

The approach

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH/the Trust) is renewing its strategy this year and launched a listening exercise to listen to all those who work for and with the Trust, those who use the Trust and its services, and the local population to ensure that it understands what it is doing right and what could be improved.

1,033 members of staff participated in three ways:

- 973 online survey responses – the staff survey was developed based on the output of a workshop held with the Trust's Board.
- Staff online discussion events - 51 attendees
- Staff focus groups - 9 attendees. The focus groups were themed around training and development.

Vision & pride

Nearly nine in every ten staff are extremely aware, very aware, or somewhat aware of the Trust's vision.

- Just short of three-fifths of staff (58.2%) are either extremely clear or very clear on what they do in their role to contribute to achieving this vision. Just over one-quarter (28.1%) are somewhat clear.
- The majority (62.2%) told us the current strategic principles are right.

Over three-fifths of staff (61.6%) indicated they are always proud or mostly proud about working for the Trust. A further quarter said they are sometimes proud (27.1%)

- The vast majority told us their experiences at work influence their thoughts and feelings about the Trust (89%).
- Half (54.4%) indicated that their own personal care experiences influence their thoughts and feelings.
- Two-fifths (40.3%) indicated the views of family and friends influence their thoughts and feelings.

Recruitment, retention and training

- When asked what the Trust could do to improve its service, staff commented that:
 - staffing levels needed to be improved
 - staff need to feel appreciated, valued and respected including their mental health
 - there needs to be investment in working conditions including a fit for purpose hospital
- Retaining staff and access to training were the main areas which need addressing for the current strategic principle of People to succeed.
- Better staffing levels were identified as key to helping staff contribute in their role to achieving the Trust's vision.
- Investment in People was discussed throughout all staff engagement including access,
- Staff believe that focusing on mental health support, staff health and wellbeing and morale are all high priority areas for the Trust.

Strategic insights

- **Strategy and vision:** Opportunity to create a person-centred approach in the new strategy by putting equal importance on patients and staff.
- **Recruitment and retention:** More recruitment and improvement in staffing levels including allied health staff, health care assistants, doctors and nurses. Promote reasons to stay, incentives and a better understanding of why staff leave.
- **Training and development:** Make opportunities available to all roles and all ages. Improve access to training and shadowing. Dedicated and protected training time supported by management.
- **Communication with the Trust:** Strengthen staff engagement by involving staff more in decisions and greater interaction with managers.
- **New hospital:** Fit for purpose hospital including buildings, lighting, offices, restrooms, signposting and capacity should be a priority for the Trust.
- **Parking:** Improvements to staff parking arrangements, security of the car parks and safety of those working outside standard hours.

Strategic insights

The combined insight distilled from the listening exercise provides these issues for the Trust to consider as priorities in its next strategy:

- **Service recovery:** Meet the demand for services and deal with patient backlog. Build on the clinical and leadership connections, partnership working and digital transformation momentum created by the response to the COVID-19 pandemic.
- **Inclusive services.** Eliminate the gap in service satisfaction for people who live with disabilities. Include people who have English as a second language and other minority communities.
- **Recognise carers.** Greater recognition and respect of carers and their role in looking after patients.
- **Hospital estate.** Address poor state of hospital buildings. Secure funding for new hospital buildings.
- **Effective service communication.** Appropriate and timely communication is a big part of patient. Identify and address sticking points.
- **Employer of choice.** Meet recruitment challenges. Reduce vacancy rate and improve retention. Improve student/trainee offer and work with local educators to create the workforce of the future.



Report Cover Page					
Meeting Title:	Board of Directors				
Meeting Date:	16 November 2021	Agenda Reference:	F2		
Report Title:	<i>Improving Children’s Urgent and Emergency services at Bassetlaw Hospital – Children’s Services Engagement</i>				
Sponsor:	Marie Purdue, Director of Strategy & Improvement				
Author:	Marie Purdue, Director of Strategy & Improvement				
Report Summary					
Purpose of report:	The purpose of this paper is to outline the steps being taken to seek a permanent solution to meeting urgent and emergency needs for children in Bassetlaw following the introduction of a temporary change to the pathway introduced in January 2017.				
Summary of key issues/positive highlights:	<ul style="list-style-type: none"> • A temporary change to the children’s urgent and emergency pathway was introduced in January 2017 because of workforce pressures. To maintain safe services, children who require overnight care continue to be transferred to Doncaster Royal Infirmary (DRI). • In late 2019, the Government announced £17.6 million capital funding for DBTH to create an ‘Emergency Village’ at Bassetlaw Hospital. The funding aims to ensure that Emergency Department (ED) facilities meet the demands on the emergency care services for the communities of Bassetlaw now and in the future. • This capital development creates an opportunity to review the permanent model for urgent and emergency children’s services at Bassetlaw Hospital and address the challenges to service provision which saw the overnight children’s inpatient service close. • Initial options have been developed for engagement/consultation. • A case for change has been developed alongside an engagement plan – these have been submitted by Bassetlaw Clinical Commissioning Group (BCCG) to the Nottinghamshire Health Scrutiny Committee (HSC), to seek the views of HSC with regards to whether they believe the proposed changes to increase the opportunity to provide Children’s urgent and emergency services for longer at the Bassetlaw site is substantial and would therefore trigger the duty to consult with the local authority under the s.244 Regulations. • Both the Trust and CCG are working closely with NHS England and Improvement (NHSE/I), ensuring that any changes meet the requirements of the NHSE/I assurance process. 				
Recommendation:	Board of Directors is asked to note progress to date and support the intention to progress with seeking a permanent solution to meeting urgent and emergency needs for children in Bassetlaw following the introduction of a temporary change to the pathway introduced in January 2017.				
Action Require:	Approval	Information	Discussion	Assurance	Review

Link to True North Objectives: Provides opportunities in all 4 areas	TN SA1: <i>To provide outstanding care for our patients</i>	TN SA2: <i>Everybody knows their role in achieving the vision</i>	TN SA3: <i>Feedback from staff and learners is in the top 10% in the UK</i>	TN SA4: <i>The Trust is in recurrent surplus to invest in improving patient care</i>
Implications				
Board assurance framework:	Potential positive impact on patient experience			
Corporate risk register:	N/A			
Regulation:	Process being undertaken in line with NHSI/E Assurance process			
Legal:	Whilst there is no legal definition of ‘substantial development or variation’, BCCG are seeking the views of HSC with regards to whether they believe the proposed changes to increase the opportunity to provide Children’s urgent and emergency services for longer at the Bassetlaw site is substantial and would therefore trigger the duty to consult with the local authority under the s.244 Regulations.			
Resources:	Resources required to undertake service development and consultation – these are identified as part of the project			
Assurance Route				
Previously considered by:	N/A			
Date:		Decision:		
Next Steps:				
Previously circulated reports to supplement this paper:				

DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST (DBTH)

Improving Children's Urgent and Emergency services at Bassetlaw Hospital

1. Introduction

A temporary change to the children's urgent and emergency pathway was introduced in January 2017 because of workforce pressures being experienced by Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH). As a result of the need to maintain safe services, children who require overnight observation and those with more complex support needs continue to be transferred to Doncaster Royal Infirmary (DRI).

In late 2019, the Government announced £17.6 million capital funding for DBTH to create an 'Emergency Village' at Bassetlaw Hospital. The funding aims to ensure that Emergency Department (ED) facilities meet the demands on the emergency care services for the communities of Bassetlaw now and in the future.

2. Background

This capital development creates an opportunity to review the permanent model for urgent and emergency children's services at Bassetlaw Hospital and address the challenges to service provision which saw the overnight children's inpatient service close.

The CCG and Trust are committed to providing accessible services locally, wherever it is safe to do so. The development of the Emergency Village at Bassetlaw Hospital offers possibilities to extend current service provision and ensure emergency and short stay services are provided on a permanent basis at Bassetlaw for several reasons. Co-location of ED and children's observation ward (currently some distance apart) will mean fewer staff will be required, which mitigates the risk of a shortage of paediatric nurses. A new development will potentially also increase attractiveness to new recruits of working at Bassetlaw. Furthermore, DBTH has developed a number of options to provide further resilience to our workforce.

3. Making the case for change

Given this opportunity to confirm a permanent safe solution, Bassetlaw CCG and DBTH wish to engage more extensively to ensure any changes implemented are developed with our wider community and that we are guided by feedback from Governing Body, clinicians, patients and their families, local people, the Health Scrutiny Committee, local politicians and community leaders.

We want to engage with our local community at the earliest opportunity, ensuring local people have the opportunity to share their views and that we facilitate appropriate levels of conversation across all our stakeholder groups. As such, we are preparing an engagement plan, outlining our approach to working with key stakeholder groups and informed by existing knowledge and feedback. In developing the potential service change we will also work closely with NHS England and Improvement (NHSE/I), ensuring that any changes meet the requirements of the NHSE/I assurance

process. We will also work with the Yorkshire and Humber Clinical Senate to ensure any new service meets the highest clinical standards and are in line with good clinical practice. This has been organised for December 2021.

To support the engagement, a case for change has been developed and this is attached alongside the proposed consultation and engagement plan for the public and impacted patients, this is attached as Appendix 1

4. Assurance and next steps

The CCG and Trust discussed the draft case for change and proposed consultation plan with NHS E/I as part of their Stage 2 assurance process on 9 November 2021. Papers have now been finalised and submitted to the Nottinghamshire Health Scrutiny Committee (HSC), with a presentation planned for the next HSC meeting.

Whilst there is no legal definition of 'substantial development or variation', BCCG are seeking the views of HSC with regards to whether they believe the proposed changes to increase the opportunity to provide Children's urgent and emergency services for longer at the Bassetlaw site is substantial and would therefore trigger the duty to consult with the local authority under the s.244 Regulations.

Given the proposed development of the Emergency Village on the Bassetlaw Hospital site, and the opportunity this presents for reviewing the current provision of Children's urgent and emergency care, both the CCG and Trust will endorse HSC's decision for formal consultation if deemed appropriate and are committed to continued engagement with the HSC throughout the forthcoming process.

Board of Directors is asked to note progress to date and support the intention to progress with seeking a permanent solution to meeting urgent and emergency needs for children in Bassetlaw following the introduction of a temporary change to the pathway introduced in January 2017.

Case for Change

Children's Urgent and Emergency Services at Bassetlaw Hospital

Introduction

£17.6m has been announced in support of a proposal by Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH) to create an 'emergency village' at Bassetlaw Hospital. This massive capital development, the largest investment in the Trust for many years, will ensure Bassetlaw hospital's resilience into the future.

The development of modern urgent and emergency care services will meet the needs of the communities of Bassetlaw, now and for years to come. The development will increase the size of the Emergency Department (ED) and provide more same day services, so we can get patients to where they need to be to receive the best care more quickly.

The Emergency Village will have input from a range of clinical and support teams, working within the Trust and the community, supporting earlier signposting and access to primary care skills when needed.



*Image shown is an initial artist's impression and may be subject to change

This new development creates an opportunity to confirm the future model of urgent and emergency children's services at Bassetlaw Hospital and address the challenges to service provision which resulted in the temporary closure of overnight children's inpatient service in January 2017 due to safety issues.

A new configuration of how children's urgent and emergency services are located within the Emergency Village plan could mean that children presenting at Bassetlaw ED with conditions requiring observation would be able to stay for longer at Bassetlaw Hospital, including overnight, regardless of the time (night or day) before being safely discharged

home. This would be an improvement on the existing temporary arrangement and mean more patients would remain at Bassetlaw without the need for a transfer to Doncaster Royal Infirmary (DRI), reducing avoidable transfers of patients. There will be many additional advantages including reduced travel for families, improved continuity of care and communications, and modern facilities for children and their families.

Background to the temporary changes made in 2017

Prior to 2017, the Children's services provided on the Bassetlaw hospital site included:

- Care in the Emergency Department
- A ward with an ambulatory area for those not requiring overnight stay and 14 beds to accommodate inpatients (also supporting same day attendance on the ward and a small number of planned day case lists)
- Dedicated children's outpatient clinic facilities.

In January 2017, temporary changes had to be made to the inpatient (ward) provision for children at Bassetlaw. The changes meant that the overnight children's inpatient service was temporarily transferred to Doncaster Royal Infirmary (DRI) to address the safety issues created by shortfalls in specialist children's nursing staffing at night.

This happened because there weren't enough nurses with the specialist skills in children's nursing to cover both the Emergency Department and to provide care on the ward which is not located near the ED.

The number of paediatric nurses available within the A&E department (as required by Royal College of Paediatrics and Child Health Recommendations (April 2018)) was specifically highlighted in the December 2018 Care Quality Commission (CQC) inspection which rated DBTH as 'Requires Improvement' overall. After overnight services were temporarily transferred to DRI a subsequent CQC inspection in February 2020 rated the overall assessment as "good".

The temporary model meant that the ward changed into a 10 bedded Children's Assessment Unit (CAU), open until 9pm and only accepting referrals until 7pm. All children requiring overnight care (including observation) continue to be transferred to DRI, a 20-mile journey which on average is a 35–40 minute drive. If patients are assessed as being well enough, they can travel in the family's own transport if available, if not transport is provided. (See Appendix 1 of this document)

Impact of the temporary changes on our communities

Since the temporary changes were introduced in 2017:

- Paediatric ED attendance remained stable prior to the COVID pandemic. In line with national data different patterns of all ED attendances have been noted since 2020/21 reflecting the impact of the Covid-19 pandemic. (*Please note data from 2021 is from 1 April 2021 to 30 September 2021, which doesn't include the busier winter period).

Site	2015	2016	2017	2018	2019	2020	2021*	Grand Total
DRI	16786	18288	18192	18714	20744	14505	14635	121864
Bassetlaw	9206	9913	8858	9082	10091	6834	7207	61191
Montagu	5965	5966	6021	5597	5629	4699	4318	38195
Grand Total	31957	34167	33071	33393	36464	26038	26160	221250

- The planned outpatient clinics and Orthopaedic day case theatre list for Children provided on site have been unaffected and remain unchanged.
- Access to Urgent Children's services via ED has also been unaffected.
- In 2016/7 the average length of stay (LOS) for Bassetlaw paediatric patients (0-17yrs) admitted as a non-elective patient to Bassetlaw Hospital was 1.40 days. In 2017/18 (post the implementation of the temporary arrangement) the LOS was 1.36. The LOS has continued to decline with current LOS (year to date) of 0.80. There has been a similar reduction in LOS for elective admissions reducing from 0.76 in 2016/7 to 0.42 in 2021/22 (year to date).
- To date, the average number of transfers from Bassetlaw CAU for overnight admission to DRI is 25 patients per month (from Feb 2017 to Sept 2021). This equates to approx. 2% of the average number of paediatric patients attending ED per month (1st April-30th September 2021). The actual activity ranges from 13 to 57 children transferred per month (which is not unexpected as there is usually significant seasonal variation). However, numbers were disproportionately lower during the pandemic.
- Over the past 12 months 208 (4 per week) children have been transferred to DRI who could have remained at Bassetlaw for overnight observation and would therefore benefit from an extension to the service currently in place.
- In the last year only 88 children who were transferred to Doncaster remained on the Children's Ward at Doncaster for over 24hrs.
- When the CAU closes at 10pm, under current arrangements children continue to be transferred if ongoing care is required.
- In the Bassetlaw area, an average of approx. 200 children access Sheffield Children's Emergency Department directly each year. Most of these families self-present and some will have established links with Sheffield Children's for ongoing care for long term conditions and complex case management. There was a similar pattern prior to the overnight closure of the ward in Bassetlaw.
- Children needing emergency surgery, care on a high dependency unit (HDU) or specialist care are transferred directly from ED to both Sheffield Children's and Doncaster Royal Infirmary. This was also the case prior to the overnight closure of the ward in Bassetlaw. 48 patients went to either DRI HDU or the Sheffield Children's in the past 12 months.
- The CAU at Bassetlaw currently supports the flow of patients from the Emergency Department, direct referrals from GPs or outpatients and phlebotomy requested by primary care and community paediatric services. Activity for the unit can be seen below:

Total CAU Activity

Average	Non-Elective	Day case	Elective
< Feb 2017	204	13	6
> Feb 2017	126	8	7
Total	162	11	7

Monthly average data from January 2013 to July 2021

Service feedback

Overall feedback from families and patients is very good, though a small number of complaints were received when the service initially changed. However, feedback does indicate the desire from patient carers to stay at Bassetlaw overnight when safe to do so. Comments are attached in Appendix 2

Since the temporary changes came into place in January 2017 attempts to recruit to paediatric nursing staff have been relentless, some of which have been successful. For posts offered in June/July for the newly qualified nurses who commence in September we have had some success. Additional posts are advertised throughout the year; however they are rarely successful.

Despite repeated efforts to recruit, due to natural attrition overall staffing numbers remain severely challenged as people retire or leave the service to work elsewhere. Therefore, despite considerable and sustained recruitment and retention initiatives the overall number of paediatric nursing staff remains unable to support a return to a pre-January 2017 model.

The prospect for an improving position for recruitment continues to be concerning. There is only one paediatric nursing cohort intake per year from Sheffield Hallam University. Understandably many new paediatric nurses choose to work for Sheffield Children's Hospital – one of only a few specialist children's hospitals in the entire country. Adverts are routinely placed three times a year by DBTH to attract new starters. The Trust also rotates staff to support their professional development.

Nurse staffing continues to be a national challenge as there remains a shortage of qualified nurses generally and specialist children's nurses in particular. Whilst there has been significant investment nationally into overseas recruitment for adult nursing, this has not yet been undertaken for children's nursing. NHS England and Improvement are now working with Trusts and recruitment agencies to attract children's nurses to work in the UK. In addition to this the local Higher Education Institutes have increased the placements for children's nursing by 40. This will potentially be beneficial for DBTH, but not until 2023 even if we can attract and retain these newly qualified nurses within the local geography.

The workforce model will be supplemented with paediatric nurse associates. These staff can support the registered nursing team, but numbers have to be proportionate to the overall registered staff numbers. These posts support local staff to be trained and enhance their career development.

Case for Change

The Trust, and the CCG, are committed to providing accessible services locally, wherever it is safe to do so. The development of the “Emergency Village” at Bassetlaw Hospital offers possibilities for co-location of the Children’s CAU with the Emergency Department and Children’s outpatient department to make best use of specialist nursing and medical staff capacity within the hospital and potentially across children’s community services. Consequently, co-location will support meeting an anticipated increase in demand for same day/urgent services as a result of the pandemic, existing patient need and growing population.

Nearly 3,000 of 25,745 Bassetlaw children (aged 0-19) have one or more long term conditions with the highest numbers managing asthma and neurodevelopment disorders. 16.2% (3,205) of Bassetlaw children are also within low-income families which has a strong association with poorer health outcomes.

Emergency activity at Bassetlaw Hospital continues to rise, especially since the end of lockdown. Combined with significant new building developments, having the correct model of care in place is essential for system recovery and sustainability.

Co-location will mean fewer staff will be required, which mitigates the risk of a shortage of paediatric nurses (we are not reducing the number of staff employed). A new development may attract staff and we are working with Sheffield Children’s Foundation Trust to look at possible rotational posts.

Development of options

In developing potential options for Children’s Urgent and Emergency Services at Bassetlaw Hospital the five key criteria outlined in The Green Book (central government guidance on appraisal and evaluation) have been applied. They are:

- Strategic fit and meets business needs
- Potential value for money
- Supplier capacity and capability
- Potential affordability
- Potential achievability

There is significant clinical support for the development and pre-engagement work with clinical teams from the hospital, clinical colleagues in the Integrated Care Systems (ICS), Children’s Hosted Network, NHS England and the Clinical Commissioning Group has taken place to identify and appraise that the options are viable against the five criteria. We have also sought out and considered the views expressed by families who have recent experience of being transferred from the Children’s Assessment Unit at Bassetlaw to DRI for observations lasting less than 24 hours.

During this process further options have been considered and discounted against those criteria. This included specific consideration of re-opening the ward to provide the pre-2017 model. This option was discounted since it does not meet the achievability criteria as demonstrated by the long period this arrangement has already had to be maintained. An option to discontinue providing Children’s Urgent and Emergency Services at Bassetlaw

Hospital has also been discounted since it conflicts with patient feedback and the expressed desire of local parents and the CCG to access care closer to home. This option also fails to meet the criteria of strategic fit and business needs (as we are committed to providing accessible services locally, wherever it is safe to do so).

In all options, as has always been the case, children will be transferred directly from ED to both Sheffield Children's and Doncaster Royal Infirmary when clinically indicated. We remain committed to ensuring all our children are provided care in an appropriate environment where their needs can best be met. DRI will therefore continue to provide care for more complex patient needs for example emergency surgery and high dependency or specialist care.

The options in development are described below.

- **Option 1 (continue current temporary model but recognising this would be on a permanent basis)** – The existing Children's Assessment Unit (CAU) stays where it is (not near the Emergency Department) and closes at 9pm each evening with no further admissions from 7pm and patients requiring overnight stay are transferred to the Doncaster Royal Infirmary site from 4pm.
 - **Benefits:** Maintains stable position, model well established, maintains resilience of clinical oversight and delivery for paediatric nurse input
 - **Risks:** Fails to consider opportunity for more patients to remain locally in Bassetlaw; patients might be transferred due to transient need for observations at night and hence potentially poor patient experience
- **Option 2** – A dedicated Children's Assessment Unit (CAU) is built next to the Emergency Department but still closes at 9pm each evening with no further admissions from 7pm and patients requiring overnight stay are transferred to the Doncaster Royal Infirmary site from 4pm. This allows for better use of specialist children's nurses.
 - **Benefits:** Creates improved resilience as a result of co-location
 - **Risks:** Fails to consider opportunity for more patients to remain locally in Bassetlaw; patients might be transferred due to transient need for observations and hence potentially poor patient experience
- **Option 3** – A dedicated Children's Assessment Unit (CAU) is built next to the Emergency Department, which will allow children to remain on Bassetlaw Hospital site when they require a short stay for observation, which can be overnight. Children needed more specialist care or surgery who require a longer length of stay will continue to be transferred to the Doncaster Royal Infirmary site. This allows for better use of specialist children's nurses and means children who require a short stay would be cared for at Bassetlaw overnight.
 - **Benefits:** Creates improved resilience through co-location; supports more children staying for longer at Bassetlaw with reduced need for patients to transfer to DRI site without compromising patient safety/quality
 - **Risks:** Transition of service from current temporary arrangements dependent upon building works completion and ongoing recruitment and retention of paediatric nursing staff. Latter risk to be mitigated through increase in training places for nursing with phased implementation.

With each of these options the Children's outpatient's department remains on site at Bassetlaw and the outpatient services provided will remain unchanged. The small number of children's orthopaedic theatre lists (approximately 3 children per week) will also remain.

Next steps

We want to engage with our local community at the earliest opportunity, ensuring local people have the opportunity to share their views and that we facilitate appropriate levels of conversation across all our stakeholder groups. As such, we have prepared an engagement plan - Appendix 3 of this document, outlining our approach to working with key stakeholder groups, informed by existing knowledge and feedback.

In developing the potential service change we will also work closely with NHS England and Improvement (NHSE/I), ensuring that any changes meet the requirements of the NHSE/I assurance process. We will also work with the Yorkshire and Humber Clinical Senate to ensure any new service meets the highest clinical standards and are in line with good clinical practice.

While there is no legal definition of 'substantial development or variation', we are seeking the views of the Nottinghamshire Health Scrutiny Committee with regards to whether they believe the proposed changes to increase the opportunity to provide Children's urgent and emergency services for longer at the Bassetlaw site is substantial and would therefore trigger the duty to consult with the local authority under the s.244 Regulations.

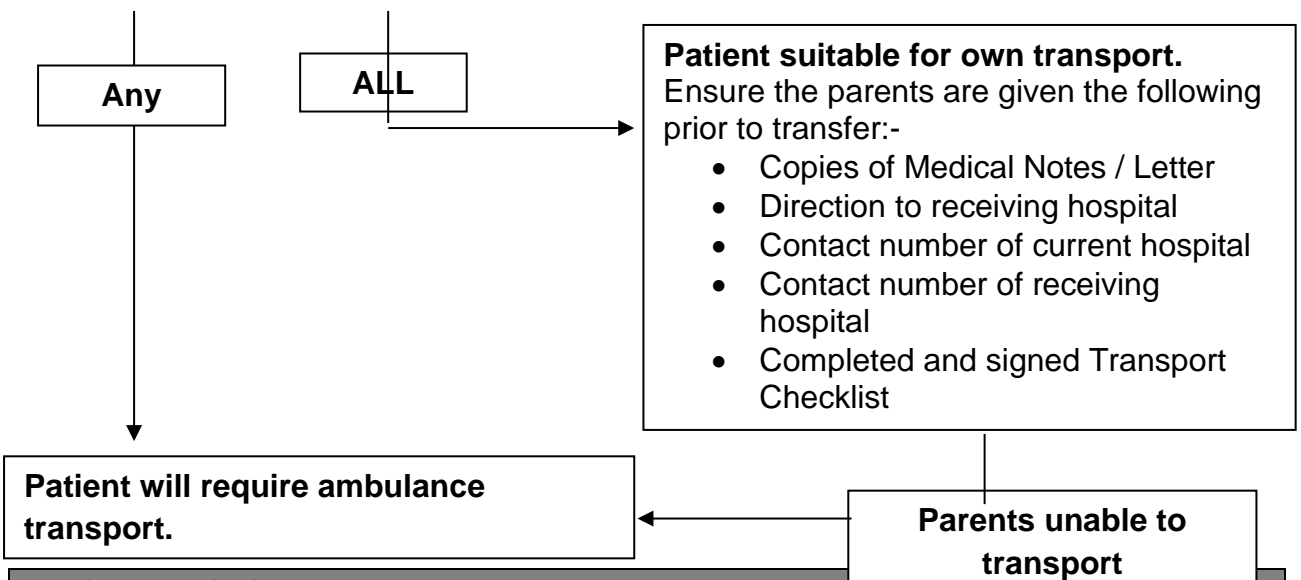
Given the proposed development of the Emergency Village on the Bassetlaw Hospital site, and the opportunity this presents for reviewing the current provision of Children's urgent and emergency care, both the CCG and Trust will endorse HSC decision for formal consultation if deemed appropriate and are committed to continued engagement with the HSC throughout the forthcoming process.

Whilst there are no plans to consult on the development of the Emergency Village, as it is a re-provision of services in line with national standards, we will seek community involvement in the look, style and feel of the Emergency Village.

This document is to be completed by the Doctor that has assessed the patient and identified a need to transfer to DRI. Re-assess in the event of a change in clinical condition whilst

Complete the following:-

Yes	No	GCS less than 15
Yes	No	PAWS >3 prior to transfer
Yes	No	Has ABCD ever been abnormal since arrival?
Yes	No	Have they received oxygen or fluid bolus?
Yes	No	Have they received opiate or other sedative medication?
Yes	No	Is the condition progressive?
Yes	No	Do they have any i/v infusion (secure cannula are permitted)?
Yes	No	Have they received drugs to which they could have an allergic response within the previous hour?
Yes	No	Are there any child protection issues?
Yes	No	Has a Middle Grade or above doctor any concerns?



Booking Ambulance

Consider the following when deciding on the urgency and ambulance crew accompanying the transfer:-

- Have you optimised & stabilised the patient as best as you can in your current site?
- How long can your patient wait in your current site before they will be too sick to be transferred?
- How likely will the patient deteriorate en route to the receiving site?
- Do we need a Nurse / Doctor / Anaesthetist to accompany the patient (Any patient with syringe driver or infusion pump running will require transport via paramedic crew)?

Date: Time of assessment:..... Designation:.....

Signature:..... Name:.....

Parent's Feedback - Care for children requiring transfer to DRI from BDGH

Transfer from BDGH excellent transition with a lovely professional nurse waiting for us, a side room available straight away. Nurses explained everything and did absolute best to make (named child) and I as comfortable as possible and explained clearly in a way I understood. Drs very competent and kind in there delivery and making it clear that not only would (named child) be treated now but also followed up in clinic which has put my mind at ease, a big thank you from (named child) and I.

Outstanding care from every single member of staff at Doncaster and Bassetlaw you saved our baby's life through quick thinking and excellent staff members and care.

We were transferred from Bassetlaw and we were made to feel very welcome (named child) was very well looked after.

Staff all caring and compassionate, training staff are a credit to the team, I felt reassured throughout our stay from being admitted at Bassetlaw and transition to Doncaster, it's a shame resources had to be wasted and my child was unsettled due to the move however that is not the fault of either hospital and all staff have been amazing.

Brilliant hospital, transferred from Bassetlaw at 21.30 and nothing was too much trouble, also lovely that there is a parents room to make a much needed cuppa, very good of staff to make toast for parents at breakfast time.

(Named child) received the best possible care at Doncaster children's hospital the team took no chances and were very thorough. We have been considered ok to transfer back to Bassetlaw for the blood tests of which we are very grateful.

Fabulous staff, nothing was a problem. It's a shame my son couldn't stay here overnight rather than having to travel to Doncaster.

The staff members in this department are second to none. The nurses were friendly and accommodating, going above and beyond to attend to our needs. The doctors were excellent, approachable, friendly and caring. How privileged and blessed we are to have such an excellent facility in North Nottinghamshire. Thank you also for the gifts for our child who was in all day on Christmas Eve and transferred to Doncaster for Christmas day. Thank you for helping to soothe our two year old son who was extremely distressed and upset with being so poorly. This service and level of care is amazing. Thank you!!!

Improving Children's Urgent and Emergency services at Bassetlaw Hospital

Engagement and consultation plan

1. Introduction

This plan details the activities for the engagement around the proposed service changes to Children's Urgent and Emergency services at Bassetlaw Hospital.

The engagement plan is built upon the following core elements:

- Stakeholder identification and mapping
- Developing the narrative on the proposed potential service changes for the local community and stakeholders
- Seeking early views from key stakeholder groups

Engagement at an early stage in the process is essential in ensuring that people have the opportunity to have a say in developing the future service model for Children's Urgent and Emergency services at Bassetlaw Hospital. We know that any change to health services can be emotive, high profile and have a wide-reaching impact. It is important, from both a statutory and good practice perspective, to develop a transparent process which can help to maintain trust between the health authorities involved, the communities they serve and stakeholders.

Engaging within the context of COVID restrictions presents both opportunities and challenges. Whilst many existing groups and networks will now be familiar a range of digital platforms, we must ensure that the process is inclusive for those who are not familiar and cannot access these.

2. Pre-engagement

The key lines of enquiry for the pre-engagement phase have been to explore the views on what principles and potential options should be considered when developing the future clinical model of Children's Urgent and Emergency services. Engagement with key stakeholders and patient and carer representatives at this stage has also identified priorities, groups who may be impacted and areas of concern.

The insight gathered from this phase will be fed back to inform the development of any future public engagement.

In developing these options in-depth engagement has taken place with the Paediatric Department, Emergency Department and support services staffing teams at Bassetlaw Hospital as well as wider stakeholders, within informal sessions on the wards and in departments. More formally engagement has taken place at the Bassetlaw Emergency Village (BEV) Steering Group, Task and Finish groups and the Bassetlaw Emergency Village Project Board.

All options have been developed by lead Paediatric Clinicians at DBTH including Divisional Director of Nursing, Clinical Director for Paediatrics and Divisional Director and General Manager for Children and Families directorate, Paediatric Hosted Network colleagues and Primary care representation/Bassetlaw CCG nursing as well as Senior Management from the trust including Chief Nurse/Deputy Chief Executive, Director of Strategy and Improvement.

The options have been scrutinised at DBTH Clinical Governance Committee and Paediatric Consultants meetings, as well as external peer review from The Children's Hosted Network and presented to Bassetlaw CCG Governing Body.

Also, a quality improvement event was held in July 2021 where the Paediatric option for the master floor layout and colocation of services, designed by the Paediatric team and presented by the Paediatric Clinical Director, was voted the most preferred option chosen by a wide list of stakeholders including Bassetlaw CCG, EMAS, Mental Health services and Community Service representation as well as DBTH service leads.

The DBTH Children and Families Board reviews Bassetlaw Emergency Village plan development at its monthly meeting and a dedicated Clinical working group has been in place since January 2021 developing plans for relevant pathways of care and supporting the design of options.

We have also sought out and considered the views expressed by families who have recent experience of being transferred from the Children's Assessment Unit at Bassetlaw to DRI for observations lasting less than 24 hours.

3. Consultation preparation

If it is envisaged that the outcome of any future service change will be a 'substantial development or variation' of current service provision then a formal public consultation will be required. The views of the HSC are sought in this regard.

In order to be meaningful and effective, the consultation will require the preparation of the following elements: stakeholder identification and mapping; engagement delivery plan; engagement tools and resources; and a timeline and key milestones. These are detailed below.

It should be noted that there are a number of interdependencies between these elements being prepared, which include the following being developed by the programme board:

- A narrative for the case for change (supported by appropriate background information)
- An agreed mandate for the consultation and engagement (addressing who is leading the engagement; whose views are being sought; the scope of the engagement and key lines of enquiry; what decisions are being influenced and what the wider aim is)
- Identification of key spokespeople and clinicians for the consultation and engagement process

3.1 Stakeholder identification and mapping

Stakeholder identification and mapping is a key part of any engagement process. Not all stakeholders will want, or need, the same level of engagement all of the time. Allowing

time for mapping at the outset – and using this alongside impact assessments - enables effective prioritisation and can direct resources accordingly where gaps are highlighted.

Whilst mapping and analysis will help direct the initial engagement, ongoing research into existing networks and groups will continue to allow the engagement approach to constantly evolve and develop an understanding of the conversations they are having.

3.2 Consultation delivery plan

A forward plan of consultation delivery will be developed following the initial stakeholder mapping. So that resources can be used effectively, the plan will make use of existing networks and routes to communicate and engage stakeholder groups across the partnership organisations as well as preparing additional engagement routes where there are gaps or communities of particular interest.

The plan will cover key stakeholders who can help direct and influence the engagement process as well as the wider engagement with statutory bodies, service users and other stakeholders and will remain under constant review.

3.3 Consultation tools and resources

A suite of engagement tools and resources will be required to ensure that there is high quality, accessible information available for stakeholders. These will also ensure that the feedback and views are captured in as consistent a manner as possible to aid analysis and inform future decision making.

At this time we expect the engagement tools and resources required will be:

- Consultation document (clearly explaining the need for change and the options under consideration)
- FAQs (to address related issues and specific questions as they arise)
- Discussion guide and survey (to ensure alignment of key questions across all engagement)
- Reporting template and data monitoring form (to include key characteristics, demographic information and option for contact details to be provided for future engagement)

3.4 Timeline and key milestones

The timeline for the consultation phase will capture key milestones and opportunities for engagement as well as providing a reference for the next steps.

4 Outline approach to consultation

Consultation will take place via a combination of established communications channels and bespoke opportunities set up for the purposes of this engagement.

The guiding principles of utilising communications channels should be:

- Using trusted and established channels where possible
- A digital first approach where possible
- Going to where people are at – attending existing networks and meetings in the first instance

We will offer a range of methods for people to have their say throughout the engagement period, including: online surveys; meetings; discussion groups; and social media. The following is a list of the existing communications channels available to reach stakeholders. It is not designed to be exhaustive but rather added to throughout the engagement phase.

Written (digital or printed)	Face to face (or virtual)
<i>Internal</i> Social media Intranet Email – all staff Email – targeted	<i>Internal</i> Briefings – including targeted meetings with managers and clinicians Existing meetings
<i>External</i> Email Website Social media	<i>External</i> Partnership meetings Briefings

Our approach to engagement with specific stakeholder groups will be informed by our research into the most effective routes and mechanisms in light of any COVID restrictions.

To facilitate the engagement effectively, Doncaster and Bassetlaw Teaching Hospitals NHS Trust and NHS Bassetlaw CCG will:

- Have copies of the engagement documentation available on the CCG’s website throughout the process
- Details of the engagement and the documents will be distributed via email to key stakeholders including but not limited to:
 - MPs
 - CVS
 - Health Scrutiny Committee
 - Health and Wellbeing Board
 - Patient Reference Group
 - Healthwatch
 - Doncaster and Bassetlaw Teaching Hospitals NHS Trust
 - NHS England/Improvement
 - South Yorkshire and Bassetlaw ICS
 - Nottingham and Nottinghamshire ICS
 - Local Trusts with Children’s services including The Sheffield Children’s, Chesterfield Hospital, King’s Mill Hospital, The Rotherham Trust and Barnsley Hospital
- Send media release to all local media outlets at the start of the consultation and at key points in the engagement process
- Use Facebook and Twitter, and other social media resources, to raise awareness of the engagement
- Ensure that translations are made available on request in key community languages and made available on the CCG website when requested
- Log all calls received with regards to the engagement
- Collate all letters and emails received as part of the engagement
- Ensure that there are records of all meetings, virtual or otherwise

- Attend meetings with the following key stakeholder and representative groups during the engagement

Following the consultation, an independent analysis of all responses to the engagement will be undertaken by The Campaign Company and a report will be produced.

NHS Bassetlaw CCG will review the report and findings before making any decision. Feedback will then be provided via stakeholder briefings, meetings and media release.

Report Cover Page					
Meeting Title:	Board of Directors				
Meeting Date:	16 November 2021	Agenda Reference:	F3		
Report Title:	True North, Breakthrough and Corporate Objectives 2021/2022				
Sponsor:	Chief Executive Officer				
Author:	Chief Executive Officer				
Appendices:	Appendix 1				
Report Summary					
Purpose of report:	This report updates the Board of Directors on progress towards the delivery of the 2021/ 2022 True North and Breakthrough objectives. Progress to date reflects the challenges of the on-going pandemic and demands of the elective recovery programme.				
Summary of key issues/positive highlights:	<ul style="list-style-type: none"> The updates identify that despite the ongoing operational pressures and the additional demands of the recovery from the impact of the pandemic the commitment to the delivery of the Trust Values, Strategic Objectives and True North remain and that progress towards the delivery of the objectives is being maintained 				
Recommendation:	The Board of Directors is asked to note the contents of the updates and advise on any required changes and amendments to the suggested objectives to ensure that actions through 2021/2022 continue progress towards True North and mitigate risks to delivery of the Strategic Vision.				
Action Required:	Approval X	Information	Discussion X	Assurance X	Review
Link to True North Objectives:	TN SA1:	TN SA2:	TN SA3:	TN SA4:	
	To provide outstanding care for our patients	Everybody knows their role in achieving the vision	Feedback from staff and learners is in the top 10% in the UK	The Trust is in recurrent surplus to invest in improving patient care	
Implications					
Board assurance framework:	The Corporate objectives reflect the work needed to deliver the Board of Directors strategic direction and mitigate known and reasonably foreseeable risks.				
Corporate risk register:	Delivery of the Corporate Objectives for 2021/2022 will support the reduction in known and reasonably foreseeable risks.				
Regulation:	The Corporate Objectives for 2021/2022 identify actions which will be taken to maintain, ideally improve, the Trusts CQC Good rating at the next assessment by demonstrating compliance with the standards expected to				

	be achieved for a Good rating in the Safe Domain and an Outstanding rating in the Caring Domain.		
Legal:	The Corporate Objectives for 2021/2022 aim to maintain the Trusts progress.		
Resources:	The resources required to deliver the Corporate Objectives for 2021/2022 are identified as part of the planning processes for 2021/2022.		
Assurance Route			
Previously considered by:	Executive Team		
Date:		Decision:	To be presented to the Board of Directors on 16 November 2021
Next Steps:	<p>Specific Objectives will be reviewed at Board Sub Committees with overall progress reported to the Board of Directors in:</p> <ul style="list-style-type: none"> • January 2022 • April 2022 		
Previously circulated reports to supplement this paper:	2019/2020 Corporate Objectives, True North and Breakthrough Objectives, Board of Directors Papers and Performance Reports.		

1. INTRODUCTION

This paper updates the Board of Directors (BoD) on the progress which has been made by the Executive Team towards the delivery of the Corporate Objectives. It is clear that the anticipated impact of the Covid pandemic on the Trusts patients and staff has materialised and the Trusts performance, and the Trusts ability to deliver the Strategic aims and objectives and the True North vision has been slower than originally anticipated.

Measures and actions to mitigate the risks and restore the Trust progress towards the 'True North' are being taken through the creation of a new Directorate; Recovery, Innovation and Transformation. The Directorate brings together the Trusts established expertise with the aim of concentrating dedicated time and resources on the key elements of recovery which are likely to have the greatest impact on the quality, safety, and sustainability of the Trust services within PLACE and the Integrated Care Board (ICB) :

- Strategy and Improvement
- Digital information
- Information and informatics
- Programme management; and
- Contracting and planning

This will then enable the Trusts Operational Teams to concentrate on the delivery of the Trusts operational and winter plans.

2. BACKGROUND

Prior to the Covid pandemic the Trust had established a framework by which the Strategic Aims and Objectives were reflected from Ward to Board so that every member of staff could visualise and describe how they could contribute to the delivery of the Trusts Vision; The True North. The True North being the 'Golden Thread,' with progress towards the vision supported, and measured through the delivery of the Breakthrough, Corporate, Divisional, Directorate, Team, and Individual Objectives.

However, during 2021/ 2022 progress on the revitalisation of previous programmes of work and delivery have been impacted by the sustained pressures within the South Yorkshire and Bassetlaw system related to the ongoing Covid pandemic, and the significant challenges in recovering from the extended waits for diagnostic and elective services. In addition, the Trust has lost significant capacity because of the damage to the Women and Children's Hospital which has created additional demands.

The Directors remain focused on the delivery of the Breakthrough and Corporate Objectives for 2021/2022 and are taking additional steps to better support staff to recover previous performance levels and restore services and learn lessons from the innovation and transformation which has occurred through the pandemic.

3. CORPORATE OBJECTIVES

The contributions each Director has made at the end of quarter 2 towards the delivery of the Breakthrough Objectives in 2021/ 2022 are identified in appendix 1. Board sub-committees undertake assurance on the delivery of the specific elements of the objectives and on the delivery of the Trusts performance. New business intelligence information will be available shortly to strengthen the information available to BoD sub committees and the BoD.

4. RECOMMENDATIONS

The BoD is asked to discuss the contents of this paper, advise upon any necessary amendments, and approve the True North and Breakthrough objectives for 2021/ 2022.

True North Objective	Senior Responsible Officer	Strategic Objectives for 2021/ 2022	Oversight and Assurance	Expected Outcome	Q4 OUTCOME - April 2022
To be the Safest Trust in England Outstanding in all that we do.	Chief Executive Officer (CEO) Director of Strategy and Improvement	Accelerate progress towards the delivery of the Trusts Strategic aims and objectives Re invigorate the Trust Quality Improvement Programme to drive innovation, efficiency, transformation and service delivery Complete the review of the Trust Clinical and Service Strategies Work with partners at a local, ICS and national level to identify opportunities and maximise the benefits and impact of enhanced health and social care collaboration and partnership in our communities and workforce.	Board of Directors (BOD) Audit and Effectiveness Committee (AEC)	Quantitative and Qualitative Evidence will be available to assure the BOD that the Trust has delivered improvements across the full range of strategic aims and objectives	
BREAKTHROUGH OBJECTIVE					
Achieve measurable improvement in our quality standards and patient experience	Chief Nurse/ Deputy CEO Executive Medical Director Chief Operating Officer	Develop and Implement a DBTH Quality Framework which describes how 'Outstanding' is defined and achieved.	BOD	A DBTH Quality Framework will be in place by 30/6/2021	
		Demonstrate evidence which supports the delivery of the standards which would allow the CQC to rate all Divisions as Good for Services Safe	QEC	Quantitative and Qualitative Evidence will be available to confirm that services meet or exceed the CQC standards	
		Demonstrate evidence which supports the delivery of the standards which would allow the CQC to rate the Trust as Outstanding for Caring	QEC	Quantitative and Qualitative Evidence will be available to confirm that services meet or exceed the CQC standards	
		Achieve National, agreed ICS, and local access and performance standards	QEC	The 2021/ 2022 Assurance Framework will confirm that the Trusts plans are being delivered.	
		Ensure that the Patient and Carer voice is listened to by delivering co-produced outcomes	QEC	Quantitative and Qualitative Evidence will be available to confirm that services meet or exceed the CQC standards	
		Celebrate, share and promote good practice and successes	BOD	Quantitative and Qualitative Evidence will be available to confirm that services meet or exceed the CQC standards	
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.	Director of People and Organisational Development	At least 90% of colleagues have an appraisal linked to the Trust's objectives and values	People Committee (PC)	The 2021/ 2022 Assurance Framework will confirm that the Trusts plans are being delivered.	
		5% improvement in colleagues reporting they are able to make suggestions to improve the work of their team/department	PC	Local monitoring and the 2021/ 2022 Staff Survey will confirm the improvement	
		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.	PC	Local monitoring and the 2021/ 2022 Staff Survey will confirm the improvement	
		90% of the Divisional and Directorate leaders will have undertaken QI training as part of leadership development programme.	PC	Quantitative and Qualitative Evidence will be available to confirm that services meet or exceed the CQC standards	
The Trust is within the top 25% for people and learner feedback	Director of People and Organisational Development Chief Nurse/ Deputy CEO Executive Medical Director	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	PC	Local monitoring and the 2021/ 2022 Staff Survey will confirm the improvement	
		Delivery of a 5% improvement in how valued colleagues feel by managers and the Trust in the 2021/ 2022 staff survey results	PC	Local monitoring and the 2021/ 2022 Staff Survey will confirm the improvement	
		Delivery of 5% improvement in health and wellbeing feedback in the 2021/ 2022 staff survey results	PC	Local monitoring and the 2021/ 2022 Staff Survey will confirm the improvement	
		Delivery of 5% improvement in WRES and WDES feedback in the 2021/ 2022 staff survey results	PC	Local monitoring and the 2021/ 2022 Staff Survey will confirm the improvement	
The Trust is in recurrent surplus to invest in improving patient care	Director of Finance Chief Operating Officer	Delivery of the agreed Corporate, Divisional and Directorate Budgets and activity levels.	Finance and Performance Committee (FPC)	The 2021/ 2022 Assurance Framework will confirm that the Trusts plans are being delivered.	
		Deliver specified improvements in efficiency and effectiveness to return the Trust, as much as is possible to at least pre pandemic levels	FPC	The 2021/ 2022 Assurance Framework will confirm that the Trusts plans are being delivered.	
		Demonstrate Improvements in Governance through improved management information, systems and processes.	FPC AEC	The 2021/ 2022 Assurance Framework will be in place with high quality information on performance and delivery which reflects the Trusts aims and objectives and allows	

DIRECTOR	OBJECTIVES IN SUPPORT OF THE DELIVERY OF THE TRUSTS TRUE NORTH AND BREAKTHROUGH OBJECTIVES	EXPECTED COMPLETION DATES AND BOD UPDATES	EXPECTED OUTCOMES	Q2 UPDATE - September 2021	Q3 UPDATE - January 2022	Q4 UPDATE - April 2022
Chief Nurse/ Deputy Chief Executive	Working with the Executive Medical Director and Director of Strategy and Improvement develop a 'Quality Framework' define the characteristics and evidence that will define and support the Trust to be 'Outstanding in all that we do.'	Quarter 3	A quality Framework will be presented to the BOD for use across the Trust	Framework developed and shared at Trust Executive Group. Being trailed in Education and Research and Children and Families Division.		
	Demonstrate evidence of compliance with the standards expected to achieve Outstanding in the CQC Caring domain	Quarter 4	Compliance will be assessed by our internal CQC assessment	CQC key lines of Enquiry shared with divisions and the requirements for outstanding in care. Shared Governance being piloted in 3 areas to support.		
	With the Executive Medical Director ensure that the Trust is able to demonstrate evidence of compliance with the standards expected to achieve Good in the Safe CQC Safe domain	Quarter 4	Compliance will be assessed by our internal CQC assessment and evidenced in CQC Acute Insights	Key lines of Enquiry shared with divisions. Compliance Committee set up to review actions identified from mock inspections. Repository of evidence being developed		
	Deliver a reduction of 20% in falls causing medium-severe harm by a quality improvement framework, in the 10 high falls risk areas.	Quarter 4	The reduction in falls is demonstrated in the performance and assurance reports	Quality Improvement approach taken to the reduction of falls. Holistic Care team developed to pull together the key staff who are specialists in falls.		
	Reduce perinatal mortality rate through compliance with the National Perinatal Framework and Ockenden recommendations	Quarter 4	Delivery is evidenced in the Maternity Safety reports	Ockenden evidence updated at planned time. Action plans in place against the 7 key outcomes. Perinatal Framework reviewed at Board of Directors monthly. Need to be cognisant of the impact of Covid on maternity outcomes.		
	Ensure the patient/carer voice is listened to by delivering increasing evidence of co-produced outcomes	Quarter 2, 3 and 4	Confirmed by evidence of delivery and direct feedback from patients	Feedback from patients and carers being used to identify learning.		
	Ensure safe and benchmarked staffing levels through the Trust	Quarter 2 and 4	Evidenced in the safe staffing and Human resource reports	Safer Nursing Care Tool reviewed in June. Safe care being introduced from December across the Trust.		
	Continue to develop and implement the Research and Education Strategy as a vehicle for improvements in care, recruitment and retention and achieving a surplus for additional investments in patient care.	Quarter 4	Evidenced in the Research and Education updates	Teaching Hospital Board established developing the strategy for both education and research but enhancing the widening participation agenda. Professor of Nursing commenced in post, enhancing the non-medical research offer. 3 large scale nursing/midwifery research projects being led by the Trust.		
	Celebrate, share and promote good practice	Quarter 4	Evidenced through local, regional and national recognition for the Trust, Teams and Individual members of staff.	Sharing How We Care continues to promote learning across the Trust.		
Director of Finance	Implement the 2021/ 2022 Performance and Assurance Framework	Quarter 1	The 2021/ 2022 Performance and Assurance Framework is in place and informing successful delivery of objectives and identifying risks to delivery	Accountability meetings running from Q1, Framework updated and presented to F&P, with plans to review in last quarter. Framework, milestone plans and trajectory plans linked to board objectives and monitored by the Performance Team and PMO. Head of Performance post permanently recruited too. Information scorecards now automating some of the reporting in real time, with plans in place and resource identified to produce further scorecards.		
	Work with the Corporate and Divisional Directors to ensure the delivery of the Trust revenue plan	Quarter 4	Activity is delivered with the agreed budgets	The Trust has broken even in H1 and H2 plans are agreed. Forecast yearend position is a breakeven. Additional income negotiated with DCCG to cover H2 risks.		
	Work with the Corporate and Divisional Directors to ensure the delivery of the Trusts Capital Plan	Quarter 4	The capital programme is delivered on time and within the allocated budgets	Currently Capital plan on budget, substantial work carried out with the ICS to ensure funding identified for the £12.4m additional costs from the Women's and Children's incident. All major projects except the Bassetlaw Emergency Village on plan and budget.		
	Complete the work on the New Hospital Strategic Outline Business Case	Quarter 2	The options for the future of the DRI site are set out within a strategic Outline Business Case	Work on the OBC is nearing completion, the case for change, the clinical mode and initial design work largely finished. There have been some slight delays and the work on the EOI diverted resource from the project, however the target of Jan 2022 sign off and submission to the NE&Y NHSE/I team should be met.		
	Ensure the delivery of the Digital Information Strategy	Quarter 1	The Digital Information Strategy is approved by the Board of Directors	Strategy shared with the board and approved. In addition significant work undertaken on the bid for the EPR programme with the Trust being successful in joining the aspirant cohort for central EPR funding.		
	Complete implementation of Divisional Information Officers	Quarter 1	Divisional Information Officers are in place in each Division and a process from assuring the quality of information is established.	Divisional Information Partners are in place, and we are working with that system now. We do still have some vacancies that are being actively recruited to.		

DIRECTOR	OBJECTIVES IN SUPPORT OF THE DELIVERY OF THE TRUSTS TRUE NORTH AND BREAKTHROUGH OBJECTIVES	EXPECTED COMPLETION DATES AND BOD UPDATES	EXPECTED OUTCOMES	Q2 UPDATE - September 2021	Q3 UPDATE - January 2022	Q4 UPDATE - April 2022
	Maximise the benefits and opportunities of the WOS	Quarter 4	The WOS is making an increasing contribution to the Trusts plans	The WOS continues to look at new business ventures, and has taken on the marketing and commercial aspects of the QMET on behalf of the Trust, has bid for work at various other NHS Trusts. The WOS is also working commercially with SMARTER. The WOS remains in surplus at the end of Q2 for 2021.		
	Agree and ensure the delivery of local efficiency and effectiveness targets	Quarter 1	The Trusts 2021/ 2022 Efficiency and Effectiveness programme is achieved	Some schemes implemented and the Trust has broken even for H1, however the delivery of efficiency and effectiveness has not been a top priority in Q1 and Q2.		
Executive Medical Director	Complete the recruitment and selection process for the Executive Medical Directors Team to support the delivery of the Trust objectives, performance and transformation	Quarter 1	Recruitment to the Executive Medical Directors structure will be completed in Quarter 1	Complete		
	With the Chief Nurse ensure that the Trust is able to demonstrate evidence of compliance with the standards expected to achieve Good in the Safe CQC Safe domain	Quarter 2	Compliance will be assessed by our internal CQC assessment and evidenced in CQC Acute Insights	ooo		
	Ensure robust arrangements are in place within the Medical Examiner Teams to maintain, and improve HSMR/ SHMI	Quarter 2	Learning from Death Reviews and lessons learnt will be used to maintain and improve outcomes and reduce HSMR and SHMI	In place with 100% of all hospital deaths assessed. HSMR presented to the BOD each month and SHMI reporting will be reintroduced from November 2021		
	Demonstrate Improvements in the efficiency and effectiveness of clinical services	Quarter 4	Evidence of Improvement will be demonstrated in internal and external reports; GIRFT, Model Hospital, National Benchmarking	ooo		
	Ensure safe and appropriate medical staffing and job plans are in place in all areas	Quarter 4	Actions from the Internal Audit Review of Job Planning are completed.	Internal Audit actions in train with many complete		
	Review the Corporate, Divisional and Directorate Governance arrangements to inform the future structure and arrangements for the Trust Governance Team	Quarter 3	The current Governance Arrangements will be reviewed to ensure lessons learnt from the pandemic are incorporated into systems and process to strengthen the delivery of safe and sustainable care	Reviewed, consultation complete on proposed new structure and TOR. Discussed at CGC and QEC, awaiting presentation at Board of Directors		
	Complete the implementation of the Medical Advisory Committee as the first step in improving communication and engagement with senior medical staff	Quarter 1	Direct and Indirect information, including the staff survey results are demonstrating appropriate progress	Medical Advisory Committee in place and meetings held monthly during 2021 with good feedback.		
	Ensure that training and development programmes are in place in each Division and Directorate to support current medical leaders and encourage and prepare future leaders	Quarter 3	Direct and Indirect information, including the staff survey results are demonstrating appropriate progress	ooo		
Director of People and Organisational Development	Improve performance across the full range of Human Resource services	Quarter 4	The 2021/ 2022 Performance and Assurance Framework is demonstrating improving performance	A sickness absence and casework system is currently being introduced which will facilitate an improved approach to the management of casework and sickness absence in support of line managers.		
	Ensure the delivery of a refreshed recruitment and retention strategy to drive towards zero vacancies in all areas.	Quarter 2	The 2021/ 2022 Performance and Assurance Framework is demonstrating improving performance	An international recruitment campaign is currently underway in respect of adult nursing with discussions taking place with regard to midwifery and medical imaging.		
	Ensure the successful Transfer of Payroll and Pension Service	Quarter 3	Direct and Indirect information and feedback is demonstrating successful delivery and staff satisfaction	Our payroll and pension service transferred to Victoria Pay Services at Sheffield Teaching Hospitals on 1 June following a tender exercise. Staff appear to be experiencing an improved service. A survey will be undertaken during Q3.		
	Undertake a skills gap analysis to inform the development and implementation of an enhanced training and development programme to support current and future leaders	Quarter 2	Direct and Indirect information and feedback is demonstrating successful delivery and staff satisfaction	A development programme has been crafted for divisional leadership teams which will run in the new year following the recruitment to the Clinical Director posts.		
	Maximise the opportunities for learning from 'Speaking Up'	Quarter 2	Direct and Indirect information and feedback is demonstrating successful delivery and staff satisfaction	Feedback from the staff survey indicates that staff have confidence to be able to Speak Up. Feedback from those who raised concerns within ED indicate that the OD programme of work is being seen as successful.		
	Completion of RACE action plan and objectives for 2021/ 2022	Quarter 1 and Quarter 4	Action plan is presented to People Committee and the BOD and objectives are delivered	The Trust was awarded the quality mark for the RACE equality code. Updates against the action plan have been discussed at both the People Committee and the Board of Directors.		
	Develop and provide an enhanced wellbeing offer to Team DBTH	Quarter 2	Direct and Indirect information and feedback is demonstrating successful delivery and staff satisfaction	Expansion of the counselling support provided by Vivup has included access to on site counselling support. A range of workshops are being made available via the ICS wellbeing hub. Regular feedback is provided to the People Committee.		

DIRECTOR	OBJECTIVES IN SUPPORT OF THE DELIVERY OF THE TRUSTS TRUE NORTH AND BREAKTHROUGH OBJECTIVES	EXPECTED COMPLETION DATES AND BOD UPDATES	EXPECTED OUTCOMES	Q2 UPDATE - September 2021	Q3 UPDATE - January 2022	Q4 UPDATE - April 2022
Chief Operating Officer	Ensure that the recruitment to posts within the COO structure is completed and that staff within the Directorate have the skills and experience to be successful	Quarter 1	Recruitment to the vacant posts will be completed in Quarter 1	Recruitment completed to Deputy COO in November with vacant GM posts now recruited. Series of Away Days underway to support & develop the GM team. 121 development plans completed as part of annual appraisals.		
	Ensure the delivery of the National, ICS and Local standards for Urgent and Emergency Care, Elective Care and cancer care, and diagnostics	Quarter 1, 2, 3 and 4	The 2021/ 2022 Performance and Assurance Framework is demonstrating delivery	Trust demonstrating recovery and now delivery on all H1 cancer standards. Elective position on % activity compared to 1920 delivered in first quarter. Under-performance in 2nd quarter due to increased C19 activity, in common with all Trusts. 52 week position improving, 50% reduction April 2021 to September 2021. Current focus on diagnostic recovery (largely Radiology) to recover outlier position. H2 plan being finalised, and divisions focusing on new standards; OP transformation, cancer and elective recovery. New Urgent and Emergency Care Standards implemented in shadow form. Full roadshow underway in November to ensure full understanding and mobilisation across all services. Focus in Q3 on ambulance waits in particular.		
	Ensure wherever possible that recovery and restoration plans reduce inequality	Quarter 1, 2, 3 and 4	The 2021/ 2022 Performance and Assurance Framework is demonstrating delivery	Trust working with place partners to develop plans to address inequality and ensure patients from more deprived communities are not disproportionately affected by current waiting times. Specific initiatives by CCG including social prescribing and other work to support patients to receive the right services.		
	Ensure arrangements are in place to maintain and improve patient flow to maximise efficiency and effectiveness	Quarter 1, 2, 3 and 4	The 2021/ 2022 Performance and Assurance Framework is demonstrating delivery	Plans developed to improve flow through series of winter workshops. Winter plan includes plans such as reconfiguration of medicine (acute physicians to front door), implementation of SAFER and Red to Green, focus on "getting the basics right" in site. Additional investment as part of winter plan to support delivery of these improvements. Dashboards being finalised Nov 21 to improve transparency of metrics. Partnership plans to improve flow and specific pathways as part of winter plan, alongside improved sharing of information & metrics. Urgent and Emergency Care Standards launched in shadow form and widescale work to engage and mobilise all teams (October 21 onwards). "Why Not Home, Why Not Today" week running 8/11 onwards.		
	Ensure that services deliver the required levels of transformation to allow access to enhanced funding	Quarter 2	The 2021/ 2022 Performance and Assurance Framework is demonstrating delivery	Transformation taken place in specific services to support recovery and delivery of H1 standards and partial achievement of Elective Incentive Fund & other funding sources. For example innovative 1 stop cancer pathways, (i.e. prostate), Same Day Emergency Care in Gynae (delivering significant, quantified reduction of patients requiring inpatient stay), cardio-respiratory drive through, virtual clinics (delivering c 27% of all current OP activity), new OP models focused on virtual review and diagnostic first pathway (i.e. gastro), focus on Patient Initiated Follow Up (4 specialties live), Advice and Guidance (highest delivery in ICS) and range of other supporting OP projects through Outstanding Outpatient work (i.e. e-prescribing, Intouch). Continued focus on transformation for H2 - i.e. further focus on OP transformation in Q3 as per required standards & pathway redesign to support elective recovery (i.e. Non Obstetric Ultrasound pathway redesign for shoulders, implementation of new Pre-Op Assessment Model).		

DIRECTOR	OBJECTIVES IN SUPPORT OF THE DELIVERY OF THE TRUSTS TRUE NORTH AND BREAKTHROUGH OBJECTIVES	EXPECTED COMPLETION DATES AND BOD UPDATES	EXPECTED OUTCOMES	Q2 UPDATE - September 2021	Q3 UPDATE - January 2022	Q4 UPDATE - April 2022
	Develop, agree and implement robust plans to manage winter pressures and enhanced IPC measures	Quarter 2 and 3	The 2021/ 2022 Performance and Assurance Framework is demonstrating delivery	DBTH internal winter plan agreed and funded (£2.5 m) October 2021. Partner actions identified, and being strengthened (November 2021). This will form the place wide winter plan for Bassetlaw and Doncaster. IPC social distancing measures all reviewed Oct/ Nov 2021 in light of new guidance and service implementing increased activity profiles. Yellow / Blue Pathways remain in place and refined on ongoing basis.		
Director of Strategy and Improvement	Complete the review of the Trusts clinical and organisational strategy	Quarter 3	The strategies are presented and adopted by the BOD	Service lines reviews are underway. An engagement exercise to inform the strategy has been undertaken reaching 860 patients and public and 1033 staff. Given changes to alignment of Bassetlaw within the ICS structure, the context has changed and it is likely that the strategy will be delivered later in March 2022 to ensure that any implications are understood.		
	Drive transformation and improvement opportunities to make services more effective and efficient and where possible reducing the impact of inequality	Quarter 4	Evidence of Improvement will be demonstrated in internal and external reports; GIRFT, Model Hospital, National Benchmarking	Actions taken in line with planning guidance Action plan developed following the strategy engagement with short medium and long term actions Discussion with place partners about capacity and capability development to address health inequalities and business case in development		
	Complete the Service Line reporting work	Quarter 1, 2, 3 and 4	Progress will be presented to the BOD and the actions included in the clinical strategy	This is progressing but has been slowed by changes in staffing within the department. Clinical and operational engagement will be required to progress the pace with this now		
	Support the delivery of a robust learning and development programme to maximise the capacity and capability for improvement	Quarter 3	Direct and Indirect information and feedback is demonstrating successful delivery and staff satisfaction	Training delivered to plan. Positive feedback from learners and examples of quality improvements fed back as part of level 2 training		
	Support the Board of Directors to champion Quality Improvement as the vehicle for transformation	Quarter 1, 2, 3, and 4	Direct and Indirect information and feedback is demonstrating successful delivery and staff satisfaction	A Qi approach is applied through many of the "big schemes" e.g. Bassetlaw Emergency Village, Rapid Diagnostics Training and feedback as above QI being incorporated into the revised Quality Strategy with a 5 year plan co-developed with other teams		
	Once funding has been approved ensure the deliver of the BDGH Emergency Village scheme	TBC	The Emergency Village Scheme is delivered to plan	Good progress towards outline business case, despite workforce challenges. Some delay possible depending on timelines for consultation on children's services model		
	Engage at Place and ICS to identify transformation and development opportunities which enhance the services for our communities and staff	Quarter 1, 2, 3 and 4	Opportunities are evidenced in the clinical and organisational strategy	The team is supporting development work on Rapid Diagnostic Services and Community Diagnostic Hub development. A successful bit for phase 1 CDH has been agreed and work commenced. Work on Phase 2 is in development. S&I are supporting the COO and operational teams where requested for example Ophthalmology across the ICS. Work is also underway with the Provider Alliance and the DBTH pre-op team on optimisation and Rehabilitation opportunities for patients on the waiting list		

Report Cover Page					
Meeting Title:	Board of Directors				
Meeting Date:	16 November 2021	Agenda Reference:	G1		
Report Title:	Corporate Risk Register				
Sponsor:	David Purdue, Chief Nurse & Deputy Chief Executive				
Author:	Angela O'Mara, Deputy Company Secretary				
Appendices:	Corporate Risk Register				
Report Summary					
Purpose of report:	For assurance that the Trust's Risk Management process is being followed, new risks identified and current risks reviewed.				
Summary of key issues/positive highlights:	<p>The Corporate Risk Register reflects the position as at 21 October 2021.</p> <p>Since the last Board report no risks rated 15+ have been considered at October and November's meeting of the Trust Executive Group. The standing agenda item supports escalation and consideration of divisional/corporate risks rated 15+ for inclusion in the Corporate Risk Register.</p>				
Recommendation:	The Board is asked to note the Corporate Risk Register.				
Action Require:	Approval	Information	Discussion	Assurance	Review
Link to True North Objectives:	TN SA1:	TN SA2:	TN SA3:	TN SA4:	
	<i>To provide outstanding patient care</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:	Reviewed against the Corporate Risk Register and linked to the relevant True North strategic aims.				
Corporate risk register:	-				
Regulation:	All NHS Foundation Trusts are required to maintain a corporate risk register.				
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 sub-committees				
Date:		Decision:			
Next Steps:	Continuous review of individual risk by owners on DATIX local risk management system.				
Previously circulated reports to supplement this paper:					

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	31/10/2021	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 Esoop's team take any local actions required by the national scheme on a medicine by medicine basis - this general Datix is not the appropriate place to record these specific individual case actions</p>	Barker, Andrew	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.	Extreme Risk	15	High Risk	Sep-21	↔
2664	PEO3	01/07/2021	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. Mutual from Sheffield commenced (covers approx. 5 shifts per week during the day -DRI site.). planned for 2 existing consultants to join rota following changes across site. Wider high impact recruitment planned alongside other action in the plan. CIG IT case has been agreed to improve attractiveness of the department.(R)	Extreme Risk	20	High Risk	May-21	↔
2472	COVID1	20/01/2022	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	20/10/21 existing controls in place and recovery plans monitored via COO and delivered to F&P & Board. New IPC guidance in place to allow 1mrule to support elective recovery. Updates regularly to CQC via engagement meetings.14/7/21 existing controls in place and recovery plans monitored via COO and delivered to F&P & Board17/5/21: Operational Update / Delivery of Elective Restoration Update (Presentation)given to F&P Committee on monthly basis. Covers risk areas of Theatre staffing, Be Plan, Risk to patients & Oversight & Governance. Mitigation via high level actions from COO led Performance & Access Board	Extreme Risk	20	High Risk	Oct-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	17/07/2021	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	May-21	↔
19	PEO1 (Q&E1)	31/08/2021	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	Jul-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
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 to site development 	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	↔
1410	F&P11	16/07/2021	Information Technology	Not Applicable (Non-clinical Directorate)	Failure to protect against cyber attack	<p>Failure to protect against cyber attack - leading to:</p> <ul style="list-style-type: none"> (i) Trust becoming non-operational (ii) Inability to provide clinical services (iii) Negative impact on reputation <p>The top 3 DSP risk areas have been recognised as:</p> <ul style="list-style-type: none"> (1) Insider threat (accidental or deliberate) (2) New / zero day vulnerability exploits (3) Failure to wholly implement patch management 	Anderson, Ken	<p>[17/05/2021 10:10:16 David Linacre] The server patching work has been subject to delays, with divisional system administration contacts not responding to requests from IT to arrange regular monthly maintenance windows. A decision was taken in April to enforce a recurring maintenance slot where no response had been received to multiple requests from IT. As a result, all supported systems should be patched up-to-date by end May.</p> <p>The backup software and hardware was installed to plan, but configuration and implementation has been delayed by other priorities in IT during January - March (final quarter / year end pressures). The work is now underway again and will be completed by end May.</p> <p>A small number of Windows 10 devices remain active on the network, with security concerns mitigated by a combination of ESU from Microsoft and network segmentation to restrict access to high-risk activities (eMail and web sites). The cyber-security dashboard is implemented and configuration is on-going, although valuable asset and vulnerability tracking information is already available. Work on security logging and retention is underway, with the initial systems expected to be integrated by end May.</p> <p>Network Access Control and Micro-segmentation have been delayed due to other work pressures, and delays on completion of the pre-requisite telephony system upgrade. New completion dates for these projects are under discussion at present.</p>	Extreme Risk	15	Moderate Risk	May-21	↔
16	PEO2 (F&P8)	31/08/2021	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> <ul style="list-style-type: none"> (i) Increase in temporary expenditure (ii) Inability to meet FYFV and Trust strategy (iii) Inability to provide viable services 	Barnard, Karen	[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,	Extreme Risk	16	High Risk	Jul-21	↔
2426	F&P	30/07/2021	Information Technology	Not Applicable (Non-clinical Directorate)	Multiple software systems end-of-support	Installed software versions have gone past the date of supplier support and there has been insufficient internal resources to upgrade and dependencies with multiple software systems being incompatible with the supported software, have prevented these upgrades. This leads to vulnerabilities within our infrastructure. For example, unpatched systems are significantly more vulnerable to cyber attacks. A single compromised device threatens all devices. There is a further vulnerability the Trust faces where we cannot draw on the expertise of the supplier to fix faulty software in a timely manner or at all.	Linacre, David	Where possible support has been extended with supplier. Firewalls and antivirus software are in place. (linked with 2703)	Extreme Risk	15	High Risk	May-21	↔
1807	F&P20 / Q&E12	08/11/2021	Estates and Facilities	Not Applicable (Non-clinical Directorate)	Risk of critical lift failure	<p>Risk of critical lift failure leading to:</p> <ul style="list-style-type: none"> (a) Reduction in vertical transportation capacity in the affected area (b) Impact on clinical care delivery (c) General access and egress in the affected area 	Edmondson-Jones, Kirsty	[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.	Extreme Risk	20	High Risk	Jul-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.</p> <p>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> <ul style="list-style-type: none"> (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 	Edmondson-Jones, Kirsty	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	Extreme Risk	15	High Risk	Apr-21	↔

Report Cover Page					
Meeting Title:	Board of Directors				
Meeting Date:	16 November 2021	Agenda Reference:	G3		
Report Title:	Use of Trust Seal				
Sponsor:	Fiona Dunn, Deputy Director of Corporate Governance / Company Secretary				
Author:	Angela O'Mara, Deputy Company Secretary				
Appendices:	None				
Report Summary					
Purpose of report:	The purpose of this report is to confirm use of the Trust Seal, in accordance with Section 14 of the Trust's Standing Orders.				
Summary of key issues/positive highlights:	Seal No	Description	Signed	Date of sealing	
	126	Supplemental deed - Adults Weight Management Service between Doncaster Metropolitan Borough Council and Doncaster & Bassetlaw Teaching Hospitals NHS FT	Richard Parker OBE Chief Executive Jon Sargeant Director of Finance	13 October 2021	
	127	Deed of variation – Provision of Sexual Health Services between Nottinghamshire County Council & Doncaster & Bassetlaw TH FT	Richard Parker OBE Chief Executive Jon Sargeant Director of Finance	11 November 2021	
Recommendation:	The Board is requested to approve the use of the Trust Seal				
Action Require:	Approval	Information	Discussion	Assurance	Review
Link to True North Objectives:	TN SA1:	TN SA2:	TN SA3:	TN SA4:	
Implications					
Board assurance framework:					
Corporate risk register:					
Regulation:	Board of Directors Standing Orders				
Legal:					
Resources:					

Assurance Route			
Previously considered by:		Executive Team	
Date:	13/10/2021 & 3/11/2021 respectively	Decision:	Approved
Next Steps:			
Previously circulated reports to supplement this paper:			

Report Cover Page					
Meeting Title:	Board of Directors				
Meeting Date:	16 November 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 September 2021's 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

Board Workshops

As October's Board of Directors was a reduced agenda to include only those mandated monthly reports, or time critical approvals the time was devoted to three workshops; the first of which was a briefing from the Chief Nurse on CQC inspections. This summarised the current inspections arrangement, awareness and areas of focus for interview discussions and the key lines of enquiry for well-led inspections.

The second extensive workshop covered Net Carbon Zero and the Green Plan. Dr Kirsty Edmondson-Jones and her team were joined by Simon Chiva from Inenco who is working in partnership with the Trust to develop a Green Plan. Together they delivered an interactive workshop focusing on the requirements arising from legislation that the UK would bring all greenhouse gas emissions to net zero by 2050. The Board heard of the challenges faced due to global warming and climate change, the impact and associated future threats and, from the Board's perspective, explored what this means in terms of delivery of a net zero NHS. A focus on sustainability to deliver a net zero health care system is now contained within the NHS standard contract for 2021/22. Consideration was given to the scale of the NHS carbon net zero challenge and the various areas of focus required within the Green Plan. My thanks go to Inenco and DBTH colleagues for the extensive work undertaken to date, the Board will receive the Green Plan for approval at its December 2021 meeting. It was an extremely engaging session and the board wants to ensure that DBTH plays the best part it can in creating a net zero NHS despite the constraints of our site and old infrastructure.

The final workshop focused on the work undertaken to date by the Trust as an anchor institution. Marie Purdue, Director of Strategy & Improvement opened the workshop, supported by a range of colleagues from across the organisation. With video footage from pupils at Hall Cross Academy – Foundation School for Health, talking about access to quality work and career opportunities, to considering the power of local procurement and its social benefit and finally, gaining an insight into the challenges of health inequalities, including local statistics and a poignant patient story of the real-life impact of health inequalities. The presentation demonstrated great teamwork and the content was both engaging and informative. The Board is committed to being the go-to employer and finding ways to support our communities, providing jobs and embracing the local supply chains where we can.

Annual Members Meeting 2020/2021

Each year the Trust holds its Annual Members Meeting (AMM), during which its members are updated on the Trust's operational activity, financial performance, achievements and challenges of the previous financial year. On 23 September 2021 the Trust hosted its second virtual AMM, in which members of the Board and the Trust's Lead Governor reflected on the many achievements, whilst acknowledging the exceptional challenges faced due to the continuing Covid-19 pandemic. Members were able to watch the AMM via the Trust's website, Facebook page and directly on YouTube. The ease of accessibility allowed us to reach out to a much wider audience than the traditional face to face meeting (in excess of 5,000 views within days). In order to allow our members the opportunity to interact with this virtual event, questions were invited ahead of the meeting and then weaved into the various presentations for the appropriate Board member to respond to. The minutes of the previous AMM, the Trust's Quality Accounts and the Annual Report and Accounts 2020/21 were all available via the Trust's website. A special thank you to the Communications and Engagement Team who skillfully captured and pieced together this important event in the Trust's calendar.

Governors

Immediately prior to the AMM the Council of Governors met to receive the Auditors' Annual Report, the tender outcome and appointment of the Trust's internal and external auditors and the Annual Report and Accounts 2020/21.

The governor election process concluded on 20 September and I am delighted to be able to welcome three new public governors representing Doncaster, Linda Haglauer, Marc Bratcher and Mick Muddiman; we also welcome back for a second three-year term, Sheila Walsh, Bassetlaw public governor.

Newly elected governors joined me at a formal induction, alongside the Chief Executive, Company Secretary, Lead Governor and Sean Tuplin from our Leadership & Organisational Development Team. A further information session with the Company Secretary and subsequent workshops facilitated by NHS Providers' Governwell Team supported learning on topics including holding to account, undertaking the business of the Council of Governors and recruitment training.

Finally, as part of the governor development and briefing sessions, Michael Leng, Head Biomedical Scientist in Microbiology presented to governors last month on the impact, response and service changes arising from Covid-19 in the Trust's Pathology service.

NHS Providers

Since my last Board report, I have attended two NHS Providers Board meeting, a briefer check-in meeting and a full Board on 3 November, when in addition to the routine finance paper and the report from the Chief Executive and his Directors the Board received the Trustee's Annual Report and Accounts 2020/21, the organisational risk report and 2021 staff survey results.

I have also supported NHS Providers' virtual governor workshop sessions and attended their briefing "Preparing for the COVID-19 Public Inquiry". In partnership with their legal panel, the session explored; the legal framework for public inquiries, anticipated issues and offered practical advice for trusts in preparation of and responding to the inquiry.

1:1s and Introductory Meetings

In addition to my regular meetings with the Chief Executive, I have also conducted a mid-year review. I have taken part in 1:1 discussions with the Non-executive Directors, Lead Governor and Company Secretary; I have also met with Nick Mallaband following his appointment as Medical Director for Workforce and Specialty Development and Professor Parveen Ali, Professor of Nursing.

Pat Drake, Clinical Non-executive Director and I have welcomed the third cohort of international nurses to DBTH and I would encourage you all to extend your usual warm welcome and support as they embark on a new and exciting chapter in their careers and from the Trust's perspective a significant addition to our workforce.

Freedom to Speak Up Month



October was Freedom to Speak Up Month, like many of you I offered my pledge **to encourage every member of Team DBTH to speak up when they wish to, and I urge all colleagues to listen compassionately.**

Freedom to Speak Up is about encouraging a positive culture where people feel they can speak up and their voices will be heard and acted upon. Supporting colleagues to speak up is essential and can support the improvement of patient care and colleagues' experience at work.

Other meetings and events

On 22 September I joined the Digital Transformation Team Roadshow where members of the team were available to answer questions and offer support to colleagues as part of the transition to new digital ways of working, including Nervecentre, eObs and Hospital@. The team were also keen to promote two fixed term/secondment opportunities for a band 5 and 6 Digital Practitioner.

As an early adopter of the Governance Forum RACE Equality Code, I shared information to include within their newsletter, conducted a video interview and attended a meeting of the early adopters of the Code in preparation for its full launch in October/November 2021.

The Trust continues to be an active member of the South Yorkshire & Bassetlaw Integrated Care System, I attend the bi-monthly Chief Executive and Chairs Acute Federation meeting, a monthly meeting of the Chief Executives runs alongside this. As a group, the SY&B ICS Chairs met with Pearse Butler, Chair Designate of the South Yorkshire Integrated Care Board (ICB) to consider the national guidance supporting ICB development in order to consider the make-up of the Board and the process for appointing partners onto it. I was also part of the interview panel for the South Yorkshire ICB Chief Executive Designate.

To close my report, I would like to reflect on the Yorkshire Wildlife Park event that took place on Saturday 25 September, organised to express the Board's appreciation of colleagues outstanding efforts during the pandemic. After a delay due to restrictions during the pandemic, many of the team, along with their family members, were able to enjoy a day out. I know from the feedback on the day and afterwards that this gesture was well received and those colleagues who couldn't make the date have had the opportunity to visit the park at a later time. The annual star awards were also handed out as part of this celebration to ensure that, despite the continuing challenges of Covid, individual and team efforts could still be recognised. The day went incredibly well. We were joined by local entertainers, celebrities and importantly for an outside event, the weather was kind to us! Special thanks to everyone who attended, for those colleagues involved in the planning, those involved in meeting, greeting and facilitating events on the day and to the Yorkshire Wildlife Park too - Doncaster should be proud of such an amazing local attraction.

NED Reports

Mark Bailey

Since the last Board, Mark has participated in the Board Committees for Finance & Performance, People, Quality & Effectiveness and Audit & Risk.

Mark has also contributed to Board workshops covering CQC inspection, the role of Anchor Institutions and Net Zero Carbon and the development of a green plan for our Trust. He has also attended the “Health and Digital Innovation” speakers event in Leeds hosted by the Academic Health Science Network (YHAHSN) and one of our tele-medicine system suppliers DrDoctor.

On-site visits to DRI have included a meeting with a representative of the Doncaster Chamber of Commerce concerning our Charitable Funds activities, familiarisation tour of our Pathology capabilities and observation of the digital strategy implementation in practice through Nerve Centre and eObs within Medicine. Most recently, along with our Clinical Non-executive Director, Pat Drake, Mark appreciated spending time with team members from Children’s & Families and Surgical wards.

Mark has also supported the Medicine and Clinical Specialities Divisions in their recent appointment of an Intensive Care Consultant. Regular catch-up calls with our Chair, Executive and Non-Executive colleagues have been held including specific assurance discussions on Charitable Funds, Health & Wellbeing (including attendance at the cross-Trust Champions meeting), digital programme development and securing research opportunities on healthcare innovation. In addition, individual ‘buddy’ calls with Governors continue and along with attendance at the Council of Governors / Annual Members meeting Mark hosted the Governor briefing and development session on Pathology and Covid-19 testing.

Finally, in recognition and appreciation of our colleagues continued care and commitment, Mark was delighted to have the opportunity to meet and thank many colleagues in person throughout the day at the Yorkshire Wildlife Park event.

Kath Smart

Kath chaired October’s Audit & Risk Committee (ARC) which received reports from the Medical Director, Director of Estates & Facilities, Internal Audit, and the Chief Operating Officer. She also met with Internal Audit and the Director of Finance as part of the preparation and follow up. As the Trust has confirmed its appointment of 360 Assurance as the new internal auditors, non-executive members of the Audit & Risk Committee met informally with them to ensure a clear line of sight between auditors and the Audit Committee. Kath also attended a Counter Fraud seminar hosted by NHS Counter Fraud Authority and had her 1:1 with the Head of Procurement as part of her Procurement NED role.

As part of the Trust’s Qi process, she had the opportunity to attend the Qi Report-out session where Qi coaches showed the impact of their quality improvement work and was delighted to hear a range of projects covering the pre-eclampsia pathway, the bereavement process and data quality metrics.

She also had the opportunity to visit the Pathology Service, who have recently presented to Governors and had a tour of the service, meeting some of the hardworking staff who have risen to the challenges posed by Covid-19. During October it was Baby Loss Awareness Week and Kath met with one of the bereavement midwives and the Chaplain as part of their raising awareness of the support

available for families who have experienced such loss.

Kath has also represented DBTH at the ICS Integrated Assurance Committee, which has been set up to assist with the developing governance arrangements for the forthcoming changes with the ICS and met with NHS Audit Chairs from Doncaster & Bassetlaw as part of keeping links with RDaSH and the local CCGs.

Finally, along with other Board members, she attended the People Committee, Remuneration Committee, Governor briefings and Board Workshops on CQC Preparation; Net Carbon Zero and Anchor Institutions.

Pat Drake

Since Pat's last board report, and in her capacity as Maternity Safety Non-Executive Director, she has visited maternity on two occasions and met staff in clinical areas. She has also met with the Maternity Voices Partnership Leads for Doncaster and Bassetlaw and will continue to do so on a monthly basis. Monthly meetings with the Director of Midwifery continue, as do regular updates with the Chief Nurse and Deputy Director of Midwifery. Pat has also attended the Divisional Clinical Governance meeting and a Maternity Safety Board meeting with Professor Dunkley-Bent, Chief Midwifery Officer.

During this period Pat has met with a number of teams and individuals, including the Falls, Medical Examiner and End of Life Teams and Deputy Chief Operating Officer, Gill Marsden and Kirsty Clark, Divisional Director of Nursing – Surgery & Cancer. These visits have been to thank staff for their hard work and dedication but also to gain an insight into the ongoing pressures in these areas.

Pat continues with her buddying arrangement with the Medical Director and governors. She has observed presentations from Qi coaches on completion of their training and noted the key improvements made. Alongside the Chair she has welcomed to the organisation two cohorts of overseas nurses during their induction period.

In terms of committee meetings, Pat has chaired the October meeting of the Quality & Effectiveness Committee and December's agenda planning meeting. She has also chaired the Organ Donation Committee and attended a Regional Organ Donation meeting. She also attended the Finance and Performance, People and Nominations and Remunerations Committees.

Pat has attended October's Board and workshops and met with her fellow NEDs and the Chair for regular updates.

Neil Rhodes

Since the last report Neil has held monthly 1:1 meetings with Jon Sargeant, Director of Finance and Rebecca Joyce, Chief Operating Officer. He has held agenda setting meetings ahead of each month's Finance and Performance Committee meetings and chaired the Finance and Performance Committee on 26 October.

He attended the Task & Finish Design Group with the Trust's Chief Executive and members of the board of RDASH. On 1 November he chaired an appointments panel for a consultant anaesthetist. Neil has attended briefing sessions for governors twice in this period and on 12 November will participate in a Board level maternity briefing.

Sheena McDonnell

Since the last Board report Sheena attended the Council of Governors meeting in September and followed the virtual annual members meeting online. Later that month she also attended a Governor briefing on pathology, delivered by Michael Leng.

Sheena was delighted to attend the thank you event for all colleagues and their families at the Yorkshire Wildlife Park, it was a great event to celebrate the work of colleagues across the Trust.

She has visited colleagues and wards in maternity services to thank staff and to see first-hand the building improvement works that are underway.

As Freedom to Speak up NED Sheena has attended training relating to her role and has reviewed recent developments to the national picture.

Along with other NEDs Sheena has participated in NED briefings and attended a Chairs forum, on behalf of the Chair, to understand some of the operating pressures across the ICS and beyond. Sheena has also participated in Board workshops on the Green Plan and Anchor Institutions and joined the maternity safety briefing.

Sheena has prepared for and chaired November's meeting of the People Committee meeting; she has also attended the Quality and Effectiveness, Audit and Risk and Nominations and Remunerations Committees.

Chief Executive's Report

November 2021

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

In the past few weeks, our Trust has marked three significant milestones.

We have now admitted more than 4,000 patients who has tested positive for COVID-19 since March 2020 and have safely discharged more than 3,000 patients to continue their recovery at home but with much sadness, we have also now had over 900 patients who have sadly passed away as a result of coronavirus.

When the pandemic began more than 20 months ago, we didn't know quite what to expect but we prepared accordingly – transforming our hospitals to meet the demands of COVID-19 and reconfiguring services to ensure we had enough clinical capacity to meet the urgent and emergency needs of the populations we serve throughout Doncaster, Bassetlaw, and the areas beyond and in-between.

As guidance and policies changed my colleagues met each change and development related to this infection with the same determination, dedication and can-do attitude, implementing in-house coronavirus testing in in a few short days, distributing lateral flow tests as soon as they became available, and, most importantly, ensuring that colleagues received the COVID-19 vaccination within a handful of weeks – such was the widespread understanding amongst our staff of the importance that vaccination has in controlling the pandemic.

It has been, and continues to be, an incredibly tough period, but Team DBTH have done everything and more asked of them – and I believe this attitude has paid dividends, allowing us to concentrate a high proportion of our efforts on trying to get back to 'normal' and to try to tackle the backlog which has been caused by the pandemic.

With this in mind, we are now gearing up for what we expect to be an extremely difficult winter period. Undoubtedly this will be a time made easier by the plans and proactive actions we have taken, however, with flu, norovirus and the usual winter illnesses circulating at a rate higher than seen last year, and with COVID-19 infection rates at high levels amongst our local communities, we are bracing ourselves for the days, weeks, and months ahead.

Therefore, I want to ask every single person within our communities to please continue in your support for your local hospitals, and NHS workers, as we move into the colder months.

The steps you can take to help are extremely simple but incredibly effective – Take the offer of the Covid 19 and influenza vaccines if you are able, wear face coverings and socially distance, take every opportunity to wash your hands when you're out and about and if you are showing signs and symptoms of COVID-19 – book a test and isolate as necessary.

Since the advent of COVID-19 vaccination and its widespread adoption within the country, we have seen the rate of mortality, as a result of the illness, decline by a significant factor. In our hospitals, we have seen first-hand the devastation this illness can cause – not just to individuals but also to the families who will sadly have an empty chair at the table come this Christmas time, and it is my firm believe that if everyone acts now, we can continue to reduce the impact of this terrible virus.

Importantly, the actions detailed above of hands face and space will also reduce the likelihood of norovirus, or flu outbreaks on top of COVID-19 pressures and protect our most vulnerable family and friends in our communities and if they need hospital care.

Colleagues and I are immensely grateful of the sacrifices made by local people to slow the spread, and while we are not asking for anything quite as drastic as has occurred earlier in the pandemic, please be mindful that COVID-19 is still a cause for concern, and act accordingly. Hands, face, and space wherever possible, taking your vaccine (or booster if applicable) and regular testing with lateral flow devices, and booking for a PCR if you become symptomatic.

Make no mistake, these simple steps will save lives this winter.

In memory of Tracy Robinson

With immeasurable sadness, we share with you the news that, following treatment related to COVID-19, our beloved friend and colleague, Tracy Robinson, passed away on Wednesday 6 October.

Tracy joined DBTH in October 2003, and for almost 20 years has been a stalwart within our Trauma and Orthopaedic department as Administrative Team Leader, aiding and supporting in the function of this service and, as a result, ensuring patients receive the care and treatment they require.

Described by her team as a 'unique and much-loved lady', Tracy was renowned for her compassion, going out of her way to support colleagues and to show kindness to others, helping whenever required. A great storyteller with a fantastic sense of humour, Tracy had so many stories to tell and often left those who worked alongside her in hysterics as she recounted her tales and experiences – and it is these memories that those nearest and dearest to her are now sharing, and celebrating, despite their shared grief.

In her period of ill health, Tracy was cared for at Doncaster Royal Infirmary, and we wish to share our thanks with colleagues who looked after her and were present during her final moments.

To Tracy's husband, Ian, and son, Sam, we share our most heartfelt condolences, and we ask that their wishes are respected during this sad time.

The Trust accepted into national Electronic Patient Record programme

We have been named as one of only seven hospitals in the country to be accepted into the 'Digital Aspirant Plus' programme.

The Digital Aspirant Plus (DA+) programme has been developed by NHSX and aims to stimulate innovation in Electronic Patient Record (EPR) systems across the acute, mental health and community sectors.

Electronic records within health settings are safer and more secure than paper records, which are still within wide use at DBTH, and lead to greater efficiencies for clinicians as less time is spent physically moving notes around hospital sites as they are required. It means that health professionals can safely access the information they need, when and where they need it, ultimately improving the care and experience of patients.

In simple terms, it means that a doctor, nurse, or any other clinician from the Trust will be able to access a patient's health record using a secure computer, recording diagnosis, recommended treatments, or any changes to their condition, at the stroke of a key. This record can then be called up if the patient is transferred to a ward or service, or if they are discharged home and have any

follow-up care. Trusts which use EPR systems often report that it aids in better clinical decision making, a reduction in recording errors and better use of administrative time and, most importantly, improved levels of care for individuals.

As part of the programme, and the specific scheme – ‘EPR Accelerator Project’ – that DBTH will benefit from, the Trust will receive support from NHSX in the implementation of this new digital system and will also be able to access seed funding of up to £250,000 to help with planning and readying the organisation for the change.

NHSX is responsible for setting national policy and developing best practice for the Health Service in areas of technology, digital and data, including data sharing and transparency. It was established in early 2019 by the Secretary of State for Health and Social Care to bring together information technology teams from the Department of Health and Social Care, NHS England, and NHS Improvement.

Sonia Patel, Chief Information Officer at NHSX, said: “Electronic patient record systems are the building blocks of good digital healthcare, but they are also complex and expensive to procure. At NHSX we want to positively shape the EPR market in England and help local NHS organisations procure new, modern solutions and drive wider innovation in the market.

“These exciting projects will not just help the seven selected trusts deliver better care for their patients and a better experience for their staff, but it will also help those other NHS organisations looking at EPR procurement.”

IT and health professionals at Doncaster and Bassetlaw Teaching Hospitals will now begin the preliminary work to lay the foundations for the introduction of an Electronic Patient Record at the Trust, working closely with colleagues at NHSX as the process gets underway.

Montagu Hospital to develop one-stop shop for diagnostic testing

Montagu Hospital has been selected to host one of two Community Diagnostic Hubs within the region, following a £3 million investment from the South Yorkshire and Bassetlaw Integrated Care System (ICS).

With phase one of the development set to begin, the Community Diagnostic Hub (CDH) based at Doncaster and Bassetlaw Teaching Hospitals’ (DBTH) Mexborough site will help to improve diagnostic services across the borough.

There are many long-term aims for the CDH which are still being finalised, however the main goal is to improve patient experience by creating a one-stop-shop for a variety of tests and consultations. It is envisioned that a patient will just have to keep one appointment, during which all relevant diagnostics can be performed, helping them to receive a clear and faster diagnosis, reducing any delays to the onset of required treatment.

As part of this investment, the Trust will increase both CT and MRI scanning capacity, with funding available for the provision of new equipment. In turn, this will help to increase productivity and efficiency within the service by enhancing planned and unplanned diagnostic pathways, as well as reduce health inequalities and increase access across both Doncaster and Worksop.

The funding has been secured as part of a national programme to help the NHS further accelerate diagnostic activity and recover services from the impact of the COVID-19 pandemic as quickly as

possible. It is a share of a £350m national pot to create 40 new Community Diagnostic Centres announced by the Government and NHS on Friday 1 October. The new one-stop-shops for checks, scans and tests will provide a combined 2.8 million scans in their first full year of operation.

Professor Des Breen, Medical Director for the South Yorkshire and Bassetlaw Integrated Care System, said: “When people are unwell and experiencing ongoing signs or symptoms, their doctor might request diagnostic tests to confirm or rule out

Specific conditions or diseases. The Community Diagnostic Centres will be centres in convenient locations, often closer to where people live or easier to get to than larger hospital sites, that will provide diagnostic testing.

“The aspiration is that in the long-term patients will be able to visit a local facility and have all (or as many as possible of) their tests done in the same place and on the same day. This would prevent patients from having to move backwards and forwards across healthcare sites as much as they currently do, from NHS site to NHS site, from specialist to specialist.

“Overall, this is a huge step forward in improving the patient experience in diagnosis, and we’re really excited to get plans underway for these initial sites while also planning more for the region.”

The Community Diagnostic Centre will be developed within two phases, with colleagues within DBTH now hard at work implementing plans to launch this new service in the coming months.

New cutting-edge surgical theatre and wards being built at Doncaster Royal Infirmary

Work is now nearing completion on the development of a new ward and theatre block at Doncaster Royal Infirmary (DRI). This state-of-the-art facility will provide additional capacity whilst extensive repair works take place within the site’s Women’s and Children’s Hospital and once the repairs are complete the ward and theatre will be available to the Trust to support the recovery of waiting times.

The Women’s and Children’s Hospital was built as part of a wide-scale expansion of DRI which began in 1962 as it became Britain’s first District General Hospital. The building was complete in 1967 and has been in operation ever since and is the venue for an average of 4,000 births every single year.

Unfortunately, in late April 2021, a significant water leak occurred on the east wing of the building, significantly damaging the electrical infrastructure, forcing the relocation of some paediatric and maternity services. Ever since, extensive repair works have been underway within the Women’s and Children’s Hospital which are not expected to be completed for some time.

As part of a £12.4 million investment, two wards are now being developed at the rear of the Women’s and Children’s Hospital, alongside significant enabling works, which, once complete, will house surgical theatres, related plant room, as well as two-storey paediatric inpatient services. The buildings are constructed using modern methods of construction (MMC) and cutting-edge technology by ModuleCo – with similar techniques employed in the construction of facilities such as university student accommodation, the hotel industry, as well as hospitals about to be built as part of the Government’s new programme.

The facility has an expected handover date of 8 December, with services expected to transition into these new areas in the days that follow.

DBTH heroes celebrated at Yorkshire Wildlife Park

On Saturday 25 September, the Yorkshire Wildlife Park played host to a special thank you event for staff at Doncaster and Bassetlaw Teaching Hospitals.

The event, which was funded by charitable donations to the hospital trust intended to treat staff for their efforts over the pandemic, was organised to offer local NHS workers the chance to spend some quality time with their colleagues and families.

In the months leading up to the event, hospital staff nominated colleagues who they thought deserved special recognition for their work over the last 18 months. During the event, the winners of the awards, all from various hospital departments which contributed to the Covid-19 response, received animal experiences for going above and beyond.

The experiences, sponsored by a range of businesses who wanted to show their support to our NHS Heroes, gave the lucky winners the opportunity to feed and tend to animals within their enclosures, including wallabies, otters, meerkats, and giraffes.

The businesses who sponsored awards were: Tusker Direct, NHS Professionals, Dr Doctor, University of Sheffield, Doncaster College, P&OD Partners, ModuleCo and Integrated Health Projects.

In all, over 6,500 people attended on the day and the event was a fantastic success.

Microbiology Team surpass 175,000 COVID-19 Tests

As the pandemic began, the team, which is housed at Doncaster Royal Infirmary, were sending their tests to Sheffield Teaching Hospitals. However, given the limited capacity at the time, this only allowed for only 50 swabs to be checked per day, and as cases rose, so did the pressure on the testing systems.

In a bid to increase the number of PCR samples that could be analysed for patients at Doncaster Royal Infirmary, Bassetlaw Hospital and Montagu Hospital, Microbiology, led by Michael Leng, Head Biomedical Scientist in Microbiology at DBTH, began exploring the possibility of setting up an inhouse solution rather than sending their tests away. The goal in doing so was to allow for a significantly larger pool of results than they previously had been able to produce, ultimately improving the experience for patients as well as safety as COVID-19 began to circulate locally.

With their objective in mind, the team worked night and day to implement inhouse testing, and by the start of April 2020, the COVID-19 Microbiology team made up of around 12 people, and with the help of the Trust's Procurement department, had equipment which would allow them to begin.

The first of these tests was successfully completed on the 9 April 2020. The following day the team completed 93 tests, and during peaks of activity throughout the pandemic, they were testing up to 700 samples a day. The benefits of this inhouse testing system were clear straight away, as the team could now get the result to the individual just 12 hours after they received the sample itself.

The COVID-19 Microbiology team then developed a way of ensuring that the results were given to the appropriate individual as soon as they were completed. Michael described this system, and how they came across it, saying: "Someone mentioned that staff members needed their results quicker to ensure trust areas could be staffed accordingly. We asked our IT department if we could use SMS

messaging to text the staff member their result. We realised we could text negative and positive results directly to them as soon as they were authorised”.

Michael Leng and Michelle Poole (Chief Biomedical Scientist in Microbiology), regularly worked into the night to ensure that the tests were authorised, letting the individuals know about their results as soon as they could.

This allowed staff to return to work at a far faster rate than they previously would have been able to, thus ensuring that there were as many people available on site as possible to be able to provide care, safe in the knowledge that individuals were not carrying COVID-19.

The PCR tests themselves work by analysing the samples taken through the insertion of a long cotton bud into the nose and around the back of the throat of an individual. The Microbiology team then extract the viral nucleic acid from the specific sample, amplify it, and then finally analyse it, which will allow them to establish whether the individual has COVID 19.

The PCR testing method performed within the Trust has a sensitivity (chance of producing true negatives) of 97%, and a specificity (chance of producing true positives) of 98%. This method has also enabled the team to see if the individual has Flu A, Flu B, or Respiratory Syncytial Virus (RSV), allowing the team to not only tackle COVID-19, but also the other main winter pathogens.

Reflecting on his team’s achievements throughout the past 18 months, Michael said “It really wasn’t about any one individual, it was every member of staff in Pathology who have made this work possible. They have all done such a fantastic job and I hope they reflect on this time with real pride – they’ve all made such a profound difference and I count myself as fortunate to be a member of the Microbiology service at DBTH.”

Trust adds 50 new nurses to its workforce following overseas recruitment

A number of nurses recruited from overseas joined Doncaster and Bassetlaw Teaching Hospitals (DBTH) in October, as the Trust looks to strengthen its workforce and resolve hard to fill vacancies.

Predominately from India, the first cohort of Registered Nurses sat their Objective Structured Clinical Examinations (OSCEs) in Northampton on 18 October, and the second group on 8 November. These exams allow the newly recruited nurses to practice within the United Kingdom and, upon receiving passing grades, these individuals will be placed within a variety of a clinical settings at Doncaster Royal Infirmary.

Like much of the NHS, the Trust has benefited from overseas recruitment in the past to fill a variety of roles across all three of its hospital sites in Doncaster, Worksop, and Mexborough. Recent data released has shown that there are around 38,000 full-time equivalent vacancies across the NHS in England for Registered Nurses, and despite innovative education programmes and other initiatives to fill vacancies locally, hospitals often need to look further afield.

Between September 2021 and January 2022, the Trust will have recruited 50 additional nurses, looking beyond the UK, to complement its workforce in theatres, medicine, and surgery. They will be placed specifically into areas based on their skills and training and will be supported as they settle into life in South Yorkshire.

The Trust was aided in its overseas recruitment as part of a pilot scheme overseen by NHS professionals. The agency source candidates internationally, interviewing suitable applicants and,

working with relevant recruitment teams, ensures they are placed in hospitals throughout the country.

Executive Medical Director's Team

Our Executive Medical Director, Dr Tim Noble has now completed the recruitment to his new team:

- **Dr Nick Mallaband** Medical Director for Workforce and Specialty Development
- **Dr Joseph John** Medical Director for Operational Stability and Optimisation
- **Dr Sudipto Ghosh** Associate Medical Director for Professional Standards and Revalidation
- **Dr Juan Ballesteros** Associate Medical Director for Clinical Safety
- **Julie Butler** General Manager.

Finally, our Director of People and Organisational Development, Karen Barnard, has confirmed that she will be retiring in early 2022 and the recruitment process for a new Chief People Officer is underway.

External stakeholder information

- **Tracey Wrench, Executive Director of Nursing and Allied Health Professionals at Rotherham Doncaster and South Humber NHS Foundation Trust** is retiring in March next year. Recruitment will begin shortly to find her replacement.
- **Jon Sommers, Chief Executive at Sheffield Children's Hospital**, is stepping down and a recruitment process to find his replacement is underway.



Chief Executive Report

Health Executive Group

9th November 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	

Where has the paper already been discussed?

Sub groups reporting to the HEG:

- Quality Group

- Strategic Workforce Group

- Performance Group

- Finance and Activity Group

- Transformation and Delivery Group

System governance groups:

- Joint Committee CCGs

- Acute Federation

- Mental Health Alliance

- Place Partnership

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 October 2021.

Recommendations

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

Chief Executive Report

SOUTH YORKSHIRE AND BASSETLAW INTEGRATED CARE SYSTEM

Health Executive Group

9th November 2021

1. Purpose

This paper from the South Yorkshire and Bassetlaw (SYB) Integrated Care System (ICS) System Lead provides an update on the work of the South Yorkshire and Bassetlaw health and care partners for the month of October 2021.

2. Summary update for activity during October

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

After a slight reduction in new Covid cases over recent weeks there are now signs of small increases detected across SYB. This coincides with the end of the Half-Term Holiday as children return to schools and colleges combined with the resumption of regular Covid testing.

The majority of Covid cases remain across younger age groups (under 18s) but there are signs that cases in the over 70s are flattening and declining in some areas. There is a rise within the 50-69 year-old age group which could translate into more hospitalisations.

Regionally, SYB remains in the middle of the pack across the wider region - South West, North East, South East, East of England all showing higher cases – and within Yorkshire and The Humber with County Durham, North Yorkshire/York and Cumbria are all showing higher rates.

Public health teams continue to provide robust support to prevent large-scale outbreaks which are typically confined and isolated to smaller group settings. It is highly likely that Covid cases will continue to rise as we head into the Winter and contingency plans are being developed with our health and care partners to manage system pressures, promote public health messaging and support the Covid vaccination and booster campaign.

SYB's Covid Vaccination Programme continues to provide oversight for the regional roll-out of both the boosters and the primary vaccination offer, including third doses for eligible groups. The focus remains on protecting care homes, the health and care workforce and supporting the School Age Immunisation Service (SAIS) with the 12-15 year-old single vaccination offer. The SYB programme is progressing well against the deadlines for these priority areas.

2.2 Regional update

2.2.1 Leaders meeting

The North East and Yorkshire (NEY) Regional ICS Leaders meet weekly with the NHS England and Improvement Regional Director. During October, discussions focused on emergency care and winter resilience, planning and recovery, health inequalities and ICS development and the ongoing response to Covid..

2.3 National update

2.3.1 Comprehensive Spending Review

The Comprehensive Spending Review (Autumn Budget 2021) outlined a range of new investments that will support SYB's health and care system to improve waiting lists, reduce health inequalities and invigorate SY's transport infrastructure.

Our health and care system will receive a share of £5.9 billion of new funding which is being allocated to support the NHS' COVID-19 (Covid) recovery. With the main aim of reducing waiting lists and speeding up diagnostics, the Spending Review committed towards the purchasing of new hospital beds, equipment, estate developments, improving digital technology/connectivity and the launch of new community-based diagnostic 'hubs' (as recently reported for The Glass Works in Barnsley and the Montagu Hospital site in Mexborough).

The Spending Review also announced a range of investments that will provide a boost towards levelling-up across SYB; a planned increase of 6.6 per cent on the National Living Wage (up to £9.50 an hour), a Covid recovery fund of £2 billion pounds for schools/colleges and £640m annual funding to be allocated to address rough sleeping and homelessness. Regionally, £570 million will also be made available to fast-track transport infrastructure projects including active and green travel schemes in South Yorkshire.

2.3.2 Winter preparedness funding

SYB health and care partners have been allocated £8 million pounds of dedicated new funding to directly address winter preparedness plans.

The NHS continues to experience significant levels of pressure. The continued impact of managing Covid, plus the recovery of services and return to usual activity levels has led to a challenging summer; especially in the context of constrained capacity due to Covid related infection prevention and control (IPC) and workforce issues.

As partners move into the winter months with more unknowns than usual, we need to plan to manage capacity to respond to demand that may be fuelled by further waves of Covid and/or severe outbreaks of respiratory and other illness. Resilience over winter can only be achieved through taking a system led approach and through detailed scenario planning, at both system and Place, we are developing robust strategies to alleviate system pressures.

Partners are continuing to work collaboratively on the consistent and coordinated deployment of public health messaging, led through South Yorkshire's Local Resilience Forum (LRF) - which includes the NHS, local authorities, public health teams and police, fire and rescue services.

Thanks are extended to all colleagues in the health and care system for their ongoing hard work and dedication through this very busy time

2.4 Integrated Care System update

There have been a number of developments relating to our transitional journey into becoming the South Yorkshire Integrated Care Board (SYICB) by April 2022.

At the end of September, colleagues across our four Clinical Commissioning Groups (CCGs) in Barnsley, Doncaster, Rotherham and Sheffield alongside our current ICS-based teams, were given letters that provided greater clarity over future employment statuses.

We shortly hope to have appointed SY's future designate Chief Executive Officer (CEO) for the SYICB. The designate Chair, Pearse Butler, has been overseeing the selection process alongside a system-representative panel, including colleagues from Healthwatch, Local Authorities and the

NHS.

We have been working on the refreshed System Development Plan and working with our regional NHS team in the North East and Yorkshire (NEY) to develop a '4+1' process to review our systems' Readiness to Operate Statement (ROS) assessments; this is a structured framework that requires evidence of SYB's ability to start working as an ICB. The checklist criteria include the appointment of leadership roles, financial planning requirements and information governance processes, to name a few. The expectation is that the ROS outputs will be agreed with the regional team and shared with the National Director of System Transformation in November.

A wide-range of published guidance about the development of national integrated care systems continues to be uploaded to the NHS Futures website. Most recently, partners have been discussing our transition and development journey and starting to put a structure around the future board/core requirements as we move closer towards the national deadline in April 2022.

This has included engaging with partners on two key aspects of the ICB Constitution - its composition and how partners will be nominated. This work is being led by SYB's designate leaders, Pearse Butler, Independent Chair and Chair Designate of the future SY ICB organisation. It is hoped that the Chief Executive Officer (CEO), which is now in the latter stages of the interview process, will join the ICB development work shortly.

South Yorkshire's four clinical commissioning groups (CCGs) in Barnsley, Doncaster, Rotherham and Sheffield, will present the final proposals for the future board make up and process for appointment to it at the Joint Committee of Clinical Commissioning Groups (JCCCG).

2.5 Launch of Digital North Accelerator Programme

A new digital accelerator programme, co-developed by four regional Academic Health Science Networks (AHSN's), has been launched with the aim to support national health challenges exacerbated by the pandemic.

Yorkshire & Humber AHSN, Health Innovation Manchester, Innovation Agency (AHSN for the North West Coast) and AHSN North East and North Cumbria are leading the new programme, enabling the most successful regional solutions to be guided towards national adoption through the Innovation Exchange programme.

The 2021 "Restore, Reset and Recover" programme will deliver digital innovations which meet the recovery priorities of our NHS partners as they respond to the continuing impact of Covid.

2.6 Children's Hospital Charity

Outstanding fundraising efforts by colleagues at The Children's Hospital Charity's has raised more than £750,000 from the Bears of Sheffield auction. This successfully completes their three-year appeal to transform the Cancer and Leukaemia ward at Sheffield Children's Hospital NHS Foundation Trust.

2.7 Partner organisation appointments

Dr Graeme Tosh has been appointed as the new Executive Medical Director of the Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) and will replace the current Medical Director, Dr Nav Ahluwalia, in spring next year.

Tracey Wrench, the Executive Director of Nursing and Allied Health Professionals and Deputy Chief Executive, has also announced her retirement and will leave RDaSH on March 22 next year.

2.8 British Medical Association recognition for SYB health equality and prevention schemes

The British Medical Association (BMA) has referenced a number of SYB's health equality and prevention schemes as exemplary case studies in its most recent toolkit for clinicians; the QUIT Programme (treating tobacco addiction) with Yorkshire Cancer Research, The SOAR community regeneration project (chronic pain support group, North Sheffield) and Page Hall Medical Centre's translated public health videos (into different languages).

3. Finance

The revenue surplus at Month 6 (H1 – first half of the year) is £26.6m which is an increase of £4.1m on the forecast surplus reported at Month 5 of £22.5m. This surplus relates to Providers only. CCGs have reported a break even position at Month 6. Capital spend reported at Month 6 is £28.4m which is £1.9m under spend against plan at Month 6.

Plans are currently being agreed for the second half of 2021/22 now that the system envelope has been announced. Submission of the system plan is due on 16th November.

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

Date: 4th November 2021

Category	Indicator	Benchmarking Month Reported	Peer Benchmark	National Benchmark	Latest Month Reported	CURRENT MONTH			YEAR-TO-DATE			Trend Graph (Oct-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	
Performance (NHSI Compliance Framework -	A&E: Max wait four hours from arrival/admission/transfer/discharge (Type 1 benchmarking only)	Aug-21	67.4%	66.2%	Sep-21	89%	71.9%	-17.1%	89%	76.4%	-12.6%	
	ED Attendances (For Monitoring Only)				Sep-21	-	17357	-	-	101576	-	
4 Hour Access - Trust Boarding Times	Average Wait Time (from clinically ready to proceed to admission) - Medicine	-	-	-	Sep-21	<1 Hour	-	-	<1 Hour	-	-	
	Average Wait Time (from clinically ready to proceed to admission) - Surgery	-	-	-	Sep-21	<1 Hour	-	-	<1 Hour	-	-	
	Average Wait Time (from clinically ready to proceed to admission) - Gynaecology	-	-	-	Sep-21	<1 Hour	-	-	<1 Hour	-	-	
	Average Wait Time (from clinically ready to proceed to admission) - Paediatrics	-	-	-	Sep-21	<1 Hour	-	-	<1 Hour	-	-	
Performance (NHSI Compliance Framework - Elective Care)	Max time of 18 weeks from point of referral to treatment-incomplete pathway	Jul-21	63.4%	62.4%	Sep-21	TBC	69.7%	-	TBC	70.1%	-	
	RTT 52 Week Breaches to date	-	-	-	Sep-21	1007	1259	-252	1007	1259	-252	
	Waiting list size - 18 Weeks referral to treatment -incomplete Pathways	-	-	-	Sep-21	-	43125	-	-	43125	-	
	% waiting less than 6 weeks from referral for a diagnostics test	Jul-21	79.9%	76.5%	Sep-21	TBC	50.1%	-	TBC	53.3%	-	
Performance (Cancer)	Maximum 2 week wait to see a specialist for all patients referred with suspected cancer symptoms	-	-	-	Aug-21	93%	-	-	93%	-	-	
	Maximum 2 week wait to see a specialist for breast symptoms, even if cancer not suspected	-	-	-	Aug-21	93%	-	-	93%	-	-	
	Day 28 Standard (patients received diagnosis or exclusion of cancer within 28 days)	-	-	-	Aug-21	75%	-	-	75%	-	-	
	Maximum 31 day wait from decision to treat to first definitive treatment for all cancers	-	-	-	Aug-21	96%	96.3%	0%	96%	95.4%	-1%	
	Maximum 31 day wait for subsequent treatment - Surgery	-	-	-	Aug-21	94%	100.0%	6%	94%	100.0%	6%	
	Maximum 31 day wait for subsequent treatment - Drugs	-	-	-	Aug-21	98%	100.0%	2%	98%	100.0%	2%	
	Maximum 62 day wait for patients on 2ww pathway to first definitive treatment	-	-	-	Aug-21	85%	78.5%	-7%	85%	80.3%	-5%	
	Maximum 62 wait from referral from NHS cancer screening service to first definitive treatment	-	-	-	Aug-21	90%	93.1%	3%	90%	70.7%	-19%	
	Cancer Waiting Times Open Suspected Cancer Pathways 63 - 104 Days - reduction of 10% month on month (trajectory at Trust level - tracking only at capability)	-	-	-	Aug-21	59	-	-	59	-	-	
Cancer Waiting Times Open Suspected Cancer Pathways 104 Days +	-	-	-	Aug-21	0	7	7	0	18	18		
Non Elective Activity - Discharges	Non Elective Activity - Discharges	-	-	-	Sep-21	-	0	-	-	0	-	
	TOTAL Activity (against plan - numbers)	-	-	-	Sep-21	45736	43432	-2304	249231	247845	-1386	
	Day Case Theatre Activity (against plan - numbers)	-	-	-	Sep-21	938	661	-277	4362	4317	-45	
	In Patient Elective Theatre Activity (against plan - numbers)	-	-	-	Sep-21	338	307	-31	1611	2076	465	
	Endoscopy Activity (against plan - numbers)	-	-	-	Sep-21	1524	1439	-85	8868	7551	-1317	
	Non-Theatre Elective Activity -excluding Endoscopy (against plan - numbers)	-	-	-	Sep-21	173	271	98	1556	1468	-88	

Performance Outpatients	New to Follow Up Ratio (BCCG) (For Monitoring Only)	-	-	-	-	-	-	-	-	-	-	-	
	New to Follow Up Ratio (TRUST) (For Monitoring Only)	-	-	-	Sep-21	-	1:1.84	-	-	1:1.88	-		
	Out Patients: DNA Rate (first appointment)	-	-	-	Sep-21	-	10.96%	-	-	10.88%	-		
	Out Patients: DNA Rate (Follow up appointment)	-	-	-	Sep-21	-	10.22%	-	-	10.15%	-		
	Out Patients: DNA Rate (Combined) (For Monitoring Only Target Set At Specialty Level)	-	-	-	Sep-21	-	10.47%	-	-	10.39%	-		
	Out Patients: Hospital Cancellation Rate (under 6 weeks)	-	-	-	Sep-21	-	9.05%	-	-	9.03%	-		
	Out Patients: Patient on the Day Cancellation Rate (For Monitoring Only)	-	-	-	-	-	-	-	-	-	-		
	Backlogs - To reflect Simple PTL Excluding Active Waiters (For Monitoring Only)	-	-	-	-	-	-	-	-	-	-		
	Typing Turnaround (Trust Contract)	-	-	-	Sep-21	7WD	0WD	-7WD	7WD	40WD	33WD		
	Out Patient Clinic Utilisation - Booked 2 weeks Prior	-	-	-	Sep-21	95%	56.94%	-38.06%	95%	54.22%	-40.78%		
	Out Patient Clinic Utilisation (attended)	-	-	-	Sep-21	90%	82.32%	-7.68%	90%	83.59%	-6.41%		
	Registered Referrals not Appointed	-	-	-	Sep-21	0	22522	22522	0	135354	135354		
	Unreconciled Appointments 14 days + E-Reconciliation	-	-	-	-	-	-	-	-	-	-		
	Unreconciled Appointments 14 days + CAMIS	-	-	-	-	-	-	-	-	-	-		
	ERS Advice & Guidance Response Time	-	-	-	Sep-21	2WD	3WD	1WD	2WD	5WD	3WD		
	ERS Advice & Guidance Activity (Trust)	-	-	-	Sep-21	579	156	-423	579	56	-523		
	Number of Specialities offering PIFU (ENT / Cardiology / Dermatology) TRUST TAB ONLY	-	-	-	-	-	-	-	-	-	-		
	% of OP appointments delivered virtually (video or telephone)	-	-	-	Sep-21	25%	21.94%	-3.06%	25%	24.34%	-0.66%		
	Performance Theatres	Theatre Booking - 4 weeks prior -Lists Populated	-	-	-	Sep-21	50%	8.59%	-41.41%	50%	15.09%	-34.91%	
		Theatre Booking - 2 weeks prior -Lists Populated	-	-	-	Sep-21	75%	71.27%	-3.73%	75%	72.46%	-2.54%	
Theatre Booking - 1 week prior -Lists Populated		-	-	-	Sep-21	95%	89.83%	-5.17%	95%	90.79%	-4.21%		
Theatre Utilisation		-	-	-	Sep-21	87%	83.47%	-3.53%	87%	84.57%	-2.43%		
Number of Priority 2 Patients waiting 28 days + for surgery from date of listing/P2 Categorisation		-	-	-	Sep-21	0	272	272	0	754	754		
% Cancelled Operations on the day (non-clinical reasons)		-	-	-	Sep-21	1%	1.69%	-0.69%	1%	1.10%	-0.10%		
% Cancelled Operations on the day (clinical reasons) (For Monitoring Only)		-	-	-	Sep-21	-	-	-	-	-	-		
Cancelled Operations Not Rebooked within 28 Days		-	-	-	Sep-21	0	4	4	0	12	12		
EBI (TBC)		-	-	-	Sep-21	-	-	-	-	-	-		
Validation (TBC)		-	-	-	Sep-21	-	-	-	-	-	-		
Infection Control Hospital Onset C.Diff (Medicine & Surgery Only)	-	-	-	Sep-21	2	3	-1	14	18	-16			

Patients (National Requirements)	Infection Control Community Onset C.Diff (Medicine & Surgery Only)	-	-	-	Sep-21	1	1	0	6	13	-12	
	Infection Control Combined Onset C.Diff (Medicine & Surgery Only)	-	-	-	Sep-21	3	4	-1	20	31	-28	
	MRSA Cases Reported	-	-	-	Sep-21	0	0	0	0	0	0	
	HSMR (rolling 12 Months - Combined)	-	-	-	Sep-21	100	105.18	-5.18	100	105.18	-5.18	
	HSMR : Non-Elective (rolling 12 Months)	-	-	-	Sep-21	100	104.92	-4.92	100	104.92	-4.92	
	HSMR : Elective (rolling 12 Months)	-	-	-	Sep-21	100	132.13	-32.13	100	132.13	-32.13	
	Never Events	-	-	-	Jul-21	0	0	0	0	0	0	
	Serious Incidents Reported in Month (For Monitoring Only)	-	-	-	Jul-21	-	0	-	-	7	-	
	SI Action Plans closed within 3 months of CCG closure of incident	-	-	-	Sep-21	100.00%	-	-	100%	-	-	
	All open incidents on Datix to be closed within 3 months of reporting (excluding patient experience)	-	-	-	Sep-21	100.00%	-	-	100%	-	-	
	Pressure Ulcers - Category 4	-	-	-	Jul-21	-	0	-	-	0	-	
	Pressure Ulcers - Category 3	-	-	-	Jul-21	-	1	-	-	8	-	
	Pressure Ulcers - Category 2 / UNS / DTI	-	-	-	Jul-21	-	75	-	-	300	-	
	Falls with Severe Harm / Lapse in Care / SI	-	-	-	Sep-21	-	0	-	-	1	-	
	Falls with Moderate or Severe Harm	-	-	-	Sep-21	1	0	1	8	17	-9	
	Complaints Resolution Performance (% achieved closure in agreed timescales with complainant)	-	-	-	May-21	95.0%	50.0%	-45.00%	95.0%	50.0%	-45.00%	
	Complaints Upheld / Partially Upheld by Parliamentary Health Service Ombudsman	-	-	-	Sep-21	0	0	0	0	0	0	
	Claims CNST (patients)	-	-	-	Sep-21	-	0	-	-	0	-	
	Claims LTPS - staff	-	-	-	Sep-21	-	0	-	-	0	-	
	Friends & Family Response Rates (ED)	-	-	-	Sep-21	15%	0.01%	-15%	15%	0.05%	-15%	
	Friends & Family Response Rates (Inpatients)	-	-	-	Sep-21	30%	6.58%	-23%	30%	6.87%	-23%	
	Emergency Readmissions within 30 days (PbR Methodology)	-	-	-	Sep-20	7%	6%	1.4%	7%	8%	-0.7%	
	% Reduction on LoS for patients remaining in hospital between 7-14 days compared to 2019-20	-	-	-	-	-	-	-	-	-	-	
	Mixed Sex Accommodation	-	-	-	Sep-21	0	0	0	0	0	0	
	Sepsis Screening - % of appropriate patients screened	-	-	-	-	90%	-	-	90%	-	-	
	Sepsis Prescribing - Antibiotics within 1 Hour	-	-	-	-	90%	-	-	90%	-	-	
	Deaths Screened as part of Mortality Review Process	-	-	-	-	100%	-	-	100%	-	-	
	NICE Guidance Response Rate Compliance	-	-	-	Sep-21	95%	99%	3.90%	95%	99%	4.34%	
	NICE Guidance % Non & Partial Compliance (For Monitoring Only)	-	-	-	Sep-21	-	-	-	-	-	-	

	% Patients Asked for Smoking Status	-	-	-	-	50%	-	-	50%	-	-	
People	Staff Flu Vaccinations (1.9.21 - 28.2.22)	-	-	-	-	-	-	-	-	-	-	
	Agenda for Change Appraisals (rolling 12 months)	-	-	-	Sep-21	90%	65%	-25.12%	90%	55%	-35.37%	
	Non-Medical Appraisals - in season (April - July)	-	-	-	Sep-21	90%	61%	29.24%	90%	65%	25.47%	
	Sickness (rolling 12 months)	-	-	-	Sep-21	4%	7%	-3.18%	4%	6%	-2.64%	
	Job Planning (TBC)	-	-	-	Sep-21	TBC	-	-	TBC	-	-	
	SET Training	-	-	-	Sep-21	90%	85%	-4.89%	90%	86%	-4.34%	
	Vacancies	-	-	-	-	5%	-	-	5%	-	-	
	Turnover (rolling 12 months)	-	-	-	Sep-21	10%	12%	-1.65%	10%	9%	1.08%	
	Casework - number of grievances opened in month	-	-	-	Sep-21	-	2	-	-	20	-	
	Casework - number of conduct cases opened in month	-	-	-	Sep-21	-	52	-	-	348	-	
	Number of Incorrect Payments (Trust Originated) (rolling 12 months)	-	-	-	Sep-21	-	20	-	-	134	-	
	Compliance with EWTd (on hold until 2021)	-	-	-	-	YES	-	-	YES	-	-	
	Time to Fill Vacancies (from TRAC authorisation - unconditional offer)	-	-	-	-	47WD	-	-	47WD	-	-	

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

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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 Trust Capacity Plan
- b) Activity Value – Performance Against Elective Recovery Fund (ERF)
- c) Priority 2 Elective Patients
- d) 52 Weeks
- e) Referral to Treatment Times
- f) Diagnostic Performance
- g) Cancelled Operations on the Day for Non-Clinical Reasons
- h) Cancelled Operations – Not Rebooked within 28 Days
- i) Integrated action plan - elective

2. Emergency

- a) Emergency Care Bundle Standards
- b) 4 Hour Access
- c) Ambulance Handover
- d) Length of Stay & Super Stranded Patients
- e) Stroke Performance – July 2021

3. Cancer Performance

- a) Faster Diagnosis Standard
- b) Performance against 31, 62 day standards
- c) Cancer Performance - Specialty – August 2021
- d) Cancer Performance Exceptions – 31/ 62 days
- e) 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 Trust Capacity Plan – with Comparison to 19/20 Activity Levels

The following table summarises performance against the Trust Capacity Plan.

Point of Delivery	Trust Capacity Plan	% Achievement Against Trust Capacity Plan						% 19/20 Activity (September) 2021)
		April 2021	May 2021	June 2021	July 2021	August 2021	Sept 2021	
Outpatient New	13308	97.9%	103 %	102.1%	84.2%	84.2%	89.2%	89.04%
Outpatient F/U	26437	101.5%	108%	103.5%	92.1%	87.8%	94.5%	91.12%
Elective	511	104.7%	101%	113.6%	111.3%	108.3%	107.2%	72.49%
Day Case	4426	112.7%	85.7%	82%	88.6%	82.2%	92%	88.68%
CT	5845	117%	112%	121%	127%	131%	113%	109.15%
MRI	1609	102%	106%	98%	81%	102%	129%	115.9%
Non-Obstetric Ultrasound	5891	96%	85%	91%	78%	83%	97%	94.19%
Endoscopy	1524	72%	73%	71%	73%	82%	90%	86.49%

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

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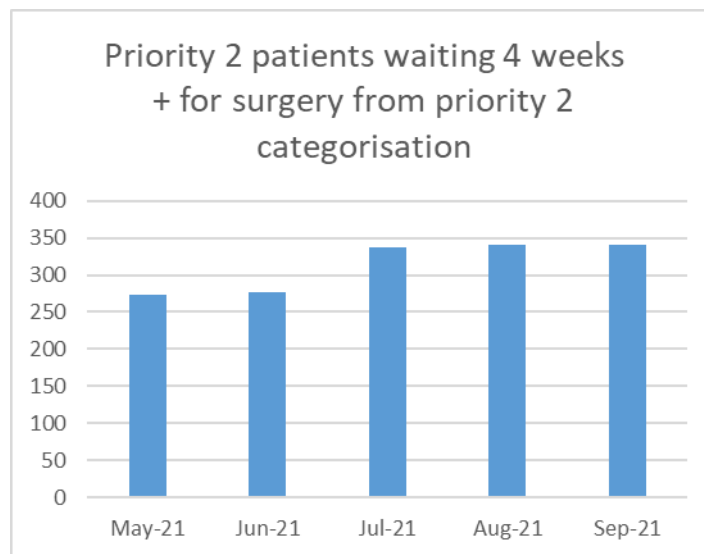
b) Activity Value – Performance Against Elective Recovery Fund (ERF)

The following table summarises performance against the Elective Recovery Fund - % activity value of 2019/20.

	Elective Recovery Fund Target (% of 19/20 Activity Value)					
Point of Delivery	April 2021	May 2021	June 2021	July 2021	August 2021	Sept 2021
TARGET	77%	88%	84%	95%	95%	95%
Outpatient New	82.06%	87%	83%	87%	88%	85%
Outpatient F/U	83.31%	88%	87%	91%	88%	87%
Elective	65.09%	85%	86%	63%	66%	54%
Day Case	88.88%	94%	91%	96%	86%	71%
TRUST TOTAL	80.4%	89%	87%	85%	82%	74%

c) Priority 2 Patients – Waiting 4 Weeks + for Surgery (from P2 categorisation)

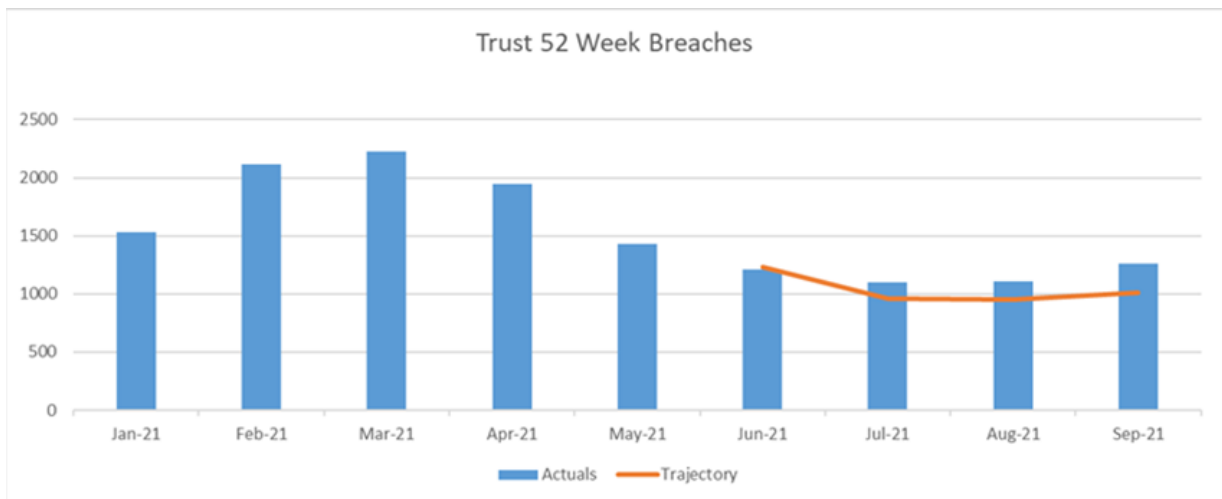
The following graph highlights the current Trust position for priority 2 patients waiting 4 weeks + for surgery from priority 2 categorisation. Reporting with this criteria only commenced for May 2021 so no historical data is available for comparison. This cohort of patients has remained static during September 2021.



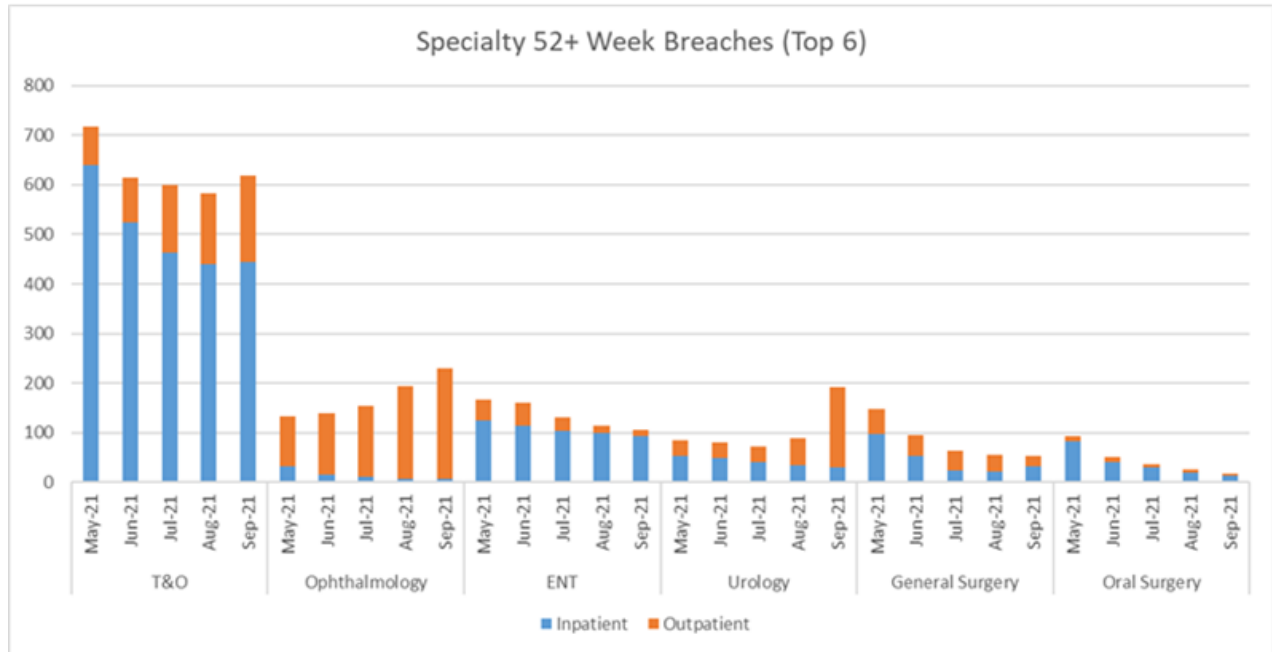
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d) 52 Weeks

The following graphs highlight the current Trust 52 week breach position. September 2021 saw an increase of 152 breaches with a total of 1259 reported. From June 2021 onwards, Trust, speciality and top 6 trajectories were produced to reflect both the core and accelerator activity planned up to September 2021. Both Trust and top 6 specialities did not achieve trajectories for September 2021. 52 weeks breaches make up 2.9% of the total PTL size. The second graph shows the split of admitted and non-admitted patients and teams will focus on actions for daycase and outpatient pathways, along with higher volume outsourcing of the elective inpatient long waiters.

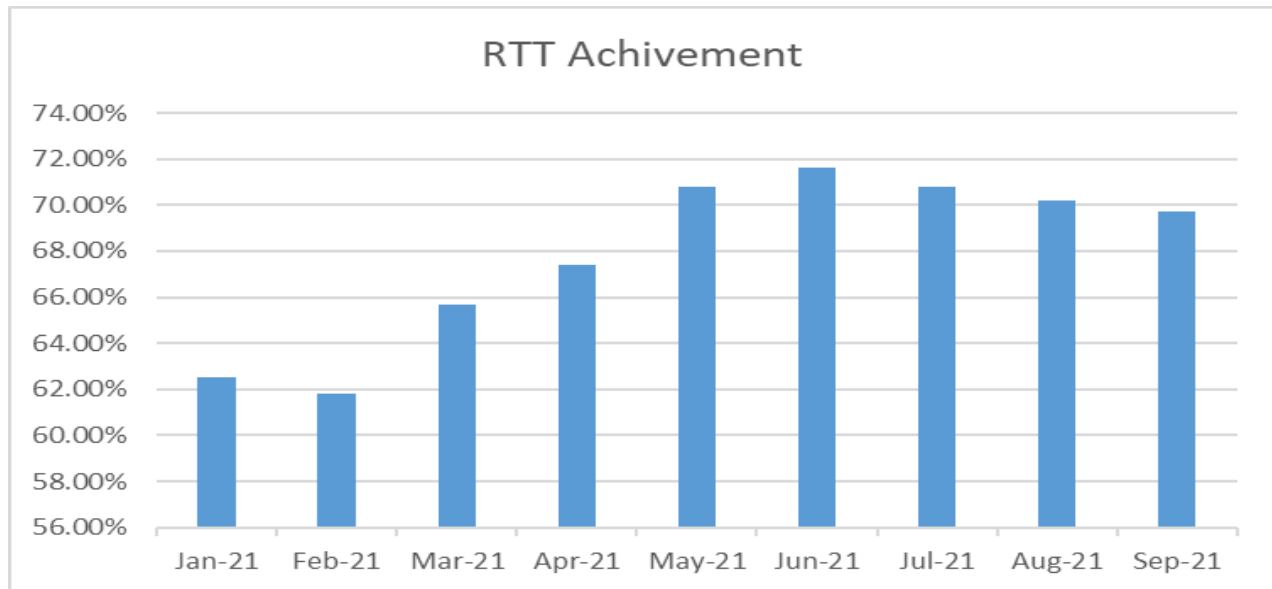


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e) RTT – Performance Against National Target – 92%

RTT performance dipped slightly during September 2021 with a reduction of 0.5% to 69.7%.



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The table below summarises 18 weeks performance. It should be noted that four medical and two paediatric specialties are achieving the RTT standard. Surgical specialties continue to be more challenged where services were more severely impacted by COVID.

The total waiting list size stands at **43125**, which is an increase of 335 since last month, with a plan in development to improve this position.

Specialty	Waiting List	RTT Percentage	Longest Wait (weeks)	52 Week Breaches	104 Week Breaches
Breast Surgery	407	85.7%	86	5	0
Cardiology	2395	84.0%	82	1	0
Clinical Haematology	176	92.6%	41	0	0
Dermatology	2176	92.2%	36	0	0
Diabetic Medicine	523	92.9%	46	0	0
ENT	4062	60.2%	108	106	1
General Medicine	2919	76.7%	65	2	0
General Surgery	3712	67.5%	94	53	0
Geriatric Medicine	263	79.1%	43	0	0
Gynaecology	2292	81.0%	90	12	0
Medical Ophthalmology	478	79.7%	63	1	0
Nephrology	112	95.5%	22	0	0
Ophthalmology	4227	66.9%	110	230	1
Oral Surgery	2209	64.9%	94	18	0
Orthodontics	58	89.7%	33	0	0
Paediatric Cardiology	86	95.3%	33	0	0
Paediatrics	748	94.5%	37	0	0
Pain Management	629	88.7%	69	3	0
Podiatry	383	83.8%	97	1	0
Respiratory Medicine	1250	86.2%	43	0	0
Rheumatology	859	88.5%	47	0	0
Trauma & Orthopaedics	8964	56.6%	115	618	2

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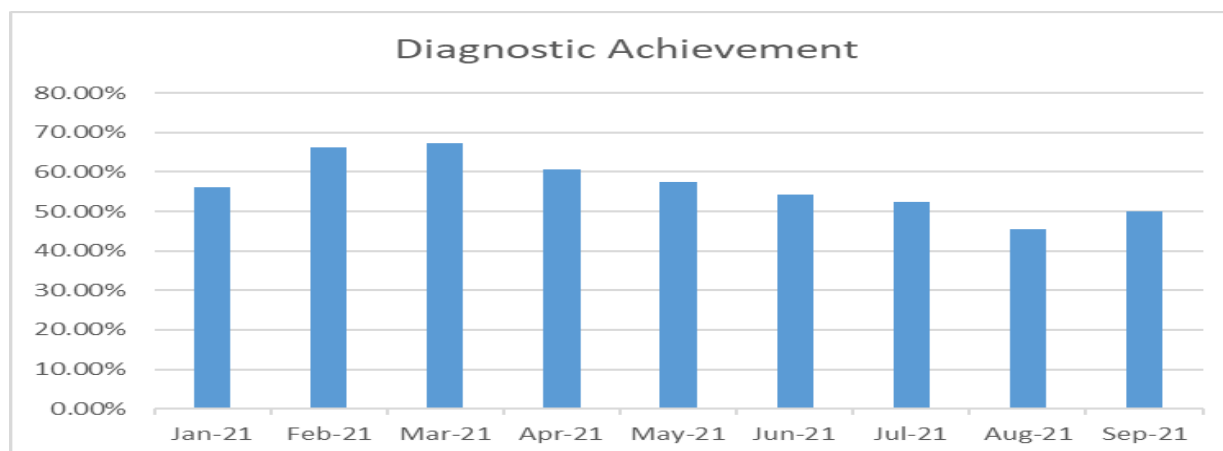
Upper GI Surgery	229	36.2%	87	6	0
Urology	2838	51.0%	106	192	2
Vascular Surgery	938	78.6%	86	7	0
Grand Total	43125	69.7%	N/A	1259	6

A summary of breakdown by CCG and over the last 5 months is outlined below:

Incomplete Pathways	Sept 2021	August 2021	July 2021	June 2021	May 2021
Total (Trust)	43125	42790	40952	39728	37818
% under 18 Weeks (Trust)	69.7%	70.2%	70.8%	71.6%	70.8%
Total (Doncaster CCG)	26793	26566	25338	24554	23139
% under 18 Weeks (Doncaster CCG)	70.4%	71.4%	72.2%	73%	71.9%
Total (Bassetlaw CCG)	9475	9391	8969	8640	8184
% under 18 Weeks (Bassetlaw CCG)	69.6%	69.8%	70.7%	71.6%	70.9%

f) Diagnostics – Performance Against National Target – 99%

Performance against the 6 week target has increased compared to last month (50.12% compared to 45.5%). This is due to the additional activity undertaken to address the current backlogs. However, the Trust is an outlier on this standard and particularly in Non-Obstetric Ultrasound.



The total number of waiters has slightly increased since last month (+22), however those over 6 weeks has decreased by 807. A challenging position is shown at modality level

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Exam Type	<6W	>=6W	Total	Performance	Longest Waits
MRI	1578	1960	3538	44.60%	46
CT	1277	226	1503	84.96%	35
Non-Obs Ultrasound	3661	5224	8885	41.20%	66
DEXA	420	621	1041	40.35%	20
Audiology	390	183	573	68.06%	81
Echo	454	52	506	89.72%	9
Nerve Conduction	141	292	433	32.56%	31
Sleep Study	15	0	15	100.00%	3
Urodynamic	49	14	63	77.78%	78
Colonoscopy	237	58	295	80.34%	43
Flexible Sigmoidoscopy	79	84	163	48.47%	29
Cystoscopy	394	33	427	92.27%	89
Gastroscopy	331	236	567	58.38%	36
Total	9026	8983	18009	50.12%	

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

	Waiters <6W	Waiters >=6W	Total	Performance
Trust	9026	8983	18009	50.12%
NHS Doncaster	5914	5738	11652	50.76%
NHS Bassetlaw	2367	2443	4810	49.21%

g) 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	4508	76	1.69%
Doncaster	2970	49	1.65%
Bassetlaw	1027	18	1.75%
Other	511	9	1.7%

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

Issues Affecting Performance	No of Theatre Breaches	No of Non-Theatre Breaches	Reasons / Improvement Plan
No Elective bed	7	2	No capacity on the day. Communication with BM's for decision - which patients were cancelled.
No DCC / HDU Bed	4		No Capacity on day due to delayed discharges as no capacity within trust or no physical space on DCC due to demand.
No Staff	3	25	Excess sickness on the day. All attempts made to cover service before cancellation.
Insufficient Time/ Lack of Theatre Capacity	14		11/14- Problems with previous case 1/14- Anaesthetist late due to dealing with potential +Covid patient 1/14- Surgeon Late 1/14- AM list over run
Equipment	8	2	1/8- Theatre doors not closing properly for use with Green light Laser- Has been reported and now fixed. 3/8- Ophthalmic microscope broken- No other microscope on site to use- Microscope has now been moved from MMH to manage demand. 1/8-Xray Machine broke down 1/8- Lifts broken in Women's theatre, had to relocate operating list to main theatre. 1/8- Histology machine broken previous day- no one informed theatres 1/8- Eye not dilated sufficiently due to dilated not inserted earlier enough.
Drugs not Available		2	
Admin Error		5	
No Notes		4	

f) Canceled Operations – Not Rebooked within 28 Days – Performance against National Target

In September 2021 there were 4 operations cancelled that were not rebooked within 28 days:

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Speciality	TCI Date:	28 Day Breach Date:	New Date:	Cancellation Reason:	Breach Reason:	CCG:
Medical Ophthalmology	24.8.2021	21.9.2021	12.10.2021	Lack of theatre time	Needed Consultant	Other
Medical Ophthalmology	31.8.2021	28.9.2021	26.10.2021	Lack of theatre time	Lack of Capacity	BCCG
Gynaecology	9.8.2021	6.9.2021	27.9.2021	Interpreter issue	Patient refused procedure	DCCG
Urology	25.8.2021	22.9.2021	No Date	Lack of theatre time	Prison unable to bring	DCCG

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 • Reduced capacity due to AL and sickness issues • Some activity stood down due to staffing – both internal and insourcing providers 	<ul style="list-style-type: none"> • Trust Accelerator Delivery Cell (ADC) meeting weekly to monitor performance, chaired by Deputy Chief Operating Officer • Reviewing IPC measures in clinical areas with a view to increasing throughput/led by Head Nurse for Outpatients • Existing insourcing in place for endoscopy (Medinet), Oral Surgery and Ophthalmology (Totally Health Care) and developing plans to extend and maintain existing capacity into H2 • Outsourcing contracts being established with Pioneer and One Health in addition to Barlborough and Park Hill. To increase the number of specialties and to include whole patient pathways from referral onwards • Recruitment ongoing to A&C vacancies /additional posts

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		<ul style="list-style-type: none"> • With some elective lists stood down due to theatre staffing, utilise the DCC to deliver outpatient activity
<p>Elective/Day Case</p>	<ul style="list-style-type: none"> • Reduced non-urgent elective activity due to reduced operating timetable & emergency pressures • Challenge to maximise theatre capacity due to theatre staffing constraints (AL and sickness) • Increase in patient cancellations internally and with private sector providers • Constraints with bed availability • Some long waiting P3's and 4's being booked in where appropriate although limited number • Lack of critical care capacity due to C19 pressures 	<ul style="list-style-type: none"> • Continue to source additional lists at Park Hill for T&O • Maximise opportunities with Barlborough and Trent Cliffs • Identification & initial discussions of alternative private provider for T&O to include Pioneer and One Health • Extend outsourcing to include urology, general surgery, ENT and ophthalmology. Contracts established and numbers being finalised • Source additional lists where possible on all sites • Convert all possible inpatients to day case where clinically appropriate to do so • Work up options to rationalise surgical activity on the three Trust sites and implement for H2 & beyond • Work across Place and with ICS colleagues to consider mutual aid options and involvement of primary care in shared care (ophthalmology) • Work closely with CSS/Theatre colleagues to maximise capacity
<p>Diagnostics</p>	<ul style="list-style-type: none"> • Decrease in 2 week wait (ww), urgent and routine referrals for MRI with reduction in the overall backlog • Increase in 2ww, urgent and routine CT waiters seen with general decrease in over 6 weeks waits. The decrease in backlog is due to additional CT capacity through the NHS Improvement Alliance commissioned Pod. • Increase in Non-Obsetric 2ww. Decrease in urgent and routine for general USS, with general decrease seen in the >6 weeks 	<ul style="list-style-type: none"> • NHS Improvement commissioned Alliance medical Pod continued to scan additional patients. A total of 595 scans performed in the month of September 2021. • DBTH staff continue to run extended CT scanning hours as much as possible, as part of the accelerator bid, with approximately 111 examinations performed. • On-going steady state 8 days MRI Van days monthly as part of the run rate, with approximately 160 scans a month. The 2nd Scanner at BDGH delivered a total 779 scans in

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	<p>waits. The decrease is due to the additional outsourced activity to RMS at MMH and Locum Sonographers releasing additional capacity.</p> <ul style="list-style-type: none"> • Decrease in MSK and Radiologist 2ww, urgent and routine scans. • Increase in urgent and routine referrals with reduction in 2ww seen for Vascular Ultrasound. • Reduction in 2ww, urgent and routine ultrasound injections referrals. • Increase in planned and unplanned plain film referrals. 	<p>September 2021.</p> <ul style="list-style-type: none"> • 2500 MSK scans outsource to RMS at MMH for 3months, with a total of 842 scans performed in September. 745 scans proposed for the following month. • 485 additional NOUS scans undertaken by agency sonographer as part of the accelerator bid. • Further demand management actions being identified
Theatre Cancellations	<ul style="list-style-type: none"> • See specific issues on specific patients • Theatre staff absences due to A/L & sickness 	<ul style="list-style-type: none"> • Agency staff utilised when available to cover staffing gaps
Looking Forward	<ul style="list-style-type: none"> • Increasing covid 19 prevalence affecting ability to deliver planned care 	<ul style="list-style-type: none"> • Continue 3 times weekly enhanced operational meetings during October 2021 • Incorporate initiatives to improve flow across the Trust • Dashboard project underway with the prioritised dashboards available from November 2021.

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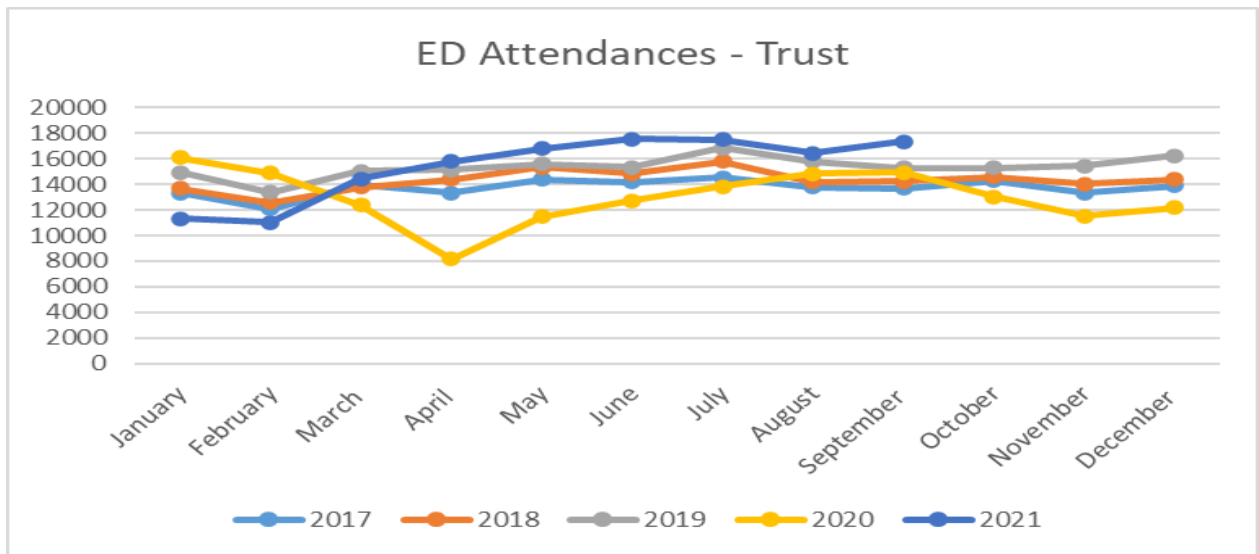
2. EMERGENCY

a) Emergency Care Bundle – New Standards

The Trust are currently shadow monitoring the new standards and awaiting the performance thresholds to be issued from NHS England

b) 4 Hour Access

Performance against the 4 hour target dipped further in September 2021, with an increase in attendances of 872. Total attendances remain higher than previous years with September seeing a total of 17357 attendances (monthly average of 15132 in 2019/2020) as highlighted in the graph below. Performance is ‘mid table’ compared to both national and regional achievement.



Hospital	% Achievement	Attendances	No of Breaches	% Streamed from FDASS
Doncaster	61.95%	10266	3906	19.85%
Bassetlaw	81.01%	5029	955	7.44%
Mexborough	99.81%	2055	4	0.00%
Trust	71.96%	17350	4865	13.90%

12 Hour Trolley Breaches

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There were no 12-hour trolley breaches reported in September 2021

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

Issues Affecting Performance	Improvement Plan
<ul style="list-style-type: none"> • 4 hour performance reduced further due to continued increase in boarding time in department due to bed pressures • Increase in Ambulance arrivals and walk ins at peak periods • Main breach reasons continue to be doctor and bed waits • Average time in department 218 minutes • Longer length of stay for COVID patients affecting discharges and flow impacting on bed waits, with an increase to 62 COVID positive inpatients seen in September 2021 • Reduced bed base continues to impact on bed waits • Increase in overall attendances in reduced space due to social distancing • Significant sickness and staff absence due to isolation impacting on ability to deliver all areas of service at times further impacting on flow 	<ul style="list-style-type: none"> • Flow work- right care, right place supported by NHSE/ICS work stream • Team development and leadership work completed • Early Senior Assessment working well at front door • Feedback received from ECIST/GIRFT following Acute Pathway Walkthrough to support flow • Actions taken by primary care and CCGs to encourage primary care patients to attend GP practices and public communication campaigns that GPs open for business • In reach from Community to support social prescribing in ED • Scoping underway to re-locate minor injuries to Fracture Clinic to support social distancing in the ED Waiting room • ED Streaming Tool pilot due to commence November 2021 • UEC Recovery and Transformation programme developed and mobilised

c) **Ambulance Handover**

The following tables summarises performance against national standards. The national standards were not met, and the performance at Doncaster is an area for focus as discussed with NHS England. 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)

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Month	Hospital	No of Arrivals	% less than 15 minutes	% between 15 & 30 minutes	% over 30 minutes	Longest Wait (hrs & minutes)
September 2021	Doncaster	2015	34%	29%	36.5%	4 hrs 10 mins
	Bassetlaw	756	23%	51%	25.3%	4 hrs 24 mins
	Trust	2771	31%	35%	33%	N/A

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

Issues Affecting Performance	Improvement Plan
<ul style="list-style-type: none"> 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 (majority of black attendances were due to no bed/cubicle) Increase in overall attendances and reduced space 	<ul style="list-style-type: none"> Action plan in development with YAS following Peer Review NHSE / ICS support for improving handover and alternative disposition Direct pathways for YAS to Medical Same Day Emergency Care (SDEC) and Surgical SDEC now implemented Direct pathways for NHS 111 to Medical SDEC and Surgical SDEC being scoped Same Day Emergency Care full review – to include review of DoS Length of Stay work stream – will support emergency flow

d) 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

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- Any patient on ward PARK, BARL, EPAU, ECL, ED WARD and D

Super Stranded Patients

Super stranded patients reported in September 2021 – 129 patients in total - 101 (DRI) 28 (BDGH), the majority of whom remain not medically fit for discharge. Patient numbers remain relatively consistent month on month.

Week commencing 8 November 2021 to be a “Why Not Home, Why Not Today” week for system partners to review patient criteria to reside and engagement of staff in managing discharge across all organisations.

Issues Affecting Performance	Improvement Plan
<ul style="list-style-type: none"> • Social care – limited capacity within the community for home care for <ul style="list-style-type: none"> - Short Term Enablement Programme (STEPS) i.e. packages of care - up to 6 weeks free care and - commissioned packages of care - no bridging services available to bridge the wait • Challenges with allocation of patients to social care staff within the Integrated Discharge Team as hospital social care staff are following discharged patients into the community 	<ul style="list-style-type: none"> • Escalated to social care managers • Patients with significant waits are being offered alternative accommodation to wait for their package of care. As expected, many patients decline admission to a care home to await their package of care <p>Links with the partner Home First Work stream</p>
<ul style="list-style-type: none"> • Care homes – increasing numbers of care homes closed due to outbreak 	<ul style="list-style-type: none"> • Close links with CCG and care home contracting to identify options for return or alternative accommodation short term
<ul style="list-style-type: none"> • Fast track packages of care (care for patients within the last 12 weeks of life) – Continuing Health Care continue to report significant numbers of Fast Track referrals from hospital and from the community requiring packages of care to support at home 	<ul style="list-style-type: none"> • CCG is aware • Source alternative providers of home care if possible
<ul style="list-style-type: none"> • Increasing numbers of Covid positive patients – limits discharge options for return home - a designated setting until their isolation period is complete is available 	<p>Increasing use of the 10 beds in Church View Care home in Doncaster identified as the designated setting. Agreement that Bassetlaw patients may also use the designated setting</p>

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e) 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 April – June 2021. The remaining area of focus is timeliness of direct admission to the Stroke Unit with data for **July 2021** outlined below:

Direct Admission within 4 Hours	Bassetlaw CCG	Doncaster CCG	Barnsley CCG	Rotherham CCG	Other CCG	Total
Yes	4	13	3	1	2	23
No	9	16	1	1	4	31
Total	13	29	4	2	6	54
Performance	30.8%	44.8%	75.0%	50.0%	33.3%	42.6%

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

Issues	Breaches	Improvement Plan
Stroke Unit Bed Availability	4	<p>The stroke team continue to work daily to make rapid and accurate diagnoses on patients presenting with stroke symptoms and move them quickly to HASU. External and internal metrics (mortality/SSNAP/QAT) all suggest we are running a high-quality stroke service.</p> <p>The main area of concern is the 4 hour admission time to the unit, which remains under significant pressure due to high activity levels across the organisation along with staffing shortfalls due to sickness and vacancies, which have caused delays.</p> <p>Stroke team continue to work together to improve patient flow into rehab beds/early discharge planning to optimise bed capacity.</p>
Stroke Staff Availability		
CT Scan Delay	0	
ED Delay	3	
Delay in clinical opinion from STH	1	
Delay in transfer of patients from ED to HASU	6	
Delay - transport BDGH to DRI	1	
Patient Presentation: secondary / late diagnosis of stroke	16	

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3. CANCER

The following sections summarise cancer performance for August 2021 against 31 and 62 day standards. Whilst the teams still face challenges related to recovering from COVID, the position shows an improving position against all standards, which benchmarks as green by NHS England.

a) Faster Diagnosis Standard (FDS)

The Trust achieved 74.4% for the above standard against the performance target of 75%

b) Cancer Performance (Trust) August 2021 – 31 and 62 day Standards

Standard	Target	Performance
31 Day Classic	96%	96%
31 Day Sub – Surgery	94%	100%
31 Day Sub – Drugs	98%	100%
62 Day – IPT Scenario Split	85%	78.5%
62 Day – Local Performance (local measure only)	-	86.3%
62 Day – Shared Performance only 50/50 Split (local measure only)	-	64.7%
62 Day Screening	90%	93.1%
62 Day Consultant Upgrades (local measure only)	85% (local)	89.5%

c) Cancer Performance (Specialty) August 2021

	31 Day - Classic	31Day Sub - Surgery	31 Day Sub - Drugs	62 Day – Day 38 IPT split	62 Day Screening	62 Day Consultant Upgrades (no national standard)	Day 28 Faster Diagnosis Standard
Standard	96%	94%	98%	85%	90%	85% (local)	75%
Breast	100%	100%		100%	100%		97.3%
Gynaecology	100%			50%	100%	100%	75.2%
Haematology	100%			80%			18.2%
Head & Neck	100%			50%			61.5%
Lower GI	96.6%	100%		42.4%	71.4%	66.7%	49.5%
Lung	100%			85.7%		84.6%	62.1%
Sarcoma							

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Skin	81.5%			80.4%			78.5%
Testicular				100%			
Upper GI	100%			61.5%		100%	74.3%
Prostate							88.9%
Urological	100%	100%	100%	100%			53.8%
Performance	96%	100%	100%	78.5%	93.1%	89.5%	74.4%

Cancer performance by CCG is as follows:

	31 Day Classic	31Day Sub Surgery	31 Day Sub Drugs	62 Day Classic 50/50	62 Day Screening	62 Day Consultant Upgrades
Operational Standard	96%	94%	98%	85%	90%	85% (locally agreed)
Doncaster CCG	96.1%	100%	100%	73.4%	87.5%	92.6%
Bassetlaw CCG	97.7%	100%		87%	100%	71.4%

d) Cancer Performance Exceptions (31/62 days) – August 2021

Tumour Group	Breached Standard 31 Day/62 Day	No of Breaches	Summary of Breach Issues
Skin	31 Day	5	4 x Elective capacity 1 x Medical reason
Gynaecology	62 Day	2	1 Medical reason 1 x STH capacity
Haematology	62 Day	1	1 x complex diagnostic pathway
Head & Neck	62 Day	1	1 x complex diagnostic pathway
Lower GI	62 Day	12	9 x Complex pathways 2 x Outpatient capacity 1 x Medical reasons
Skin	62 Day	7	7 x Elective capacity
Upper GI	62 Day	3	2 x Pathway delays 1 x Complex pathway
Lung	62 Day	1	1 x Pathway delay

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e) 104 Day Breaches – August 2021

The table summarises the over 104-day waiters. The Trust continues to focus at patient level, looking to drive down pathways for every patient:

Cancer Waiting Times Open Suspected Cancer Pathways 104 Days +	Actual											Predicted 104 Day Open Suspected Cancer Pathway Breaches		
	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	April 21	May 21	June 21	July 21	Aug 21	Sept 21	Oct 21	Nov 21
	3	3	10	6	4	6	5	12	12	6	7	9*	8*	*9

*Due to complex pathways

Overall lessons to improve performance are summarised below:-

Overarching Issues Affecting Performance	Improvement Plan
<ul style="list-style-type: none"> Breast position maintained for all three standards – Suspected Breast Cancer, Breast Symptomatic referrals and FDS Continued Histopathology delays due to staffing and continued need to outsource, reporting impacting on 28 and 62 day Standards 31 & 62 day breaches – impact of 14 day patient self-isolation prior to surgical treatment. Concern with Skin Minor Ops capacity impacting on both 31 day and 62 day target Continued radiology delays – capacity and radiologist vacancies - although successful appointments made. 	<ul style="list-style-type: none"> Continue to review position for further 3 months to establish sustainable model. Initial work group set up to look at Breast Pain Community Clinic - potential to offer this service from Q4 21/22 Improved TAT from the Backlogs Service (Private Provider) which is impacting on the diagnostic element of the pathway. Funding bids progressing for new kit and Bio Medical Scientist staffing. 31 day capacity for Minor Op procedures within Dermatology Service reviewed, improvement expected from October 2021 Increased theatre capacity for all surgery continues Medical Imaging recovery plan in progress

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Cancer Improvement Trajectories

Cancer 62 day pathways waiting 63 days + after an urgent suspected cancer referral excluding non-site specific at end of reporting period	April 2021	May 2021	June 2021	July 2021	August 2021	Sept 2021
Trajectory	83	79	67	61	59	53
Actual	113	72	55	57	77	
Variance	30	7	11	4	18	

Total number of patients receiving first definitive treatment for cancer within a given period (all)	April 2021	May 2021	June 2021	July 2021	August 2021	Sept 2021
Trajectory	132	150	155	150	160	150
Actual	163	130	161	151	150	
Variance	30	20	6	1	10	

All patients urgently referred with suspected cancer by any source of referral excluding from a National Screening Programme who received a first outpatient appointment in the given month.	April 2021	May 2021	June 2021	July 2021	August 2021	Sept 2021
Trajectory	1450	1450	1401	1574	1434	1683
Actual	1490	1451	1637	1573	1434	
Variance	40	1	236	-1	0	



FINANCE AND PERFORMANCE COMMITTEE

**Minutes of the meeting of the Finance and Performance Committee
Held on Friday 24th September 2021 at 14:00 via Microsoft Teams**

Present:	Neil Rhodes, Non-Executive Director (Chair) Pat Drake, Non-Executive Director Jon Sargeant, Director of Finance	
In attendance:	Lucy Hammond, General Manager, Surgery and Cancer Division (C1) Kath Smart, Non-Executive Director Gillian Marsden, Deputy Chief Operating Officer (B1) Julie Butler, Emergency CG Management Deputy General Manager Jane Tombleson, Deputy Chief Operating Officer (B1) Claudia Gammon, Secretarial Support Officer (Minutes)	
To Observe:	Lynne Schuller, Public Governor Malcom Veigas, Associate Non-Executive Director	
Apologies	Marie Purdue, Director of Strategy and Improvement Fiona Dunn, Deputy Director Corporate Governance/Company Secretary Rebecca Joyce, Chief Operating Officer	
		<u>ACTION</u>
FP21/09/ A1	<u>Welcome, Apologies for Absence and declarations of interest (Verbal)</u>	
	The Chair welcomed the members and attendees. No conflicts of interest were declared.	
FP21/09/ A2	<u>Requests for any other business (Verbal)</u>	
	None.	
FP21/09/ A3	<u>Action Notes from Previous Meeting (Enclosure A3)</u>	
	Updates were provided on the below actions:	
	<u>Action 1 – Corporate Risk Detail</u> – The target date was changed to October 2021	
	<u>Action 2 – Estates and Facilities Oversight Board</u> – Confirmed with Kath Smart and Jon Sargeant could be closed.	
	<u>Action 3 – Alignment of Bed Plan and Nursing Budget</u> – Budget had been agreed and a 40minute meeting would take place prior to the next F&P meeting in October	

	<p><u>Action 4 – Corporate Risk Register – Risk F&P4 – Closed as this item would be picked up within the Granger report and added to the risk register</u></p> <p><u>Action 5 – Escalation to Finance and Performance Committee Capacity Planning Internal Audit Report – Item would be discussed as part of the agenda</u></p> <p><u>Action 6 – Integrated Performance Report – Ophthalmology - Item would be discussed as part of the agenda</u></p> <p><u>Action 10 – Fixed Asset System – Closed as added to the ARC work plan and not required for F&P</u></p> <p><u>Action 11 – Integrated Performance Report – Emergency Department Attendance – item would be discussed as part of the agenda</u></p> <p>Actions closed: 7-9</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the updates and agreed, as above, which actions would be closed.</i> 	
	<p><i>Action: Claudia Gammon would update the Action Log.</i></p>	
<p>FP21/09/ B1</p>	<p><u>Ophthalmology Update (Enclosure B1)</u></p> <p>Ophthalmology Backlog</p> <p>Lucy Hammond explained that there were two items within this section, Ophthalmology Backlog and Medical Ophthalmology. Following an investigation carried out by the Information Team it was found that 2911 patients did not appear on any Trust tracking list. An external tracking team were brought in to carry out the first line review and put together a risk stratification of what those risks look like. All 2911 patients had been reviewed and separated into the following categories:</p> <ul style="list-style-type: none"> - Red – No contact since last review - Amber – Seen by another consultant - Green – Seen or discharged <p>The two-stage validation process commenced on the 14th July 2021 and consisted of:</p> <ul style="list-style-type: none"> - 1st Line administrative validation (85% now complete as of 15.08.2021) - 2nd Line clinical desktop review (Full plan to be agreed by Ophthalmology Consultants 16.08.2021) - Patients identified requiring further actions, face to face/diagnostics etc. booked accordingly) <p>Discussions had taken place with consultants looking at what had been done, conclusive feedback and what the approach was, and the next steps were. The next steps were Senior Internal Consultant review for all patients rated RAG, a Clinical review and outcome.</p>	

	<p>One letter would be sent to those affected highlighting what had been found, what to do next and a new appointment.</p> <p>Medical Ophthalmology Two serious and three moderate harms had been reported within Medical Ophthalmology, they were all tentative at present as awaiting treatment dependent on their condition. All were contacted by Matrons and the Consultants and had all received a Duty of Candour letter along with a leaflet. A further 102 patients had been identified as high risk and actions had started to act upon this.</p> <p>Following an observation from Pat Drake it was noted that this process would require replicating in other areas to check Patient Treatment List. The harm report would be updated for the Executive Medical Directors to bring to Quality Effectiveness Committee.</p> <p>The Director of Finance made comment that if a patient goes into clinic, receives a date to come back for a follow up but doesn't attend then they removed from the listings.</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> - Noted and took assurance from the Ophthalmology Update 	
	<p>Action:</p> <ul style="list-style-type: none"> - <i>Transfer Medical Ophthalmology case monitoring process to QEC</i> 	<p>RJ Oct 21</p>
	<p>Action:</p> <ul style="list-style-type: none"> - <i>Risk position to be reviewed and recorded appropriately</i> 	<p>RJ Oct 21</p>
<p>FP21/09/ C1</p>	<p><u>Operational Update/ Winter Plan (Enclosure C1)</u></p> <p>Operational Update The Deputy Chief Operating Officer explained that they had continued to operate on Cancer patients, emergent and emergency patients. There were three more patients on the category 2 level listing than in July. The Trust were working with the ICS to gain mutual aid, so patients weren't waiting for trauma, orthopaedics and ophthalmology. Nine patients have been waiting for over 104 days, 1 of which was yet to receive a date. In August 109 patients were cancelled from theatre listing mainly due to staffing issues. Balancing Cancer emergent and emergency work, support flow and maximising the use of elective lists was to be carried out.</p> <p>Pat Drake commented that nationally 95% were on ERF and was unlikely to have dropped. P2 patients that came in as an emergency and were to be removed from the elective list following emergency surgery.</p> <p>Rotherham had helped with the orthopaedics backlog working on the step-down plan for Winter restoration and recovery. Mutual aid would also work with other external providers like Pioneer to support in the future.</p>	

	<p>Winter plan</p> <p>The Winter Plan projections consisted of the number of COVID-19 patients doubling and 100-120 beds to be occupied with patients of COVID-19 and 20 critical care patients. A surge was predicted to increase demand by 25-50% on normal pre COVID levels this would commence in August and peak in November. Modular wards for paediatrics would arrive on the 8th December as winter was predicted at being 10% worse than the worst winter. It had been suggested that the Discharge lounge was to be re-located, this would increase the number of discharges and for them to take place earlier in the day to reduce length of stay.</p> <p>Following an observation from Pat Drake regarding the discharge of complex patients, she asked if we were able to avoid any attendances that weren't required and how reliable were our service partners. It was discussed that the new National guidance stated that 30/35 patients didn't meet the criteria. It was also mentioned that more discharges should be carried out at the weekend.</p> <p>Kath Smart asked what the price of the Winter Plan was, the Director of Finance confirmed that it would cost £2.47million and would be all capital with no revenue.</p>	
	<p><i>The Committee:</i></p> <p>- <i>Noted and took assurance from the Operational update and Winter plan.</i></p>	
<p>FP21/09/ C2</p>	<p><u>Integrated Performance Report – July 2021 (Enclosure C2)</u></p> <p>The Integrated Performance Report was reviewed by all Committee members and questions could therefore be asked.</p> <p>Pat Drake praised the good position that we were in with the caring of Cancer care. A question was also asked about two patients that waited twelve hours in Emergency Department and stayed in Clinical Decision Unit for twenty-four hours before going to a ward. Those patients involved were said to be on a trolley or in a bed within majors, this would be investigated further with a paper being submitted to Board.</p> <p>The Deputy Chief Operating Officer discussed that patient beds and the flow of patients was an issue. To assist with these patients were to be taken from Emergency Department to Clinical Decision Unit or Acute Medical Unit with a twenty-four hour turn around. 30 beds were to be used by the Rapid Assessment Team to support and select patients to go to the acute physicians and not ED.</p> <p>An observation was discussed regarding ambulance wait times, it was confirmed that this was a national issue and that the Trust were working with NHSE to work on a stream Emergency Department care improvement plan. Although the Trust isn't very good within the region does however exceed ICS regions in the South.</p>	
	<p><u>The Committee:</u></p> <p>- <i>Noted and took assurance from the Integrated Performance Report</i></p>	
	<p><u>Action:</u></p>	<p>RJ Oct 21</p>

	<ul style="list-style-type: none"> - <i>The At a Glance table was to be reviewed and the four hour access in Trust times to be added</i> 	
FP21/09/ C3	<p><u>Capacity Planning Update</u></p> <p>The Director of Finance gave an update on the Capacity Planning in that part of last year's regular audit was to review the capacity planning. One thing that was looked into was that this year we worked with four eyes and set up an accelerator board to give better capacity planning. Diagnostics, Radiology and Endoscopy still require some improvement. There were some recommendations within the report that have been raised and that the audit committee have agreed should be monitored by Finance and Performance. The recommendations had been shared between the Director of Finance and the Chief Operating Officer.</p> <p>From the planning team it was decided that Paul Mapley would lead the annual planning which included a timeline for December 2021. Currently there was no planning guidance for the next six months or longer. Formalising the documents would need to go via Governance and Clinical Specialties would get this aligned. A recommended deadline of 31st December was pushed back to the 31st March. This would now be required to be embedded and become a central part of our planning for next year, so we can achieve the date in December.</p> <p>It was confirmed by the Chair that the Finance Performance Framework could be added to the work plan and discussed at the next meeting.</p>	
	<p><u>The Committee:</u></p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Capacity Planning Update</i> 	
FP21/09/ D1	<p><u>Financial Performance (Enclosure D1)</u></p> <p>The Director of Finance gave a breakdown on the Financial Performance and the H2 Budget and Financial Regime. For the second month in a row the Trust have spent more than they have earned this included the non-pay and which was up however the activity was down. Up to June £750,000 more had been spent than the beginning of the year which was spent on monthly agency costs, healthcare assistants and nurses. Enhanced care vacancies were hopefully on their way up and the challenges that were faced were not dissimilar from other Trusts. £9.4million had been overspent as a result from:</p> <ul style="list-style-type: none"> - £1.2million had come from the Medical Equipment group - £1.1million had come from the IT budget - And the remaining balance from Estates <p>The ICS require this to be paid back:</p> <ul style="list-style-type: none"> - Sheffield were finding £5million - Rotherham were finding £900,000 - Barnsley were finding the remaining balance <p>If the Trust were to receive the £19.6million it would be split as:</p> <ul style="list-style-type: none"> - £7million in restoration schemes - £7million in revenue or capital for restoration schemes - £7million for digital 	

	<p>The Director of Finance discussed how the £12.4million would be distributed.</p> <ul style="list-style-type: none"> - £2million on the electrics rewiring and distribution points on each floor <p>The remaining would be used for:</p> <ul style="list-style-type: none"> - Theatre, three recovery beds, 24 beds, two floors of modular ward. This would still mean there were 20 beds short. The theatre would be available end of October then the wards in November. Unfortunately, there had been a delay in the work due to hiring a crane. <p>The Trust had been paying premium rates on bank staff, A&E staff, midwifery and paying staff more from agencies.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Financial Performance report and the Budget and Financial Regime</i> 	
FP21/09/D2	<p><u>H2 2021/22 Budget and Financial Regime (Verbal)</u></p> <p>This item on the agenda was captured within D1</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the H2 2021/22 Budget and Financial Regime within the Financial Performance</i> 	
FP21/09/D3	<p><u>New Hospital Build (Enclosure D3)</u></p> <p>The Director of Finance gave an update on the progress of the New Hospital Build to date, short listing agreed, model care and designs, financial model, economic analysis of short list and preferred way forward were mentioned. A cohort of doctors, nurses and general managers had been involved in this. The milestones that had been achieved were as follows:</p> <ul style="list-style-type: none"> - Strategic Case Draft completed – 4th August 2021 - Expression of Interest submitted – 9th September 2021 - Draft clinical model assumptions completed – 10th September 2021 - Options Framework and Short-List completed – 15th September 2021 <p>A draft communications strategy was currently with the Head of Communications and Engagement and was yet to be signed off. Support was given by Rosie Winterton and help was required to arrange a face-to-face meeting at the DRI with Sajid Javid and Amanda Pritchard to view the Women and Children’s hospital.</p> <p>The Chair asked if a simplified Gantt Chart could be created to show further detail of the progression of the new hospital build. It was agreed with the Director of Finance that this was something he would investigate. And that more assurance was required for the next meeting instead of reassurance.</p>	

	<p><u>The Committee:</u></p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the New Hospital Build</i> 	
FP21/09/ E1	<p><u>Board Assurance Framework SA1 and SA4 (Enclosure E1)</u></p> <p>This item was deferred to the next meeting</p>	
	<p><u>The Committee:</u></p> <ul style="list-style-type: none"> - <i>Agreed to defer the Board Assurance Framework to the next meeting.</i> 	
FP21/09/ E2	<p><u>Corporate Risk Register (Verbal)</u></p> <p>This item was deferred to the next meeting</p>	
	<p><u>The Committee:</u></p> <ul style="list-style-type: none"> - <i>Agreed to defer the Corporate Risk Register as items were added as and when required.</i> 	
FP21/09/ E3	<p><u>Assurance Summary (Verbal)</u></p> <p>The Committee was asked by the Chair if it was assured, on behalf of the Board of Directors on the following matters. Any matters where assurance was not received, would be escalated to the Board of Directors:</p> <ul style="list-style-type: none"> - Matters discussed at this meeting, - Progress against committee associated Executive's objectives, - Divisional compliance with the Trust's risk management process. 	
	<p><i>The Committee were assured on behalf of the Board of Directors on:</i></p> <ul style="list-style-type: none"> - <i>Matters discussed at this meeting,</i> - <i>Progress against committee associated Executive's objectives,</i> - <i>Divisional compliance with the Trust's risk management process.</i> 	
FP21/09/ F1	<p><u>Governor Observations (email)</u></p> <p>Due to timing the Governor Observations were received via email from Lynne Schuller after the meeting</p> <p>The discussion re realistic recovery trajectories was very useful. It was a challenging prospect in terms of complexity. In terms of governors, it would enable a better understanding. Looking at the blanket requirements looks like failure to meet the target; however, an adjusted target would be better. I also feel that this might be more positive for staff within the service, it allows for positivity.</p> <p>The Winter pressure work was great. The solutions whilst appearing simple would be complex and a change in current mind-set but would be so beneficial. It's good to hear that there was</p>	

	<p>an appetite for change and addressing this long-term problem. It was also noted that with the difficulties that would be faced this year essential; great work by people who were change enablers.</p> <p>In noting the lack of public engagement with the new build was this something that Governors can actively assist with. Whilst I am aware that wider engagement was required and would help in putting the perspective of the public the Governors as conduit could be sharing the need throughout outlets of social media, local media, and face to face conversations.</p> <p>Thank you for an interesting debate and as always pleased to see the challenge as this provides assurance of transparency</p>	
FP21/09/ G1	<p><u>Any Other Business</u></p> <p>There were no items of any other business.</p>	
FP21/09/ G2	<p><u>Minutes of the Sub – Committee Meetings (Enclosure)</u></p> <p><i>The Committee noted:</i></p> <ul style="list-style-type: none"> - <i>Capital Monitoring Committee –19/08/21</i> - <i>Cash Committee –12/08/21</i> 	
FP21/09/ G3	<p><u>Minutes of the meeting held on 26th July 2021</u></p> <ul style="list-style-type: none"> - <i>The Committee approved the minutes of the meeting held on 26/7/21.</i> 	
FP21/09/ G4	<p><u>Date and time of next meeting (Verbal)</u></p>	
	<p>Date: Tuesday 26th October 2021 Time: 09:00 Venue: Microsoft Teams</p>	
	<p><u>Meeting Close</u></p> <p>Meeting closed at 16:26</p>	



QUALITY AND EFFECTIVENESS COMMITTEE

**Minutes of the meeting of the Quality and Effectiveness Committee
Held on Monday 3rd August 2021 at 13:00 via Microsoft Teams**

Present:	Mark Bailey, Non-Executive Director Pat Drake, Non-Executive Director (Chair) David Purdue, Chief Nurse
In attendance:	Simon Brown, Deputy Director of Nursing (Item QEC21/08/C10) Kate Carville, Divisional Director of Nursing - Medicine (Item QEC21/08/B1) Dr Lavleen Chadha Consultant Paediatrician, Named Doctor for Safeguarding (Item QEC21/08/B2) Lee Cutler, Consultant Nurse, Lead Nurse Critical Care Services (Item QEC21/08/B2) Sam Debbage, Deputy Director of Research and Education Fiona Dunn, Deputy Director Corporate Governance/Company Secretary Esther Lockwood, Falls Prevention Practitioner (Item QEC21/08/C4) Lois Mellor, Director of Midwifery Kelly Moore, Lead Nurse for Skin Integrity (Item QEC21/08/B2) Stacey Nutt, Deputy Director of Nursing (Patient Experience) Katie Shepherd, Corporate Governance Officer (Minutes) (KAS) Cindy Storer, Deputy Director of Nursing (Patient Safety) Abigail Trainer, Director of Nursing
To Observe:	Jodie Roberts, Director of Allied Health Professionals Malcolm Veigas, Associate Non-Executive Director (Until item QEC21/08/C4) Kelly Moore, Lead Nurse for Skin Integrity
Apologies:	Peter Abell, Governor Karen Humphries, Clinical Governance & Professional Standards Co-ordinator Dr T J Noble, Medical Director Marie Purdue, Director of Strategy and Improvement Alasdair Strachan, Director of Education and Research Sheena McDonnell, Non-Executive Director Lynne Logan, Governor
	ACTION
QEC21/08/A1	Welcome, apologies for absence and declarations of interest
	The Chair welcomed the members, attendees and governor observers. The apologies for absence were noted. No conflicts of interest were declared. The Chair noted the duplication of information within the Quality and Safety section of the meeting, however, advised that this would be resolved following the alignment of the clinical governance review which would see the reporting structure change. It had been agreed with the Executive Medical Director that the format of the report would change.

	The Chair requested that in all future reports that the front sheets were fully completed as this formed part of the governance and assurance route. If report authors were unsure of how to complete the report front sheets, they should liaise with the Company Secretary. There should be recommendations to the Committee at the end of each front sheet report.	
QEC21/08/A2	<u>Request for Any Other Business (Verbal)</u>	
	<p>Following a request from the Chair, it was agreed that the Chief Nurse would present the Winter Plan to the Quality and Effectiveness Committee on 5th October 2021.</p> <p>Following a question from the Chair regarding the assurance process for clinical peer reviews, the Chief Nurse advised that these were undertaken regionally. All were reported to the Trust Executive Group and therefore any issues for discussion were highlighted at that forum. It was noted that this would form part of the clinical governance route in the future.</p>	
	<i>Action: The Chief Nurse would present the Winter Plan to the Quality and Effectiveness Committee on 5th October 2021.</i>	DP
QEC21/08/A3	<u>Action Notes from Previous Meeting (Enclosure A2)</u>	
	All actions were closed, and no updates were provided.	
	<i>Action: Katie Shepherd would update the Action Log.</i>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Reviewed the action log and agreed to close actions.</i> 	
QEC21/08/B1	<u>Divisional Presentation: Medicine Division (Presentation)</u>	
	<p>The Chair noted that the Medicine Division had been significantly challenged during the COVID-19 pandemic and wished to pass on her thanks to colleagues. The Committee welcomed Kate Carville, Divisional Director of Nursing – Medicine, who provided the annual clinical governance update on the Division of Medicine which highlighted:</p> <p>Taken from the Picker staff survey results, the Division fell mostly within the same metric as the Trust overall. Work was ongoing to encourage staff to raise concerns:</p> <ul style="list-style-type: none"> - By raising awareness of reporting mechanisms – FTSU, senior engagement and listening events. ED DRI and Bass, Dermatology and Stroke services. - By ensuring feedback was given to all staff involved in raising concerns and also when they were involved in investigations and complaint meetings. - Datix review regarding feedback. <p>The areas of concern included staff feeling safe in their work and staff worried about the organisation ensuing that patients were their top priority. Work was ongoing to:</p> <ul style="list-style-type: none"> - Ensure staff felt listened to. - Ensure staff were involved in recruitment to senior posts. - Ensure staff involved in complaint meetings feedback sessions. - Ensure that action plans for improvements to be shared with all the team and Divisional wide. 	

The overall statistics were discussed. There was one never event, where a biopsy was performed on the wrong patient. This had resulted in a checklist being introduced to ensure proper identification of patients. There had been feedback from the Learning from Deaths Panel in regard to patient families' receiving a discharge letter after a patient death. There needed to be improved communication around this. The Trust was also working on improving communication with families for patients who were in hospital with COVID-19.

A bespoke course on how to deal with violence and aggression had commenced for Emergency Department and Acute Medical Unit colleagues. Feedback had been positive. There had been targeted falls training for specific areas. The implementation of e-Observations had been highly beneficial for the Division.

There were 468 overdue incidents dated since August 2020. The role of the Medical Examiner had been critical to the Trust.

Colleagues were taking up the current wellbeing counselling offer.

There had been an improvement in response to the NICE guidelines. From the 122 issued, 122 had been responded to. 92 were relevant to the Division and were 91% compliant. There were five partially compliant, one non-compliant, and two not adopting.

Communication was reported as the top reason for complaints within the Division, however, work was ongoing with the Patient Experience team regarding shared governance and patient experience.

Improvements had been made within the Division which included:

The external accreditations and peer reviews undertaken included:

- Stroke SNAPP data.
- Chemotherapy changes following cancer review and working with ICS.
- GIRFT data was positive across the board for Medicine and mainly highlighted the issues with staffing levels and capacity.
- The cancer peer review led to new the appointment of a new Pharmacist, an increase in Lung Nurse specialist nurses and the implementation of the Aseptic Suite in the Chatsfield Suite.

The Trauma peer review completed.

The Emergency Department had seen a 55% increase on the previous year's attendance which remained an area of concern.

In response to a question from Mark Bailey regarding patient safety learning and how this was measured, Kate Carville advised that each clinical governance lead was responsible for following up on patient safety learning through education and the completion of action plans. It was noted that work would take place to ensure that the clinical governance agenda lined up with the work undertaken on the overall clinical governance structure to avoid repetition.

The Chair assured the Committee that the culture work underway within the Emergency Department was reviewed regularly at the People Committee. The Chair commended the level of staff involvement, particularly in the recruitment and learning from complaints to understand accountability. The Chair noted that she was pleased to see the practice development clinical

	<p>educator roles and the endeavours to retain staff. The Chair noted the use of clinical audit within the Divisional Report.</p> <p>The Chair requested that the Chief Nurse includes an update at the next Board meeting on the challenges surrounding increased mental health needs, recruitment to RDaSH posts and the number of mental health beds.</p> <p>The Deputy Director of Nursing (Patient Experience) advised that externally sourced suicide awareness training would commence.</p> <p>Following a question from the Chair regarding the escalation of estates issues, Kate Carville advised that the Estates Team undertake regular walk-arounds and noted that the team had been extremely supportive of the Division throughout the COVID-19 pandemic.</p>	
	<p><i>Action: The Chief Nurse would include an update at the next Board meeting on the challenges surrounding increased mental health needs, recruitment to RDaSH posts and the number of mental health beds.</i></p>	DP
	<p><i>The Committee:</i></p> <p>- <i>Noted and took assurance from the Divisional Director.</i></p>	
QEC21/08/B2	<p><u>e- Observation review of Implementation update to include Sepsis update (Enclosure B2)</u></p>	
	<p>The Chair thanked Lee Cutler, Consultant Nurse, Lead Nurse Critical Care Services and his team for their amazing work. Lee Cutler noted that it had been a difficult previous 12-months within the Department for Critical Care. The Chair noted that she would send a personal thank you to the lead posts within the department.</p> <p>Lee Cutler provided a progress update of the roll out of e-observations within the Trust, which had progressed well to date. The Chair noted that from discussions with colleagues using the e-Observations functionality, it was clear that staff were supportive of the approach.</p> <p>The Chair noted that it would be difficult to compare data from e-Observations as it had been a different year due to the COVID-19 pandemic. Lee Cutler supported this comment, however noted that using the data as a comparative tool would develop over the coming years and would include linking health related patient behaviours to relevant public health programmes. The research potential was vast.</p> <p>Following a question from the Deputy Director of Nursing (Patient Experience) it was confirmed that e-Observations could be used for patient survey evaluation and engagement.</p> <p>Mark Bailey commended the work undertaken by Lee Cutler and his team and noted the benefits to come from the link of technology with behavioural changes.</p> <p>The Deputy Director of Education and Research noted the opportunities that the use of Nerve Centre would create for the Trust from a research, improvement and educational aspect. In response to a question by the Deputy Director of Education and Research regarding the potential use of key performance indicators, it was noted that they can be built into Nerve Centre.</p>	

	<p>The Chief Nurse noted that the most recent sepsis audit undertaken within the Paediatrics Department scored 100%. Nerve Centre would be rolled out within paediatrics which would result in a big change to how the department is managed.</p> <p>In response to a question from Malcolm Veigas regarding the potential to save costs, the Chair advised that it would contribute as a cost improvement programme.</p> <p>In response to a question from the Chair regarding the need for the ongoing work with Nerve Centre to be clinically led, the Chief Nurse advised that the IT Department would be the enabler to the work, but there would always be clinical colleagues involved in the way the use of Nerve Centre develops. The Chief Nurse assured the Committee that the system did not allow for patients to be progressed further to admission without e-Observations being undertaken. Digitalisation of Care would be added to the Quality and Effectiveness Committee work plan. An update would be provided in December 2021.</p> <p>In response to a question from Pat Drake, the Chief Nurse assured the Committee that sepsis and paediatrics would be discussed at each paediatric clinical governance meeting regularly. It was agreed that an update on sepsis and paediatric outcomes would be provided to the Quality and Effectiveness Committee in April 2021.</p>	
	<p><i>Action: An update on sepsis and paediatric outcomes would be provided to the Quality and Effectiveness Committee in April 2021.</i></p>	DP
	<p><i>Action: Digitalisation of Care would be added to the Quality and Effectiveness Committee work plan. An update would be provided in December 2021.</i></p>	DP
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the update for the Review of Implementation update to include Sepsis.</i> 	
QEC21/ 08/B3	<p><u>HAPU update including the Overview of service changes (Enclosure B3)</u></p>	
	<p>Kelly Moore, Lead Nurse for Skin Integrity provided the Committee with a comprehensive update on the key developments and contributions from the Skin Integrity Team since January 2021. The main objectives for 2021/22 include:</p> <ul style="list-style-type: none"> - Reduce the number of Hospital Acquired Pressure Ulcers - Change the culture of the service and how the Team were 'seen' across the Trust - Continued collaborative work to improve access to quality services - Ensure the Trust works towards national and local guidance. <p>The categories of pressure ulcers were shared. In 2020/21 the total number of category 2 and above hospital acquired pressure ulcers totalled 835, 59 of which were category 3 and 4. The figures for Quarter 1 of 2021/22 were shared which highlighted that there had been no category 3 or 3 ulcers for June 2021.</p> <p>The Chair noted that the position of pressure ulcers were not the same as previous, due to the types of equipment being used such as masks for oxygen. Kelly Moore noted that the majority of pressure ulcers were device related and heels. The Pressure Ulcer Reduction Strategy would include a strategy for this.</p>	

	<p>The Chair thanked Kelly Moore for the comprehensive presentation and noted that the inclusion of feedback from colleagues was important.</p> <p>In response to a question from the Chair regarding the reduction policy and whether audits would form a part of this, Kelly Moore advised that it would and that the Quality Improvement Team were going to support with the delivery of that.</p> <p>In response to a comment from Pat Drake regarding the rolling replacement programme of equipment, the Chief Nurse noted that the cost improvement put on mattresses had been removed. An ongoing business case was in the development stages.</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> - <i>Noted the information provided on hospital acquired pressure ulcers including the overview of service changes.</i> 	
QEC21/08/C1	<u>Board Assurance Framework (Enclosure C1)</u>	
	<p>The Chief Nurse advised that there had been a change in the process for healthcare workers if 'pinged' by the NHS Track and Trace app.</p> <p>Following a request from the Chair, it was agreed that a presentation on the impact of the Women and Children's Hospital incident would be received at the Quality and Effectiveness Committee.</p>	
	<i>Action: A presentation on the Women and Children's Hospital Incident would be received at the Quality and Effectiveness Committee on 5th October 2021. This would include matters relating to the action plan, potential new build, neonatal position, staffing and impact of COVID-19.</i>	DP
	<p>The Committee:</p> <ul style="list-style-type: none"> - <i>Noted the Board Assurance Framework.</i> 	
QEC21/08/C2	<u>Quality Framework and Strategy update (Education Pilot) & Breakthrough Objective Status</u>	
	<p>The Chief Nurse shared an update following the Quality Framework Strategy workshop that took place on 27th July 2021. The following four strategies would be merged into one Quality Strategy:</p> <ul style="list-style-type: none"> - Clinical Governance Strategy - Patient Experience and Engagement Strategy - Quality Improvement and Innovation Strategy - Clinical Audit Strategy and Policy <p>A two-hour initial workshop had been undertaken to discuss the future state and how it would be achieved and measured. The outputs agreed included the elements of the format, usability, and content. It was noted that staff would be involved in the evolution of the Quality Strategy so that there was a wider understanding of the requirements.</p> <p>The potential measures were outlined and included accessibility and ease of understanding, quality of health care, quality of staff experience, quality of health promotion, financial sustainability, quality of patient experiences, quality control, planning and content.</p>	

	Progress had been reported to the Trust Executive Group, and positive feedback had been received. A progress update would be provided at the next Quality and Effectiveness Committee.	
	Action: An update would be provided at the Quality and Effectiveness Committee on 5th October 2021.	DP
	The Committee: - Noted the update provided on the Quality Framework Strategy.	
QEC21/08/C3	Stabilisation and Recovery (Risk Stratification Assurance Body Report) (Enclosure C3)	
	<p>As of 12th July 2021, 95% of patients on the admitted RTT active waiting list (excluding planned waiters & diagnostics) had been stratified using the guidance issued by the Royal College of Surgeons, using categories 1a – 4. Medical Ophthalmology would be removed from the cohort over the next few weeks due to a counting / coding change being implemented – these patients would no longer be recorded as ‘admitted’ therefore not included in the current risk stratification guidance. With the patients removed, the achievement would remain at 95%.</p> <p>As of 4th July 2021, 282 priority 2 patients have been waiting for surgery for 4+weeks following date of listing or priority 2 categorisation (upgrades). 276 due to hospital capacity and 6 due to patient choice.</p> <p>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. It had been agreed that following the final letters due to be sent out in July 2021, no further letters would be sent as part of this project. A final position would be reported in August 2021.</p> <p>The Trust had received additional national guidance for the prioritisation and management of long waiting patients for diagnostics, this includes a new set of stratification categories (D1-6). A proposal was currently being written by the Department with recommendations for the safest and effective process for managing the backlogs while ensuring national guidance was being followed.</p>	
	The Committee: - Noted the update on Stabilisation and Recovery.	
QEC21/08/C4	Quality Assurance Report (Enclosure C4)	
	<p><u>Falls Update</u></p> <p>The Falls project work had commenced on Ward 16 and 17 in March 2021 and had extended to the Frailty Assessment Unit, Ward S12 and the Assessment Treatment Centre at Bassetlaw. Plans were in place to extend the work to Ward CCU/C2 as soon as possible followed by the Assessment Medical Unit at Doncaster. The project to date had been positive and the teams involved had been engaged in the process. Positive changes had been seen quickly which had encouraged colleagues to be involved.</p> <p>The key themes were outlined which included the undertaking of environmental checks, a re-introduction of ‘5 for falls’ and introduction of safety huddles. There had been an improved utilisation of ‘above bed’ boards and use of Nerve Centre for documentation of mobility status.</p>	

Following a review of when the majority of falls taken place within FAU, it was identified that the majority of falls took place following night-time observations and therefore a night-time toileting regime had been introduced to reduce this. There was an improved process to ensure that lying and sanding blood pressure was undertaken. A falls mapping exercise was underway to map the exact location of falls to identify where further improvements could be made.

There had been an introduction of Mobility Champions to identify sooner provide walking aids much earlier to inpatients who don't need a physiotherapist assessment but require a mobility aid through the training of staff as Mobility Champions. 55% of colleagues within the Emergency Department had signed up to this and feedback from the training had been positive.

Multifactorial falls assessments had been introduced which was a more in-depth assessment of strength and balance and prescription of exercise. This work was linked to the Dietetics Team and Pharmacy team so that there was wider support. Patients would continue to be sign-posted and referred onto other services when required.

Mark Bailey noted that following the presentation he was assured by the different approaches being used, including the 'no blame' culture with colleagues, and the use of engagement and learning.

In response to a question from Mark Bailey regarding anything that the team had learnt, it was advised that team engagement had been really positive, particularly the housekeepers that were a valuable asset of the project. The Chief Nurse added that this project demonstrated the great use of the quality improvement methodology, which meant that the majority of solutions coming from colleagues.

The Director of Nursing noted the hard work of the Holistic Care Team and the tremendous work they had undertaken with the wards.

The Deputy Director of Nursing (Patient Experience) noted that this project was a good example of the use of the shared governance approach, through the involvement of different colleagues within the ward area such as housekeepers.

The Chair commended the audit work being undertaken along with the level of staff engagement and the consistent approach to care.

Malcolm Veigas left the meeting.

Summary of Clinical Governance Activity

Work was ongoing to undertake a review of the Safeguarding service and its offering. The Domestic Violence Policy had been approved. Following a comment from the Chair regarding the lack of safeguarding information received at Board, a decision would be made on whether a presentation update be provided to Board, or if regular information would be provided as part of the Chief Nurse report.

The Chair noted that the Medical Examiner Team had been exceptional in the learning from deaths process and had been nationally regarded as excellent.

In response a request for information from the Chair regarding the movement of patients at night, it was advised that this did not take place.

	<p>The Chief Nurse confirmed that charitable funds would be used to source a bereavement suite within the Emergency Department.</p> <p><u>Patient Safety Update</u></p> <p>The Deputy Director of Nursing (Patient Safety) advised that the Overdue Incident Panel would commence in September 2021 to mirror the complaints process undertaken with Divisions. The terms of reference had been approved at the Patient Safety Review Group. It was noted that there were a total of 42 overdue serious incident actions as of 9th July 2021, 25 of which had been overdue over a month. Further work was required to reduce this.</p> <p>It was advised that the Finance and Performance Committee had received an update on the Ophthalmology serious incidents of the patients that had lost their sight. Following the update provided to the Finance and Performance Committee on 26 July 2021 advising that the patients involved in the Ophthalmology SI may regain sight, Cindy Storer would raise this at the Clinical Governance Committee for clarification.</p> <p>A task and finish group had been set up to undertake the work relating to duty of candour for hospital acquired COVID-19 deaths. This included the work undertaken to establish to number of patients that this had affected and would now include contacting the families of patients who were identified as acquiring probably or definite COVID-19 in hospital. Letters would be sent out at the end of July 2021, and a formal summary would be created once the work was completed, and the responses had been assessed. It was noted that for the 122 patients identified, COVID-19 had been recorded somewhere on the death certificate.</p> <p>In response to a question from Mark Bailey as to whether bereaved families would be informed of the work undertaken to prevent infection, it was advised that the letter to the families would touch on how COVID-19 was transmissible, however the focus of the letter would be an apology. The Infection Prevention and Control Team were producing a COVID-19 timeline for ease of understanding the change in guidance throughout the pandemic. An update would be provided at the October 2021 meeting.</p> <p>There were no changes to the Infection Prevention and Control Board Assurance Framework (IPC BAF). There were still areas of gaps however mitigations were in place. The updated IPC BAF would be presented at the Quality and Effectiveness Committee on 5th October 2021.</p> <p>Following a question from the Chair regarding the issues with DATIX, it was advised that colleagues were unable to access the dashboards within DATIX. The issues were due to the dashboards not being backed up. A rescue package had been acquired. It was confirmed that this had been escalated to the corporate risk register. An update on the management of DATIX to be included in the Quality Assurance Report on 5th October 2021.</p>	
	<p><i>Action: Following a discussion regarding the lack of safeguarding information received at Board, a decision would be made on whether a presentation update be provided to Board, or if regular information would be provided as part of the Chief Nurse report.</i></p>	<p>DP</p>
	<p><i>Action: Following the update provided to the Finance and Performance Committee on 26 July 2021 advising that the patients involved in the Ophthalmology SI may regain sight, Cindy Storer would raise this at the Clinical Governance Committee for clarification.</i></p>	<p>CS</p>

	<i>Action: An update to be provided on the duty of candour process relating to those who had contracted COVID-19 in hospital.</i>	CS
	<i>Action: The updated IPC BAF would be presented at the Quality and Effectiveness Committee on 5th October 2021.</i>	DP
	<i>Action: An update on the management of DATIX to be included in the Quality Assurance Report on 5th October 2021.</i>	CS
	<i>The Committee:</i> <i>- Noted the update for the Quality Assurance Report.</i>	
QEC21/08/C5	<u>Hospital COVID 19 Update</u>	
	<p>The Chief Nurse advised that there were 32 active cases of COVID-19 within the Trust, five of which were in intensive care. It was noted that of the patients admitted for COVID-19, 71% had not had a COVID-19 vaccination, and the majority were aged between 30-50. It was expected that the numbers would stabilise, however there were still concerns about the increase in admissions.</p> <p>Face masks or coverings were still required by all within the hospital and security were posted at the main entrances.</p> <p>There were 150 members of staff isolating due to COVID-19 or COVID-19 contact, however it was noted that there was new guidance that advised that if healthcare workers were pinged, they were not legally required to self-isolate, so a process was in place t</p>	
	<i>The Committee</i> <i>- Noted the Update for the Hospital COVID 19 Update</i>	
QEC21/08/C6	<u>Safer Staffing & National Work Standards (Enclosure C6)</u>	
	<p>The Director of Nursing advised that the Safer Nursing Care Tool had been submitted in June 2021 and would be reported to Board in September 2021. There had been significant staffing pressures in Maternity, Paediatrics the Medicine Division, and Theatres. The majority of staffing pressures were related to COVID-19 isolation and NHS Track and Trace. The Trust was unable to recruit to the Workforce Matron post, however this had since been upgraded to a Head of Nursing role and this would be advertised via internal secondment for a 12-month period.</p> <p>The International Nurses that were recruited had arrived into the country and were in COVID-19 quarantine for ten-days. Welcome Packs had been circulated to them to engage with them instantly. There would be a total of fifty new international recruits in post by Christmas 2021.</p> <p>The Chair received assurance from the report and recognised the current staffing challenges.</p> <p>The Chief Nurse noted that the Royal College of Nursing had published the Nursing Workforce Standards which related to responsibility and accountability, clinical leadership and safety and health, safety and wellbeing. The Standards outlined the requirements of Trusts in relation to</p>	

	staffing levels the provision of professional development, dignity, equality and respect, values of the workforce and the working environment.	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the update on safer staffing and National Work Standards.</i> 	
QEC21/08/C7	<u>Ockenden Report Action Plan Update – Submission / CNST Submission Status</u>	
	<p>The Director of Midwifery advised that the CNST return was submitted on 21st July 2021. The Trust submitted full compliance and would be cross referenced by the incentive scheme against PMLT, CQC and various other organisations. It was expected that the Trust would be reported as fully compliant and should receive confirmation by the end of August 2021.</p> <p>In response to a question from the Chair regarding the requirement to ensure that ant external funding allocated was ring-fenced and used for that purpose only, it was advised by the Chief Nurse that this was a requirement of the evidence submitted as part of the Ockenden response, and confirmed that any monies received following the CNST submission would be spent on maternity improvements.</p> <p>It was advised that 149 pieces of evidence was submitted as part of the Ockenden response on 30th June 2021. It was not expected that the Trust would be fully compliant. It was expected that an assurance visit would take place following this submission. An action plan was being formed.</p> <p>The Chair advised that she was the Non-Executive Director for Maternity Safety and had a monthly meeting with the Chief Nurse and Director of Midwifery to discuss related matters.</p> <p>The East Kent report would be received soon, and it was expected that the national maternity audit would commence soon.</p> <p>In response to a question from the Chair regarding the coproduction and codesign of the Maternity Voices Partnership, it was advised by the Director of Midwifery that an engagement event was planed for September 2021. It was noted that an external company had been sourced to work with the Trust to engage with pregnant women on matters relating to smoking, COVID-19 and flu, health, wright and breastfeeding.</p> <p>Following a question from the Chair regarding accessible information for patients, it was advised that work was underway as a wider Local Maternity Service which meant that information could be translated into 140 different languages. The information on the website was being undertaken by a member of the Maternity Services team. It was agreed that support would be sought from the Communications and Engagement Team to update the maternity pages on the website.</p> <p>In response to a question from the Chair regarding the number of neonatal beds, it was advised by the Chief Nurse that the Trust was down on three beds following the incident in the Women and Children’s Hospital in April 2021, which was an improvement on previous months.</p> <p>Following a question from the Chair regarding the business case for a Consultant Midwife, it was advised that this would form part of the workforce model for 2022.</p>	

	The Deputy Director of Nursing (Patient Experience) noted that work was underway to have a 'Get Involved' section on the Trust's website and suggested that the Maternity information be linked into that as an interactive platform.	
	<i>Action: Support to be sought from the Communications and Engagement Team to update the maternity pages on the website.</i>	DP
	<i>The Committee:</i> <i>- Noted the Ockenden Report Action Plan update and the CNST Submission Status</i>	
QEC21/08/C8	<u>Perfect Ward Accreditation (Verbal)</u>	
	The Director of Nursing advised that there had been with the commencement of the post holder, however there would be two main objectives for the next six-months. Funding had been agreed to source the Perfect Ward tool and plan were in place for the Heads of Nursing to engage wards. An update would be provided in December 2021.	
	<i>Action: A progress update on Perfect Ward Accreditation would be provided in December 2021.</i>	AT
	<i>The Committee:</i> <i>- Noted the update for the Perfect Ward Accreditation.</i>	
QEC21/08/C9	<u>Safety Standards activities update (SHWC article) (WHO checklist, LocSSIPs NatSSIPs) (Verbal)</u>	
	The Deputy Director of Nursing (Patient Safety) advised that an internal audit was commissioned for the WHO Checklist and was presented to the Audit and Risk Committee in July 2020 with partial assurance and improvements required. There was a Trust wide task and finish group implemented to introduce a formal policy. The policy was launched through the 'Sharing How We Care' platform. Training rates would be monitored within Theatres and Outpatients. The Chair noted that she had seen the Sharing How We Care newsletter and was assured that concerns had been dealt with.	
	<i>The Committee</i> <i>- Noted the Update on the Safety Standards Activities.</i>	
QEC21/08/C10	<u>Strategy Updates for Mental Health and Learning Disabilities (Enclosure C10)</u>	
	<u>Mental Health Strategy Update</u> Following the launch of the Mental Health Strategy in 2019, and work had continued with both mental health Trusts to support the patient pathway. A Hospital Liaison Team, and a Drug and Alcohol Service had been fully established. Funding was in place for a Mental Health Assessment Unit but staffing remained an issue. The Children and Adolescent Mental Health Services was under a national review. Work continued with service user and carers with focus groups set up on a monthly basis. The Trust had trained in excess of seventy Mental Health Ambassadors. A discussion took place regarding the long-term issue regarding the admission of patients to the Trust that required specific mental health care. Training requirement for colleagues had been	

reviewed and the requirements of the Mental Health First Aid was underway. There would be a review of the Safeguarding Team to improve capacity for staff training in Mental Capacity and the new guidance for Liberty Protection Safeguards.

In response to a question from Mark Bailey regarding the placement of mental health patients, the Chief Nurse advised that RDASH had a community CAMHS service and provided all mental health in-reach support. The RDASH Crisis Team and Hospital Liaison Team were a helpful service to the Trust. The Chair noted the concerns regarding the post COVID-19 issues causing strain on mental health pathways.

Learning Disabilities Update

The Deputy Director of Nursing (Clinical Specialities) advised that there had been good progress made on the objectives. A flagging system was in place and was reviewed regularly by the Learning DISABILITY Liaison Nurses. There had been a outpatient flagging report which was produced bi-monthly and highlighted all patients attending outpatients and undergoing procedures. Work was ongoing to cleanse the data. A dedicated mailbox had been set up for referrals which was monitored by the Learning Disabilities Lead and acute Liaison Nurses. The first Learning Disabilities Steering Group was due to take place in October (terms of reference to be agreed at initial meeting). The intention was to create three working streams looking at three pathways: elective, emergency and outpatients. It was an aspiration that a patient living with a learning disability and/or their family/care attend the steering group. A specific learning disability care plan was being created by the acute liaison nurses with a view to this going electronically onto nerve centre once approved. Work continued with the Accessible Information Steering Group to ensure appropriate accessible information was available.

Following a successful recruitment process, 130 ambassadors from a variety of disciplines signed up to be Learning Disabilities Ambassadors. A total of 108 were inducted training throughout May, June and July 2021. All are identifiable in the organisation by the LD ambassador badge. Of the 108 ambassadors 79 attended and have completed the Deaf Awareness and basic sign language course.

A meeting was planned between the Learning Disabilities Lead, Education Lead and an External Trainer who was living with autism. The meeting would explore what can be commissioned by DBTH in relation to tier 2 training in line with the Oliver McGowan training.

A survey monkey had been sent out to all the Learning Disabilities Ambassadors asking for ideas on what resources would work effectively in the areas. The Learning Disabilities Liaison Nurses are also finalising the content of a new resource file for all ward and department areas. Once content was agreed a proposal would be put forward for funding and subsequently purchasing of the files.

The Chair thanked the Deputy Director of Nursing (Clinical Specialities) for the comprehensive update and noted the challenges associated with the implementation of this work. In response to a question from the Chair regarding how patients with learning disabilities were supported in the Emergency Department, it was advised that whilst there were a number of Learning Disabilities Ambassadors within the Emergency Department, further work was required to support this. It was noted that there were paediatric Learning Disability Ambassadors and advised that this was an area of focus.

	<p>In response to a question from the Chair regarding visiting for patients with learning disabilities, it was advised that compassionate visiting and carers were allowed with patients.</p> <p>The Deputy Director of Nursing (Patient Experience) noted that an area missed as part of compassionate visiting, was for patients or carers with a family member with a learning disability at home as there can often be separation anxiety.</p>	
	<p>The Committee</p> <ul style="list-style-type: none"> - Noted the strategy update for Mental Health and Learning Disabilities 	
QEC21/08/C11	<u>Clinical Audit and Effectiveness Report (Enclosure C11)</u>	
	<p>The Committee received the Clinical Audit and Effectiveness Report. In response to a request from the Chair, the Deputy Director of Nursing (Patient Safety) provided assurance the clinical audit and effectiveness would form part of the new clinical governance structure. The meeting to approve the structure would take place within the next week. The Clinical Audit and Effectiveness Forum had met five times within the previous year due to the COVID-19 pandemic. In response to a question from the Chair regarding compliance with NICE guidance, the Chief Nurse advised that this was discussed as a standing item at every Clinical Governance Committee meeting. From the 256 guidelines released/updated over the previous year, the Trust had responded to 98% of them. A monthly report was created and circulated to Divisions.</p> <p>The Chair advised that there would be more information received on clinical audit through the new clinical governance structure, however requested that the Clinical Audit and Effectiveness Annual Report received at the Quality and Effectiveness Committee on 3rd August 2021 would be presented to the Audit and Risk Committee and a further update on Clinical Audit and Effectiveness was required at the Quality and Effectiveness Committee in February 2021.</p>	
	Action: The Clinical Audit and Effectiveness Annual Report received at the Quality and Effectiveness Committee on 3rd August 2021 would be presented to the Audit and Risk Committee.	FD
	Action: An update on Clinical Audit and Effectiveness was required at the Quality and Effectiveness Committee in February 2021.	CS
	<p>The Committee</p> <ul style="list-style-type: none"> - Noted the update for the Clinical Audit and Effectiveness Report 	
QEC21/08/D1	<u>Patient Experience Highlight Report (Enclosure D1)</u>	
	<p>The Director of Nursing (Patient Experience) advised that there had been a significant rise in the number of complaints within all Divisions. Following the work to review the sub-subjects of the complaints, there was a clear indication that conduct and being insensitive to patient needs were the highest reasons for complaints.</p> <p>There had been an increase in the number of Friends and Family Tests (FFT) completed, with a particular improvement seen at Mexborough Hospital. Following a positional analysis from the inpatient, outpatient and emergency completed FFTs, it was noted that from the many thousands completed, there were only 66 complaints which was positive.</p>	

	<p>Charitable funds had been approved for the purchase of software which was able to produce information in an accessible format.</p> <p>The Chair requested that an update on inpatient survey data would be included in the Patient Experience Report in October 2021. The Chair noted the good report.</p>	
	<i>Action: An update on inpatient survey data would be included in the Patient Experience Report in October 2021.</i>	SN
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the Patient Experience Highlight Report.</i> 	
QEC21/08/D2	<u>Accessible Information Update (Verbal)</u>	
	The Deputy Director of Nursing (Patient Experience) advised that much of the work to implement the Accessible Information Standards had been completed and therefore the task and finish group would be disbanded, and updates of progress would be received at the Patient Experience and Engagement Committee. It was noted that the Accessible Information Standards were applicable to primary care. All two-week wait cancer forms had been updated to include a section on the communication needs of patients. It was agreed that the policy would be reviewed at the Quality and Effectiveness Committee once approved.	
	<i>Action: The policy would be presented to the Quality and Effectiveness Committee on 5th October 2021. Following this, this item would be removed from the QEC work plan and assurance would be provided at the Patient Experience and Engagement Committee.</i>	SN
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the Accessible Information Update.</i> 	
QEC21/08/D3	<u>NHS Food Strategy Update (Enclosure D3)</u>	
	<p>The Director of Nursing (Patient Experience) provided an update on the development and implementation of the Trust's Food and Drink Strategy which had been approved. The delivery of the strategy would continue to be monitored by the Nutrition Steering Committee was part of the overall Trust Nutrition Action plan for 2021-24. The five key standards were:</p> <ul style="list-style-type: none"> - Patient nutrition and hydration - Nutrition and hydration 'Digest' - Nutritional screening tool - Healthier eating across hospitals - Sustainable food and catering service 	
	<i>Action: An update on the NHS Food Strategy would be included in the Chief Nurse Report to Board in September 2021.</i>	DP
	<i>Action: NHS Food Strategy would be added to the Quality and Effectiveness Committee work plan for a six-monthly update.</i>	SN
	<i>The Committee:</i>	

	<ul style="list-style-type: none"> - <i>Noted the update for the NHS food Strategy Update.</i> 	
QEC21/ 08/E1	<u>Annual CRN Review (Enclosure E1) (Presentation)</u>	
	<p>The Deputy Director of Education and Research presented the annual Clinical Research Network update which outlined that the key workstreams that had commenced were:</p> <ul style="list-style-type: none"> - COVID-19 Vaccination Hub which required links with RDaSH and the wider community. - The Born and Bred in Doncaster study. - The Trust-wide MAGNET4EUROPE study. - Education and building capacity in which the Professor of Nursing had been appointed. - The presentation had been shared with the National Institute for Health Research which had provided to the opportunity to discuss building capacity and supporting different research opportunities. <p>The Chair noted that it was good to see the recognition to help build capacity as a Teaching Hospital. Mark Bailey noted that there were lots of positives within the annual review.</p> <p>The Deputy Director of Education and Research advised that support had been provided by the Communications and Engagement Team to raise engagement and to identify ways to use the Trust website differently.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the update for the Annual CRN Review</i> 	
QEC21/ 08/F1	<u>Corporate Risk Register (Enclosure F1)</u>	
	<p>The Deputy Director of Corporate Governance/Company Secretary advised that there had been no new corporate risks added or escalated from the Trust Executive Group. There were 122 risks logged rated 15+ within the Trust. Fourteen of these were monitored via the Corporate Risk Register.</p> <p>KPMG had undertaken an internal audit on two areas of the risk management system. The final report had been reviewed and recommendations were being monitored via the Audit and Risk Committee. The two areas reviewed were:</p> <ul style="list-style-type: none"> - Design of the risk management framework - Operating effectiveness of the risk management framework <p>Further action to be taken included a continuous review of existing risk and identification of new or altering risks through the improvement of processes; and to ensure the embedding of the risk management process through refreshed training and education to ensure consistency of the process.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Considered and noted the corporate risk register.</i> 	
QEC21/ 08/F2	<u>CQC and Regulatory Compliance Update</u>	
	There were no comments.	

	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the update for the CQC and Regulatory Compliance Update.</i> 	
QEC21/08/H1	<u>Governor Observations (Verbal)</u>	
	<p>There were no Governors in attendance.</p> <p>Kelly Moore noted that she had enjoyed seeing the service leads providing information throughout the meeting and had gained a deeper understanding of matters.</p>	
QEC21/06/I1	<u>Sub-Committee Meetings (Enclosure I1):</u>	
	<p><i>The Committee noted:</i></p> <ul style="list-style-type: none"> - <i>Minutes of the Clinical Governance Committee – May 2021, June 2021</i> - <i>Research and Innovation Committee Minutes</i> - <i>Learning from Deaths Report - Quarter 4 2020/21</i> - <i>Safeguarding Report – Quarter 4 2020/21</i> 	
QEC21/08/J1	<u>Any Other Business (Enclosure J1):</u>	
	There were no items of any other business.	
QEC21/08/J2	<u>Minutes of the meeting held on 6th April 2021 (Enclosure J2)</u>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted and approved the minutes from the meeting held on 6th April 2021.</i> 	
QEC21/08/J3	<u>Assurance Summary</u>	
	<p>The Committee was asked if it was assured, on behalf of the Board of Directors on the following matters. Any matters where assurance was not received, would be escalated to the Board of Directors:</p> <ul style="list-style-type: none"> - Matters discussed at this meeting, - Progress against committee associated Executive’s objectives, - Divisional compliance with the Trust’s risk management process <p>The Chair reiterated that all report front sheets should be fully completed and include recommendations. The Chair noted the changes made to the board assurance framework and the corporate risk register. The Chair further noted the concerns in the reports relating to pressures seen due to an increase in mental health patients and issues with DATIX.</p> <p>The Chair wished to thank colleagues for their hard work.</p>	
	<p><u><i>The Committee were assured on behalf of the Board of Directors on:</i></u></p> <ul style="list-style-type: none"> - <i>Matters discussed at this meeting.</i> - <i>Progress against committee associated Executive’s objectives,</i> - <i>Divisional compliance with the Trust’s risk management process</i> 	

QEC21/ 08/J4	<u>Date and time of next meeting (Verbal)</u>	
	Date: Tuesday 5th October 2021 Time: 13:00 Venue: Microsoft Teams	

FINAL



Doncaster and Bassetlaw
Teaching Hospitals
NHS Foundation Trust

PEOPLE COMMITTEE

Minutes of the meeting of the People Committee
Held on Tuesday 7th September 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 Dr Tim Noble, Executive Medical Director David Purdue, Deputy Chief Executive & Chief Nurse	
In attendance:	Fiona Dunn, Deputy Director Corporate Governance/Company Secretary Katie Shepherd, Corporate Governance Officer (Minutes) Hayley Findlow, Corporate Governance Officer (Minutes) Dr Sam Debbage, Deputy Director of Education and Research Christine White, Senior People Business Partner Adam Evans, Senior People Business Advisor Ruby Faruqi, CSS Management Matron Paula Hill, Freedom to Speak Up Guardian Woolagasen Pillay, Chair of EDI forum Beccy Vallance, Quality Improvement Clinical Lead Kirby Hussain, Equality, Diversity and Inclusion Lead Malcolm Veigas, Associate Non-Executive Director Kelly Turkhud, Vocational Education Manager Anthony Jones, Deputy Director of People and Organisational Development Jayne Collingwood, Head of Leadership and Organisational Development Ken Anderson, Chief Information Officer	
To Observe:	Mark Bright, Public Governor – Doncaster Kay Brown, Staff Governor	
Apologies :	Alasdair Strachan, Director of Education and Research Marie Purdue – Director of Strategy and Improvement	
		<u>ACTI</u> <u>ON</u>
PC21/09/A1	<u>Welcome, apologies for absence and declarations of interest (Verbal)</u>	
	The Chair welcomed the members and attendees. Apologies for absence were given. No conflicts of interest were declared.	
PC21/09/A2	<u>Requests for Any Other Business (Verbal)</u>	
	There were no requests for any other business.	

<p>PC21/09/ A3</p>	<p><u>Actions from previous meeting (Enclosure A3)</u></p> <p><u>Action 3 – Staff Survey Feedback – You said, We did</u> – The communications and Engagement Team were in the process of preparing this.</p> <p><u>Action 4 – Performance Assurance Framework</u> – This had not been circulated. The Director of People and Organisational Development confirmed that the Performance Assurance Framework outlined the structure of the accountability meetings. The Director of People and Organisational Development would liaise with the Director of Finance to ensure that this was circulated to Committee members.</p> <p><u>Action 5 – Workforce related Corporate Risks</u> – The Director of People and Organisational Development advised that there were some risks rated 15+ that required further investigation. It was agreed that this would be reported back at the November 2021 meeting.</p> <p><u>Action 9 – Partner Governor</u> – The Company Secretary advised that this would be organised following the approval of the Clinical Governance review. It was noted that there were two Governors in attendance as observers at the meeting. Following a question from Kath Smart regarding Governor observers on other Board Committee, the Company Secretary advised that there were more than one Committee that would be affected by some Governor term of office ending. Once the declaration of results was announced on 21st September 2021, an expression of interest would be circulated to Governors to start the process to reappoint Governor observers to Committees where there were vacancies.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the updates and agreed, as above, which actions would be closed.</i> 	
<p>PC21/09/ B1</p>	<p><u>Equality, Diversity and Inclusion Report / RACE Equality Code Action Plan (Enclosure B1)</u></p> <p>The Committee welcomed Kirby Hussain, Equality, Diversity and Inclusion Lead, Christine White and Adam Evans – co Chairs of LGBTQ staff network, Ruby Faruqi, Chair of BAME staff network and Willy Pillay, Chair of EDI Forum to present the item.</p> <p>An overview of the EDI Forum was provided, and Willy Pillay wished to thank all areas of the Trust that had engaged to send representation to the committee. Efforts were underway to identify a patient representative to attend.</p> <p>A brief update was provided on:</p> <ul style="list-style-type: none"> - Workforce Race Equality Standards and the Workforce Disability Equality Standards, - Gender pay gap, which highlighted a gap of 7.67%. - The Trust was awarded the RACE Equality Code quality mark and were confirmed as compliant with the code, with some actions to undertake. The Trust had coverage on Hallam FM as the first NHS organisation in the country to achieve the award. Plans were in place to increase the visibility of the RACE Equality Code and engagement of colleagues within the organisation. - Following the review of the annual staff survey data, there did not appear to be many issues relating to discrimination, bullying and harassment, however, it was highlighted that 21% of staff did not believe the organisation to make adequate adjustments to enable them to carry out their work. 	

- Following the engagement with the international nurse recruits, matters had been raised including lack of knowledge around taxes and refunds, the Trust induction was poor and there were no discussions relating to pay and deductions. However, they felt looked after during the COVID-19 pandemic and believed that they were provided with adequate wellbeing support. Greeted by first cohort, rooms sorted, and sim card provided on arrival along with a meet and greet POD representative on the first meeting.

Following on how we have listened and improved the service, Estelle Burton is now the International Nurse recruitment Coordinator. This was a dedicated International Nurse educator Role with a new employment booklet with the manager identifying a preceptor and support buddy for each nurse.

The BAME staff network is a communication means for all BAME colleagues. The BAME network started in September of 2020 with a total of 9 members rising to more than 22 within the network from all different professions. Bi-monthly meetings were held to share experiences, gain access to training from the Leadership Academy, along with the mentoring program.

The EDI plan was discussed along with how BAME colleagues can contribute to its development along with the COVID 19 vaccination uptake and how to promote uptake. Meetings were well attended and were increasing with a welcome for the new India nurses to join so that they feel supported as they start their new journey.

The Ambition would be:

- To invite guest speakers for the BAME network.
- 'This was me' stories from the BAME staff to capture their own DBTH experience through social media.
- Training and Development of diversity Champions supporting staff.
- Celebrating Black History month in October.
- Embracing diversity by acknowledging and celebrating festivals.
- Strengthen links with the local BAME network across SYB and sharing good practice.

Adam and Christine presented: The LGBTQ+ Network launched in September 2020. Prior to the Pride Week, there were 12 members, and this had since increased to 25 members. Bi-monthly meetings take place on Microsoft Teams and engagement took place via the HIVE, Staff Facebook and Buzz. The Trust had devised its own logo for the LGBTQ+ Network and an email address had been created, so that colleagues can contact the Network should they wish to do so with questions, queries or concerns.

During Pride Week in early August 2021, the LGBTQ+ Network took steps to educate the Trust on LGBTQ+ related matters and guest speakers were invited to host topics on LGBTQ+ related issues. The ambitions of the LGBTQ+ Network was to strengthen the bonds created with ICS partners and role model; ally training had been sourced at the ICS level. There would be an option for colleagues to use pronouns on name badges and there would be a further improved content relating to LGBTQ+ matter on the Hive and within Buzz. There would be a request for the Trust to make a statement on the transgender community to improve the accessibility of DBTH as a health provider and employer.

The newly developed Dyslexia Ability and Long-Term Conditions staff network has had its second meeting in August in which it was in the process of nominating a Chair and Vice Chair to develop and review the guidance for WDES (Workforce Disability Equality Standard).

The presentation concluded with the next steps for the EDI Forum which included endeavours to have a wider attendance at the Committee meetings, regular sharing and learning from staff 'lived experience' and to develop a recruitment workstream. A Reasonable Adjustment Policy was being written and would be out for consultation soon.

The Committee wished to thank Willy Pillay for his contributions to the EDI Forum as Chair, and the input of the wider team involved for their contributions.

The Chair welcomed Malcolm Veigas, Associate Non-Executive Director to the Committee.

Kath Smart noted her thanks for the level of passion and dedication that shone through the presentation.

Kath Smart highlighted the statistics provided within the presentation relating to the low number of BAME and disabled colleagues working within the Trust in comparison to the local population data, which demonstrated a vast difference. The EDI Lead noted that work was underway to improve how the Trust could attract disabled people to work for the organisation through the Doncaster Disability Partnership. Endeavours would be made to widen where jobs were advertised, and there would be the introduction of diverse interview selection panels.

The Equality, Diversity and Inclusion Lead expressed his views on how to attract more people with disabilities into the Trust and would be working alongside the Doncaster Disability Partnership to advertise posts, to broaden the campaigns and look at other methods to advertise vacancies to increase the diversity of the applicants and the interview panels.

The latest data shows it was on par across the workforce but encourage other groups to become part of the DBTH.

The Director of People and Organisational Development flagged a key factor that there was a high proportion of staff not declaring and that some colleagues become disabled throughout their employment and it was how the data was updated with individuals able to manage and update it themselves. This process needs to be reinforced and passed down to individuals through the appraisal process.

Kath Smart continued that the evaluation of the international recruitment with both the negatives and positives was a step in the right direction, with more cohorts planned in the near future asked that each cohort be evaluated with learning and feedback that can be improved to move forward. Jayne Collingwood agreed with Kath Smart and pointed out that we were constantly learning and making changes on improvements.

The Executive Medical Director noted his thanks for the excellent presentation and noted that the Medical Advisory Committee had received a similar presentation which was well received. In response to a question from the Executive Medical Director regarding, how new recruits were made aware of the different forums and groups available to them, the EDI Lead advised that he had met with international recruits to discuss this with them. He also provides them with his contact details and follows up with them as they progress in their roles. Willy Pillay advised that for other new recruits, work would take place within the recruitment team to ensure that the right information was provided to new recruits. The Head of Leadership and Organisational Development advised that she was reviewing the induction for new recruits to provide a value-based induction.

In response to a question from Pat Drake regarding the reason that overseas nurses were paid at a band 3 grade, the Chief Nurse advised that the international recruits were paid a band 3 grade only prior to the completion of the OSCE exams, which was the same process as other newly

qualified recruits before their NMC registration was approved. It was confirmed that this was the same process undertaken by other providers.

Pat Drake provided an observation that whilst there was need for a patient representative at the EDI Forum, there was a need to ensure that the work undertaken to promote diversity was reflected in the care provided to patients and noted that there was a diversity training gap and that colleagues required the confidence to tackle discrimination proactively. Willy Pillay noted that training would be introduced for leaders to ensure that they can lead on the use of language and behaviours.

In response to a question from Mark Bailey regarding the work being undertaken to improve communications with the population about working for the Trust with a disability, the Head of Leadership and Development advised that there was further work to be undertaken using social media.

In response to a question from Mark Bailey regarding the lack of Estates representation at the EDI Forum, it was advised that the Health and Wellbeing Team were actively working with Estates Team leaders to promote engagement and the health and wellbeing of colleagues.

Mark Bailey highlighted that he had noticed that the estates team were not present at meeting and was there something we need to do. The Head of Leadership and Organisational Development responded that there was proactive work around health and wellbeing with estates colleagues, but more could be done to engage them, but they were actively engaging with senior leaders and this would be fed back to the group at the next meeting.

Deputy Chief Executive & Chief Nurse noted and thanked the team for the presentation and outlined that across the NHS there related to 2.8% of people with disabilities and how do we encourage colleagues to be open and honest on their application forms and then how do we widen the participation to have more colleagues in the NHS with disabilities.

The Director of People and Organisational Development agreed with the comment from the Deputy Chief Executive & Chief Nurse that we see more people developing disabilities in employment which result into long term disabilities. When looking at the staff survey the disproportionate effect tends not to be our BAME colleagues, but our disabled colleagues.

The Chair of the EDI forum agreed with the comments that had been made and continued saying the percentages had come down by a small amount. The question he stated was why people were not declaring and was hoping by having some face-to-face conversations along with the reasonable adjustment policy that would be out for consultation shortly, may give staff confidence to declare the disability that action would be taken.

The Equality, Diversity and Inclusion Manager explained that people with a disability, don't see themselves as having a disability, so they think there was no need to declare, therefore we need to give individuals the opportunity to declare.

The Director of P&OD expressed her comments that people were reluctant to declare their disability for not being supported and that people have the right training and were educated to make the right adjustments. With the introduction of the reasonable adjustment policies this may change people's perception to declare their disability.

	<p>Malcolm Veigas wished to extend his support to the EDI Forum and offered to the assist the Trust in any way that he could to make further improvements.</p> <p>The Chair thanked those in attendance for their contributions.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the update Equality, Diversity, and Inclusion Report / RACE Equality Code Action Plan.</i> 	
<p>PC21/09/ C1</p>	<p><u>Workforce Assurance Report including Annual Leave Review (Enclosure C1)</u></p> <p>The Director of People and Organisational Development highlighted that the report made specific reference to the increase in the number of stress and anxiety related absences and wished to assure the Committee that work was ongoing within the ICS to improve this position through support to managers to support their staff.</p> <p>COVID-19 related absence continued, with approximately 20 absent from work who were isolating due to household members being covid positive. The Trust continued to comply with NHSE/I guidance.</p> <p>In response to a question from Mark Bailey regarding the dissemination of wellbeing information and ensuring that colleagues were aware that the Senior Leaders of the Trust were aware of the issues and were taking action. It was advised that updates were provided via the managers briefings who were encouraged to continue to have wellbeing conversations with colleagues. There would also be ‘in the moment support’ provided to those that were experiencing shorter-term difficulties or stresses. Wellbeing Champions were a key communication channel within departments.</p> <p>In response to a question from Pat Drake regarding confusion regarding self-isolation guidance, it was advised that the isolation flow chart guidance had been updated.</p> <p>Following a question from Pat Drake regarding the 4.5% of colleagues reported on long-term absence, it was advised that there were a small number of colleagues that were absent due to long-COVID-19, however, the short-term absence was a concern as this had risen over recent months.</p> <p>In response to a question from Pat Drake regarding the number of newly qualified nurses, the Chief Nurse noted that there would be 40 newly qualified nurses and 50 international nurses in post by December 2021.</p> <p>Following a question from Pat Drake regarding the number of colleagues retiring and not returning to work on flexible-retirement status, the Chief Nurse noted that this had been an expectation due to the impact that COVID-19 had had on colleagues. The Chief Nurse added that there had been an impact on the guidance to pregnant colleagues not to work in patient-facing roles, over 28-weeks of pregnancy. The Director of People and Organisational Development advised that the workforce plan presented previously would be updated to reflect successional planning and presented to the Workforce Planning Committee.</p> <p>Following a question from Kath Smart regarding the annual leave data reported, it was advised that there had been an increase in the usage of annual leave during the summer months, however,</p>	

	<p>once the Q2 2021/22 data was received, this would be analysed to identify how much annual leave had been taken.</p> <p>In response to a question from Kath Smart regarding the absence levels and whether the targets, that were set prior to the COVID-19 pandemic were set at the right level for the challenges that the Trust was facing, it was advised by the Director of People and Organisational Development that the Sickness Absence Policy was under review however further work was required to establish how the Trust was performing in relation to ICS partners in a timelier manner.</p> <p>Following a comment from Kath Smart regarding an article published by the HSJ relating to a national audit undertaken to map medical colleagues and any shortages, it was advised that this was an exercise to establish the how the restoration of elective activity would be achieved. It related specifically for speciality departments.</p> <p>In response to a question from Sheena McDonnell relating to sickness absence levels within the region, the Director of People and Organisational Development advised that feedback had been provided by NHSE/I which was being used as part of the policy review, however there was nothing major to note that would have an immediate impact on the absence levels.</p> <p>Following on from a question from Shenna McDonnell that assurance was needed on the processes taken on the recruitment approach, so that applicants applying for posts in one area don't have to reapply for the same post in another area. The workforce needs to be readily available to deal with the levels of vacancies.</p> <p>The Deputy Director of People and Organisational Development stated from Sheena McDonnell point was that the difficulties were around when people apply internally for the same post and if that was in one particular work area. Work had been done with the local teams to try and address and change the process, but to all ensure that it was fair and transparent but didn't envisage the impact would be negative. Talks had commenced with the management teams and they suggested different ways to link to staff groups and to try speed up the recruitment through the internal transfer register. A draft set of processes have been drawn up to improve the internal movement and to reduce the time.</p> <p>Shenna McDonnell raised the question regarding appraisal extensions and if across the ICS they were experiencing the same difficulties with demands and were health and wellbeing opportunities still being offered.</p> <p>Following on from a question from Shenna McDonnell The Director of People and Organisational Development responded by saying that health and wellbeing had been incorporated on to staff's appraisals and this was the reason why the extension was agreed.</p>	
	<p>Action: Recruitment processes to be actioned for further discussions at future meetings.</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> - Noted the update from the Workforce Assurance Report including the Annual Leave Report. 	
<p>PC21/09/ C2</p>	<p>Education Assurance Report (Enclosure C2)</p> <p>The Committee welcomed Sam Debbage, the Deputy Director of Education and Research who provided an update on the progress for patient safety around resuscitation, along with the use of</p>	

	<p>the badminton court to facilitate more face-to-face availability for training. The biggest challenge was the NLS (Neonatal Life Support), with a new business manager starting in October.</p> <p>Pat Drake stated that the problem with LMS was that staff go on the training and then staff must self-accredit each year, and staff weren't at the moment doing this, as there were no reminders, and the figures don't represent the staff who were competent. Was there a way that a reminder could be sent from the system?</p> <p>Following on from the question from Pat Drake, the Deputy Director of Education and Research stated that there should be a reminder alert on the OLMS as part of the annual declaration along with a follow up. It was up to the Managers to manage accreditation each year. It was discussed that it would be useful for the Management Information team to undertake training for leaders to understand the data within the reports.</p> <p>Kath Smart raised an issue that even though the online learning was relatively good in some areas, there were some that were still 50% and below and this may need to be investigated further as there were around different divisions and how can they be targeted. The Deputy Director of Education and Research responded by saying that there would be a focus at the accountability meetings with an emphasis on encouragement and support. The Director of People and Organisational Development updated saying that the accountability meeting discussions, were activity and recovery focused. With the summer months upon us the meetings have been stood down more than normal and accountability hasn't over the last few months concentrated on SET, but with the months ahead it would be picked up. The Executive Medical Director advised that colleagues were required to self-declare each year and then a three-year certification was valid, however this had to be activated in the first instance.</p> <p>The Deputy Director of Education and Research summarised that leaders do manually identify who requires resuscitation training to ensure that staffing levels were safer. Equality, Diversity, and Inclusion training was covered in the SET booklet and every member of staff had the training annually at an awareness level.</p>	
	<p><i>The Committee:</i></p> <p>- <i>Noted the update from the Education Assurance Report</i></p>	
<p>PC21/09/ C3</p>	<p><u>Health and Wellbeing Report (Enclosure C3)</u></p>	
	<p>The Committee welcomed Jayne Collingwood, Head of Leadership and Organisational Development, who provided an update. In summary 15-20 new clients were accessing the VIVUP service each month for mental health related support. There had been a slight increase in male colleagues taking up the service. There was an increase in Manager and Occupational Health referrals with the feedback and outcomes clinically reliable.</p> <p>There had been the promotion to have "In the Moment" conversations with work colleagues and give the support that they require in a safe space.</p> <p>The Director of People and Organisational Development provided the update on the health and wellbeing part 2 violence and aggression. The LMS was a regular report from Kerry Williams and goes to health and safety committee. The two updates on the action plan were incident reporting actions and that action one was complete and the second action, the internal gap analysis had been done along with the bench marking exercise with feedback due. The working group isn't in</p>	

	<p>place yet and with the incident with the police a formal complaint had been sent to Nottinghamshire police department. The formal part of the health and safety committee, which reports into the Audit and Risk committee this link would continue with the updates on a periodical into this meeting</p> <p>Shenna McDonnell responded that this had been raised as an issue and one of the things that had been highlighted was when colleagues were around the trust, they hear messages that it was increasing and not through the reporting structures. The report goes to March 2021, so at the moment it isn't an up to date, so how could things change to have it up to date so that responses can be made at the time when they happen with a look into de-escalating training for colleagues, so they feel supported.</p> <p>The Director of People and Organisational Development explained that the data that was provided isn't frequent, and the health and safety report could be brought to the Audit and Risk committee in October. The de-escalation training was part of the conflict resolution training and links have been made to how to improve on the higher risk areas going forward.</p> <p>Kath Smart clarified for the committee that the security management report was a quarterly report so by the 12th October, Q1 should be due. Security Management also includes property, premises, violence and aggression with a focus on Violence and aggression.</p> <p>The Deputy Director of Education and Research gave comments that half and full days have been commissioned for De-escalation training commencing in the autumn. An update on the number of staff that have taken up the training can be reported back to Audit and Risk.</p> <p>Pat Drake highlighted that the figures were mainly patient to staff incidents but during COVID staff experienced visitor to staff incidents. When there was a significant amount of people at any one time it makes it very difficult to deal with everyone. Women's and children's department had struggled and the Emergency Department because visitors have been restricted which means that staff have had to deal with the aggressive behaviour from individuals.</p> <p>The Chief Nurse explained that the Trust had posted communications about respecting others and how to treat everyone and that the Trust doesn't tolerate poor or aggressive behaviour. Security presence related to Emergency Department a lot of the time.</p> <p>Lots of work had commenced on bed watch and around the patients who were aggressive, and this was now in the reviewing process. A survey monkey would be a useful tool to get some feedback from staff about how they were feeling</p> <p>Pat Drake reinforced that it was to get key messages to staff that they were been heard and that something was been done about it and that it isn't just getting left.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the update from the Education Assurance Report</i> 	
<p>PC21/09/ C4</p>	<p><u>Mobile Communications Policy (Enclosure C4)</u></p> <p>The Committee welcomed Ken Anderson; Chief Information Officer who provided an update on the progress undertaken to review the Mobile Communications Policy. The changes to the policy included:</p>	

	<ul style="list-style-type: none"> - Advice and guidance provided to staff, patients and visitors - Current working practices - The introduction of new technology - Government regulations and legislation <p>Both staff and patients and visitors provided positive feedback in terms of the changes. It had been a great transformation in the last 18 months from capturing information on paper to now using mobile devices to capture and report on patient’s information, safety and had provided additional advice to patients and visitors.</p> <p>During the COVID-19 period the use of mobile devices was crucial for end-of-life patients, staff didn’t receive any negative feedback with lots of support and information. At one-point mobile devices were actively discouraged and now it was encouraged as the benefits outweigh the negatives.</p> <p>There had been updates from the health and care information governance panel and was included in the report which had been provided by patients and relatives. Many of the sections within policy were the same as before. The part that had been removed was the reference to Portable multifunction communication devices i.e. blackberries and smartphones.</p> <p>Pat Drake was pleased to see the changes in the policy and commented further on the section regarding staffs own mobile phone devices for work purposes and how this would be managed.</p> <p>The Chief Information Officer provided Pat Drake with the answer that staff were advised not to use their own personal mobile devices for work purposes and that’s explicit in the guidance that’s provided in the policy. Where there was a clinical need for staff to be provided with mobile devices, then they would be provided with one.</p> <p>The Deputy Director of Education and Research asked how students and trainees would be included in this as we have encouraged them to use their own mobile devices for clinical purposes as we don’t provide trainees with mobile devices, but yet we encourage them to use the different apps that we use as a Trust and this needs referencing to in the guidance and the policy.</p> <p>The Chair suggested that this would be something to consider when looking at the policies that all the points have been considered and there were clear points to who can use their own mobile phone devices and in what context they can be used for.</p> <p>Mark Bailey made a comment that patients have accepted the technology and would this mean that changes would happen around the wards, as to the signage and the environmental aspects about not using mobile phones in the Trust and would there be any notices about keeping voices low, while on a call.</p> <p>The Chief Information Officer explained that this information was provided within the policy. There would still be areas around the Trust that would still have no mobile phones due to the impact on medical equipment and this would be an action in the policy.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted and took assurance from Mobile Communications Policy Update.</i> 	

PC21/09/ C5	Widening Participation (Enclosure C5)	
	<p>The Committee welcomed Kelly Turkhud, Vocational Education Manager who provided an update on Q1 and was seeking assurance from the committee.</p> <p>Pat Drake stated that there was excellent work around widening participation and more messages we can get across the better. The Organ Donation Committee were trying hard to get the Organ Donation messages to the members of the public.</p> <p>The Deputy Director of Education and Research commented that they have commenced work with the Chief Nurse and the ambassadors to reach out to all the secondary schools to try and support the Curriculum Leads to take up the offer of support.</p> <p>Sheena McDonnell summarised that it was a great report, and good things were happening around apprenticeships. Sheena McDonnell asked for further information regarding the T Levels and asked if the Trust was partnering up with anyone in further education to support. The last question related to Public Sector Duty as we weren't meeting the target and no plans to meet it in the next couple of years and was there any consequence for not meeting the target? Following the questions from Sheena McDonnell the Vocational Education Manager explained that there had been a deep dive into the Public Sector Target with finance and there was more levy than first thought with the funds that hadn't been used when it was first introduced. There were more opportunities to invest in the workforce through apprenticeships, these figures were looking higher than when they were first predicted. The figures that were in the report were the figures that were in the workforce plans but more activity had happened in addition to those.</p> <p>Last year, the Trust didn't achieve the 2.3% target due to delays in recruitment because of COVID-19. There was no penalty for not reaching the target, but it was something to aim towards in the future.</p> <p>With regards to the T Levels, Doncaster College was one provider within the locality that have been commissioned to delivery and work had started to invite partners from across Doncaster to support learners on the program in digital and health.</p> <p>There were incentives for employers to support learners in placements over the first year and the Trust was looking into whether it could offer some placement provision for the students that were on the T Level program. It was announced that in 2023 the health and technical qualifications would be launched for health and digital as well, and they would also require some placement provisions.</p> <p>In the clinical areas, we need to prioritise medical students and therefore we can't take other learners at the expense of the ones already on the program with a plan to proactively risk assess those learners coming in and where we can offer support.</p> <p>The discussions with NHS Employers had been clear as to where the new qualification align to role. The new higher technical qualification that's coming in 2023 the health one aligns to the assistant practitioner and currently we were using the apprenticeship pathway for that, but actually may have a pool of individuals within the Community that would be able to step into those roles from these new qualifications.</p>	
	<p><i>The Committee:</i></p> <p>- <i>Noted the update from the Widening Participation.</i></p>	

PC21/09/ E1	<u>People Plan Update (Enclosure E1)</u>	
	<p>The Director of People and Organisational Development gave her update on the People Plan with acknowledgment from the staff survey results, there were slightly under target. Staff consider that patient care was a top priority for the Trust and that had been maintained, but the other areas have been clearly reduced and the response rate was significantly lower.</p> <p>Moving forward in terms of planning the main annual staff survey would continue to do paper for estates and facilities this time with a view to becoming electronic next year.</p> <p>The staff survey results would be shared with the Trust Executive Group and cited on how colleagues were feeling at the moment.</p> <p>Sheena McDonnell commented that the survey gives a clear picture of staff responses and moving forward what was going to happen in the long term</p> <p>In response to a question from Sheena McDonnell the Director of People and Organisational Development explained that people don't realise what had been happening and changing through the "You said, We did" and recognised that there needed to be further discussions within the Divisions and Directorates to establish what else needs to be done.</p> <p>Sheena McDonnell asked if the listening events were still happening across the Trust? When was the last one organised, and if this was apparent in the survey? The Director of People and Organisational Development stated that there wasn't anything else planned, but Executives met with their own team to raise anything that staff were concerned over.</p> <p>The Chief Nurse explained that listening sessions had been undertaken within Maternity and within other areas such as ODPs and neonatal and midwifery staff.</p> <p>Pat Drake commented that what was being referred to was the leadership visibility and teaming up of Executives and Non Executives to make sure that Senior leaders were visible in the organisation and for staff to ask questions directly and get a response immediately. As a Non-Executive Director she said, 'I can't always give a response'.</p> <p>The Head of Leadership and Organisational Development added that it was Leadership at all levels and in ED they were doing a five-minute huddle and its powerful because people were sharing how they were feeling, and the team feels supported.</p> <p>Sheena McDonnell concluded that the results needed to be escalated to the Board</p>	
	<i>Action: The results of the quarterly staff survey results were to be escalated to the Board for discussion.</i>	SM/ KB
	<p><i>The Committee:</i></p> <p>- <i>Noted the update for the People Plan.</i></p>	
PC21/09/ E2	<u>Just and Learning Culture (Enclosure E2)</u>	
	The Director of People and Organisational Development provided an update and said that the work had commenced, and further updates would be provided to the People Committee.	

	Sheena McDonnell was thankful for the report and noted that it was good to see all the things that was happening around the Trust with a view of being able to track the progress into the People Committee.	
	The Committee: - <i>Noted the update for the Just and Learning Culture.</i>	
PC21/09/ F1	<u>Freedom To Speak Up 6 monthly report (Enclosure F1)</u>	
	<p>The Freedom to Speak Up Guardian noted two interesting points raised. One related to leadership starting at the top and making sure that managers lead by example and making sure that the positivity was there. Efforts were required to ensure that colleagues speak up and that senior leaders are proactive in promoting this.</p> <p>Secondly, it was noted that there were challenges in the time it takes to provide responses to people in a timely manner who had raised concerns. The Trust would work with partners to resolve any issues on how this could be improved.</p> <p>There had been many changes nationally in terms of what was expected within the Trust at all levels and the Trust.</p> <p>Sheena McDonnell thanked the Freedom to Speak Up Guardian for the report.</p>	
	The Committee: - <i>Noted the update for the Freedom to Speak Up Report</i>	
PC21/09/ F2	<u>Emergency Department Organisational Development Update (Enclosure F1)</u>	
	<p>The Head of Leadership and Organisational Development provided the update on the organisational development work that had been underway in the Emergency department. The programme team had reviewed the current infrastructure, frequency of meetings and reporting mechanisms and were trying to create and open and inclusive culture.</p> <p>Kath Smart responded that 12 months ago people were attending those events and at this point was their opportunities to take a stock take and benefits realisation and the impact along with the positives that have come from this for communication from ED, as this may be rolled out to other areas who need the support and to see if there were any different methods and using the evaluation moving forward.</p> <p>Following the question from Kath Smart, the Head of Leadership and Organisational Development explained that a workshop was running and the Sharing How We Care conference was being planned to share what lessons have been learnt and the approach that was taken. The Trust are also aiming communications to “You said, We did” communication across to ED to share the learning and the lessons learnt. At this time there hasn’t been any formal review, but it was something that can be taken forward with the project team.</p> <p>Mark Bailey commented on how ED was massively overloaded and the volumes have increased in the last six months It would be good in the review to see how this had helped staff cope? What data was there to say what the patients are saying in ED from 18 months ago to now.</p> <p>The Head of Leadership and Organisational Development summarised from Mark Baileys questions saying that they would be looking to provide the data to update the Board in September</p>	

	<p>along with data to the People Committee. The other thing to acknowledge was that work is underway with QI around the structure and function of the rapid huddles.</p> <p>Sheena McDonnell concluded that it was great news that its moving into the mainstream with the points that have been made around making sure that we capture those learning opportunities and the things that have made a difference in the intervention so that we can take the learning and share it and it's a great feature to show on the "How We Care Conference", and great to see that those QI principles being applied as well.</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> - Noted the update on the Emergency Department Organisational Development. 	
PC21/09/G1	<p><u>Board Assurance Framework – True North SA 2 & 3 (Enclosure G1)</u></p>	
	<p>The Director of People and Organisational Development stated that it had slightly changed from previous versions and highlight the changes that have been made.</p> <p>Kath Smart asked about the use of the Board Assurance Framework as a part of the assurance up to the Board. It was agreed any internal audit reports should go on the BAF. If it's a positive report it should go in the assurance and if it's a negative it should go in the gaps with an action plan that was already signed off</p> <p>It was felt that the assurances for the People Committee feels a bit light It is about improving the links between the committees, the assurance committees and what the Board sees in the Board assurance framework such as staff health and wellbeing. It was noted that there should be additional reference to the QI programme of work.</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> - Noted the update on Board Assurance Framework. 	
PC21/09/G2	<p><u>Corporate Risk Register (Enclosure G2)</u></p> <p>There were no further updates made to the corporate risk register. The review work would be discussed further at the Trust Executive Group who were reviewing the risks rated 15+.</p> <p>Kath Smart noted PE01 risk and noted that it stated the People Committee was a new committee. It was agreed that this would be updated.</p>	
	<p><u>Action: Risk PE0 -1 would be updated to remove the People Committee as a 'new' committee.</u></p>	KB
	<p>The Committee:</p> <ul style="list-style-type: none"> - Noted the update on the Corporate Risk Register. 	
PC21/09/I1	<p><u>Governor Observations (Verbal)</u></p> <p>Kay Brown noted the result in the staff survey that indicated that staff did not look forward to coming to work and advised as staff Governor that it did feel hard on the ground following the COVID-19 pandemic. Kay Brown confirmed that the information on wellbeing was provided to colleagues, however observed that the previous year may reflect in the 2021 staff survey results.</p>	

	<p>Kay Brown noted that it was Dyslexia Week from 4th October 2021 and suggested that the Trust promote this.</p> <p>Mark Bright noted the soft controls on page 129 of the paper and asked if it was known if Trust's had done well in this and what they were doing to achieve this. The Director of People and Organisational Development advised that she would look into this.</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> - <i>Thanked the Governors for their observations.</i> 	
PC21/09/ J1	<u>Minutes of the Sub-Committee Meeting (Enclosure J1)</u>	
	<p>The Committee noted:</p> <ul style="list-style-type: none"> i. Equality, Diversity and Inclusion Forum Minutes 14/06/2021 ii. Health and Wellbeing Committee Minutes 14/06/2021 iii. Training and Education Committee 06/05/2021 iv. Workforce Planning Committee 04/06/2021 v. Freedom to Speak Up Forum 20/05/2021 & 22/07/2021 	
PC21/09/ K1	<p><u>Any Other Business (Verbal)</u></p> <p>There were no items of any other business.</p>	
PC21/09/ K2	<u>Minutes of the Meeting held on 4th May 2021</u>	
	<p>The Committee:</p> <ul style="list-style-type: none"> - <i>Approved the minutes of the meeting held on 6th July 2021.</i> 	
PC21/09/ K3	<u>Items of escalation to the Board of Directors (Verbal)</u>	
	<p>There were no items of escalation to/from:</p> <ul style="list-style-type: none"> i. People Sub-Committees ii. Board Sub-committees <p>It was agreed that the item relating to the timeliness of the staff survey results would be escalated to:</p> <ul style="list-style-type: none"> iii. Board of Directors 	
PC21/09/ K4	<u>Assurance Summary (Verbal)</u>	
	<p>The Committee was asked by the Chair if it was assured, on behalf of the Board of Directors on the following matters. Any matters where assurance was not received, would be escalated to the Board of Directors:</p> <ul style="list-style-type: none"> - Matters discussed at this meeting, - Progress against committee associated Executive's objectives, 	

	- Divisional compliance with the Trust's risk management process.	
	<p><i>The Committee were assured on behalf of the Board of Directors on:</i></p> <ul style="list-style-type: none"> - <i>Matters discussed at this meeting, with the exception of the staff survey results which would be escalated to the Board for discussion,</i> - <i>Progress against committee associated Executive's objectives,</i> - <i>Divisional compliance with the Trust's risk management process.</i> 	
PC21/09/ K5	<u>Date and time of next meeting (Verbal)</u>	
	Date: Tuesday 2nd November 2021 Time: 9.00am Venue: Microsoft Teams	
	Meeting closed at 11:40.	

FINAL



Doncaster and Bassetlaw
Teaching Hospitals
NHS Foundation Trust

CHARITABLE FUNDS COMMITTEE

**Minutes of the meeting of the Charitable Funds Committee
Held on Thursday 10th June 2021 at 13.30 via Microsoft Teams Videoconferencing**

Trustees:	Mark Bailey – Non-Executive Director (Chair) Suzy Brain England – Chair of the Board Pat Drake – Non-Executive Director Sheena McDonnell – Non-Executive Director Dr T J Noble – Medical Director Richard Parker – Chief Executive Neil Rhodes - Non-Executive Director David Purdue – Chief Nurse/Deputy Chief Executive Jon Sargeant – Director of Finance Kath Smart – Non-Executive Director	
In attendance:	Matthew Bancroft – Head of Financial Control Peter Brindley and Norma Brindley - Executors and Representatives of the Fred & Ann Green Legacy Fiona Dunn – Deputy Director Corporate Governance/Company Secretary Sarah Dunning – Corporate Fundraiser Emma Shaheen – Head of Communications and Engagement Katie Shepherd – Corporate Governance Officer (KAS) Claudia Gammon – Secretarial Support Officer (Minutes) (CG)	
To Observe:	Phil Beavers – Public Governor Susan McCreadie – Public Governor	
Apologies:	None	
		ACTION
CFC21/06/A 1	<u>Apologies for Absence (Verbal)</u>	
	The Chair welcomed the members and attendees, including Susan McCreadie in her first meeting, and Peter and Norma Brindley.	
CFC21/06/A 2	<u>Conflicts of Interest (Verbal)</u>	
	No conflicts of interest were declared.	
CFC21/06/A 3	<u>Actions from previous meeting (Enclosure A3)</u>	
	All Actions were reviewed and informed that they would be discussed within the agenda.	
	Actions closed: 1 - 5 and 7.	

	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the updates and agreed, as above, which actions would be closed.</i> 	
	<p><u>Action:</u> Claudia Gammon would update the Action Log.</p>	CG
CFC21/06/B1	<p><u>Charitable Funds Policy (Enclosure B1)</u></p>	
	<p>The changes to the Charitable Funds Policy were outlined which included a change to reflect changes to the Fred and Ann Green committee, the role of the Corporate Fundraiser and a change to the Committee terms of reference.</p> <p>The delegations chart had been changed which clarified the process of approval. An application from the general fund, normal bids or the Fred and Ann Legacy would be requested/approved/declined through the Corporate Investment Group. Any bids over £1 million would require approval from the Trust Board as outlined in the Standing Financial Instructions.</p> <p>There had also been a recognition of the Above and Beyond committee in the updated policy.</p> <p>The Standing Financial Instructions were to be reviewed for July/August with any changes reflected.</p> <p>Following a question from Mark Bailey, it was confirmed that any funding requests from the Fred and Ann Green fund would be clearly highlighted in the front sheet of the report. It was agreed that a new agenda item 'Fred and Ann Green Legacy' would be added for the next meeting.</p> <p>Norma Brindley noted her and Peter Brindley's support of the revised Charitable Funds Policy.</p> <p>It was agreed to show the Trustees a high level summary of fund balances and remove individual account details. Operationally fund balances by division would be visible to encourage take-up of funds against initiatives within an area / areas within a division. It was also confirmed the policy would encourage donations to be non-designated where reasonable.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>The Committee approved the revised Charitable Fund Policy.</i> 	
CFC21/06/C1	<p><u>Review of Fund Balances (Enclosure C1)</u></p> <p>Matthew Bancroft provided an overview of the fund balances stating figures were lower than previously, however, this was still positive considering the pandemic. There was a £1.3 million gain on the group accounts.</p> <p>Kath Smart raised the importance of supporting colleagues Health and Wellbeing through charitable funds.</p>	

	<p>Following a request from Pat Drake regarding what the General Fund 0320 was and what it was used for, it was advised that the fund was a Bassetlaw fund that was set up for that site only. It was also suggested that the small Maternity Funds were added together to create one fund.</p> <p>A discussion took place regarding the number of individual funds and it was suggested that these be amalgamated into one or fewer, however it was advised that work had been undertaken to do this already. It was agreed that the fund balances would be aggregated by Division in future reports. The Executive Medical Director advised that some donations were very specific to the service that it was intended for and although the aim was to reduce the number of funds down, this would be done sensitively.</p> <p>The Chief Executive explained that they couldn't combine the Maternity funds due to some being historical and then not being able to distinguish between them.</p> <p>Following a comment from Sheena McDonnell that communications had been sent to colleagues to advise them of the funds that were available, it was noted by the Director of Finance that restricted funds were followed in accordance with legal duty, named funds were not restricted and were named based on the department they were donated to.</p>	
	<p><i>Action: It was agreed that the fund balances would be aggregated by Division in future reports.</i></p>	<p>MB</p>
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the Review of Fund Balances.</i> 	
<p>CFC21/06/C2</p>	<p><u>Approval of Expenditure (Enclosure C2)</u></p> <p>The Director of Finance explained that there was a stretch target in place to spend £3.1 million this year. This did not include the donations from the Sir Captain Tom fund.</p> <p>In 2020/21, the Trust had received access to a number of different grants through the NHS Charities Together charity (Sir Captain Tom fundraising).</p> <p>A summary of the available funds and progress on spend against each scheme was outlined:</p> <ul style="list-style-type: none"> - The first proposal was to support recognition days/small tokens for staff, including the NHS Big Tea and International Nurses Day. - The second proposal was a work environment improvement scheme to support small areas, - The third proposal was to support the BAME staff network, through the use of Sir Captain Tom's donations. <p>It was noted that there were a number of funds not being utilised by the Above and Beyond Committee that could be utilised to meet the stretch target. This would include a review of medical equipment bids. The Director of Finance advised that he would provide a list of potential ideas to the next meeting.</p> <p>There would be the creation of a model ward or sandpit area for IT to showcase how technological advancements can be integrated into areas and to improve testing and</p>	

	<p>training without interfering with the normal running of a patient area. This would be worked up a bid for the next committee.</p> <p>Additional efforts were being made to stimulate the Above and Beyond Committee and get bids coming through that process. This included simplifying the process, where if a fund holder had existing funds, then they were encouraged to use their funds first.</p> <p>Sheena McDonnell supported priorities suggested, however noted that it would be three-months until the next meeting and asked if a meeting would be required before the next meeting. It was confirmed that if an approval was required the normal process would be followed with Chair, Chief Executive and Director of Finance approval.</p> <p>Pat Drake discussed that under staff welfare was consideration had been specifically given to maternity and paediatrics following the water leak incident that took place in the Women and Children's Hospital on 27th April 2021. The Chief Nurse would investigate this further.</p> <p>The Chief Executive requested that the committee ensures this had been agreed and applied to all. Part of this was to ensure that everyone knows that there were Charitable Funds there to access and follow normal process.</p> <p>The Director of Finance explained that staff welfare bid would be presented and discussed at the Executive Team meeting or the Trust Executive Group. The Director of People and Organisational Development was working on a wider Trust strategy for health and wellbeing of colleagues.</p> <p>Kath Smart asked about the welfare plan and that there was a lot within that bracket, such as staff rooms and changing rooms which often warrant some investment and there were different standards of that. The Chief Executive confirmed that this would be a consideration in the strategy.</p> <p>In response to a question from Mark Bailey regarding the timing of investments on staff health and wellbeing, it was agreed that the Finance Team would provide a monthly update to Committee members.</p>	
	<i>Action: Maternity and Paediatrics to be given consideration for staff welfare further to incident. David Purdue to investigate further.</i>	DP
	<i>Action: A monthly update would be provided to the Charitable Funds Committee members on investments made for the improvement of staff health and wellbeing.</i>	JS
	<i>Action: A requirement for an update to Trustees on a monthly basis regarding schemes being prepared for approval or approved within delegation.</i>	JS
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Approved the proposals outlined in the report.</i> 	
CFC21/06/C3	<u>Mexborough Update (Verbal)</u>	

	<p>The Director of Finance advised that there was a lot of work being undertaken to restore patients' services to pre pandemic levels and address health inequalities caused by pandemic. A turn around time of one week was given for a bid for a Community Diagnostic Hub/Rapid Diagnostic Centre at Mexborough. This would allow for an additional 3,200 CT scans and 2,000 MRI scans to be completed within the financial year. This bid also included a further two endoscopy rooms and equipment to provide an additional 1,400 endoscopy procedures within this financial year. The second room would be funded through the Fred and Ann Green Legacy Fund.</p> <p>The Chief Executive noted his support and advised that the ICS were supportive of this as the geographical location would mean that care was provided locally. The staff to support the centre would be from Trusts within the ICS, as this additional service would contribute to the reduction of patient waiting times across the ICS, and not only the Trust.</p> <p>Pat Drake noted her full support to the bid.</p> <p>Norma Brindley noted her and Peter Brindley's support of the bid.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the information provided relating to the bid for a Community Diagnostic Hub/Rapid Diagnostic Centre and Mexborough Hospital.</i> 	
CFC21/06/C4	<p><u>Investment Policy (Enclosure C4)</u></p> <p>Matthew Bancroft presented the updated Investment Policy following the workshop that took place in September 2020.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the updated Investment Policy.</i> 	
CFC21/06/C5	<p><u>Above and Beyond Committee Report (Verbal)</u></p> <p>The Chief Nurse advised that work was underway to identify the best ways to advertise the use of the funds allocated to the Above and Beyond Committee. It was noted that there was a separate Health and Wellbeing fund which was funded by the staff lottery.</p> <p>Funds had been utilised for transitional care within Maternity and Neonatal Services for aromatherapy.</p> <p>Pat Drake noted that the Organ Donation Committee had made a bid for a memorial on the Bassetlaw and Doncaster site.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the update provided on the Above and Beyond Committee.</i> 	
CFC21/06/D 1	<p><u>Fundraising Strategy Update (Enclosure D1)</u></p>	

	<p>Public and private sector organisations in Doncaster (Team Doncaster) have launched a campaign to create a permanent memorial to honour the efforts of key workers, as well as providing a lasting memorial of those in our communities who have died of COVID-19 during the pandemic. The rainbow sculpture, which would stand nine feet tall, was being coordinated by Team Doncaster and would take pride of place within the centre of the town. It was hoped that, once complete, it would provide a suitable monument to the impact of the pandemic locally so that residents, as well as later generations, can reflect upon the handwork, sacrifice and loss experienced throughout 2020 and into 2021 as COVID-19 swept across the borough. There is potential to raise up to £95k if all of the potential 6k hearts are bought.</p> <p>An update was provided on the corporate fundraising priorities. Highlights included exceeding the target for database entries, plans for corporate support including the NHS Big Tea and a list identifying the Top 10 local companies we would like to work with. Really positive conversations have also taken place with Go Green and a new partnership looks promising.</p> <p>DFS had donated to the trust as well as small organisations and raising money from specific events.</p> <p>The Committee was in agreement that there would be a regular “All Trustee” high level summary on the use of Charitable Funds this would be through either authorised projects or schemes would be considered. This was to be issued between Charitable Funds meetings and could include a reminder of on-going fund raising activities.</p> <p>There was also a request to include an update prior to September’s meeting on the Fred & Ann Green Legacy and the case to develop a digital “sand pit” and part funding for a diagnostic centre at Montague.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the Fundraising Strategy Update.</i> 	
<p>CFC21/06/D 2</p>	<p><u>Dream 10 Presentation (Enclosure D2)</u></p> <p>Sarah Dunning outlined the concept of Dream 10, which would require the Trust to carefully research and selection ten companies to build a partnership with that would ultimately have a big impact on the local community. The Trust would endeavour find companies who have a similar customer/supporter base to our patients/ workforce who might need a helping hand in reaching a larger audience.</p> <p>It would provide the Trust with the opportunity to explore the problems faced and address the major (expensive) barriers that were preventing us from being able to do more for our patients and align with businesses who can help.</p> <p>This concept would work by working together with ambassadors of the Trust Charity, whether they were Trustees, members of the Board, colleagues or current supporters to find connections and people who might be able to make introductions to businesses on the Trust’s Dream 10 list. Some suggestions were shared including the research findings, rationale and opportunities that they would provide.</p> <p>Neil Rhodes agreed that this was a structured approach which was required to make a success.</p>	

	Following a question from Mark Bailey regarding the list of potential companies, it was advised that there was a structured approach to the research formed on a checklist basis, whilst ensuring there was different types of companies.	
	<i>Action: The presentation would be shared with Committee members to review the Dream 10 list. All to provide Sarah Dunning with feedback on the list.</i>	All
	<i>The Committee:</i> - <i>Noted the information provided on the concept of using Dream 10 within the Trust.</i>	
	<i>Phil Beavers left the meeting.</i>	
CFC21/06/E1	<u>Governor Observations (Verbal)</u> Susan McCreadie asked for clarification regarding the Community Diagnostic Hub. The Director of Finance advised that the bid was for £7.8m, however it was expected that a further £1m would be required for one of the Endoscopy rooms. It was noted that Peter and Norma Brindley had been consulted on regarding this. Susan McCreadie noted the hard work that had taken place behind the scenes.	
CFC21/06/F1	<u>Minutes of the Sub-Committee Meeting: Above and Beyond Committee – 02 October 2020</u>	
	<i>The Committee noted:</i> - <i>Noted minutes of Sub-Committee meeting: Above and Beyond Committee on 2nd October 2020.</i>	
CFC21/06/F2	<u>Minutes of the Fred and Ann Green Legacy Advisory Group – 29 October 2020</u>	
	<i>The Committee:</i> - <i>Committee approved the minutes of the Fred and Ann Green Legacy Advisory Group on 29th October 2020.</i>	
CFC21/06/F3	<u>Minutes of the Charitable Funds Committee Meeting held on 11 February 2021</u>	
	<i>The Committee:</i> - <i>Committee approved minutes of the Charitable Funds Committee Meeting held on 11th February 2021.</i>	
CFC21/06/F4	<u>Any Other Business</u>	
	There were no items of any other business.	
CFC21/06/F4	<u>Date and time of next meeting (Verbal)</u>	

	Date: Time: Venue:	Thursday 16 th September 2021 13.30 Via Videoconferencing	
	Meeting End time	15.09.	



AUDIT AND RISK COMMITTEE

**Minutes of the meeting of the Audit and Risk Committee
Held on Thursday 15th July 2021 at 09:30 via Microsoft Teams**

Present:	Kath Smart, Non-Executive Director (Chair) Sheena McDonnell, Non-Executive Director Neil Rhodes, Non-Executive Director Mark Bailey, Non-Executive Director (MCB)	
In attendance :	Ken Anderson, Chief Information Officer Matthew Bancroft, Head of Financial Services (MB) Mark Bishop, NHS Accredited Counter Fraud Specialist Fiona Dunn, Deputy Director of Corporate Governance/Company Secretary Kirsty Edmondson Jones, Director of Estates and Facilities (Item AR21/07/K1) Harriet Fisher, Internal Audit Manager, KPMG Rob Jones, Internal Audit Manager, KPMG Hassan Rohimun, Engagement Lead, Ernst Young Jon Sargeant, Director of Finance Dan Spiller, External Audit Manager, Ernst Young Katie Shepherd, Corporate Governance Officer (Minutes) Sean Tyler, Head of Compliance, Estates (Item AR21/07/K1) Roy Underwood, Head of Information Governance	
To Observe:	Dennis Atkin, Public Governor	
Apologies:	Andy Bostock, Partner, Interim Head of Internal Audit Bev Marshall, Public Governor	<u>ACTION</u>
AR21/07/A 1	<u>Welcome, apologies for absence and declarations of interest (Verbal)</u>	
	Kath Smart welcomed the members and attendees. The apologies for absence were noted.	
AR21/07/A 2	<u>Actions from previous meeting (Enclosure A2)</u>	
	The Committee reviewed the action log and agreed all actions were closed (Action 1–20). Sheena McDonnell asked how the P&OD HR Systems and Team Review 2019/20 would be taken forward. The Director of Finance advised that a discussion had taken place with the Director of People and Organisational Development and work had commenced between the Information Team and HR Systems Team	
	<i>The Committee</i> - <i>Noted the updates and agreed, as above, which actions would be closed.</i>	

AR21/07/A 3	<u>Request for any other business (Verbal)</u>	
	There were no requests for any other business.	
AR21/07/B 1	<u>External Audit Annual Report/ISA260 Report (Verbal)</u>	
	<p>Hassan Rohimun, Engagement Lead, Ernst Young presented the External Auditor’s Annual Report for the year ended 31 March 2021. The Remuneration Report did not disclose the Total Accrued Pension at Pension Age, Lump Sum at Pension Age or the Cash Equivalent Transfer Values at Pension Age as of 1 April 2020 and 31 March 2021 for all senior managers. Figures were not provided by the NHS Business Services Authority for members that had left the NHS Pension Scheme. Therefore, the Trust could not disclose all the required information. There were no matters to report by exception on the Trust’s value for money arrangements.</p> <p>In accordance with the National Audit Office 2020 Code, Ernst Young were required to report a commentary against three specified reporting criteria: financial sustainability, governance and improving economy, efficiency and effectiveness, and therefore the report outline did further detail the arrangements that the Trust had in place.</p> <p>Sheena McDonnell noted the positive report during an unprecedented year. Sheena McDonnell noted that the recommendation relating to the starters and leavers process had been noted within previous reports. Hassan Rohimun confirmed that this was the case. The Director of Finance advised that in previous years, this had not completed because recruitment within the organisation was not managed fully centrally, however the Trust was able to demonstrate that it had provided contracts to all colleagues, which had not been undertaken before. Recruitment was managed via the TRAC system, and this would be used to control the process to ensure that staff have signed their contracts which would then be retained. Hassan Rohimun advised that this was a wider issue within many NHS Trusts. The Chair advised that all recommendations within the ISA260 would be reviewed at the October Audit and Risk Committee. The Chair advised that the People Committee had previously discussed the potential for recruitment to be centralised. The Director of Finance advised that the Finance Directorate had piloted this, and there had been no issues identified.</p> <p>Neil Rhodes reflected on the position of the Trust upon his appointment, to the report received today, and noted how far the Trust had moved on in recent years. The Chair agreed and noted the hard work of the Finance Team.</p> <p>In response to a request from the Chair for further information on the size and scale of the issue relating to figures not being provided by the NHS Business Services Authority for members that had left the NHS Pension Scheme, the Director of Finance advised that an estimate was prepared however it wasn’t submitted as the guidance prevented this from happening. It was confirmed by Hassan Rohimun that the Trust had taken all reasonable steps required to mitigate this.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Received and noted the External Audit Annual Report, ISA 260, and Value for Money Opinion.</i> 	
AR21/07/C 1	<u>Local Counter Fraud Specialist (LCFS) Progress Report (Enclosure C1)</u>	

Mark Bishop, Local Counter Fraud Specialist (LCFS) presented the highlighted of the report which included:

- As previously reported, the NHSCFA have introduced new counter fraud standards for implementation across the NHS. These standards, now known as the NHS Counter Fraud Functional Standard, apply to all counter fraud activity conducted within the NHS from 1st April 2021. The NHSCFA had mapped the new standards to the existing key areas of NHS counter fraud work (strategic governance, inform and involve, prevent, and deter, and hold to account). The Counter Fraud Functional Standard Return was completed as required, which shows two areas RAG rated red, which would be addressed.
- The NHSCFA Strategy for 2021-23 had been published, which outlined how the NHSCFA would operate in line with the five internationally recognised principles of fraud and corruption work.
- Statutory and Essential Training compliance for Fraud Awareness remained high at 98%.
- A staff Fraud Awareness Survey had been undertaken. 1,150 responses were received which provided good feedback. The analysis of the feedback would be provided at the October Audit and Risk Committee. It was reported that 95% of respondents could correctly identify and appropriately deal with a scam call, email, or text message.
- As previously reported, the full NFI data reports were released to participating organisations in late January 2021 and DBTH received data relating to 2,792 matches. To date, 1,033 matches have been processed and 17 matches were being investigated.
- The NHSCFA announced in May 2021 that they were going to be conducting a Post Event Assurance exercise on COVID-19 expenditure. The results were due soon.
- There had been seven new referrals, three of which had investigations pending. Six cases had been closed.

In response to a question from Sheena McDonnell regarding the work the LCFS undertook to review Trust policies to ensure that where appropriate, anti-fraud, bribery and corruption measures were included, it was advised that this work was ongoing. The LCFS was involved in the absence policy and agile working policy review.

Sheena McDonnell noted two similar cases from the report where different disciplinary action was taken and asked for clarification on this as it appeared that from the Trust's perspective the two cases were similar. The LCFS advised that he undertook the investigation and presented this to the HR team to undertake the decision-making aspect of a case.

In response to a question from Sheena McDonnell regarding the approach to investigation and how those under investigation were dealt with during that time, it was advised that people are protected under the Public Disclosure Act. All reporters are kept confidential, however in some cases, it was asked that reporters provide a statement. It was noted that the NHSCFA operate fraud reporting line through Crime Stoppers and had received 17 referrals, however the LCFS had not received as many, and once queried it was advised that there was a threshold for them to be met before an investigation would take place. The LCFS advised that whilst it may not be considered as fraud, it may be something that still had an impact at Trust level and therefore work was underway to identify if the basic level information regarding the reports can be released.

	<p>In response to a question from Mark Bailey regarding how time was prioritised within the Trust, it was advised that there were numerous sources of information including that the LCFS receives intelligence from the Counter Fraud Authority to understand the national picture and works as part of the regional collaboration to identify trends. Any key items were discussed with the Director of Finance immediately.</p> <p>Following a question from the Chair regarding the administrative time and support required to investigate the high numbers of reports as part of the National Fraud Initiative, it was advised that the administrative support required to investigate was intensive, however, over the previous two years, £47k was recovered, followed by a further £27k. It was noted that there was 12-months to complete the review, and the high-priority reports had been completed.</p> <p>The Chair requested further information on a case that was reported as closed relating to non-specific allegation of fraudulent activity of timesheets, and whether this would be followed up in anyway internally. The LCFS advised that the information was with the HR Team in their new case management system as active. It was noted that management issues lay with HR to follow up, however the Director of Finance advised that the LCFS tracks and escalates matters which had not been actioned.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Local Counter Fraud Specialist Progress Report.</i> 	
AR21/07/C 2	<u>Counter Fraud Annual Report (Enclosure C2)</u>	
	<p>The Local Counter Fraud Specialised presented the Counter Fraud Annual report which was a consolidation of all reports received over the period of 2020/21.</p> <p>The Chair noted the report and was content that the Committee had received the data in previous reports.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Counter Fraud Annual Report</i> 	
AR21/07/D 1	<u>Internal Audit Progress Report (Enclosure D1)</u>	
	<p>Harriet Fisher presented the Internal Audit Progress Report and noted that, whilst progress had been made on the IT – Security and Resilience Audit, they had not been able to complete the audit as originally planned. A benchmarking exercise had been undertaken on the staff survey results on a national scale, which demonstrated that the Trust scored slightly lower on positive scores. The main themes of the Trust’s response to the survey results are to focus on continued support for and promotion of staff wellbeing and support for team leaders throughout the Trust to help them carry out their roles effectively and build positive local work environments. It was reported that the Director of People and Organisational Development had plans in place to support the wellbeing of colleagues. Sheena McDonnell noted that the Trust had reviewed the staff survey data in detail, and it had been recognised that when colleagues had undertaken the survey, it had been done so in a different context to the rest of the country due to the second wave of the COVID-19 pandemic in the area.</p>	

	<p>Sheena McDonnell was assured that the Trust was focusing on the right things in ensuring that staff were supported. It was agreed that the Staff Survey Benchmarking Report within the KPMG Progress Report would be shared with the People Committee.</p> <p>Harriet Fisher reported the outcome of the benchmarking exercise for data privacy. Based on the key themes KPMG believed it important to ask three key questions, all of which were answered yes:</p> <ul style="list-style-type: none"> - Do you have clear and effective governance and oversight in place for Data Privacy? - Do you understand all the personal information you hold and how it flows through the organisation? - Do you have the right controls in place to secure personal data and are you assured that suppliers meet your required standards? <p>In response to a question from the Chair regarding the oversight of report and due diligence and the steps the Trust should take following the report, Harriet Fisher advised that it would help to inform future assurance requirements when planning for 2022/23 and what the Board might seek assurance from. It was noted that this would be actioned through the Finance, Information and Digital Committee and be reported to the Finance and Performance Committee.</p> <p>In response to a question from the Chair regarding the spread of assurance relating to the Data Protection Toolkit, Harriet Fisher advised that was the case.</p> <p>Mark Bailey noted from the report that 0% of participating organisations were fully compliant with the UK GDPR regulation. Harriet Fisher advised that the benchmark doesn't include all NHS organisations.</p> <p>Sheena McDonnell noted that it would be useful to frame a response to the three assurance questions.</p>	
	<p><i>Action: The Staff Survey Benchmarking Report within the KPMG Progress Report would be shared with the People Committee.</i></p>	FD
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Internal Audit Progress Report.</i> 	
AR21/07/D 2	<p><u>Data Protection and Security Toolkit Internal Audit Report (Enclosure D2)</u></p>	
	<p>The Data Protection and Security Toolkit Internal Audit Report was presented, in which significant assurance with minor improvement opportunities was received. Under 2020/21 plan, it was moved later as the submission deadline for the toolkit was pushed to 30th June 2021. Four recommendations were made which would be dealt with swiftly.</p> <p>The Chair noted the good outcome with one medium and three low recommendations made and recognised the hard work of the team. The Chair attended the Information Governance meeting to observe several times per year and advised that it always brought useful operational insight.</p> <p>Roy Underwood advised that all four recommendations were complete as of 30th June 2021. Evidence had been provided to KPMG.</p>	

	<p>Sheena McDonnell noted the good report which provided a good level of assurance in an important area. Following a question from Sheena McDonnell regarding the recommendation relating to the backup solution implementation, it was advised by Harriet Fisher that this was due to timing and did not posed as a risk.</p> <p>The Committee thanked the team involved in the work involved in the audit.</p>	
	<p>The Committee</p> <ul style="list-style-type: none"> - <i>Reviewed and took assurance from the Data Protection Security Toolkit Audit Report.</i> 	
AR21/07/D 3	<p><u>Internal Audit Recommendation Tracker (Enclosure D3)</u></p>	
	<p>Of the three final reports presented at the 21 May 2021 meeting (Job Planning, Capacity Planning and Risk Management), a total of 27 recommendations had been added to the tracker. Since the previous meeting, three medium and four low priority recommendations had been implemented. Of the remaining 52 recommendations in the tracker, 36 were not yet due for implementation, six of the 36 had a revised due date, and the final 16 recommendations were overdue as KPMG had not yet received an update as to whether they had been implemented or not.</p> <p>The Committee were asked to approve the six requested deadline extensions. The Director of Finance advised that he was content with the reasoning for the extension requested. The Committee agreed to the six extension deadline requests.</p> <p>In response to a question from the Chair regarding the feedback from the Executive Team, Harriet Fisher advised that the Executive Team had reviewed the report and asked those with outstanding responses to provide an update via the JIRA system. Neil Rhodes noted that responses to actions should be provided. The Chair added that some of the responses had been outstanding since before the previous Audit and Risk Committee meeting and therefore should be invited to the next meeting to provide a verbal update on progress.</p>	
	<p><i>Action: Katie Shepherd to liaise with Harriet Fisher to advise on who had not provided management responses to the outstanding recommendations. To be invited to the next Audit and Risk Committee meeting to provide an update on progress and why a response had not been provided.</i></p>	KAS
	<p>The Committee</p> <ul style="list-style-type: none"> - <i>Reviewed and noted from the Internal Audit Recommendation Tracker.</i> 	
AR21/07/E 1	<p><u>Governor Observations (Verbal)</u></p>	
	<p>Dennis Atkin noted the challenges and looked forward to the October 2021 meeting.</p>	
	<p>The Committee</p> <ul style="list-style-type: none"> - <i>Noted the observations provided by the Governors.</i> 	

AR21/07/F 1	Health and Safety Bi-Annual Report (Enclosure F1) (including update on the Health & Safety incident in W&C Hospital)	
	<p>The Director of Finance provided a comprehensive update following the water leak incident in the Women and Children’s Hospital on 27th April 2021. The Trust had secured the modular builds for additional theatres and the extra ward space. This would be available for use in autumn 2021. The incident was reportable to CQC and HSE. The CQC had visited and were content with the temporary arrangements in place, on the basis that they were temporary. An external consultant had been contracted to assist with the case if it was to lead to a further investigation and visit from HSE.</p> <p>Following an audit on the Trust’s estate, it was noted that the cost to bring the entire estate up to condition B would cost c.£512.2m, c.£313.6m would be to resolve the high and significant issues. The Trust had one of the highest backlogs in the country and most of the estate/infrastructure was 60+ years old. There were 104 estates risks on the risk register, 36 of which were rated 15+.</p> <p>The recommendations were outlined which included that risk assessments needed to be more sophisticated, and resources needed to meet the demand of keeping the estate as safe as possible.</p> <p>The potential options to resolve the impact of the incident and to deliver a long-term solution were shared which included five options ranging from a repair to the electrics only at a cost of £2m, to a total replacement of the Women and Children’s Hospital at a cost of c.£277.5m, which was a favourable option. A further favourable option was to undertake the repairs, essential and backlog maintenance to a condition B rating, which would cost in the region of £39.4m. It was noted that to undertake the work to build a new Women and Children’s Hospital would take in the region of 112 to build, however noted that the Trust would need to continue the delivery of services during that time.</p> <p>It was agreed that this topic would be escalated to the confidential meeting of the Board of Directors to take place on 20th July 2021. The Chair noted that the information provided was concerning.</p> <p>The proposal was to develop a full business case to identify the options for the future of Trust owned accommodation, which was reviewed at the Estates and Facilities Committee on 9th July 2021.</p> <p>Neil Rhodes noted that there would be a complex strategy over several years to achieve the completion of a potential new build, however, added that if this was the case, the Trust was still able to provide the best quality healthcare to residents of Doncaster and Bassetlaw until a new build was ready for us. Mark Bailey supported this.</p> <p>Following an observation from Dan Spiller regarding the timeframe for a new build hospital to be completed and the identification of risk, the Director of Finance noted that it was expected that if the bid was successful, the new build would be undertaken in stages, with the Maternity Unit to take 112 weeks, the elective care centre 150 weeks, and the non-elective care unit 180 weeks.</p> <p>Sheena McDonnell agreed with earlier comments related to ensuring that there were mitigating steps in place to ensure that the Trust was safe despite the estate challenges.</p>	

	<p>Dennis Atkin observed that the Trust was looking forward and addressing issues as they arise.</p> <p>It was agreed that the item would be escalated to the confidential Board of Directors for further discussion.</p>	
	<p>The Committee</p> <ul style="list-style-type: none"> - <i>Reviewed and took assurance from the Health and Safety Bi-Annual Report.</i> <p>Action: The W&C Incident item would be escalated to the confidential Board of Directors for further discussion.</p> <ul style="list-style-type: none"> - 	
AR21/07/G 1	<u>Capacity Planning Internal Audit Report (Enclosure G1)</u>	
	<p>The Chief Operating Officer joined the Committee to outline the progress taken to date following the receipt of the Capacity Planning Internal Audit Report which received partial assurance. The Director of Finance advised that in relation to objective one, the Trust had engaged with a consultancy firm FourEyes to undertake capacity planning work who worked with Divisions to ensure that there was a standardised approach. The annual planning work had been developed based on this. This was complicated slightly when the Trust joined the Accelerator Programme.</p> <p>The Chief Operating Officer advised that work had been taken to further develop the position and included weekly and monthly meetings to review the performance and activity, and the plan in place was monitored and was reported to the Finance and Performance Committee. The specific recommendation relating to non-elective demand planning required further improvement, however it was noted that throughout the pandemic the Trust had achieved more attuned planning for non-elective demand. Scenario modelling would inform the winter plan.</p> <p>Following a question from Neil Rhodes in relation to the Executives acceptance of the recommendations, it was advised that this was the case and that sensible activities would be put into place to resolve it.</p> <p>In response to a question from the Chair whether there was a in place a document that outlines the entire approach to capacity planning, it was advised that this was not in place, however there were methodologies in place and plans were in place to ensure that all data sources were documented. The Chair suggested that there should be a capacity planning policy/procedure to assist new and existing staff & the Director of Finance agreed. Neil Rhodes added that there should be a project management method towards capacity planning to provide a clear way of working, and when challenges arise, and exception report should be provided.</p>	
	<p>The Committee</p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the update provided on the Capacity Planning Internal Audit Report action plan.</i> 	

AR21/07/H 1	<u>Corporate Risk Register (Enclosure H1)</u>	
	<p>The Company Secretary shared the corporate risk register to provide assurance that the Trust risk management process was being followed. There were no new corporate risks added or escalated from the Trust Executive Group (previously called Management Board). There were currently 122 risks logged rated 15+, fourteen of which were monitored via the Corporate Risk Register.</p> <p>Further action required included a continuous review of existing risks and identification of new or altering risk through the improving process. The risk management process would be embedded within the Trust through refreshed training and education to ensure consistency of the process.</p> <p>Following a question from the Chair regarding the receipt of the Risk Management Internal Audit Report, and when it was likely the cleansing of all risks rated 15+ would be undertaken, it was advised that the majority of 15+ rated risks had been reviewed and the next steps would include validation of the risks and risk grading. A status report would be supported to the next Audit and Risk Committee. This would include the refreshed corporate risk register.</p>	
	<i>Action: A status report would be provided on the review of risks rated 15+ at the October 2021 Audit and Risk Committee. This would include the refreshed corporate risk register.</i>	FD
	<i>Action: The updated Risk Management Policy would be presented to the Audit and Risk Committee at the October 2021 meeting.</i>	FD
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the corporate risk register.</i> 	
AR21/07/H 2	<u>Corporate Hospitality and Sponsorship (Enclosure H2)</u>	
	<p>The Corporate Hospitality and Sponsorship Register was shared by the Company Secretary, which detailed all activity between the period 01 April 2021 to 30 June 2021. It was noted that the register showed much reduced activity due to the onset of the COVID-19 pandemic, which saw a reduction in travel/conferences being held face-to-face. The majority of activity that had taken place occurred via virtual technology.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the update provided on corporate hospitality and sponsorship.</i> 	
AR21/07/I 1	<u>Single Tender Waiver Report (Enclosure I1)</u>	
	<p>The Single Tender Waiver Report for the period March 2021 – June 2021 was shared with the Committee to advise of all single tender waivers that were used by the Trust to waive the Standing Financial Instructions since the last Committee meeting. As requested in action AR21/01/G1 the process was outlined within the report front sheet.</p> <p>The Chair noted that it was helpful that the process was within the front sheet. It was agreed that this would remain on the front sheet.</p>	

	In response to a query from the Chair regarding the key driver of time restrictions to complete the outstanding clinical works within the Surgical Division, the Director of Finance advised that this was not initially included as part of the national framework, however the contracts had been comprehensively reviewed and all were content with the terms, including the Chief Nurse with the level of quality.	
	The Committee: - <i>Noted the Single Tender Waiver Report.</i>	
AR21/07/I 2	<u>Losses and Compensations (Enclosure I2)</u>	
	The summary of the information from the Losses and Compensations file held within the Financial Accounts Team were presented, as a standing item at the Audit and Risk Committee. As requested in action AR21/01/G2 the process was outlined within the report front sheet. The losses and special payments for the period 01 April 2021 to 30 June 2021 totalled £10,841.00 and included the regulatory penalty for the maternity incident at Bassetlaw, as posed by the Care Quality Commission. This totalled £2,500. Following a question from the Chair regarding the learning taken from the CQC legal claims, it was advised by the Director of Finance that it would be reported to the Quality and Effectiveness Committee and the Board.	
	The Committee: - <i>Noted the Losses and Compensations Report.</i>	
AR21/07/I 3	<u>SOs, SFIs, Standards of Business Conduct, Board Powers (Enclosure I3)</u>	
	The Standing Orders (SOs), Standing Financial Instructions (SFIs) and Reservation of Powers to the Board and Delegation of Powers were presented to the Committee. These formed the core suite of governance documents which, along with the Constitution, governed how the Trust operated and did business. They were required to be reviewed annually and any changes considered by the Committee for recommendation to the Board of Directors. The documents had been reviewed by the Director of Finance and the Company Secretary and a schedule of the proposed minor changes were included within the report front sheet. It was confirmed that these would go to the Board for approval on 20 th July 2021.	
	The Committee: - <i>Recommended the Standing Orders, Standing Financial Instructions and Reservation of Powers to the Board and Delegation of Powers for approval by the Board of Directors.</i>	
AR21/07/II	<u>Governor Observations (Verbal)</u>	
	Dennis Atkin advised that he was pleased with the content of the meeting/	
	The Committee:	

	<p>- <i>Noted the observations made by the Governors.</i></p>	
AR21/07/K 1	<u>Quarter 4 2020/21 Local Security Management Report (Enclosure K1)</u>	
	<p>Dennis Atkin, Governor Observers advised of his recent experiences within the Outpatient Department with no concerns to raise, however, noted that a member of the public had raised that there seemed to be people within the communal area of Gate 4 at DRI who did not identify as staff.</p> <p>Dennis Atkin highlighted the face mask challenge and noted the helpful data from Saba detailing the number of people they had been required to challenge. The Director of Estates and Facilities advised that it was expected that this might worsen following the 19th July when the Government restrictions were lessened. Whilst the Security Team would continue to challenge non-face-mask wearers, the Infection Prevention and Control Team had advised that all staff should undertake this challenge also. If it became an issue it would be reviewed. Work would be undertaken with Communications to advise colleagues of this. Sheena McDonnell noted that the use of the right language, and how staff approach patients when challenging non-face-mask wearers was important and had to be sensitively managed. The Director of Estates and Facilities advised that standard use of language would be shared with colleagues. Mark Bailey highlighted recent challenges with anti-vaccination protests externally to the Trust and raised concerned regarding the protection of colleagues should this take place on site. The Director of Estates and Facilities advised that discussions had taken place centrally to support this.</p> <p><i>Post-meeting note: KEJ reported that additional security was posted for 10 days afterwards, including ensuring the availability of facemasks at entry points. Staff communications were made in Buzz, on dealing with non-face mask wearing patients/public, plus additional comms to the public.</i></p>	
	<p><i>The Committee:</i></p> <p>- <i>Noted and took assurance from the Quarter 4 2020/21 Local Security Management Report.</i></p>	
AR21/07/K 2	<u>Shared Business Services Annual Assurance Statement (Enclosure K2)</u>	
	<p>The report was prepared by Shared Business Services' (SBS) internal audit provider and was circulated to all of their clients. Trust Management had considered the report during the 2020/21 External Audit process and were satisfied that the Trust already had in place controls to mitigate the weakness found around the Sales Ledger process. The weakness identified around peer review of SBS firewall setting changes was something that the Trust had no control or input into.</p>	
	<p><i>The Committee:</i></p> <p>- <i>Noted and took assurance from the Shared Business Services Annual Assurance Statement.</i></p>	
AR21/07/K 3	<u>Health and Safety Committee Minutes – 25 February 2021 and 22 April 2021 (Enclosure K3)</u>	

	<p>The Committee:</p> <ul style="list-style-type: none"> - <i>Noted the Health and Safety Committee Minutes – 25 February 2021 and 22 April 2021.</i> 	
AR21/07/K 4	<u>Information Governance Group Minutes – 22 February 2021, 22 March 2021, 26 April 2021, and 24 May 2021 (Enclosure H4)</u>	
	<p>The Committee:</p> <ul style="list-style-type: none"> - <i>Noted the Health and Safety Committee Minutes – 22 February 2021, 22 March 2021, 26 April 2021, and 24 May 2021.</i> 	
AR21/07/K 5	<u>Data Security and Protection (DSP) Toolkit Briefing Paper (Enclosure K5)</u>	
	No questions.	
	<p>The Committee:</p> <ul style="list-style-type: none"> - <i>Noted the information within the Data Security and Protection (DSP) Toolkit Briefing Paper.</i> 	
AR21/07/L 1	<u>Any Other Business (Verbal)</u>	
AR21/07/L 2	<u>Minutes of the meeting held on 21st May 2021 and 09th June 2021 (Enclosure L2)</u>	
	<p>The committee:</p> <ul style="list-style-type: none"> - <i>Approved the minutes of the Audit and Risk Committee – 21st May 2021</i> - <i>Approved the minutes of the Audit and Risk Committee – 9th June 2021</i> 	
AR21/07/L 3	<u>Issues Escalated From/To (Verbal)</u>	
	<p>No issues were identified for escalation to/from:</p> <ul style="list-style-type: none"> - H1.1 ARC Sub-Committees <p>Issues identified for escalation to:</p> <ul style="list-style-type: none"> - H1.2 Board Sub-Committees – Staff Survey Report to the People Committee - H1.3 Board of Directors – Women and Children’s Hospital Update to the Confidential Board. 	
AR21/07/L 4	<p><u>Assurance Summary</u></p> <p>The Chair noted that there were many matters reported to the Audit Committee that were progressing and being worked on and did not require escalation to the Board, as objectives were set, and the Chair was content that actions were in place to achieve them but did not provide full assurance in the first instance at times.</p>	

	Sheena McDonnell noted that the assurance summary was also not on the People Committee agenda, and had asked for clarification of what this would achieve. It was agreed that there would be a discussion at the confidential Board meeting to identify how this would be categorised at future Committee meetings.		
	<i>Action: A discussion would take place at the confidential Board regarding the assurance received at Committees and how this would be reported to the Board.</i>		FD
AR21/07/L 4	<u>Date and time of next meeting (Verbal)</u>		
	Date: Time: Venue:	12th October 2021 13:00 Microsoft Teams	
AR21/07/ M	<u>Private Meeting for Audit and Risk Committee Members, Finance Team Members and Governors Only (Verbal)</u>		
AR21/07/ M1	<u>Procurement Update (Verbal)</u>		
	<p>The Director of Finance advised that the tender process had been undertaken for the procurement of the Internal Auditors and External Auditors. The panel consisted of the Director of Finance, Chair of the Audit and Risk Committee, members of the Finance Team and members of the Council of Governors Phil Beavers, Dennis Atkin, and Bev Marshall.</p> <p>It was confirmed that:-</p> <ul style="list-style-type: none"> a) the current internal auditors KPMG were not successful in the tender process; b) 360 Assurance has ranked first in the Internal Audit procurement process; c) EY will be recommended to the CoG as the External Auditor and ranked first in the External Audit procurement process (EY are the current incumbent). <p>The Chair noted the well supported process by Richard Somerset and thanked Richard for his efforts with this.</p> <p>Dennis Atkin endorsed the points raised and noted that the assessment process may need flexibility in the future. The Chair noted that this process would not be undertaken for a further 3-5 years. The current process was to evaluate based on price and quality and noted that this could potentially be reviewed for future procurement processes.</p> <p>The Committee noted that KPMG had undertaken good work with the Trust during their tenure.</p> <p>In response to a comment from Neil Rhodes regarding the on-boarding process of 360 Assurance, the Chair advised that this process would involve meeting with the Executive Directors. The Chair noted that she looked forward to the joined-up perspective within the ICS. It was agreed that this would be reported to the Council of Governors in September 2021.</p>		

	<i>Action: The outcome of the internal audit and external audit tender process would be reported to the Council of Governors in September 2021.</i>	FD
	<i>The Committee:</i> <ul style="list-style-type: none"> - <i>Noted the update provided on the procurement process of the Internal and External Auditors.</i> 	

TRUST EXECUTIVE GROUP

**Minutes of the meeting of the Trust Executive Group
Held on Monday 13th September 2021 via Microsoft Teams**

- Present:** Richard Parker – Chief Executive (The Chair)
Ms Antonia Durham–Hall – Divisional Director, Surgery & Cancer Division
Alasdair Strachan – Director of Education and Research
Karen Barnard – Director People, Organisational Development
David Purdue – Deputy Chief Executive and Chief Nurse (Left at 3.50pm)
Marie Purdue – Director of Strategy and Improvement
Rebecca Joyce – Chief Operating Officer
Kirsty Edmondson Jones – Director of Estates and Facilities
Jon Sargeant (JS) – Director of Finance
Dr Tim Noble – Executive Medical Director
Ken Anderson – Chief Information Officer
Dr Jochen Seidel (JSe) – Divisional Director, Clinical Specialities
Fiona Dunn – Deputy Director Corporate Governance / Company Secretary
Dr Nick Mallaband – Divisional Director, Medicine
- In attendance:** Dr Anurag Agrawal - Clinical Director Endoscopy and Gastro
Hayley Findlow – Corporate Governance Officer (Minutes)
Andy White - Head of Capital Projects (joined on item E1)
Richard Canetti – Deputy Director of Strategy and Development
Clare Ainsley – Strategic Programmes Manager
- Apologies:** Mr Eki Emovon - Divisional Director, Children and Families
Emma Shaheen – Head of Communication and Engagement
Abigail Trainer - Director of Nursing
Ray Cuschieri - Deputy Medical Director

ACTION

TEG21/09/ **Welcome and Apologies for Absence (Verbal)**
A1

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

TEG21/09/ **Matters Arising / Action Log**
A2

Updates were received on actions:

MB14/10/5 Action 1 ICS Update – Pathology - The outline business case for the formation of the pathology network going to the Board of Directors in September.

MB21/04/A2i Action 2 New Speciality Doctor –

The deadline for the expression of interest was at the end of the month. The task and finish group would start up again, and the key issues would be doing the job plans. Additional factor to be included in the discussions, the 3% pay award that has been given as this may

have a detrimental effect in the first year of the new contracts. This would need to be fully understood before the transition happened.

MB21/04/B3 Action 3 Division/Directorate Quality Framework – Deputy Chief Executive and Chief Nurse advised the group that this item had been postponed until the October meeting.

TEG21/07/F1 Action 7 Items for escalation to the Corporate Risk Register – The Chair advised the group that there were no further updates for this item. CLOSED

Actions 1,4-7 closed.

The Committee:

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

**TEG21/09/
A3** **Conflict of Interest (Verbal)**

No conflicts of interest were declared.

**TEG21/09/
A4** **Requests for any other business (Verbal)**

Covid Briefing Update

The Chair briefed the group on what had been extraordinarily challenging times. Nationally it was expected that the number of COVID patients would fall with some of the acute challenges reduced. Across the board, senior staff have been under enormous pressure with rising issues and concerns about staffing levels and what improvements needed to be made to move forward. All staff have risen to the challenges as a team.

ICS System Update

The Chair gave an update on the ICS development. The ICS had advertised for a substantive Chair for South Yorkshire and Bassetlaw ICS. As a result, Pearse Butler was appointed and had already attended the ICS Acute Federation, Chairs and Chiefs Executives meeting and had visited DBTH as his first visit, alongside the Regional Director (Richard Barker).

They looked at the impact that the Women's and Children's incident had had on the Trust and were astounded how well the whole incident, with its challenges, had been handled, with the level of disruption to the midwifery and obstetrics colleagues and the wider Trust. From their point of view thanks were commended to staff, that no one had been injured.

The visit allowed the opportunity for the Trust to discuss the need for them to support the expressions of interest which had been submitted to the new hospital bid program. They all confirmed that it was a priority.

As part of the process, the local MPs, plus Dan Jarvis, signed a letter of support to the Trusts proposal that the Doncaster bid was the one to be taken forward to the next stage.

SYB Senior Leadership Team

The next stage within the ICS would be to appoint a permanent Chief Executive then a Medical Director, Finance Director and a Chief Nurse and are all statutory posts. It was intended that the interviews would commence in the mid to end of October.

As from the 1st April 2022 the Trust would be within two ICS's and work has begun to review the resources required at senior management level to support the demands of the two ICS's. This would be discussed at the Board meeting in September.

THE activity across the ICS to support the elective recovery programme is very demanding, along with the COVID challenges. It was thought that the vaccination process would ease the number of hospital admissions, and this is proving to be correct although levels remain flat with admissions matching discharges.

The Trust needs to re plan for the levels of activity and demand through the Winter period. This does require a review and refresh of plans for Winter to include the acute staffing issues and how these are to be managed.

CQC Patient Survey – Emergency Department

The Chair made the group aware that they were expecting the publication of the CQC ED patients survey results and as soon as they were any further updates they would be shared with the group.

Coroner's Inquest- PFDR

The Chair highlighted that the coroner's inquest, associated to the recent Panorama programme about openness and duty of candour had been heard and acknowledged that the inquest had been a difficult time for the family and colleagues.

The Trust is awaiting more details from HM Coroner within the PFDR. Once received the Trust will respond accordingly.

TEG21/09/ B1 DBTH Strategy Development and Service Line Review

The Director of Strategy and Improvement provided an update on the progress with a proposed extension to finalise in April 2022. This would allow sufficient time for identifying the options, to discuss the workload pressures and with moving into the Nottinghamshire ICS. A Board workshop has been planned to discuss the potential opportunities, threats, and issues that this may pose.

It was highlighted that more time was needed to do the Service Line Reviews with the workload pressure both within in the strategy team and the clinical team, so that meaningful outputs can be established within the next steps.

The Strategic Programmes Manager continued with the presentation and updated on the strategic list projects that are going on in DBTH. These were split into divisions and sub divisions such as Rapid Diagnostic Services and Community Diagnostic Hub and flow work. There are still some large pieces of work to be worked on such as the Bassetlaw Emergency Village and some others, such as the Okenden report, and any further pieces of work that could be added to the list so that they can be cross referenced through the engagement for the Clinical strategy.

The Director of Strategy and Improvement continued; there had been a good response to the listening event with 1900 responses from staff, patients, partners, stakeholders, residents and members and work had been done around the focus groups, with the

voluntary sector having the specific resources to find out what mattered to them and what we should be focusing on in the next five years.

The Deputy Director of Strategy and Development gave a Service line reviews update from the presentation. The three areas were:

- The current baseline position and where were in completing the SLR's.
- The timeline and the process steps to deliver all the SLR's by December 2021 and
- support and the future within areas where support was needed to help deliver the future of the SLR's.

The current baseline was that there was one completed report, and there were five draft reports that need further information from the specialties.

The Director of Strategy and Improvement summarised that the next steps are to have all the SLR's completed and to align with the new capital development work. Also, to understand the proposed ICS changes with a look at other options.

The Chair welcomed any questions and continued by saying that it was hard to think of the future at the present time, but that work needs to continue so that the Trust has a plan for how services are going to be delivered moving forward to ensure that they are sustainable and safe.

The Director of Strategy and Improvement reiterated that this work needs to link in with the ICS and the Clinical Strategy.

The Chair highlighted that the Acute Federation recognised that the ICB (Integrated Care Board) and the Partnership Board must take ownership and responsibility for the delivery of services.

The Committee:

- ***Noted the update on the DBTH Strategy Development and Service Line Review***

**TEG21/09/
C1** **Operational Update**

The Chief Operating Officer gave an operational update with the first briefing outlining the pressures.

The position now was a challenging one with quite a significant rise in July and August in emergency admissions. The impact of the Children's and Women's incident has led to a loss of about a ward and a half of capacity.

There had been significant delays in patient bed waits in ED with significant staffing issues. Significant pressures have been experienced in midwifery, in the Trust and regionally along with neonatal capacity. Additional pressures are being experienced in ward staffing, theatre staffing and acute medical staffing difficulties particular in critical care.

Routine elective work had been stepped down. IN August the Trust delivered 82% of 19/20 levels, but elective inpatients were much less at about 62% of 19/20 levels, with outpatients and day cases 80%.

The Deputy Chief Executive and Chief Nurse highlighted that maternity staffing had been problematic for the last three weeks, but it usually was at this time of year with a combination of annual leave and waiting for new staff to start. There would be 40 new registered staff starting, 7 in paediatrics and 21 midwives with a further 5 starting later.

There had been an increased inpatient acuity and higher enhanced care with 30% of every admission. More escalation work with mutual aid was happening across the ICS, with the mutual policy being updated along with general policy in terms of actions cards for mutual aid for nurse staffing across the ICS.

The next step would be to look at how staff are supported to ensure that patients are in the right place at the right time, with more work to be done on home first and the discharge pathways but this has been delayed with not having the ability to get domiciliary carers.

The Executive Medical Director identified that more support was needed in Critical Care and that all the available options needed to be considered. This had been taken to the clinical reference group within the ICS with offers of support in many areas, with more difficulties around Critical care, In particular around rota frequency for consultant's overnight availability.

The Divisional Director, Clinical Specialities informed the group that a decision had been made to step up to a surge rota for F2 and immediate medical trainees for the safe running of two separate units with the intensive care registrar spending 50% of the time off the unit and seeing patients in ED, theatres, and medical wards. This can't be sustained with just one person.

The Chair agreed that the challenges the Trust faces are reflected across the country.

The Director of Education and Research mentioned that universities are keen to keep students onsite but are aware of the pressures that Trusts are facing and would like to see students be part of the solution if they are senior enough to be constructively engaged.

The Chief Operating Officer confirmed that a meeting had been held and it had been agreed for the Chief Operating Officers in the region to set up a surgical mutual aid arrangement for P2 cases.

The Chair asked if COVID measures should be reintroduced in South Yorkshire as a system way. The important decisions and actions from a service perspective, would be the significant issues in critical care and anaesthetic cover along with issues in respiratory and acute physio.

The issues of how we can maintain the services through the Winter months need to be addressed. The ongoing acute capacity problems would need to involve our partners, as the Trust does not have the physical space on site.

The Divisional Director, Surgery & Cancer Division expressed her concerns on the number of cancellations and moving around that the Trust had to make with cancers and category twos and having the mutual aid discussions would be helpful and beneficial to clinicians from other Trusts.

The Chair reiterated that the Trust needs to agree the priorities for the next period to make sure that as much is done as possible for service continuity, safety, resilience for over the Autumn and Winter months.

The outline for the Winter plan was then discussed. The regional clinical information update on flu was that it would be a bad flu season and would hit early.

One projection on paediatrics would see a rise in 25 to 50% surge on the normal baseline year and would probably peak in November, with more emergency admissions returning to pre COVID levels and more elective long waiters emerging into the emergency department particularly in general surgery and urology.

If realised the current bed modelling would see the Trust 40 to 55 adult beds short, even when the modular build is up and running in December. The Trust would still be 10 to 20 beds short based on the 25/ 50 percent for the additional surge.

The Winter plan sets out high impact priorities in terms of capacity with the development of the integrated SDEC which could offset 11 beds. The development of a ten bedded respiratory unit on ward 22 shared with Critical Care surge, but this could be delivered with the proposal of the discharge lounge moving to AMU to the ambulatory space. With this plan, surgery would move back to S10/S11 and paediatrics would move into the modular building from the 8th December.

The plan needs to move forward so that the Trust can deliver the need, but still acknowledge that we would not be meeting the demand gap for the 40 to 55 adult beds that are needed.

The second part of the plan would focus on how to improve the process, improvements, length of stay, discharge practice with the data suggesting that there were opportunities, but it would be a real challenge.

The Divisional Director, Surgery & Cancer Division thanked the Chief Operating Officer for the update and added that everything would need careful planning and surgical beds would be moved from one ward to another instead of cancelling them out which was what had happened in the past. Taking out 22 beds would mean that emergency surgery would cease to function normally.

The Chief Operating Officer stated that this would only happen when paediatrics moves back to the modular ward so that surgical would move back into S11. The recommendations that have been put forward are that paediatrics would move to the modular and the CSU as the other bed base, with the CSU used more flexible to reduce the pressures.

The Chair summarised and that plans would need to be tested to see if they could be delivered and see which plan fits best for all involved. The capacity issue needs to be pushed as a System and the Trust must accept and use the resources that it has to deliver the plan and stick to it.

The Divisional Director, Clinical Specialities expressed his concerns of timeliness of the plans for ward 22 to be available.

The Chair responded that there had to be a plan that everyone supported including how best to use the resources to have the greatest impact and deliver the best outcomes.

The Clinical Director Endoscopy and Gastro raised the point of the 11 beds moving from ESAC and ambulatory care to SDEC. If the projections are correct, then the Trust would still be short on beds. Having SDEC was not going to be the answer, or even the modular build, more capacity was needed.

The Chair noted the points made from the Clinical Director Endoscopy and Gastro and continued that the levels of disruption would have to be assessed against the impact.

The Director of Finance highlighted that the Trust needs to be honest about what can actually be provided in terms of capacity and deliverability and if the Trust gets to that level of demand, then this would need taken back to the ICS.

The Director of Education and Research raised the question on how we are communicating our risk levels in the organisation.

In response to a question the Chair reported that the Opel system was being used in South Yorkshire to communicate the risk levels along with openness and escalation to make sure that people are sighted in South Yorkshire about the challenges with the use of mutual aid to target these challenges in a supportive way.

The Chief Operating Officer responded to the questions that were raised. The risks must be weighed up in dealing with the adult and children capacity with a slightly higher capacity for adults and this needs to be risk assessed.

The Chair stated that it was very challenging on a day-to-day basis and the plan was needed so that all parts of the system are joining up to take the strain and the pressures in equal measures with a plan which is robust to deal with the Winter months at an ICS level.

The Divisional Director, Medicine gave an overview on the two options for SDEC which was that HSDU which was a good area with a quote of 200k to get the last bit of work done. The concerns from the clinical teams were that it isn't near A and E and that the only suitable area would be pre op, but it does need work doing on it with a trolley bay built. Strategically it was in the right place, with lots of space to expand out on to phlebotomy and by outpatients as oppose to HSDU.

The Divisional Director, Medicine proposed not to use the outpatients waiting area.

The Chair explained that there was a short period of time to understand the outcomes for the Winter period with what options were available to achieve the outcomes. The best possible decisions would need the involvement of all the right people at the right time making sure that we implement the plan systematically using the resources that were available.

The Divisional Director, Medicine reiterated that the decision needs to be quick so that any capital work that was required would be completed by December.

The Chief Operating Officer stated that the co-location with ED was advantageous and fits with the longer strategic direction. It also reduces the staffing required for SDEC which given all the major staffing pressures is a major advantage. The disadvantage is that it disrupts Pre-op, with a significant impact for that team. However, it should be supported as the preferred option for the Winter plan.

The Chair summarised that the delivery for the Winter plan would be based on that the plan can be delivered and have the expected outcomes and processes in place.

The Committee:

- ***Noted the Operational Update.***

**TEG21/09/
C2** **Women's and Children's Incident**

The Chief Operating Officer gave a brief update on the hot and cold debrief where most staff felt supported and safe through the event. The report investigated the areas that could be improved with the operational, tactical, and strategic responses and the lessons, consideration, and implementation.

The report summarised the lessons learnt around the command structure and how the strategic goal was established. The report also indicated what went well and what lessons are to be learned. The two stakeholder partners were involved in the response to help develop and improve plans locally and to act as a learning incident for business continuity.

The Director of Estates and Facilities commented that further work was taking place and was being led by the major incident team in NHSI/E with meetings commencing on the 24th August with a further meeting on the 17th September. This was risk assessed for further incidents that may occur, as the Trust is still responding to the initial incident in the women's and children's hospital.

The Chair continued that a EPRR event took place about the incident. This tied in with the Winter plan.

The Committee

- ***Noted the update on the Women's and Children's Incident***

**TEG21/09/
D1** **Staff Survey Quarterly Results**

The Director People, Organisational Development gave the update on the staff pulse survey results. The conversations that were had had been useful. This included discussing risks, dilemmas, and role modelling with how that could be used moving forward based on last year's full staff survey results and benchmarked against other organisations.

The quarterly pulse survey received a response rate of only 19% with the lowest response rates being within the divisions and estates and facilities. However even in corporate areas the highest response rate was only 54%. The Trust will need to pay attention to this in planning the annual campaign. Disappointingly only the question of care of patients being the Trust's top priority maintained the same response rate and the annual survey with all other questions seeing a deterioration, albeit that it is pleasing.

The Chair outlined that the health and wellbeing offer to staff was substantial. This may have a detrimental effect to those areas that have been on the frontline since COVID 19 emerged, with the areas most affected being Critical Care, AMU, ATC and respiratory wards and it needs to be clear to those colleagues that additional health and wellbeing support was available to them.

The Director People, Organisational Development reinforced that the areas most affected by COVID 19 have had access to the additional health and wellbeing support.

The Director of Education and Research stated that in his opinion the GMC survey and the trainee surveys need not to be subject to over analysis with such low response rates. How this is communicated needs to be cautious and we may need to have a higher response rate before we draw any conclusions from the data.

The Director of Strategy and Improvement reminded the group that when the listening exercise went ahead, there had been a great response and good engagement from staff, with lots of feedback.

The Committee:

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

TEG21/09/ D2 **Vaccination Programme**

The Director People, Organisational Development updated that the Trust was waiting confirmation on the booster programme for health and care staff.

The Flu programme was anticipated to start on the 20th September and teams were planning on a rolling programme, so that everyone would have the opportunity to have a Flu vaccination.

Work has also commenced on looking at doing a third (booster) COVID-19 dose for the immunosuppressed patients.

The Clinical Director Endoscopy and Gastro asked whether clinicians would need to provide a list of patients that are immunosuppressed or on medication that would compromise them, or would it be at the time that they had their first and second dose? Was there a deadline for this?

In response to the question the Divisional Director, Medicine stated that there wasn't any deadline date, and the problem was that the National Database could not be queried nor could the CCG obtain the full national picture of who has had vaccines and when. It had been agreed to pilot with Renal because they have their own database setup and patient information would be collated and sent to the CCG. CCG would try and match the times of the treatments with the immunosuppressed patients to use as the pilot scheme of how to move forward.

The ask of the clinical teams was that they can identify anyone that meets the criteria in Annex A anytime between December of last year to the present date collate this information into a spreadsheet with it all prepared ready to send, so that the GP's can administer the vaccine.

Nationally it has been suggested that 500,000 would meet the criteria, which would be about 2,500 for our Trust, but it could be higher

The Executive Medical Director expressed to the group that the clinical teams were stretched and have more limited ways of finding the data.

The Committee:

- ***Noted the update on the Vaccination Programme***

TEG21/09/ Review of Estates Capital Programme Delivery 2020/21

E1

The Head of Capital Projects, Andy White gave an update on the Estates Capital Programme delivery. The presentation provided the total budget of £22.6 million and that was broken down:

- Original Capital Resource Limit of £9,856,000
- Supplementary ICS Critical Infrastructure Risk Allocation of £9,384,000
- Miscellaneous Supplementary Contracts of £3,360,000

206 Projects commenced including multiple sub projects and COVID & Safe working projects. The variance to the final plan £163,000 equates to 0.072% over budget. Only Trust within the SY&B ICS to deliver Estate's capital programme for 20/21.

A detailed breakdown on the Backlog and Critical Infrastructure Risk (CIR) was given in the presentation, with the amount of £12 Million, with COVID / Safe Working amounting to £3.4 Million. Oxygen Resilience and VIE amounting to £910 thousand with the Refurbishment and Service Reconfiguration at £4.5 Million, which created a new paediatric area with observation space for monitoring sick children and additional isolation space and the opening of major areas to create one large workspace.

Infrastructure, Surveys and Charity added £197 thousand to which was spent on the memorial garden so that staff and patients had a place to go to reflect.

The programme was successfully delivered with reforming the capital team to make it into the Capital Planning unit with reporting via the estate's capital subgroup to the Trust capital group and Finance and performance. The capability was making the professional makeup of the team both in the private and public sector experience. Collaborating and developing relationships with the estates, client teams and outside agencies and having the procurement to be agile and bespoke with delivering the DBTH framework.

The Chair thanked the Head of Capital Projects for the presentation and expressed that even though times have been challenging ones there has still been lots of work that has continued. It would also be communicated to staff across the board along and in the Annual members meeting.

The Director of Estates and Facilities reiterated that the main purpose was that members of this group are aware of what went on last year, and for the Trust to have double the amount of capital given in August and we were one of the few Trusts in the country that managed to spend the capital, which was a real testament to the governance processes and systems that have been put in place and gives staff the confidence that the organisation was investing in the infrastructure.

The Committee:

- ***Noted the update presentation of the Estates and Capital Programme delivery 2020/21***

TEG21/09/ Finance Update

E2

The Director of Finance gave an update on the figure's month end to the end of August with a small surplus of 200k and 250k ahead of plan for first half of the year, with H1 expected to be fine and breaking even. This time last year the Trust had £100 million, and it was down to £41 million. The reasons are that there was more money being spent on capital and more things done to breakeven but not bringing in any money.

There was a £90 million capital scheme and the Trust had been reporting to the centre that there would be an overspend by £12.4 million because of the expenditure on the Women's and children's recovery. The ICS was tasked with resolving the shortfall within its own capital plan.

Out of the £12.4 million the Trust has been asked to find £3 million, with other Trusts finding smaller amounts. Talks have continued about schemes and areas to give £4 million back with further investigation needed. Spending would be £3 million less on the capital plan and with the upcoming Winter plan pressures and spending 300k on upgrading SDEC, then the 300k would need to be taken out of the existing schemes with an underlining deficit increased from £30 million pre COVID to £48 million.

H2 -there had been a national Finance Directors meeting last week. The guidance, rules and the targets would be issued within the month and with £500 million capital to support the restoration of services and to support the elective work, which may also support the two wards and the theatre in the women's and children's hospital.

ERF would continue with a view to try and streamline the gateways to make it easier to obtain the money.

The CIP ask would be for another 0.821% on turnover and a target set for each system in addition to that based on the distance from the original target position for this year. This would be capped at 3%. COVID funding would also be reduced by 5% which was 50k a month reduction.

The Director of Finance gave his thanks to everyone involved in the submission for the expression of interest for the new hospital build. This was a single bid for an entirely new build on the waterfront site in the "basin" in Doncaster. Everything to be built at the same time, with no phasing, at a cost of £1.25 billion. With approval it would take three years to build, providing the site was ready.

The Divisional Director, Clinical Specialities asked about any timeframe involved for the shortlisting and final selection for the projects.

The Director of Finance stated that it could be possibly in the Spring, but this hasn't been discussed or agreed.

The Chair explained that it was a difficult to put a definitive timescale on this.

The Committee:

- ***Noted the Finance update***

TEG21/09/ F1 Items for escalation to the Corporate Risk Register (Enclosure G1)

- i) Review of Risks rated 15+

The Deputy Director Corporate Governance / Company Secretary stated that in the pack that had been circulated, there was an overview of all the risks that are rated over 15+. The

overview document highlights the risks in green that are recognised and that have come through the appropriate governance structure in terms of the corporate risk register. The risks highlighted in amber are the ones that are currently overdue for review. There are still concerns about risks rated 20+ with the lack of detail logged within DATIX as to the controls and mitigation of the risk.

The detailed spread sheet has been attached for all the Executives and Divisional Directors to be able to review and interrogate these risks further and update the details on DATIX.

The Chair expressed that there was further work that needed to be done on the risk register so that these risks link to the Trust strategic objectives with a review of them to make sure they are live issues.

The Clinical Director Endoscopy and Gastro stated that he had raised this at the Divisional Governance meeting and the Divisional Governance leads are busy. What type of support can be provided to help the governance leads down grade the risks that have been highlighted.

The Chair responded and explained that this was being reviewed through the Clinical Governance agenda, with a plan of action as to what needs to be considered and by what timescales to ensure risk review becomes a smarter process.

Action: Members of the Trust Executive Group were required to review all risks and controls within the Corporate Risk Register with their Divisional Directors.

ALL

The Committee:

- ***Noted the update provided on the Corporate Risk Register.***

**TEG21/09/
G1** **Any other Business (Verbal)**

EPR Update

The Chief Information Officer provided a positive update on the levelling up agenda that NHS Digital and NHSX are taking forward. They are running a program about levelling up the EPR system across the health sector.

As of Friday the 10th September an outcome had been reached and DBTH are one of the four Trusts that would be taken forward to the final selection which would be an interview and presentation stage to determine which two out of the four Trusts remain. They are looking for a cloud based progressive EPR system and a Trust that want to progress, with the Trusts used as examples for other Trusts.

The Chair expressed his delight of getting to the final four with the selection process of the EPR bid.

The Director of Finance stated that it isn't entirely clear that the EPR would come with funds if we are one of the two Trusts to win the bid.

The Committee:

- ***Noted No other Business***

**TEG21/09/
G2** **Sub-Committee Reports/Minutes (Enclosure G2)**

The Committee noted the:

Children's and Families Board Update – August 2021
Business Resilience Steering Group minutes - 17th June 2021

**TEG21/09/
H3** **Minutes of the Trust Executive Group meeting dated Monday 9th August 2021 (Enclosure H3)**

The Committee:

- ***Approved the minutes of the meeting dates 9th August 2021.***

**TEG21/09/
H4** **Items of escalation to the Board of Directors (Verbal)**

There were no items of escalation to/from:

- i. People Sub-Committees
- ii. Board Sub-committees
- iii. Board of Directors

**TEG21/09/
H5** **Date and time of next meeting (Verbal)**

Date: **Monday 11th October 2021**

Time: **14:00 – 17:00**

Venue: **Via Microsoft Teams**

The meeting closed at 16:55.

TRUST EXECUTIVE GROUP

**Minutes of the meeting of the Trust Executive Group
Held on Monday 11 October 2021 via Microsoft Teams**

Present:	Richard Parker – Chief Executive (The Chair) Alasdair Strachan – Director of Education and Research Karen Barnard – Director People, Organisational Development David Purdue – Deputy Chief Executive and Chief Nurse Marie Purdue – Director of Strategy and Improvement Rebecca Joyce – Chief Operating Officer Kirsty Edmondson Jones – Director of Estates and Facilities Jon Sargeant (JS) – Director of Finance Dr Tim Noble – Executive Medical Director Ken Anderson – Chief Information Officer Dr Jochen Seidel (JSe) – Divisional Director, Clinical Specialities Mr Eki Emovon - Divisional Director, Children and Families Abigail Trainer - Director of Nursing Dr Anurag Agrawal – Acting Divisional Director of Medicine
In attendance:	Fiona Dunn – Deputy Director Corporate Governance / Company Secretary Claudia Gammon – Secretarial Support Officer (Minutes) Andy White - Head of Capital Projects (joined on item E1) Clare Ainsley – Strategic Programmes Manager Dr Nick Mallaband – Medical Director for Workforce & Specialty Development
Apologies:	Antonia Durham–Hall – Divisional Director, Surgery & Cancer Division
	ACTION
TEG21/10/A1	<u>Welcome and Apologies for Absence (Verbal)</u>
	The Chair welcomed the members and attendees. The apologies for absences were noted.
TEG21/10/A2	<u>Matters Arising / Action Log</u>
	Updates were received on actions: <u>MB21/04/A2i Action 2 New Speciality Doctor</u> – The Director of People and OD (DPOD) provided an update on the new speciality doctor contract noting that expressions of interest closed on the 30th September and 35 speciality doctors had shown an interest in moving to the new contract and that a request had been made by the BMA to extend the option of taking the new contract. The new contracts terms and conditions would stand if any doctors were to move across at a later date to this but from the date of the request. The DPOD asked TEG to consider the application of the 1 day’s additional leave following 7 years’ service, and this was supported but that the 1 extra day would not be backdated beyond 1 April 2021 (and again from the date of request should the request to move onto the new terms and conditions be after 30 September 2021).

	<p><u>MB21/04/B3 Action 3 Division/Directorate Quality Framework</u> - The DCEO (DCEO) informed the committee that the framework was currently being developed by the divisions and would be simplified ahead of being utilised within Women & Children's in the first instance.</p> <p>Actions closed - MB14/10/5 Action 1</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> - <i>Noted the updates and agreed, as above, which actions would be closed.</i> 	
TEG21/10/A3	<p><u>Conflict of Interest (Verbal)</u></p> <p>No conflicts of interest were declared.</p>	
TEG21/10/A4	<p><u>Requests for any other business (Verbal)</u></p> <p>The DCEO raised that he wished to discuss the options for paediatrics in the emergency village case for Bassetlaw Hospital.</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> - <i>Noted and agreed as above.</i> 	
TEG21/10/B1	<p><u>DBTH Strategy Development and Service Line Review</u></p> <p>The Director of Strategy and Improvement gave insight into the timetable for the completion of the service line reporting work. Diabetes and Endoscopy had requested that their timelines are moved forward. The detailed timeline was subject to divisional approval to ensure that the dates on the timeline are kept up to date. The Director of Strategy and Improvement also confirmed that she would re-circulate the timeline as it had minor changes.</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> - <i>Noted the update on the DBTH Strategy Development and Service Line Review</i> 	
TEG21/10/B2	<p><u>Bassetlaw Emergency Village – Paediatric Options</u></p> <p>The DCEO gave an update on the development of the Business Case for the BDGH Emergency Care Village.</p> <p>The Deputy Executive and Chief Nurse provided the long list options for paediatric services and noted that two of the potential options should be discounted as they weren't achievable:</p> <ol style="list-style-type: none"> 1) Assess children then transfer them to another hospital 2) Separate Clinical Assessment Unit (CAU) geographically – ward reverts back to being used as both CAU AND 24/7 <p>The five options to be considered were:</p>	

	<ol style="list-style-type: none"> 1) Separate from CAU geographically – closes at 22:00 with no admissions after 19:00 2) Co-located with CAU – moves next to ED closes at 22:00 with no admissions after 19:00 3) Co-located with CAU - moves next to ED 23-hour unit open 24/7 short stay – outpatients remains where it is 4) Co-located with CAU – moves next to ED 23 hour unit open 24/7 short stay 5) Co-located with CAU moves next to ED phased approach to event staffing 24/7 <p>Following a question from the Director of Education and Research regarding if health care and social care assistants would have a presence on site it was confirmed that this had been reviewed and that the primary care were to be onsite in particular mental health.</p> <p>Nick Mallaband asked about the admissions profile for children and for admission to DRI. The DCEO confirmed that the average length of stay for short term admission was 1.04 day. Therefore options 4 or 5 were the best options.</p> <p>The Director of Estates and Facilities confirmed that options 4 and 5 would mean extra costs on the trust.</p> <p>It was noted that consultation with the public and that this would need to be confirmed through Nottinghamshire’s overview and scrutiny committee.</p>	
	<p>The Committee:</p> <p style="text-align: center;">- <i>Noted the update on the Bassetlaw Emergency Village – Paediatric Options</i></p>	
<p>TEG21/10/ B3</p>	<p><u>Update to note from Richard Parker</u></p> <p>The CEO announced that the ICS had appointed Pearse Butler as SYB ICB Chair. He had visited the Doncaster site at the beginning of September to view the Women and Children’s hospital following the major incident. Pearse also visited last week as part of his induction.</p> <p>The CEO gave an update on the interviews that were taking place for the CEOs for the ICS/ICB confirming that the Chair of the Board Suzy Brain England had been on the panel.</p> <p>The CEO also confirmed that Sheffield Teaching Hospital had undergone an un-announced CQC inspection which had included several core services. STH would also be undergoing a well lead inspection in November.</p>	
<p>TEG21/10/ C1</p>	<p><u>Operational Update</u></p> <p>The Chief Operating Officer gave an Operational update noting that in mid-September the number of COVID-19 cases was 422.0 per 100,000 population in Doncaster. This was higher than both the Yorkshire and Humber average and the national average. Rotherham had the highest bed occupancy rating with DBTH recording 6.7%.</p>	

	<p>Elective care continued to be focussed on P2, Cancer and long waiters. Those patients waiting longer than 52 weeks was at 1255 in mid-September. Cancer patients that had been waiting 62 days was at 74.4% against the 75% standard.</p> <p>The Chief Operating Officer then went on to discuss the new standards for H2 . The CEO identified that all NEY CEO's and Chairman of the Boards had attended a face-to-face meeting to discuss the current and required level of performance against waiting times and the need to develop robust elective plans. A further meeting had been organised for December and ICB would be required to present comprehensive plans.</p> <p>Dr Anurag Agrawal asked about the need to initiate patient led follow up in 5 specialities and whether the Trust had enough validators. The Chief Operating Officer replied that 4 were currently live but that performance was at 1.5% with 2.5% expected by the end of March 2022. The COO confirmed that more validators were required and that a plan was in place to train additional staff.</p> <p>Following a question from Mr Emovon regarding the long management of long waiters the CEO confirmed that there was a requirement to maximise access to surgery and diagnostic and that systems were encouraged to consider models for hot and cold sites.</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> - Noted the Operational Update. 	
TEG21/10/C2	<u>Quality Framework Strategy</u>	
	No item discussed -deferred to November	
	<p><i>The Committee</i></p> <ul style="list-style-type: none"> - <i>Noted the deferred date on the Quality Framework Strategy</i> 	
TEG21/10/C3	<p><u>Winter Plan</u></p> <p>The Chief Operating Officer gave a breakdown of the Winter Plan:</p> <ul style="list-style-type: none"> - Changes had been made around ward 22 and the critical care. - Paediatric modular build was to be handed over w/c 8th December - The focus would be on flow and bed management - UEC Clinical Review Standards would focus on the emergency departments and implementing new measures. - The new ED standards will be piloted ahead of their full adoption next year. <p>The CEO noted that further work was needed with Place based partners to stress test the winter plan and consider whether additional measures could be taken by partners to reduce the deficit in in-patient beds because of the incident in women and children's, with additional capacity. If Place could not develop a reliable plan, then this would need to be escalated to the ICS.</p>	

	Dr Noble questioned what the Trust was doing for those patients who had prolonged stays. The Chief Operating Officer answered that it was still in progress and that the beds issue was also seen as a national shortage.	
	The Committee - Noted the update on the Winter Plan	
TEG21/10/ E1	EPRR The Chief Operating Officer gave an overview of the report and summarised that the core standards statement would be presented to the BOD and to Audit and Risk Committee. The standards were partially compliant at 80% and that business continuity plans were required to be strengthened.	
	The Committee: - Noted the update on the EPRR	
TEG21/10/ E2	Finance Update The Director of Finance identified that there had been a small overspend in month but that the Trust would be close to breaking even in H1. Agency nursing costs had increased by £200k which reflected the increased pressures. The Director of Finance explained that £12.5million was set aside for the maternity build and the modular theatres within Women and Children's. Following a question from Mr Eki Emovon the Director of Finance confirmed that the £200k increase in nursing cost also included midwifery.	
	The Committee: - Noted the Finance update	
TEG21/10/ E4	Policies to be considered There were no policies to be considered	
	The Committee:	
TEG21/10/ F1	Items for escalation to the Corporate Risk Register (Enclosure G1) i) Review of Risks rated 15+ The CEO explained that he had been reviewing the 15+ Risk Register and asked that all the currently identified risks be reviewed and updated or archived where appropriate. Following a comment from the Director of Education and Research about the process for the risks oversight, it was agreed that once discussed within Divisions any risks at 15+ would be required to come to the TEG as per Trust policy. During the Covid 19 pandemic some risks have been added to the corporate risk register without being discussed, validated and/or escalated.	

	<p>Action:</p> <ul style="list-style-type: none"> - Review Risk Register to ensure all the risks remain relevant e.g., mitigation actions and controls in place 							
	<p>The Committee:</p> <ul style="list-style-type: none"> - Noted the update provided on the Corporate Risk Register. 							
TEG21/10/G1	<p><u>Any other Business (Verbal)</u></p> <p>No other business was declared.</p>							
	<p>The Committee:</p> <ul style="list-style-type: none"> - Noted No other Business 							
TEG21/10/G2	<p><u>Sub-Committee Reports/Minutes (Enclosure G2)</u></p>							
	<p>The Committee noted the:</p> <p>Corporate Investment Group – June 2021 Children’s and Families’ Board – September 2021 Business Resilience Steering Group Minutes – July 2021</p>							
TEG21/10/H3	<p><u>Minutes of the Trust Executive Group meeting dated Monday 13th September 2021 (Enclosure H3)</u></p>							
	<p>The Committee:</p> <ul style="list-style-type: none"> - Approved the minutes of the meeting dates 13th September 2021. 							
TEG21/10/H4	<p><u>Items of escalation to the Board of Directors (Verbal)</u></p>							
	<p>There were no items of escalation to/from:</p> <ul style="list-style-type: none"> i. People Sub-Committees ii. Board Sub-committees iii. Board of Directors 							
TEG21/10/H5	<p><u>Date and time of next meeting (Verbal)</u></p>							
	<table border="0"> <tr> <td>Date:</td> <td>Monday 8th November 2021</td> </tr> <tr> <td>Time:</td> <td>14:00 – 17:00</td> </tr> <tr> <td>Venue:</td> <td>Via Microsoft Teams</td> </tr> </table>	Date:	Monday 8th November 2021	Time:	14:00 – 17:00	Venue:	Via Microsoft Teams	
Date:	Monday 8th November 2021							
Time:	14:00 – 17:00							
Venue:	Via Microsoft Teams							
	<p>The meeting closed at 16:40pm</p>							

DRAFT

BOARD OF DIRECTORS – PUBLIC MEETING

**Minutes of the meeting of the Trust's Board of Directors held in Public on
Tuesday 19 October 2021 at 09:30
via Star Leaf Video Conferencing**

Present:	<p>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 Tim 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 Marie Purdue – Director of Strategy and Improvement Kath Smart – Non-Executive Director</p>	
In attendance:	<p>Fiona Dunn – Deputy Director Corporate Governance/Company Secretary Emma Shaheen – Head of Communications and Engagement Angela O’Mara – PA to Chair & Chief Executive</p>	
Public in attendance:	<p>Hazel Brand – Public Governor Bassetlaw Marc Bratcher – Public Governor Doncaster Mark Bright – Public Governor Doncaster Lynne Logan – Public Governor Doncaster Mick Muddiman – Public Governor Doncaster Vivek Panikkar – Staff Governor Debbie Pook – Member of the Public Pauline Riley – Public Governor Doncaster Lynne Schuller– Public Governor Bassetlaw Clive Tattley – Partner Governor Mandy Tyrell – Staff Governor Sheila Walsh - Public Governor Bassetlaw</p>	
Apologies:	Jon Sargeant – Director of Finance	<u>ACTION</u>
P21/10/A1	<u>Welcome, apologies for absence and declaration of interest (Verbal)</u>	
	<p>The Chair of the Board welcomed everyone to the virtual Board of Directors meeting, including governors and the member of public in attendance via the audience functionality.</p> <p>Apologies for absence were noted from the Director of Finance.</p> <p>No declarations of interest were made, pursuant to Section 30 of the Standing Orders.</p>	

P21/10/ A2	<u>Actions from Previous Meetings (Enclosure A2)</u>	
	<p>Action 1 - <u>Escalation to Board – Job Planning Internal Audit Report</u> – on 12 October 2021 the Audit & Risk Committee (ARC) received an update, including a revised timeline, from the Executive Medical Director. It was agreed that ARC would continue to monitor progress and a further update would be timetabled in 2022. As a result, the Chair of ARC agreed it was appropriate for the Board action to be closed.</p> <p>Action 2 - <u>Inpatient Survey Action Plan</u> - action closed</p> <p>Action 3 - <u>Diagnostic Framework Self-Assessment – Board Leadership</u> - not yet due</p> <p>Action 4 - <u>COVID-19 Positive Colleagues</u> - action closed</p> <p>Action 5 - <u>Mental Health Support</u> - action closed</p> <p>Action 6 - <u>NHS Food Strategy Update</u> - action closed</p> <p>Action 7 - <u>Safeguarding Information to Board</u> - not yet due</p> <p>Action 8 - <u>Civility Training</u> - not yet due</p> <p>Action 9 - <u>Nursing Budgets and Establishments</u> - not yet due</p> <p>Action 10 - <u>To establish a task and finish group in respect of risks rated 15+ on Corporate Risk Register</u> – on 12 October 2021 an update, which included progress against actions from KPMG’s 2020/2021 Risk Management Internal Audit Report, was provided to ARC by the Deputy Director of Corporate Governance / Company Secretary. It was agreed that the oversight of risks rated 15+ should take place at the Trust Executive Group and as a result the Board action could be closed. Kath Smart advised Board that audit recommendations which had been scheduled for action in 2022 would be reviewed to determine if earlier action was appropriate.</p>	
	<p><i>The Board:</i></p> <ul style="list-style-type: none"> <i>Noted the updates and agreed which actions would be closed.</i> 	
P21/10/ B1	<u>Maternity Update (Enclosure B1)</u>	
	<p>The Chief Nurse shared the following headlines from this month’s Maternity Update paper:</p> <p>Perinatal Deaths – the findings of three cases were reported during the period 1 April to 30 June 2021.</p> <p>Following some initial delays arising from the flooding incident in the Women’s & Children’s Hospital, an action to provide a bereavement facility on the Central Delivery Suite at DRI is now progressing. The work would be jointly funded from Charitable Funds and the fundraising efforts of Trust colleagues. The Chair of the Board asked that the Board’s appreciation be shared with those colleagues who had raised funds to improve the patient experience in their own time.</p>	DP

Healthcare Safety Investigation Branch (HSIB) Referrals – a total of 17 referrals have been made, 4 notifications were rejected, and 10 completed investigations were reported. Recommendations have been received and the following key learning themes identified:

- senior review and oversight of care
- helicopter view of complex situations
- confirmation bias in decision making
- cardiotocography (CTG) interpretation and escalation

The Chief Nurse confirmed that *confirmation bias* training was supported through Practical Obstetric Multi-Professional Training (PROMPT), consideration was also being given to source external provision. It was recognised that the subject matter was complex and determining the point at which advocacy stopped and confirmation bias started was a challenging one. To better understand confirmation bias the Chair of the Board sought clarification from the Chief Nurse, who described confirmation bias as the tendency to process information/take action based on a pre-existing view or belief.

With regards to the reference to confirmation bias in the recently received Regulation 28 notice, the Chief Executive confirmed that the case in question had previously been reviewed by HSIB, with learning identified in respect of confirmation bias training and the need for a helicopter view of complex situations. The Trust had sought further information from the HSIB, Regional Chief Midwife, Royal College of Midwives and the Local Maternity and Neonatal System to support their understanding of how to measure and assess the expected outcomes of this training. The Trust recognised that the learning was not purely about the provision of training, which is in place but the need to ensure that the training outcomes met Her Majesty's Coroner's (HMC) expectations. Neil Rhodes suggested HMC's approach was based on a four-tier model where assurance was sought on an appropriate policy being in place, deployed and trained to, evaluated, and independently assessed. The Chief Nurse confirmed all of these steps would be fulfilled, with the Regional Midwife providing an objective view.

Clinical Negligence Scheme for Trusts – the Trust's submission, which declared full compliance, was made on 20 July 2021 and feedback was awaited.

The following questions were asked by Pat Drake:

In respect of ***HSIB Recommendation – Action 1 – the Trust to ensure that the staffing model enables the labour ward co-ordinator to remain supernumerary at all time*** Pat Drake enquired of the scale of the problem, which the Chief Nurse confirmed that this tended not to be an issue on the Bassetlaw site but staffing challenges at Doncaster had seen some impact.

In respect of ***HSIB Recommendation 6 – the Trust to ensure essential equipment that may be required during birth is immediately available in the labour rooms*** the Chief Nurse confirmed that all such equipment was in situ.

In response to a question with regards to the number of vacancies, the Chief Nurse confirmed that once the current recruitment had been completed there would be six vacancies, against an establishment of 189.7. None of the vacancies related to senior posts.

With regards to progress against the Royal College of Obstetricians and Gynaecologists guidance on the roles and responsibilities of consultants, the Chief Nurse confirmed that a

	<p>meeting with consultants had taken place and that he would meet with the Executive Medical Director, Director of Midwifery and Divisional Director of Children & Families to review workforce requirements, demand and capacity and culture improvement work.</p> <p>Following a recent visit to the Women’s & Children’s Hospital Pat Drake reported a sense of concern from the staff due to events and estate challenges. The Chief Nurse advised he visited the teams on a weekly basis and recognised the challenges of working in a difficult environment and also the pressures faced by colleagues when dealing with incidents and events, such as attendance at inquests. An extensive support package was available, and the Director of People & Organisational Development reminded Board of the benefits available to employees via Vivup, which included the provision of team wide support. The building challenges due to the aged estate were known, as was the impact on staff confidence and works were ongoing to improve the environment. The modular builds were now in situ and work was progressing well, towards a go live date in early December 2021. The Chief Executive reassured the Board that the more recent water ingress in the Women’s & Children’s Hospital was not connected to the incident earlier in the year and was believed to have been caused by accidental damage during building repairs.</p> <p>The Chief Operating Officer had also extended an open invite to maternity colleagues to join her on a walkaround to understand the impact of the incident and identify any potential improvements.</p> <p>In response to a question from Kath Smart with regards to HSIB recommendation 2 – the Trust to ensure that junior staff and newly qualified clinicians have a personalised support plan in place to consolidate their skills and confidence, the Chief Nurse advised that wider organisational support was available as part of the preceptorship programme.</p> <p>Kath Smart shared her appreciation that the work to develop the bereavement provision was now progressing. She also brought to the Board’s attention the support of the Stillbirth and Neonatal Death Charity (SANDS) in raising funds for the Trust.</p> <p>In respect of the Trust’s performance against the caesarean section rate Sheena McDonnell enquired of any underlying issue or learning that may be identified. The Chief Nurse confirmed that the performance was believed to be directly related to the Trust’s demographics and the complexity and risk factors of our expectant mothers, for example obesity and smoking. In view of this the Trust was an outlier and the position was monitored through the Local Maternity System.</p> <p>Finally, following a review by our Director of Infection, Prevention and Control the Chief Nurse confirmed that patients attending antenatal appointments could now be accompanied. With safe distancing measures reduced to one metre.</p>	
	<p><u>Action:</u></p> <p><i>To correct a typographical error on item 7. Progress in achievement CNST 10 on the Maternity Board report to read “the Year 4 Incentive Scheme standards were released on Monday 8 August for submission by 2 June <u>2022</u>”</i></p>	AO
	<p><u>The Board:</u></p> <ul style="list-style-type: none"> • <i>Noted and took assurance from the Maternity Update.</i> 	

P21/10/ C1	Annual Emergency Preparedness, Resilience and Response Core Standards Compliance	
	<p>The Board received the Annual Emergency Preparedness, Resilience and Response Core Standards Compliance report, which was a statutory annual return to provide assurance to NHSE.</p> <p>The assessment against 46 standards, reported 80% compliance (37 standards) and an action plan to address non-compliant standards had been put in place. The Chief Operating Officer confirmed the three main areas of improvement related to:</p> <ul style="list-style-type: none"> • refresh of business continuity plans • practical learning • risk planning for the aged estate with the regional team <p>The paper had been subject to scrutiny at both the Audit and Risk Committee and the Trust Executive Group and a full and final copy was provided for the Boards consideration and approval. The Chief Operating Officer acknowledged the significant work which had been undertaken as part of the review, which Neil Rhodes supported as proportionate and practical plans.</p> <p>The Chair of the Board asked that her thanks be shared with all contributors.</p>	RJ
	<p>The Board</p> <ul style="list-style-type: none"> • <i>Noted and took assurance from the self-assessment process undertaken for 2021-2022</i> • <i>Approved the statement of compliance at Appendix A for submission to NHS England (Yorkshire and the Humber).</i> • <i>Approved the Improvement Plan at Appendix B for submission to NHS England (Yorkshire and the Humber).</i> 	
P21/10/ D1	<u>Progression of Governance Arrangements for the Integrated Care System</u>	
	<p>The Board received an update on the development of governance arrangements in support of the establishment of statutory Integrated Care Systems with effect from 1 April 2022. This report would be received by all South Yorkshire Trust Boards for information. It identified key decisions to be made following the appointment of the Chief Executive designate and the supporting senior team.</p> <p>The Chief Executive advised that interviews for the Chief Executive designate had taken place on 11 October 2021 and the Chair of the Board had sat on the interview panel. Whilst it was understood that a preferred candidate had been identified, this may not be made public until the closure of the national recruitment programme on 15 November 2021.</p> <p>Interviews for the Nottingham and Nottinghamshire ICS Chief Executive designate would take place on 20 October and the Chief Executive had been invited to join a stakeholder panel.</p>	

	In response to a question from Kath Smart with regards to the impact on place-based work, the Chief Executive confirmed this had been progressed through the Provider Alliance, further development of plans to agree a place-based model was required.	
	<p><u>The Board:</u></p> <ul style="list-style-type: none"> • <i>Noted the Progression of Governance Arrangements for the Integrated Care System Update</i> 	
P21/10/ E1	<u>Minutes of the Meeting held on 21 September 2021</u>	
	<p><u>The Board:</u></p> <ul style="list-style-type: none"> • <i>Received and Approved the Minutes of the Public Meeting held on 21 September 2021.</i> 	
P21/10/ E2	<u>Any Other Business (Verbal)</u>	
	No items were received.	
P21/10/ E3	<u>Governor Questions Regarding the Business of the Meeting (Verbal)</u>	
	<p>Hazel Brand, Lead Governor shared the following observation and questions:</p> <p><u>Lynne Schuller, Public Governor Bassetlaw shared her positive feedback from the Wave of Light ceremony at Harworth All Saints church during Baby Loss Awareness Week. The service supported by the Trust’s bereavement midwives and chaplain provided the bereaved time to reflect, a space to grieve and a safe environment in which to celebrate their babies. Lynne shared a special thank you for colleague’s involvement in the ceremony and for all they do on a daily basis.</u></p> <p><u>The governors enquired if there was an action plan to improve the following measures and if there were any associated risks due to the low levels of completion:</u></p> <ul style="list-style-type: none"> • <u>PROMPT compliance for HCA/MSWs @ 49.2%</u> • <u>CTG compliance <80% across all roles</u> • <u>10 steps to safety - multi-professional training @ 76%</u> <p>The actions to address the above were largely covered in the Maternity Update report. Governors should continue to monitor performance and governor observers at the Quality & Effectiveness Committee should seek assurance and report back on plans to improve the uptake of training in the next governor report.</p> <p><u>There is an increase in emergency caesarean sections at Bassetlaw – 18.7% in July and 22.7% in August. This might be just one or two deliveries – can this be put into perspective and is this due to an increase in high-risk mothers?</u></p> <p>The Executive Medical Director stressed the key consideration was the appropriateness of the c-section, he also drew governor’s attention to the fact that as the caesarean section rate goes</p>	

	<p>up evidence suggest that the still birth rate goes down, and as such there was a balance to be found. The Chief Executive suggested it would be helpful to include the actual numbers of births and caesarean sections in future reports in support of the effect of small number statistics</p> <p>The Chair of the Board thanked governors for their attendance and scrutiny of papers.</p>	DP
	<p>The Board:</p> <ul style="list-style-type: none"> • <i>Noted the comments raised, and information provided in response.</i> 	
P21/10/ E4	<p><u>Date and Time of Next meeting (Verbal)</u></p> <p>Date: Tuesday 16 November 2021 Time: 09:30am Venue: Star Leaf Videoconferencing</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> - <i>Noted the date of the next meeting.</i> 	
P21/10/ F	<p><u>Close of meeting (Verbal)</u></p>	
	<p>The meeting closed at 10:30</p>	