Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Board of Directors Meeting Held in Public
To be held on Tuesday 22 February 2022 at 09:30
Via MS Teams

Enc		Purpose	Page	Time
A	**MEETING BUSINESS**			**09:30**
A1	Welcome, apologies for absence and declarations of interest *Suzy Brain England OBE, Chair* *Members of the Board and others present are reminded that they are required to declare any pecuniary or other interests which they have in relation to any business under consideration at the meeting and to withdraw at the appropriate time. Such a declaration may be made under this item or at such time when the interest becomes known* *As this is the first meeting using TEAMs, Members of the public and governor observers will have both their camera and microphone disabled for the duration of the meeting*		-	10
A2	Actions from previous meeting *Suzy Brain England OBE, Chair*	*Review*	-	
B	**PRESENTATION**			
B1	Patient Safety Presentation *David Purdue, Deputy Chief Executive and Chief Nurse*	*Assurance*		30
C	**True North SA1 - QUALITY AND EFFECTIVENESS**			**10:10**
C1	Board Assurance Framework *Dr T J Noble, Executive Medical Director*	*Assurance*		5
C2	Chief Nurse Update *David Purdue, Deputy Chief Executive and Chief Nurse*	*Assurance*		5
C3	Maternity Update *Lois Mellor, Director of Midwifery*	*Assurance*		5
C4	Executive Medical Director Update • Learning from Deaths Report Q2 2021/2022 *Dr T J Noble, Executive Medical Director*	*Assurance*		10
D	**True North SA2 & 3- PEOPLE AND ORGANISATIONAL DEVELOPMENT**			**10:35**
D1	Board Assurance Framework *Anthony Jones, Acting Director of People and Organisational Development*	*Assurance*		5
D2	Our People Update *Anthony Jones, Acting Director of People and Organisational Development*	*Assurance*		10
D3	Report from Guardian for Safe Working *Anna Pryce – Guardian for Safe Working & Consultant in Sexual Health*	*Assurance*		10

BREAK 11:00 - 11:10				
E	**True North SA4 - FINANCE AND PERFORMANCE**			**11:10**
E1	Board Assurance Framework *Alex Crickmar, Acting Director of Finance & Deputy Chief Operating Officer*	*Assurance*		5
E2	Finance Update *Alex Crickmar, Acting Director of Finance*	*Note*		10
E3	Operational Update – Looking Forward *Deputy Chief Operating Officer*	*Assurance*		10
E4	Performance Update *Deputy Chief Operating Officer*	*Assurance*		10
E5	Ambulance Handover Delays *Debbie Pook, Deputy Chief Operating Officer*	*Assurance*		10
F	**STRATEGY**			**11:50**
F1	Corporate Objective Q3 2021/22 *Richard Parker OBE, Chief Executive*	*Assurance*		10
F2	Community Diagnostic Hub Business Case for NHSEI *Marie Purdue, Director of Strategy, and Improvement*	Approval		10
G	**GOVERNANCE AND ASSURANCE**			**12:10**
G1	Corporate Risk Register *Fiona Dunn, Deputy Director Corporate Governance/Company Secretary*	*Review*		5
G2	Use of Trust Seal *Fiona Dunn, Deputy Director Corporate Governance/Company Secretary*	*Approve*		5
H	**INFORMATION ITEMS (To be taken as read)**			**12:20**
H1	Chair and NEDs Report *Suzy Brain England OBE, Chair*	*Information*		
H2	Chief Executives Report *Richard Parker OBE, Chief Executive*	*Information*		

H3	ICS Update *Richard Parker OBE, Chief Executive*	*Information*		
H4	Performance Update Appendices *Rebecca Joyce, Chief Operating Officer*	*Information*		
H5	Minutes of the Finance and Performance Committee – 26 October 2021 *Neil Rhodes, Non-Executive Director*	*Information*		
H6	Minutes of the Quality and Effectiveness Committee – 5 October & 7 December 2021 *Pat Drake, Non-Executive Director*	*Information*		
H7	Minutes of the Charitable Funds Committee – 16 September 2021 *Mark Bailey, Non-Executive Director*	*Information*		
H8	Minutes of the Trust Executive Group – 8 November 2021 *Richard Parker OBE, Chief Executive*	*Information*		
I	**OTHER ITEMS**			**12:25**
I1	Minutes of the meeting held on 25 January 2022 *Suzy Brain England OBE, Chair*	*Approval*		5
I2	Governor questions regarding the business of the meeting (10 minutes)* *Suzy Brain England OBE, Chair of the Board*	*Discussion*		10
I3	Any other business (to be agreed with the Chair prior to the meeting) *Suzy Brain England OBE, Chair*	*Discussion*		10
I4	**Date and time of next meeting:** **Date:** Tuesday 22 March 2022 **Time:** 09:30 **Venue:** MS Teams	*Information*		
I5	**Withdrawal of Press and Public** Board to resolve: That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest. *Suzy Brain England OBE, Chair*	*Note*		
J	**MEETING CLOSE**			**12:50**

*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: 25 January 2021

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Action Log

Meeting:	Public Board of Directors
Date of latest meeting:	25 January 2022

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

No.	Minute No.	Action	Lead	Target Date	Update
1.	**P21/07/D2i**	**<u>Diagnostic Framework Self-Assessment – Board Leadership</u>** 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** **Update 25.1.2022 –** included in the Health & Well-being update within the Our People report, board leadership compliance assessed @ 90%. Action to close

Action notes prepared by: Angela O'Mara
Updated: 25 January 2021

No.	Minute No.	Action	Lead	Target Date	Update
2.	**QEC21/08/ C4i**	**<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.	**DP**	~~**November 2021**~~ ~~**January**~~ **February 2022**	To be included in the Chief Nurse Update Full Board agenda postponed to February 2022 due to planning/response to Omicron

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Patient Safety Specialists (PSS)

Executive Briefing document
NHS England and NHS Improvement

Patient Safety Incident Response Framework

- The NHS Patient Safety Strategy (July 2019) describes the Patient Safety Incident Response Framework (PSIRF) as “a foundation for change” and as such, we now have the opportunity to think and respond differently when a patient safety incident occurs.

PSIRF Strategic Aims

- Improve the safety of the care we provide to patients
- Improve the experience for patients, their families and carers wherever a patient safety incident or the need for a Patient Safety Incident Investigation (PSII) is identified
- Improve the use of valuable healthcare resources
- Improve the working environment for staff in relation to their experiences of patient safety incidents and investigations.

Situational Analysis of Patient Safety Activity

- 159 serious incidents
- 1203 complaints
- 300 inquests
- 270 moderate harms

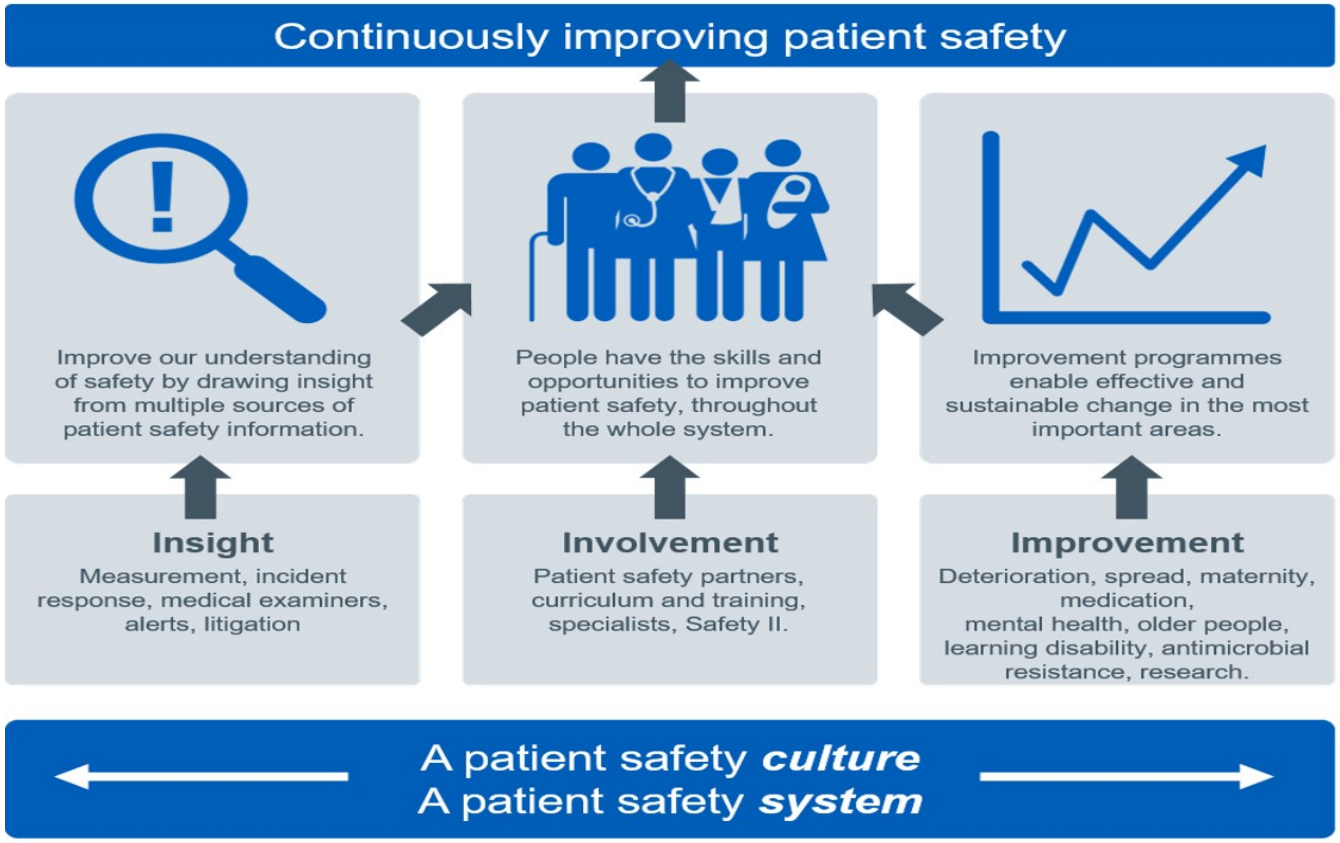
Patient Safety Governance

- Trust Board;
  - Seeks assurance that high quality services are being delivered through its subcommittees and presentation of data within the monthly Chief Nurses report. The Accountability for the Patient Safety Investigation (PSI) will no longer sit with CCG and will sit with the Board of Directors. The proposal of each PSI is that there is an executive sponsor to ensure the investigation runs smoothly.
- Quality and Effectiveness Committee (QEC);
  - Chaired by the Non-Executive Director and attended by Executive directors responsible for delivering on the patient safety, patient experience and clinical effectiveness agenda. This is a subcommittee of the Board of Directors, seeking assurance around patient safety and quality matters. A quarterly learning from patient safety report is heard at QEC and will continue to include learning from the PSI's.
- Patient Safety Committee (PSC);
  - Chaired by the Patient Safety Specialist, this group ensures the operational elements of patient safety are discussed and implemented to deliver the strategic objectives and provide assurance. This committee will need operational detail of each PSI.

Patient Safety Specialist Role

- Patient safety specialists will be the lead patient safety experts in healthcare organisations, working full time on patient safety
- They will be ‘captains of the team’ and provide dynamic, senior leadership, visibility and expert support to the patient safety work in their organisations
- They will support the development of a patient safety culture and safety systems, and have sufficient seniority to engage directly with their executive team
- They will work in networks to share good practice and learn from each other
- Patient safety specialists will lead, and may directly support, patient safety improvement activity and ensure that systems thinking, human factors understanding and just culture principles are embedded in all patient safety processes
- They will promote patient safety thinking beyond why things go wrong in healthcare
- They will support their organisations’ ‘patient safety partners’ (patient and public representatives specifically involved in patient safety) as identified in the NHS Patient Safety Strategy.

Patient Safety Specialists



Formally creating this role provides status and the expectation that having a patient safety specialist(s) who is fully trained in the national patient safety syllabus is standard across the NHS

Skills and attributes

- ability to provide senior leadership and work with senior leaders
- ability to use informed persuasion to influence others
- credibility and enthusiasm for patient safety
- expert communication skills and ability to provide and effectively communicate highly complex, sensitive and contentious information to staff, patients and relatives/carers, particularly where a potentially antagonistic or highly emotive atmosphere may present significant barriers to acceptance
- ability to use established networks and create new ones to share good practice and facilitate engagement with regional colleagues and the national patient safety team
- ability to analyse complex information (including patient safety incident data, administrative data, mortality data) that may conflict and where expert opinion may differ
- ability to develop, maintain and monitor information systems to support improvement initiatives
- strong self-awareness and coping strategies
- enthusiasm and interest in ensuring others are trained and developed in patient safety

National early milestones

- Over 700 Patient Safety Specialists representing 96% coverage of relevant organisations
- We have held 16 national meetings - topics including:
  - National patient safety improvement programmes
  - Views on patient safety culture
  - PSIRF progress update
- Involvement in two national safety issues:
  - Beckton Dickinson infusion devices
  - Phillips device recall
- Involvement in national working groups including:
  - National Patient Safety Syllabus
- Development of FutureNHS Collaboration platform (access via patientsafetyspecialists.info@nhs.net)
- Patient safety priorities document provided
- Starting to create region and ICS patient safety specialist networks

PSS priorities

- Just culture support and advice
- National Patient Safety Alerts advice
- Improving quality of incident recording
- Support transition from NRLS and StEIS to the new Learn from patient safety events (LFPSE) service
- Preparation for implementing the new Patient Safety Incident Response Framework (PSIRF) when it is launched in 2022
- Implementation of the Framework for involving patients in patient safety
- Patient safety education and training including the first two levels of the Patient safety syllabus
- Supporting involvement in the National Patient Safety Improvement Programmes, working with local AHSNs and Patient Safety Collaboratives
- COVID-19 recovery support – more information will be provided shortly

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Board Assurance Framework – Risks to achievement of Strategic Aims

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

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

Current Risk Level Summary

The entire current BAF was last reviewed in February 2022 reviewed alongside the corporate risk register.

The entire BAF and CRR were reviewed at Board Sub Committee meetings during Jan/Feb 2022 and by the Strategic aim sponsors in Feb 2022. The individual BAF sheets indicate the assurance detail.

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

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

There has been no change in the BAF risk level during quarter 4 2021/2022.

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

	No Harm 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Rare 1					
Unlikely 2		2 Q&E8, Q&E3	1 Q&E4	2 A&R1, F&P10	2 F&P18, Q&E10
Possible 3		1 Q&E7	3 Q&E5, Q&E2, F&P14	4 Q&E11, F&P5, F&P9, Q&E6	2 **F&P11**, F&P19
Likely 4			2 F&P12, F&P15	7 Q&E9, **F&P1**, F&P3, F&P6, F&P13, F&P8, Q&E1,	4 F&P4, F&P20 Q&E12, F&P12,
Certain 5				2664	COVID 2472

Overall change per Strategic Aim (SA)

	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	No of risks/SA	Change
SA1	⟺	⟺	⟺	⟺		⟺
SA2	⟺	⟺	⟺	⟺		⟺
SA3	⟺	⟺	⟺	⟺		⟺
SA4	⟺	⟺	⟺	⟺		⟺
COVID	⟺	⟺	⟺	⟺	several	⟺

Appendix Level1

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.- COVID19 Major incident

Risk Owner: Trust Board – Medical Director/Chief Nurse/COO
Committee: Q&E, F&P,

COVID19 Major incident - Addition to SA1

Date last reviewed : February 2022

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.

Comments: points to consider
- 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

Comments:
- See evidence of plans in link (Overall Plan)
- Risk log (see link)
- High Level COVID Narrative
- Post implementation review

Risk Appetite:
The Trust has a **high appetite** for risks that impact on patients and staff during a worldwide pandemic.

Risks:
- Impact on safety of patients
- Impact on patient experience
- Potential delays to treatment
- Impact on patient harm
- Impact on reputation
- Adverse impact on Trust's financial position –
  - 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
- Risks on staffing numbers in relation to vaccination awaiting final decision nationally.
- Risks to patient flow due to external availability of care provision, which adversely affects patient experience

Risk references:
link CRR Risk ID2472 on DATIX

Opportunities:
- Change in practices, new ways of working

Initial Risk Rating	5(C) x 5(L) = 25 extr	Risk Trend
Current Risk Rating	5(C) x 4(L) = 20 extr	⟺
Target Risk Rating	3(C) x 3(L) = 9 low	

Rationale for risk current score:
- Previous unknown pandemic:
  - Patients, staffing, resources etc
- Data modelling predictions based on "best" guess principles from previous flu epidemics
- Unknown timescale of outbreak

Future risks:
- 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.
- Uncertainty re COVID recovery outcomes
- Uncertainty re SYB ICS changes

Controls (mitigation to lead to evidence of making impact):	Last Review date	Next review date	Reviewed by	Gaps in Control
Pandemic incident management plan implemented. • National reporting & monitoring eg PHE, NHSI/E, WHO etc	Jan 2022	Feb 2022	DP	No unexpected identified
Accountability Framework & Quality framework process ○ Securitization of pt pathways ○ Winter plan implementation	Jan 2022	Feb 2022	DP/TN/RJ	Action plans in place
Full projections of C19 demand & other emergency flow modelled with partners, & supporting bed modelling. This informs week to week operational plans & winter planning.	Jan 2022	Feb 2022	DP/TN/COO	Workplans in place to support flow internally and externally
Urgent and Emergency Care Improvement Programme	Jan 2022	ongoing	DP/RJ	Focused work on ED medical staffing
Ongoing daily operational reviews to allocate or redeploy staff to maintain safe care, or mitigate risks in a particular service	Dec 2022	Feb 2022	DP/RJ/TN	Ongoing rota management

Appendix Level1

Assurances received (L1 – Operational L2-Board Oversight L3 External) **		Last received	Received By	Assurance Rating	Gaps in Assurance
L1,L2,L3	National reporting & monitoring eg PHE, NHSI/E, WHO etc	Nov 21	F&P, Board	ongoing	On going
L1,L2	Thrice weekly enhanced operational meetings in place as cross Trust ongoing incident management arrangements	Jan 22	F&P,QEC, Board	Full – ongoing review through phases	Action plans in place & continual review
L2	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.	Dec 21	F&P, Board	Full – ongoing review through phases	Action plan in place & continual review
L1,L2,L3	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. Updated BAF shared with Board on the 25th January 2022	Jan 22	Board	Full	
L2,L3	KPMG Internal Audit reviews on quality outcomes: o Covid-19: Business Continuity, Pandemic Response Plan and Remote Working - October 2020 - o COVID-19 Financial Governance and Controls - October 2020 -	OCt 2020	Board	- Significant assurance with minor improvement opportunities	Actions complete

Corrective Actions required	Action due date	Action status	Action owner	Forecast completion date

Assurances received (L1 – Operational L2-Board Oversight L3 External) identify the range of assurance sources available to an entity:
—L1 Management –such as staff training and compliance with a policy
—L2 Internal Assurance –such as sub-committees receiving evidence of L1 working effectively; and
—L3 External Assurance –such as internal and external audits.

Appendix Level1

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 : January 2022**	
Strategic Objective To provide outstanding care and improve patient experience **Breakthrough Objective** Achieve measurable improvements in our quality standards & patient experience **Measures:** • 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 - 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 • Feedback from patients via compliments and complaints. • Patient survey outputs and effectiveness of action plans • Co-production of changes with patients • Insights profiles from CQC • Board Assurance Frameworks	**Risk Appetite:** The Trust has a **low appetite** for risks **Risks:** • Risk of patient harm if we do not listen to feedback and fail to learn • Risk of not using available quality assurance data to best effect in order to identify areas to improve or manage patient care. • Risk to safety and poor patient experience as a result of failure to improve the estate and infrastructure. • Risk of non-delivery of national performance standards that support timely, high quality care • 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 nurse's complete preceptorship with increased reliance on agency staff. • Risks to patient both in terms of flow and communication as a result of the pathways relating to Infection, Prevention and Control measures	**Initial Risk Rating** **Current Risk Rating** **Target Risk Rating**	4(C) x 5(L) = 16 extr 4(C) x 4(L) = 16 extr 3(C) x 3(L) = 9 low	Risk Trend ⟷
	Risk references: Q&E9, F&P 6 and F&P 8. **Opportunities:** • Change in practices, new ways of working • Advent of more digital care • Greater opportunity for collaboration at place / system level • Implementation of National Safety Strategy • Restructure to focus on patient experience • Quality improvement processes focused on Falls in the 10 high risk areas • Workforce development plan • Review of quality processes within the ICS	**Rationale for risk current score:** Impact: • Impact on performance • Impact on Trust reputation • Impact on safety of patients • Impact on patient experience • Potential delays to treatment • Possible Regulatory action **Future risks:** • Impact of COVID on elective restoration • Staff engagement post covid • Patient expectations following Covid • Staff working in separate areas following the incident in the women's hospital. • Uncertainty re COVID recovery outcomes • Uncertainty re SYB ICS changes **Comments:** • Need to ensure Trust Values are effective • Need to develop quality/patient safety strategy • Need to sustain improvements in QI initiatives • Need to widen the focus on patient and user feedback		

Controls (mitigation to lead to evidence of making impact):	**Last Review date**	**Next review date**	**Reviewed by**	**Gaps in Control**
BIR Data targets & exceptions	Jan 2022	Feb 2022	DP	No unexpected identified
Accountability Framework & Quality framework process o Securitization of pt pathways o Winter plan implementation	Jan 2022	Feb 2022	DP/TN/RJ	Action plans in place
Clinical Governance review	Jan 2022	Feb 2022	DP/TN	None identfied
Urgent and Emergency Care Improvement Programme	Feb 2022	March 2022	DPook	Actions & plans in place
Action plans to respond to CQC patient surveys	Dec 2022	Feb 2022		Action plans in place
Patient Experience process, review of PPI and Accessible Standards		March 2022		Reviews in place to ensure compliance

Assurances received (L1 – Operational L2-Board Oversight L3 External) **		**Last received**	**Received By**	**Assurance Rating**	**Gaps in Assurance**
L3	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.	June21	ARC, Board	Full	None

L2,L3	SNCT undertaken to ensure safe staffing completed in June 2021. Nurse Staffing Assurance Framework shared at Board on the 25th of January 2022	Jan 22	QEC, Board	Full	Action plan in place
L2,L3	Okenden feedback received from the LMNS, action plans developed to achieve 7 key actions	Dec 21	Board	Full	Action plan in place
L1,L2,L3	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. Updated BAF shared with Board on the 25th January 2022	Jan 22	Board	Full	
L2	Nurse Staffing Assurance Framework shared at Board on the 25th of January 2022	Jan 22	Board	Full	

Corrective Actions required	**Action due date**	**Action status**	**Action owner**	**Forecast completion date**

Assurances received (L1 – Operational L2-Board Oversight L3 External) identify the range of assurance sources available to an entity:
—L1 Management –such as staff training and compliance with a policy
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—L3 External Assurance –such as internal and external audits.

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Report Cover Page			
Meeting Title:	*Board of Directors*		
Meeting Date:	*22nd February 2022*	**Agenda Reference:**	C2
Report Title:	**Chief Nurse Report**		
Sponsor:	*David Purdue – Chief Nurse and Deputy Chief Executive*		
Author:	Kirsty Clarke, Workforce Lead Stacey Nutt, DDoN Patient Experience Marie Hardacre, Head of Corporate Nursing David Purdue, Chief Nurse		
Appendices:	*0*		

Report Summary					
Purpose of report:	*The Board are asked to approve the ongoing work to improve patient quality against the True North Objectives*				
Summary of key issues/positive highlights:	The paper outlies the January outcomes in relation to the key patient safety measures in falls, hospital acquired pressure ulcers, infection prevention and control and serious incidents, highlighting what learning has been undertaken and how this is shared across the Trust. The paper highlights patient experiences in January. Focused on the effectiveness of the complaints procedures, themes of complaints and how we evidence learning. The paper also identifies new initiatives to support patients and families as a result of changes to visiting from Omicron Covid 19. The paper gives a deep dive into the current position on safe staffing, highlighting the mitigations in place and the future developments to support safety.				
Recommendation:	To approve				
Action Require:	Approve	Information	~~Discussion~~	~~Assurance~~	~~Review~~
Link to True North Objectives:	**TN SA1:**	**TN SA2:**	**TN SA3:**	**TN SA4:**	
	To provide outstanding care for our patients	***Everybody knows their role in achieving the vision***	*Feedback from staff and learners is in the top 10% in the UK*	*The Trust is in recurrent surplus to invest in improving patient care*	

Implications	
Board assurance framework:	*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:	February 2022	**Decision:**	*Regular updates required to QEC*
Next Steps:		*Update progress to QEC*	
Previously circulated reports to supplement this paper:		None	

BIR February 2022 (January 2022 data)

In July 2019, NHS improvement launched the national patient safety strategy defining patient safety as **maximising the things that go right and minimising the things that go wrong.** It is integral to the NHS' definition of quality in healthcare, alongside effectiveness and patient experience.

Work is ongoing in the Trust for the key milestones of the patient safety strategy to be delivered, including the national syllabus and the end of the serious incident framework. The Trust continues to adhere to the serious incident framework and the Omicron wave has potentially slowed progress of the introduction of patient safety incident response framework and the Trust awaits guidance.

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.

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

INSIGHT

Serious Incidents
There were four Serious Incidents in January 2022:

- a medication incident in a patient with unknown pregnancy
- an ischaemic right latissimus dorsi flap reconstruction following breast reconstruction surgery
- missed opportunity to diagnose a rupturing AAA
- a baby born in poor condition (HSIB investigating)

This brings a total of 32 Serious Incidents reported, year to date. Of these, 23 were for care issues, one was for a governance incident, five are HSIB investigations and four are due to falls with severe harm.

HSIB Investigations
There have been five HSIB investigations, year to date, which have all been reported as serious incidents, as per the National guidance.

Patient Safety Incident Response Framework (PSIRF)
Following guidance from the national patient safety team, the Patient Safety Incident Response plan is complete and was presented to the Quality and Effectiveness Committee in December 2021. This included 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 in 2022.

Patient Safety Specialists
The Trust have confirmed the new Patient Safety Specialists as Dr Juan Ballesteros (Associate Medical Director for Clinical Safety), Ms Marie Hardacre (Head of Nursing – Patient Safety and Quality) and Ms Nicola Severein-Kirk (Lead Nurse – Patient Safety and Quality).

Falls
There have been 155 falls in January. Of these, 98 resulted in no harm and four incidents were non-inpatient. 46 falls have resulted in low harm and six of these were non-inpatient. There have been eight moderate harms (one x non-inpatient at ED DRI, seven in inpatient areas including; Ward 25, Mallard, Ward S11, Ward 20, St Leger, ATC and CCU/C2. There have been three severe harms, (one non-inpatient at ED DRI, two inpatient areas; Ward G5 and FAU).

Learning from falls is collated at a monthly falls panel and communicated to staff via a monthly 'shared learning from falls' infographic which is also included in the SHWC newsletter.

Hospital Acquired Pressure Ulcers (HAPU)
There were 90 HAPU's in January 2022 affecting 68 patients. Of these patients, three were category three HAPU's, four are unstageable HAPU's, no category four HAPU's and four Mucosal Pressure Ulcer.

This brings the total number of HAPU's year to date to 771, affecting 619 patients.

Learning from HAPU continues with the use of a Trust social media page, Trust Intranet page (Hive), bespoke ward training and Trust wide training via eLearning and Face to Face.

The Skin Integrity Team commenced a Quality Improvement (Qi) target in October 2021 with the aim of achieving a 20% reduction across the Trust of category two and above HAPU's (based on the 2020/2021 figures) by the end of March 2023.

The Pressure Ulcer Reduction Strategy was commenced in October 2021, the figures for the wards have been reviewed and 24 wards/areas have shown a reduction, with five areas showing 100% reduction (Neonatal unit, Childrens Observation Unit, BDGH Fracture clinic, Main Theatres, Orthopaedic Theatres) and eight areas showing greater than 50% reduction in HAPU's.

<u>Infection Prevention and Control</u>

Clostridium difficile
There were five cases of Clostridium difficile in January 2022. All cases were Hospital Onset, Hospital Acquired (HOHA).

This brings the total number of cases of Clostridium difficile as of 31 January 2022 to 42 against a trajectory of 48 (27 HOHA and 15 COHA). Last year the overall outcome was 12 over trajectory.

We are in a better position this year to date through the ongoing improvement work. Peracide Wipes are currently being trialled in order to improve cleanliness of patient equipment. New UV and HPV machines are in use to decontaminate environments following cleaning. A new cleaning RAG rating has been finalised. The plan was that the company would support face to face training in the wards/departments in January 2022, however due to the rise in cases of COVID-19 this has been postponed to minimise the footfall in clinical areas. The IPC team continue surveillance in clinical areas regularly auditing standards in relation to patients with infectious organisms.

E-Coli Bacteraemia
There were three cases of E.coli bacteraemia in January 2022.
The total number of cases, year to date is 39 against a trajectory of 115 (this trajectory includes Doncaster CCG and DBTH cases).

MRSA bacteraemia
There were no MRSA bacteraemia reported in January 2022.

MRSA Colonisation
There were three reported MRSA colonisations in January 2022, with a year to date total at 12 cases.

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 people can play in supporting and contributing to a healthcare organisation's governance and management processes for patient safety.

Roles for PSPs can include:

- membership of safety and quality committees whose responsibilities include the review and analysis of safety data
- involvement in patient safety improvement projects
- working with organisation boards to consider how to improve safety
- involvement in staff patient safety training
- participation in investigation oversight groups

The Trust is not in a position at this time to recruit PSP's and the ambition is to have the PSP's in place by the end of Q2 2022/23, depending on the introduction of the national patient safety strategy.

Patient Safety Syllabus
The Patient Safety Syllabus (level one) is now on the ESR and available for all staff to use. This is a national eLearning package to improve safety culture. Communication has been added to the Trust newsletter to inform staff. This will also be included in the SHWC newsletter.

IMPROVEMENT

Shared Learning
Following investigation, recommendations and learning from patient safety incidents, the monthly patient safety newsletter Sharing How We Care (SHWC) saw October 2021 being the 30th edition. This was temporarily suspended and will be recommenced in February 2022.

SHWC is sent to all Trust staff and is designed around Insights, Involvement and Improvement https://www.dbth.nhs.uk/shwc/

Complaints
In January the number of complaints received was of 55, consisting of 51 (40/60 working days (WD) and 3 MP complaints, giving a year to date (YTD) of 517* complaints. This is compared to 598 for the same point in time in 2020/21 (13.5%) reduction. Of the 55 complaints 48 were allocated as 40wd, 4 as 60wd and 3 were MP complaints that are allocated 20wd.

When split by Division Medicine had 29, Surgery and Cancer 10, Childrens and Families 10, Clinical Specialties 5 and the CNO 1.

The number of concerns logged this month was 42 which is an increase from December (32).

Compliance with acknowledging complaints within 3 working days improved in January from 69% to 91% which is just short of the Trust target of 95%.

36 complaints were due to be closed within the expected timeframe in January, but there were only 16 closed which is 44% closed within timeframe compared to 15% in December.

The total number of complaints closed in January was 52 of which 24 were not upheld, 17 partly upheld and 11 upheld. Compliance with recording an outcome was 100% and of those that were upheld or partly upheld 89% had learning recorded.

The top 5 themes of subjects for January's complaints are Patient Care (including hydration, nutrition and maternity) with 18 complaints, Values and Behaviours (13), Diagnosis

(including tests, delays and missed) (10), Communication (10) and Access to treatments or drugs or equipment (9).

In January we have had 2 contacts from the PHSO requesting information packs. 1 concerning a complaint in CSS which was opened in November 2020 and responded to twice. The other is from Medicine that was opened in July 2020 and responded to once. There have been no outcomes from the PHSO and they are still in the process of arranging an 'Early Dispute Resolution' meeting with an ongoing complaint in surgery.

In January with have confirmed patient representatives to be part of Patient Experience and Involvement Committee, Trust Ethics Advisory Committee and PLACE.

Work continues with the Health Inequalities workstream that will include reviewing the accessible information standards and have identified an opportunity to take part in a piece of work with the deaf community.

The family liaison service was set up in January making the best use of our Trust volunteers and overseen by the Complaints manager and Voluntary Services co-ordinator. They have taken over 80 calls in the 3 weeks it was running in January and feedback from family members using it has been very positive and very humbling. The property drop/off and collection has also been much welcomed and well received by relatives. It is imperative now to review the family liaison service and see what the future for the service is once visiting restrictions are lifted.

Meetings have been arranged with the Emergency department to start progressing actions from the emergency and urgent care picker survey and also the learning from complaints.

* there can sometimes be a slight discrepancy in the number each month due to when the complaint is logged.

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.

There were currently 40 established inpatient wards open at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust.

The actual versus planned percentage is detailed below;

Ward distribution of planned versus actual rate	November 2021		December 2021	
	No.	%	No	%
Within 5%	**19**	**47.5%**	**18**	**45%**
5% under planned versus actual	**6**	**15%**	**8**	**20%**
5% over planned versus actual	**4**	**10%**	**0**	**0%**
10% under planned versus actual	**11**	**27.5**	**13**	**32.5%**
Surplus over 10%	**0**	**0%**	**1**	**2.5%**
Total IP wards	**40**		**40**	
Number of wards closed	**0**		**0**	

In the last 18 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. However these pressures are now being seen across general surgical, orthopaedic and other speciality medical areas with an increase in patient acuity and enhanced care needs. This has been reflected in our safe staffing data with an increasing number of areas 5 % or 10% under their planned versus actual.

In addition to the above actual V planned staffing data the tables below details the average bed occupancy of each ward or department in month who were under their planned versus actual. This can then be triangulated against staffing fill rates.

November narrative
40 inpatient wards were open throughout November.

19 (47.5%) were on green for planned v actual staffing, 6 (15%) wards were on amber for being 5% under planned v actual staffing (G5, SCBU, Gresley, ATC, C1, S10). 4 (10%) wards were amber for being 5% over planned v actual staffing (18/CCU, 25, Mallard, 16).

11 (27.5%) wards were red for being 10% under planned v actual staffing (B6, CCU/C2, Ward 20, Ward 21, M1, M2, CDS, A4, S11, 32, 24). There were no wards in November which were over 10% of their planned v actual staffing.

November 2021 bed occupancy data
Red – above 85% bed occupancy Amber above 70% bed occupancy;

Wards with deficit of 10%	Bed base number	Average beds occupied at midnight	Average % of beds occupied per month
M1	26	8.9	32.4%
M2	18	7.1	39.4%
CDS	14	4.2	30%%
ITU Bassetlaw	6	4.9	81.6%
B6	8	2.3	10.9%
G5	21 +2	18.9	82.1%
ATC	21	17.8	84.7%
Ward 20	27	26.5	98.1%
Ward 21	27	25.3	93.7%

Ward 24	30	27.7	92.33%
Ward A4	20	21.7	104%
Ward A5	16	17.3	108%
S10	20	15.9	79.5%
S11	19 (currently 11)	9.8	89%
C2/CCU	18	16	88.8%
Ward 32	18	15.4	85.5%

December narrative
40 inpatient wards were open throughout December.

18 (45%) were on green for planned v actual staffing, 8 (20%) wards were on amber for being 5% under planned v actual staffing (1&3, SAW, A5, FAU, Haematology, Gresley, ITU,G5). There were 0 wards that were amber for being 5% over planned v actual staffing during December.

13 (32.5%) wards were red for being 10% under planned v actual staffing (B6, CCU/C2, Ward 20, Ward 21, M1, M2, CDS, A4, S11, 32, 24, S10, DCC). There was only 1 (2.5%) ward which was red for December for being over 10% of their planned v actual staffing (C1).

December bed occupancy data
Red – above 85% bed occupancy Amber above 70% bed occupancy;

Wards with deficit of 10%	Bed base number	Average beds occupied at midnight	Average % of beds occupied per month
M2	18	7.6	42.2%
CDS	14	4.2	30%
M1	26	10.4	40%
DCC	22	13.8	62.7%
A5	18	17.4	96.6%
Ward 32	18	13.9	77.2%
A4	20	21.6	108%
CCU/C2	18	17.1	95%
Ward 24	30	25.3	84%
Ward 20	27	22.2	82.2%
Ward 21	27	26.5	98.1%
S10	20	14.8	74%
S11	11	14.5	131.8%
B6	8	1.3	16.25%

The number of areas reporting 10% reduction against planned versus actual has increased during November and December. The data for November and December demonstrates a deteriorating position due to a number of factors including increased sickness absence and difficulty recruiting to all vacancies and utilisation of closed / escalation beds for prolonged periods. All areas are risk assessed using professional judgement, review of red flags, staff redeployment or utilisation of other key roles such as therapy staff to ensure patient safety isn't compromised. Also to note that only four of these areas had less than 60% (average) of patients occupying beds at midnight – these included maternity wards and ESSU which is

elective short stay with minimal inpatient beds Monday to Friday only. Therefore in those areas although staffing levels were below their planned trajectory the number of patients in their care was also significantly reduced.

All gaps identified in advance are reviewed and shifts are sent to bank and registered nurse gaps considered for escalation to agency. Due to on-going pressures from the pandemic and staff isolation fill rates for bank and agency shifts continue to be compromised due to availability of workforce, with an increased use of Tier 1 and Tier 2 agencies during November and December. This is closely monitored with NHSP colleagues and the senior nursing team. The sickness rate for November (Non Covid) 6.84 %, and December (Non Covid) 5.24%. The end of November position for workforce that are off work due to Covid positive related sickness reduced slightly to 2.23% increasing to 4.11% by the end of December. This is across all staff groups not just nursing and midwifery.

There continues to be areas of risk across all the divisions. This is having a direct impact on timely and effective patient care. The requirement for staff to take annual leave spread across the year has continued throughout November and December. Taking annual leave is being promoted as it is important that staff utilise this time to remain resilient to winter and covid pressures. This coupled with an increase in general sickness, vacancy factor across all Divisions, extra beds opened, staff on adjusted duties or phased returns (Covid and non Covid related) and the increase in activity and acuity has put nursing and midwifery teams under considerable pressure across this time period. On the day movement of staff when temporary workforce solutions are unable to support required staffing levels are undertaken following assessment of acuity / dependency/ red flags/ bed occupancy by divisional bleep holders and matrons (including clinical site team out of hours).

The impact of the major incident in the Women's and Children block (flood damage to the estate) continues to have a detrimental impact on nurse staffing in all services. Due to the relocation of Paediatric and gynaecology 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 Women's and Children's are continually risk assessing staffing to ensure patient demand is met. The children's ward relocated to the modular wards early December with an aim to relocate into the original children's ward mid-February 2022. This move required consolidation of nursing teams to ensure safe provision of services within the modular build ward and including closing children's day surgery unit, relocating orthopaedic and ophthalmology elective day cases to Bassetlaw and ceasing ENT elective paediatric services. Staffing challenges within gynaecology are compounded by the ward being temporarily relocated to Ward 19 in the east ward block, with gynaecology ambulatory care remaining located in the women's hospital. There is a direct impact on the services ambulatory care model when staffing on G5 is lower than planned as the service cannot safely staff both inpatients beds on G5 and ambulatory care, in such instances ambulatory care is closed to maintain safety on G5.

However this has a negative impact on flow within gynaecology and the wider emergency flow.

The pool ward NHSP incentive was extended for registered nurses at top of band plus 20%, however HCA shifts were reduced to top of band plus 10%. The pool ward shifts are allocated on a shift by shift basis to area with the greatest risk – which includes assessment of acuity and dependency of patients and beds open on the ward. The agency cascade has been reviewed to ensure all vacant registered nurse shifts are shared earlier with the agencies to improve fill rates. Utilisation of Tier 1 and Tier 2 agencies has increased during November and December including pre booking of agency staff to provide continuity. Agency release to Tier 2 is via a golden key escalation process and is monitored closely by the senior nursing teams. Enhancements in key areas such as respiratory, orthopaedics, Surgery maternity and theatres have also been extended to try and improved fill rates for registered nurse and midwifery shifts this is also at top of band plus 20% via NHSP. However HCA shifts remained at top of band plus 10% during November and December.

Work in relation to effective rostering of substantive staff continues but is compounded by staffing shortfalls which affect ward managers being able to spend supervisory time away from the clinical area, planning effective rosters in the light of short notice staff absence due to predominantly covid related absence which can be up to 10 days and beyond. Delays in sickness being recorded and / or ended on E Roster also affects the true representation of the staff utilisation KPI's, P&OD partners continue to explore discrepancies / delays in timely sickness absence being recorded on E Roster. An increasing number of wards are now using the E Roster to NHSP direct interface, which promotes timely escalation of shift gaps to temporary workers. Inconsistencies in ESR also continue to affect the validity of E Roster data and further work with P&OD / workforce information teams and finance partners is underway. Ward staff, ward managers and senior nursing teams should be commended for the hard work to provide care to patients in challenging circumstances, particularly over the festive period when the work life balance pressures can be increasingly difficult particularly after pandemic challenges separating families throughout December 2020.

There was a planned approach to utilise the first two cohort of international nurses in key areas of risk such as gastroenterology, respiratory medicine, theatres and also 1 cohort predominantly to support staff gaps at Bassetlaw. The first four cohorts have commenced in post with the final cohort arriving at the end of January 2022, although some delayed due to testing covid positive pre-flight. The dedication of the recruitment and education teams focused on international nurses is recognised and thanks shared with those teams for their dedication and determination to support this project.

Midwifery services have now engaged with the international nurse recruitment process and the Trust has submitted a bid for 55 Nurses for 2022 / 2023, again supported through the SYB ICS approach in conjunction with NHSP. This will include 50 adult nurses and 5 nurses for children's / NNU services.

Mitigation

The on-going risk relating 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. Divisional processes for reviewing staffing levels on a daily / weekly basis are currently being

reviewed. Nurse staffing is also reported monthly via our mandated safe staffing return and via reporting to the Quality & Effectiveness Committee.

A number of actions are in place to mitigate the risk, these include:

- 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 ongoing recruitment campaigns including health care assistants, registered nurses and alternative roles such as Trainee Nurse Associates and RN apprenticeship roles
- Redeployment of clinical staff from teams such as education, out-patients and theatres as required
- Utilisation of agency nurses in some areas, this is balanced against the quality metrics to ensure patient care isn't compromised, this includes pre booking to provide continuity of workers and improved familiarity.
- 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 - however this as expected has a direct impact on ward manager duties including timely closure of incidents, complaints investigation delayed and roster management including HR related processes being delayed.
- Support from Enhanced Care team to support planning and delivery of appropriate care to complex patients.
- Rapid cohorting / isolation of Covid 19 patients to minimise outbreaks and reduce risk to patients and staff

Focus on the registered nurse gap in 2021 / 2022 has been based on two streams, international nurse recruitment and also supporting recruitment of newly qualified workforce from feeder universities across the region and further afield. Feedback is being collated as part of the newly qualified recruitment process to understand why the newly qualified staff are choosing DBTH as their employer of choice although location is one of the main drawers for residents local to the three sites, the other clear decider for many recruited is the support they received whilst at DBTH on placement and the values demonstrated through teams during placement experiences.

Use of temporary workforce solutions

A cap of agency expenditure for registered general and specialist nursing staff, midwives and health visitors has been in place since November 2015. The annual ceiling for DBHFT was set at the lowest level of 3% which was a reflection of the relatively low level of bank and agency usage when compared to the national picture.

Across the ICS Trusts have been working with NHSP on a Bank share initiative which supports Trust substantive staff who work with NHSP to work across the ICS via NHSP. This has particularly befitted ED on both sites, BDGH pool ward and MMMH rehab wards, however the pick-up of shifts by bank share staff from other Trusts does only account for 2.6% of shifts filled by NHSP at DBTH.

Ongoing work with NHSP to improve fill rates and recruitment to the bank is ongoing locally and across the ICS, with a focus on recruitment strategy and late notice cancellation reductions. The procurement process remained underway across the ICS in relation to the temporary workforce solutions during November / December 2021.

The Trust have also piloted a health care assistant recruitment scheme to support delivery of adhoc enhanced care provision. With a dedicated team of NHSP staff being trained to deliver enhanced care support to wards on a short notice basis, in response to changing needs of new patients admitted and alteration in patient behavior. Ongoing work to recruit health care assistants into training posts with NHSP in collaboration with the Trust are ongoing including NHSP supporting with their own dedicated clinical educator to support learners in practice.

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

As part of the future developments for 2021/22 the senior nursing leadership team are looking to utilise the Allocate Safe Care model to support how nurse staffing is managed. Safe Care is x3 times a day staffing software that supports review or staffing levels against 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 implementation of Safe Care was planned to be led by the newly appointed Head of Nursing for Workforce & Ward accreditation (commenced in post November 2021), in conjunction with the Trust E Roster team, however due to other pressures in the corporate nursing team /patient safety additional responsibilities / priorities will further delay safe care roll out. Additional resource to support the administration within the E Roster team has been requested and approved via a Charitable Funds bid and the Senior Nursing team have secured additional resource to ensure that this is rolled out effectively and principles well embedded from April 2022. This will be supported by an experienced matron who is flexibly retiring and returning in April 2022 and has a vast amount of experience in surgical and medical roles.

The Trust worked in partnership with NHS Professionals to recruit 50 international nurses from India for 2021. Currently 47 international nurses have commenced in post with a further 3 expected in February 2022. Delays in January 2022 relate to candidates testing positive prior to the flights. NHS Professionals have provided recruitment support to all of the other trusts in the SYB ICS so our involvement will strengthen partnership working further. To support this programme additional support has been in put in place with the

appointment of a Pastoral Care Officer and a dedicated Practice Educator who will oversee this staff group to ensure integration and support. Cohort 1 2 3 & 4 have successfully completed their OSCE boot camps.

To support the continued integration and retention of the international nurses a pilot stay & thrive post has now been recruited to, with the post holder commencing mid-February 2022 been submitted for funding. This was progressed in recognition of learning from other organisations to maintain effective retention of this valuable nursing resource. The focus of the stay and thrive matron will be to support international recruitment with a focus on further developing the nurses, recognizing and rewarding prior experience and also supporting them to thrive within the NHS and at DBTH. A bid has been submitted for 2022 for an additional 55 international nurses (50 adult nurses, 5 paediatric nurses) with a focus on not only filling vacancies in ward areas but also departments that are facing challenges in terms of service restoration, for example Endoscopy and Theatre services. Funding received as part of this bid will provide resource to fund the recruitment of international nurses, provision of accommodation, initial training including OSCE boot camp support and additional costs will attributed to Divisions that will benefit when the staff are in post as registered nurses.

Additional funding that will be released through the National HCSW zero vacancy campaign (if second bid successful) will be utilised in part to support an increase in the vocational education team to enable learners to be supported in practice. This is expected to improve the experience of new starters who are often one of several groups of learners in a clinical area including student nurses, newly qualified nurses, international nurses, trainee nurse associates, medical students etc. and poor experience as a learner is known to impact on retention of this staff group.

Staff morale and resilience is recognised to have been negatively impacted during the pandemic and continues to be the case with increasing activity across the elective and emergency pathways. In recognition of this amongst registered nurses and midwifes the Trust is actively seeking ways to support our nurses and midwives and has fully engaged with the roll out of the Professional Nurse Advocate (PNA) role initiated by Ruth May Chief Nurse – with Trusts being asked to progress to a 1 PNA to every 20 Nurses / Midwifes ratio. To support this the Trust has committed to a joint nurse appointment post in partnership with University of Sheffield (UoS), which will focus on role out of PNA's at DBTH including a governance framework, proposal for funding of PNA protected time within clinical budgets, a team of trained and supervised PNA's and supporting UoS with delivery of the national level 7 academic PNA programme to Trusts across England including DBTH.

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Report Cover Page					
Meeting Title:	*Board of Directors*				
Meeting Date:	22nd February 2022	**Agenda Reference:**	*C3*		
Report Title:	**Maternity Perinatal Mortality Review Tool**				
Sponsor:	*David Purdue – Chief Nurse and Deputy Chief Executive*				
Author:	Lois Mellor, Director of Midwifery David Purdue, Chief Nurse and Deputy Chief Executive				
Appendices:	1				
Report Summary					
Purpose of report:	*To provide assurance against the outcome measures for Maternity Services* *To assure the Board against the progress against action plan for the Ockenden report.*				
Summary of key issues/positive highlights:	The report shares with the Board the outcomes from the perinatal mortality review tool over the previous quarter. Highlighting the key issues which have been identified with the actions being undertaken. Sharing learning from Hospital Safety Investigation Branch reports so the Board is assured that changes are made in line with recommendations. Thematic review of the areas where work is being undertaken to address issues identified in reports.				
Recommendation:	To approve				
Action Require:	Approve	Information	~~Discussion~~	~~Assurance~~	~~Review~~
Link to True North Objectives:	**TN SA1:** ***To provide outstanding care for our patients***	**TN SA2:** ***Everybody knows their role in achieving the vision***	**TN SA3:** *Feedback from staff and learners is in the top 10% in the UK*	**TN SA4:** *The Trust is in recurrent surplus to invest in improving patient care*	

Implications	
Board assurance framework:	*None*
Corporate risk register:	*None*
Regulation:	*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:	*January 2022*	**Decision:**	*Regular updates required to QEC*
Next Steps:	*Update progress to QEC*		
Previously circulated reports to supplement this paper:	None		

Monthly Board Report

January 2022

Please read this report in conjunction with the Board Surveillance PowerPoint Presentation

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

1.1 Stillbirths and late fetal loss > 22 weeks

Gestation	Initial review findings	PMRT and investigation /review outcome
34+1	Attended for USS, no FH on scan. Reported change in movements antenatally. SI (report outstanding). PM shows maternal diabetes effects on placenta	Awaiting Grading
28+5	Attended with DFM 1st episode. 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
34+5	Had DFM 3 days, no FH on home Doppler, no FH on scan. Covid Positive. Cause of death: Covid changes to placenta	Awaiting Grading
22+5	Attended OOO/A&E with abdominal pain ?UTI x2. SI (report outstanding) one twin delivered off pathway, second on delivery suite. Cause of death: Covid changes to placenta	Grading of care: A & A
25+3	Type 1 diabetic. Hypertension. IUGR detected, referred to FMU Sheffield. Sadly no FH when attended. Cause of death: Severe placental maternal arterial mal-fusion.	Awaiting Grading
?28/40	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 with Emma Merkuschev
39+6	Attended triage DFM, with tightenings. Sadly no FH. SI (report outstanding) HSIB referred. Full PM requested, awaiting reports.	Due for discussion and grading
33	Multip previous severe PET, Previous C/S, slight spotting, Delivery in DRI carpark	Awaiting Grading. Coroners PM received. Initially investigated as NND but deemed stillbirth
29	Covid 19 positive	Awaiting review and full PM investigations

23	Multigravida, Abruption, 23 weeks, DIC, multiple transfusion, Hysterostomy. Prev 29 week	Awaiting review and full PM investigations
25	Multigravida, 25 weeks, PET, Learning Difficulty, self-discharge	Awaiting review and full PM investigations

1.2 Neonatal deaths

Gestation /age	Initial review findings care until the birth of the baby	Initial review findings of care of the baby	PMRT and investigation /review outcome
38+5	Severe hypoplastic left heart syndrome, delivered at DRI, transferred to Leeds for postnatal opinion. Supported by Hospice. Declined bereavement support	Cytogenetics normal, awaiting follow-up joint review with NNU team and FMU consultant to discuss care	Grading A & A
21+3	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 3

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	19 ↑ 2 since Dec 2022
referrals / cases rejected	4
Total investigations to date	15
Total investigations completed	12
Current active cases	4
Exception reporting	0

2.1 Reports Received since last report

One draft report with no recommendations.

2.2 Current investigations

HSIB criteria: Stillbirth
Trust site: Doncaster
Six-month deadline: 03.2022
Factual accuracy on draft report received from the trust
Draft report sent to the family for factual accuracy checking
Family feedback due End of February

HSIB criteria: HIE/ Cooling
Trust site: Doncaster
Six-month deadline: 05.2022
Paediatric notes received
Four staff interviews completed
One interview to be confirmed

HSIB criteria: HIE/ Cooling
Trust site: Doncaster
Six-month deadline: 07.22
Clinical triage meeting held 02.22 case accepted
Medical note uploaded
Plan to start chronology

3. Training Compliance

There are currently vacancies in the education team, and these are being mitigated.

Training was cancelled in December and January due to the Omicron variant of Covid 19.
Training has now been recommenced.

Up to date training figures will be shared on the Board paper in March 2022.

4. Service User Voice feedback

The Doncaster and Bassetlaw MVP Group is working closely with the Deputy Head of Midwifery to co-produce a work plan for 2022. The LMNS have been supporting the group to provide proactive feedback, and help with co-production of the service.

Women and their families use digital formats to leave feedback including Facebook, which are monitored by the senior midwifery team. The team aim to speak to any users with concerns, and use this proactively to improve the services.

Feedback from a recent HSIB report and from local families has helped with securing funding to create a self-contained bereavement suite. The plans have been developed and the work is now to tender. This will significantly improve the environment for families who have suffered a loss. The dedicated bereavement midwives, together with the MVP will create this. Improvements will also be undertaken at BDGH, with the upgrading of the current bereavement room and a new dedicated quiet room for women have unexpected poor news at a scan.

Visiting guidance has been reviewed and the number of birth partners and visitors on the ward increased from one to two.

The CCG's continue to work with local groups to improve feedback from local families.

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

None.

7. Progress in achievement of CNST 10

Submission was completed on 20th July 2021 declaring full compliance clarification has been requested by the MIS team. Richard Parker CEO, David Purdue as Board Level Safety Champion and Lois Mellor Director of Midwifery are in contact with the MIS team after submission of further evidence of compliance.

A further two submissions of evidence have been sent to the MIS team, which were submitted by 10 am 27th December 2021 as requested).

Year 4 standards – a letter has been received from the MIS declaring a pause in the reporting procedure for 3 months due to the current pressures on the NHS.

Risks

Safety Action 5 – Midwifery workforce

Safety Action 7 – MVP's / User Feedback due to the inconsistent chair and meetings

Safety Action 8 – due the current vacancies in the education team and midwifery vacancies

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Report Cover Page					
Meeting Title:	Board of Directors				
Meeting Date:	22 February 2022	**Agenda Reference:**	*C4*		
Report Title:	Medical Director Update				
Sponsor:	Dr Timothy Noble, Executive Medical Director & Responsible Officer				
Author:	Dr Timothy Noble, Executive Medical Director & Responsible Officer				
Appendices:	n/a				
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:	The Executive Medical Director's report provides information and updates on: • Risk Stratification Assurance Body • Covid Medicines Delivery Unit (CMDU) to provide nMAB treatment • Learning from Deaths Report (Quarter 2)				
Recommendation:	The Board is asked to note the update.				
Action Required:	~~Approval~~	Information √	Discussion	Assurance √	~~Review~~
Link to True North Objectives:	**TN SA1:** *To provide outstanding care for our patients*	**TN SA2:** *Everybody knows their role in achieving the vision*	**TN SA3:** *Feedback from staff and learners is in the top 10% in the UK*	**TN SA4:** *The Trust is in recurrent surplus to invest in improving patient care*	
Implications					
Board assurance framework:	No change				
Corporate risk register:	No risk identified				
Regulation:					
Legal:	n/a				
Resources:	n/a				
Assurance Route					
Previously considered by:	• Learning from Deaths Report presented to Clinical Governance Committee (CGC) November 2021 and Quality and Effectiveness Committee (QEC) December 2021				
Date:		**Decision:**			
Next Steps:	Continued review through CGC				
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 (RSAB)

As of 6th February 2022, 98% 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.

The Trust has a well-coordinated and managed process to patient prioritisation, and compliance with the risk stratification process is high. An internal clinical review process underpins the risk stratification plans.

Following the establishment of a Risk Stratification Group at Integrated Care System (ICS) level, which meets twice per month, the Terms of Reference for the RSAB are being reviewed.

2) COVID Medicines Delivery Unit (CMDU)

The Trust commenced neutralising monoclonal antibody (nMAB) treatment for patients hospitalised due to the effects of covid in October 2021 when the first drug (Ronapreve) was licensed. In mid-December 2021, the CMDU was established on the Acute Medical Unit at DRI to treat clinically vulnerable community patients (including prisoner and secure mental health populations) testing positive for covid, with Sotrovimab being licensed for use in this cohort. The antibody treatment is given intravenously and, due to potential side effects it needs to be administered in a hospital setting.

This new service had to be started from the ground, it needed to be resourced with medical, nursing and administrative staff seven days per week including over the Christmas period due to the short window for treatment from onset of symptoms.

The identification of community cases is via a national system (Webview) which searches the GP record and recent PCR positive covid cases. This flags names and numbers of people who may be eligible for this treatment. There are currently two treatments available Sotrovimab which is an intravenous infusion of an antibody that reduces hospital admissions by 80% and an anti-viral tablet Molnupiravir which reduces hospital admissions by 30%. The aim is to treat as many people with the antibody as possible, however that requires a three hour hospital admission.

As treatment needs to be given within five days of onset of symptoms the CMDU needs to be staffed with administrative staff to ensure list of patients on Webview is reviewed twice daily, Consultants carrying out daily telephone consultations and triage seven days per week and a qualified nurse providing daily treatment. This was complex to set up as it requires rapid and efficient input and communication between administrative, nursing and medical staff with each discipline available seven days per week to provide prompt treatment. It also requires facilities suitable for receiving covid positive patients.

After being given notice to stand up on 16th December, 2021, we made our first phone call to a patient on the 18th December, 2021, and treated our first patient with antibodies on 21st December, 2021. Nationally we were one of the first units to get up and running with antibody administration and the first in our ICS. Since that date we have provided cover continuously to treat our patients.

The national demand modelling from the community cohort predicted 5-10 patients for daily triage with 2-3 being suitable for treatment, however the surge of the Omicron variant resulted in 40 patients per day at the peak. To date we have called over 550 patients with medical telephone consultations and treated over 100 patients with these new medications.

The future model of this service remains unclear as more drugs will become available and there are declining numbers of covid cases. It is currently run on the good will and hard work of some key members of admin/medical/nursing/ops team, with staff working voluntarily over their paid hours (especially in the early phase of set-up and establishment) to ensure patients were treated as soon as delivery of the first batch of Sotrovimab was received, and subsequent stabilising of the new service. We are currently putting a case together for this to become funded through budget setting as a continuous service for at least the next six months.

It is important here to thank the people who have ensured that this service has been implemented so successfully. The time people have given and the flexibility and their dedication to getting the best treatment for our patients has been humbling to watch.

3) Learning from Deaths Report (Quarter 2)

Currently the Medical Examiner office scrutinises all adult 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.

The Quarter 2 Learning from Deaths Report was presented to the Clinical Governance Committee in November 2021 and to the Quality and Effectiveness Committee in December 2021.

Key items for noting are as follows:

- The number of Trust deaths increased from 421 in Q1 to 478 in Q2.
- The Medical Examiner Team scrutinised 97% of 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 were 5 deaths of patients with a learning disability in quarter 2. The care provided was judged to be “good” with good evidence of multidisciplinary working in 4 cases. 1 case is subject to a section 42 strategy meeting as well as inquest, with the main issue being around the management of a head injury and advice given on discharge.
- 92% of MCCDs at BDGH and 89% at DRI were completed within 3 working days.

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Quarter 2

Learning from Deaths Report

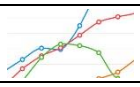
July to September 2021

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)

	**Deaths in Quarter 1 (Adult inpatients)** Doncaster = 317 Bassetlaw = 97 **Total Inpatient deaths = 414**
	**Deaths in Quarter 1 (A&E)** Doncaster = 47 Bassetlaw = 17 **Total A&E deaths = 64** **TOTAL DEATHS = 478**
	**Deaths Screened by MEO** Doncaster = 293 Bassetlaw = 29 **Total MEO scrutiny = 322 (67)%**
	**Deaths scrutinised by ME** Doncaster = 345 Bassetlaw = 107 **Total ME team Scrutiny =452 (95)%**
	Total deaths screened/scrutinised by ME team = 463 (97%) **+ 1 Community Death**
	**Structured Judgement Reviews (SJR)** A quality improvement piece of work is ongoing as it is now apparent that the ME scrutiny is replacing the need for these in many cases. This will be updated at the November Mortality Governance meeting.
	**Hospital Standardised Mortality Ratio (HSMR) 12 month rolling** All this quarter's data is awaited from HED as of 11th November 2021
	**Top 5 cause of death recorded on MCCD this quarter** 1. Pneumonia (68) 2. Sepsis (44) 3. Covid 19 (37) 4. Metastatic cancer (35) 5. Cardiac related (33)
	**Top 5 "main condition treated" as coded from the notes:** 1. Pneumonia (52) 2. Covid 19 (45) 3. Sepsis (30) 4. Heart Failure (20) 5. Cerebral Infarction (17)
	**Percentage of MCCDs issued within 3 working days of death when no coronial involvement** **DRI 89%** **Bassetlaw 92%** .

Contents

1. Executive Summary and Achievements

This is Quarter 2 (2021/22) Learning from Deaths report in accordance with the National Guidance on Learning from Deaths (March 2017) . This quarter has seen a small increase in numbers from 421 in Q1 to 478. This number of deaths is also slightly higher than the number for quarter 2 in pre covid times. 18/19 (446) and 19/20 (440)

The Medical Examiner (ME) Team have scrutinised 97% (463) deaths this quarter. Although this is a slight drop from the 100% in the last quarter, this was to be expected as numbers slightly rose and staff needed to take their annual leave.

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.

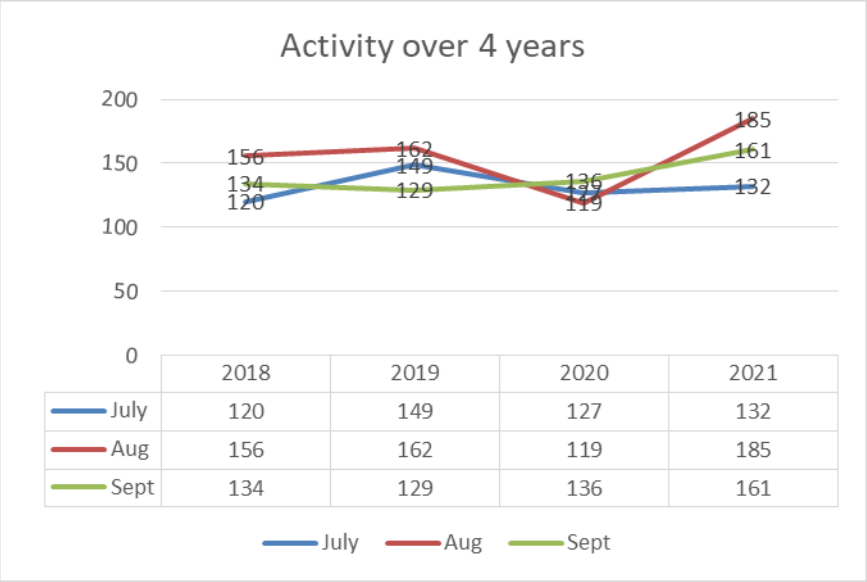
2. Introduction

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 is received by the Quality and Effectiveness Committee. 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 –Chart

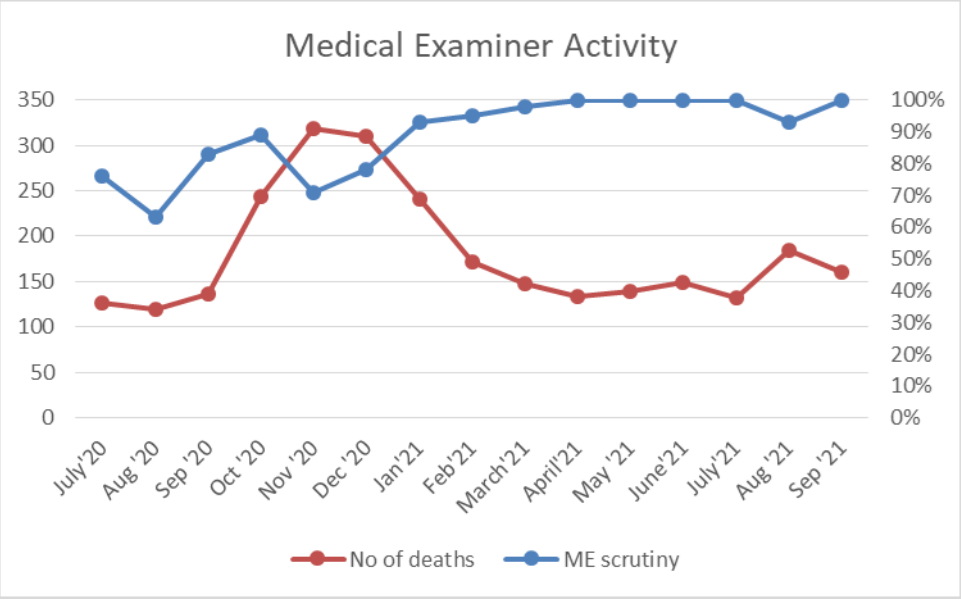
In quarter 2 there has been a total of 478 Trust deaths compared to 421 deaths in Quarter 1.

a) Activity (4 years data)



4. Medical Examiner Team Chart

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 97% of all adult in hospital deaths are scrutinised. The graph below illustrates the activity since July 2020.

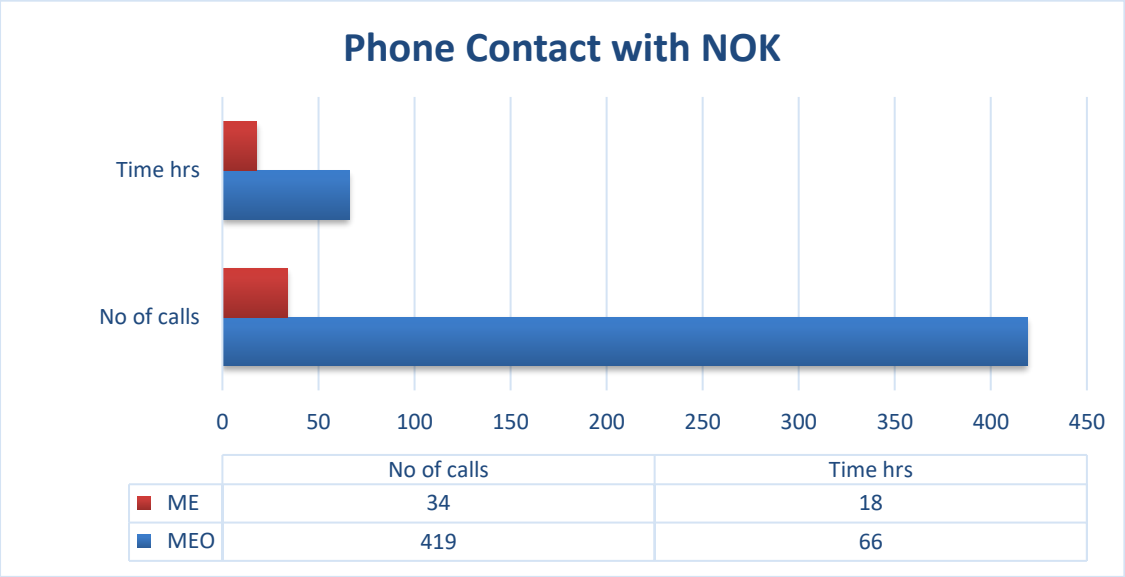


The introduction of medical examiner teams is part of the Department of Health and Social Care's death certification reforms programme for England and Wales and will ultimately be a statutory requirement for all Trusts. The covid pandemic has caused a delay to this, though it is now expected that it will be statute by April 2022 and that non acute death scrutiny will be introduced during quarter 1 of next 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 453 families(95%)and just 20 of these (4%) have raised concerns with 15 of these being offered the PALS contact number. Circa 84 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
- Poor Communication
- Lack of visiting in detrioating patient.
- Lack of empathy when breaking bad news
- Unhappy with GP Care

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 has historically been requested by the ME team in the following circumstances:

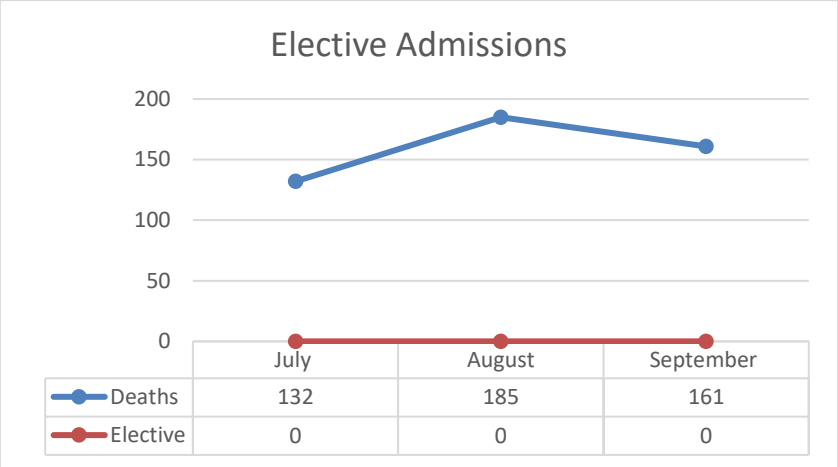
- Elective admissions
- Patients with a Learning Disability
- When staff or bereaved family members have raised concerns
- ME/MEO identifies issues during their scrutiny

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. The agreed new process will be reported on in quarter 3 once it has been approved by the Clinical Governance Committee in November.

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 no elective admissions resulting in death this quarter. If death results when a patient is admitted electively, it is reviewed by the medical examiner team. Over time it has become 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.



7. Learning Disability deaths

There were 5 deaths of patients with a learning disability this quarter, compared to 1 recorded in the previous quarter. 3 of these were at BDGH and 2 at DRI. All have been referred to the Learning Disabilities Mortality Review Programme (LeDeR). 1 of the cases is now subject to a section 42 strategy meeting as well as an inquest. The main issue with the case was around the management of a head injury and the advice given on discharge. The other 4 cases were concluded to have received good care.

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. We have an agreed escalation process should an MCCD not be written within the timescale and should we still not have the certificate at day 6 then a Datix form is completed by the bereavement team.

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

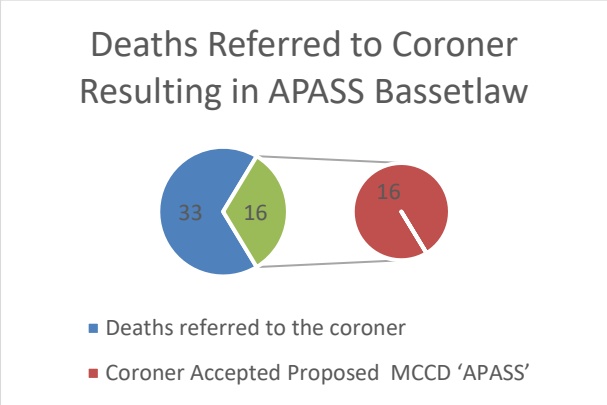
ME team observe that the referral is not of a good standard then individual feedback is given to the referring Dr.

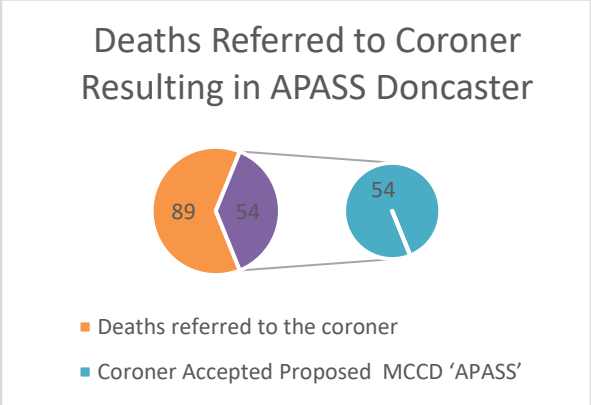
Once a referral has been made, this triggers an e-mail to both the legal team and medical examiner team. This will ensure that any case which may go on to inquest or may have some triggers for internal learning will be picked up quickly and acted upon.

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	Sepsis	44
3	Covid-19	37
4	Metastatic Cancer	35
5	Cardiac Related	33

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	2	1	52	J18	Pneumonia, organism unspecified
2021/22	2	2	45	U071	COVID-19 Confirmed
2021/22	2	3	30	A41	Other sepsis
2021/22	2	4	20	I50	Heart failure
2021/22	2	5	17	I63	Cerebral infarction

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.

The following are subjects for learning/awareness raising as identified from the medical examiner process, feedback received from bereaved people or the findings of SJR are:

- Consideration must be given on an individual basis with regards visiting. This has been detailed in the last 3 quarterly reports. We continue to hear from relatives that they could not stay with their elderly relative when not on the EOL careplan. Senior staff members must apply compassion and empathy in cases and use their professional judgement.
- Concerns about EOL care not being started soon enough and so preventing uneccesary interventions and preventing a dignified death. This also results in delays in being able to visit their loved ones.
- One family reported that an elderly relative was sent home to another vulnerable elderly relative and passed on COVID -19. This is always a difficult situation due to bed pressures. However all Senior staff members must apply compassion and empathy and be a patient's advocate.

- A/E staff must consider previous attendances when they are considering whether to admit or not. Again, bed pressures often dictate action, however bereaved relatives have reported several situations where their loved one attended A/E and felt that they were only discharged home because they were busy.
- Some bereaved people have stated that the Dr lacked empathy when breaking bad news.
- Relatives must always be informed of Ward and hospital transfers.
- Families have raised issues about the sign above their loved ones bed not being followed, in particular with regards dietary needs. Eg, diabetic patients with dementia being offered sugary drinks or patients on pureed diet being offered non pureed food.
- All documentation must be legible, signed, printed name, dated and timed and Drs should be encouraged to put their GMC number within the notes. The use of a name stamp should be encouraged.

12. Bereavement Team.

The layout within the bereavement office has continued to be well received by the whole team. When busy Doctors come to complete an MCCD or refer a death to the Coroner they have a quiet area to sit and have 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. Weekend cover has also begun so the bereaved are contacted in a more timely manner.

The Bereavement team continue to strive for all MCCDs or referrals to the coroner to be completed within a 3 day local taget. This will enable bereaved relatives to register a death within 5 days.

The bereavement team struggle at times with illegible handwriting and this is becoming more challenging when trying to contact the appropriate Dr to complete the MCCD.

This last quarter has seen an increase in the lack of consistent recording of the NOK details. Often CAMIS and the notification of death form are different. Also, the documentation of confirmation of patient ID on a wristband in life is often missing. This can cause much distress for a family as sometimes they have to come into hospital to formally ID their loved one.

13. Recommendations

Recommendations	Progress
To Ensure 100% MCCD's are available to the registrar within 3 days	Q2 91% across the Trust

Complete the Qi project for when to request SJR's	Initial scoping completed July 2021. Action plan developed November 2021 and to be tabled at the November Clinical Governance meeting.
Introduce the scrutiny of non acute deaths	Initial meeting set up with key stakeholders. Continue to communicate with GP Surgeries. Delays in IT access has been escalated to the Trust's Clinical governace committee
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 November 2021

14. Conclusion

This Q2 reports a very promising position. Although the number of deaths scrutinised by the ME team have dipped slightly, the actual number of deaths has also risen so we are confident that by Q3 cases scrutinised will once again be close to the 100% mark, though we must be mindful that the winter months are fast approaching and numbers may well rise once again.

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.

There have been 3 more ME's and 1 MEO recruited so that the introduction of none acute death scrutiny can begin once access to the IT systems has been addressed.

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.

Appendix Level1

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

True North Strategic Aim 2 – Everybody knows their role in achieving our vision

Risk Owner: Trust Board – Director POD **Committee: People**	**People, Partners, Performance, Patients, Prevention**	**Date last reviewed : February 2022**		
Strategic Objective Everybody knows their role in achieving our vision **Breakthrough Objective** **At least 90% of colleagues have an appraisal linked to the Trusts Values and feel able to contribute to the delivery of the Trust vision.** **Measures:** • 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.	**Risk Appetite:** The Trust has a **low appetite** for risks **Risks:** • Risk of disconnect between ward and Board leading to negative impact on staff morale and patient care • Failure of people across the Trust to meet the need for rapid innovation and change • 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	**Initial Risk Rating** **Current Risk Rating** **Target Risk Rating**	4(C) x 5(L) = 16 extr 4(C) x 4(L) = 16 extr 3(C) x 3(L) = 9 low	Risk Trend ⟷
		Rationale for risk current score: Impact: • 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		
	Risk references: PEO1 & PEO2 **Opportunities:** • Change in practices, new ways of working • Increase skill set learning	**Future risks:** Morale and resilience of colleagues as we move into recovery phase		
		Comments: • Considerations – capacity & capability of workforce including our leaders		

Controls (mitigation to lead to evidence of making impact):	**Last Review date**	**Next review date**	**Reviewed by**	**Gaps in Control**
Monitoring progress of appraisal completion through central regular reporting within P&OD indicating compliance	Feb 2022	May 2022	AJ	No gaps identified
Stand survey and focus groups – positive feedback on staff knowing Trust vision	Jan 2022	March 2022	JC	No gaps identified
Staff survey action plans to ensure appraisal conversations are meaningful as defined by the staff survey	-	March 2022	JC	Plans not developed at this stage due to embargo on staff survey results
Communication – Staff Brief, Listening Events, Facebook	Jan 2022	Feb 2022	AJ	None – ongoing communication process
Leadership development programmes to include QI	Jan 2022	Feb 2022	JC	Currently under review

Assurances received (L1 – Operational L2-Board Oversight L3 External) **		**Last received**	**Received By**	**Assurance Rating**	**Gaps in Assurance**
L2, L3	Feedback from the appraisal season and quarterly staff survey results	-	People, Board	Full	Action plan in place
L2	Stand survey feedback – 89% staff who responded knew the Trust vision	Jan 22	People	Full	None
L3	NHS - framework of quality assurance for responsible officers and revalidation submission	Nov 21	People	Full	Action plan in place
L1,L2,L3	KPMG Job Planning Audit	Nov21	People, ARC, Board	Partial	Action plan actively monitored by ARC and People Committee
L2	Nurse Staffing Assurance Framework shared at Board on the 25th of January 2022	Jan 22	Board	Full	

Appendix Level1

Corrective Actions required	Action due date	Action status	Action owner	Forecast completion date
Active monitoring on KPMG Job Planning audit to ensure all actions completed	**Ongoing – 12 month from audit date**	**Amber -ongoing**	**TN**	**Summer 2022**

Assurances received (L1 – Operational L2-Board Oversight L3 External) identify the range of assurance sources available to an entity:
—L1 Management –such as staff training and compliance with a policy
—L2 Internal Assurance –such as sub-committees receiving evidence of L1 working effectively; and
—L3 External Assurance –such as internal and external audits.

Appendix Level1

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 – Director POD **Committee: People**	**People, Partners, Performance, Patients, Prevention**	**Date last reviewed : February 2022**		
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** **Measures:** • 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	**Risk Appetite:** The Trust has a **low appetite** for risks **Risks:** • Failure to provide appropriate learner environment that meets the needs of staff and patients • Failure to enable staff in self actualization • Failure to deliver an organizational development strategy that allows implementation of trust values • Low response rate for staff survey • Low response rate in learner feedback • Staffing levels impacting on how colleagues feel	**Initial Risk Rating** **Current Risk Rating** **Target Risk Rating**	4(C) x 5(L) = 16 extr 4(C) x 4(L) = 16 extr 3(C) x 3(L) = 9 low	Risk Trend ⟷
		Rationale for risk current score: Impact: • 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		
	Risk references: PEO1 & PEO2 **Opportunities:** • Change in practices, new ways of working incl agile working • Future new build • Focus on wellbeing and EDI across the Trust • Focus on opportunities for flexible working	**Future risks:** Morale and resilience of colleagues as we move into recovery phase **Comments:** • 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		

Controls (mitigation to lead to evidence of making impact):	**Last Review date**	**Next review date**	**Reviewed by**	**Gaps in Control**
Delivery of health & wellbeing action plan and strategy • wildlife park, reiki, thank you badges • Health and wellbeing Place awards	Jan 2022	March 2022	KB	No gaps identified
Improvement in payroll KPIs – to include survey of staff re their experience	Feb 2022	March 2022	MB	Plan to process results of the survey currently still live
Staff survey action plans to ensure improvement	-	March 2022	AJ	Awaiting full staff survey results – currently embargo in place
Communication – Staff Brief, Listening Events, Facebook	Jan 2022	Feb 2022	ES	None – ongoing communication process
Development programme to include Everyone Counts/Civility	Jan 2022	March 2022	JC	In development
Strong partnership working with Partnership forum and JLNC	Dec 2021	March 2022	AJ	

Assurances received (L1 – Operational L2-Board Oversight L3 External) **		**Last received**	**Received By**	**Assurance Rating**	**Gaps in Assurance**
L1,L2	Standard POD reports for Board	Dec 21	People, Board	Full	None
L1,L2	Staff networks (BAME, LGBTQ+, Dyslexia & long term conditions; Reciprocal Mentoring programme – feedback to learning partners	-	People Board		Plan to submit to People Committee, recent People Committee Agenda reduced due to impact of Covid in Dec / Jan 2022
L1,L2,L3	KPMG Job Planning Audit	Nov21	People, ARC, Board	Partial	Action plan actively monitored by ARC and People Committee

Appendix Level1

L1,L2	Strategy listening event – response from circa 1k members of staff – feedback that wellbeing was a high priority for the Trust	Dec 2021	Health & Wellbeing Committee	-	Health & Wellbeing Paper due to go next People Committee March 2022

Corrective Actions required	**Action due date**	**Action status**	**Action owner**	**Forecast completion date**
Active monitoring on KPMG Job Planning audit to ensure all actions completed	**Ongoing – 12 month from audit date**	**Amber -ongoing**	**TN**	**Summer 2022**
Difficulty in receiving feedback from Universities – refreshed approach needed	**TBC**	**Awaiting new CPO**	**New CPO**	**TBC**

Assurances received (L1 – Operational L2-Board Oversight L3 External) identify the range of assurance sources available to an entity:
—L1 Management –such as staff training and compliance with a policy
—L2 Internal Assurance –such as sub-committees receiving evidence of L1 working effectively; and
—L3 External Assurance –such as internal and external audits.

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Report Cover Page					
Meeting Title:	Board of Directors				
Meeting Date:	22 February 2022		**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:	The report this month provides an update to the Board in relation to:
	• Absence, in particular:
	  ○ Sickness
	  ○ Staff testing and swabbing
	Late December saw a spike in covid absence levels; at the time of writing the paper we are now seeing a reduction in levels. This Trust are on a par with levels within South Yorkshire.
	• Vaccine programme and Vaccination as a Condition of Deployment
	• 'Be Well at Work' Award.				

Recommendation:	Members are asked to receive this report.				
Action Require:	Approval	**Information**	Discussion	**Assurance**	Review
Link to True North Objectives:	**TN SA1:**	**TN SA2:**	**TN SA3:**	**TN SA4:**	
	To provide outstanding care for our patients	***Everybody knows their role in achieving the vision***	***Feedback from staff and learners is in the top 10% in the UK***	*The Trust is in recurrent surplus to invest in improving patient care*	
Implications					
Board assurance framework:	SA2 & 3 – future risks in relation to morale and resilience of colleagues as we move into the recovery phase				
Corporate risk register:	PEO1 – Failure to engage and communicate with staff and representatives in relation to immediate challenges and strategic development PEO2 – Inability to recruit right staff and have staff with right skills leading to: (i) Increase in temporary expenditure (ii) Inability to meet and Trust strategy (iii) Inability to provide viable services.				

Report Title: Our People Update **Author:** Karen Barnard **Report Date:** February 2022

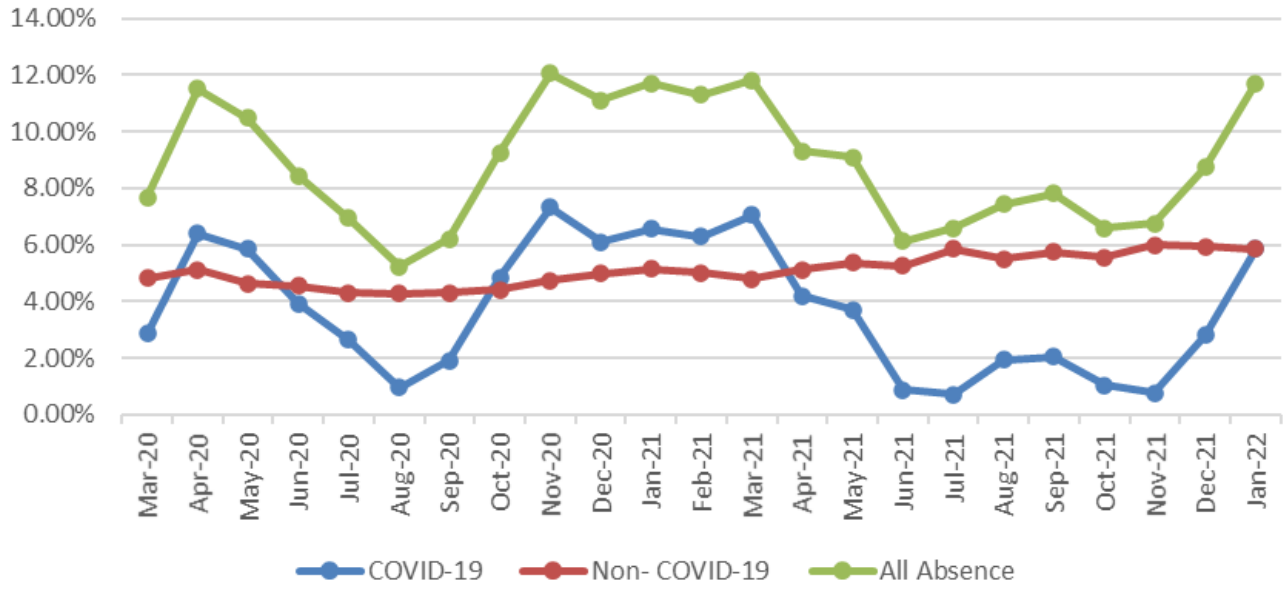
Regulation:	None		
Legal:	None		
Resources:	None		
Assurance Route			
Previously considered by:	People Committee		
Date:	1st March 2022	**Decision:**	Assurance
Next Steps:	Ongoing discussions at People Committee		
Previously circulated reports to supplement this paper:		None	

1. Absence

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. The January 2022 data shows a sudden spike in covid related absence levels.

Figure 1 – Absence Graph, March 2020 – January 2022



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 2 – Covid Absences, January 2022

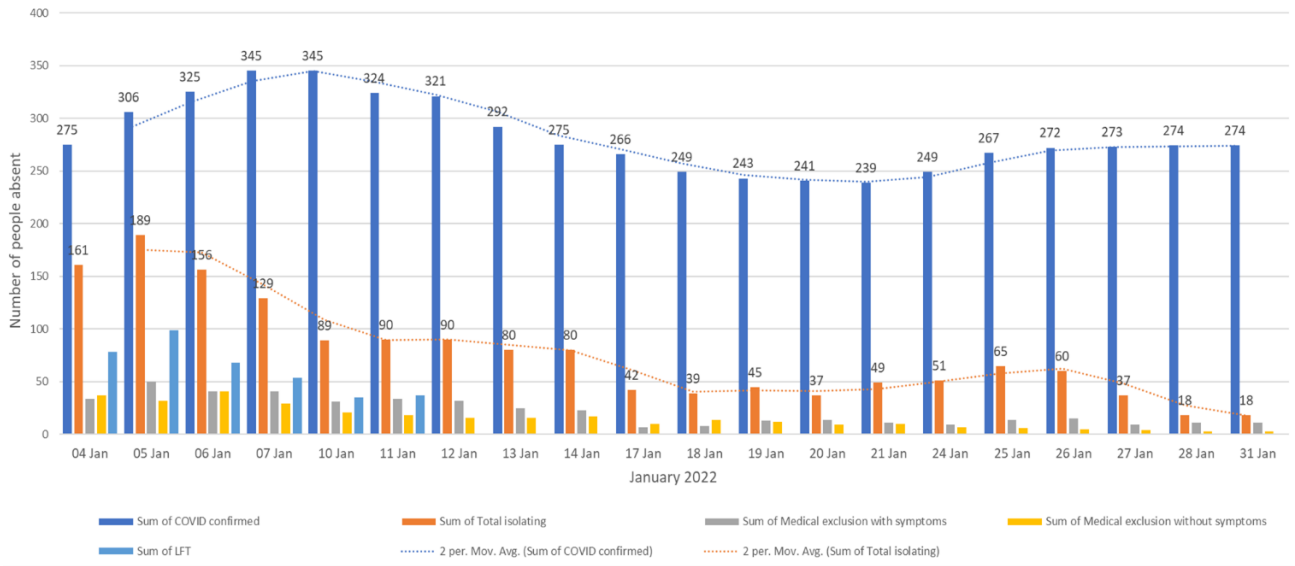


Table 1 – Daily Absence Snapshot, 31st January 2022

COVID Absence Reason	Volume Yesterday	Volume Today	Change +/-	% of total Heads
COVID confirmed	273	276	+2	4.11%
Medical exclusion with symptoms	11	10	-1	0.15%
Medical exclusion without symptoms	3	1	-2	0.01%
Test and Trace	0	0	0	0.00%
LFT	1	0	-1	0.00%
Side Effects	0	0	0	0.00%
Shielding	3	1	-2	0.01%
Carers Covid	0	1	+1	0.01%
Total sick absence (Covid & Non-Covid)	***620***	***628***	***+8***	***9.35%***
Total isolating	**18**	**13**	**-5**	**0.19%**

Table 2 – Daily Absence Snapshot, 7th February 2022

COVID Absence Reason	Volume Yesterday	Volume Today	Change +/-	% of total Heads
COVID confirmed	232	207	-25	3.08%
Medical exclusion with symptoms	12	5	-7	0.07%
Medical exclusion without symptoms	2	2	0	0.03%
Test and Trace	0	0	0	0.00%
LFT	0	0	0	0.00%
Side Effects	0	0	0	0.00%
Shielding	0	0	0	0.00%
Carers Covid	0	0	0	0.00%
Total sick absence (Covid & Non-Covid)	***598***	***572***	***-26***	***8.52%***
Total isolating	**14**	**7**	**-7**	**0.10%**

Table 3 – Daily Absence Snapshot, 11th February 2022

COVID Absence Reason	Volume Yesterday	Volume Today	Change +/-	% of total Heads
COVID confirmed	178	176	-2	2.62%
Medical exclusion with symptoms	8	9	+1	0.13%
Medical exclusion without symptoms	3	2	-1	0.03%
Test and Trace	0	0	0	0.00%
LFT	0	0	0	0.00%
Side Effects	1	1	0	0.01%
Shielding	0	0	0	0.00%
Carers Covid	0	0	0	0.00%
Total sick absence (Covid & Non-Covid)	561	547	-14	8.15%
Total isolating	12	12	0	0.18%

The above daily figures indicate the reducing levels of covid absences in February 2022.

Figure 3 –Absence % rate by staff group, January 2022

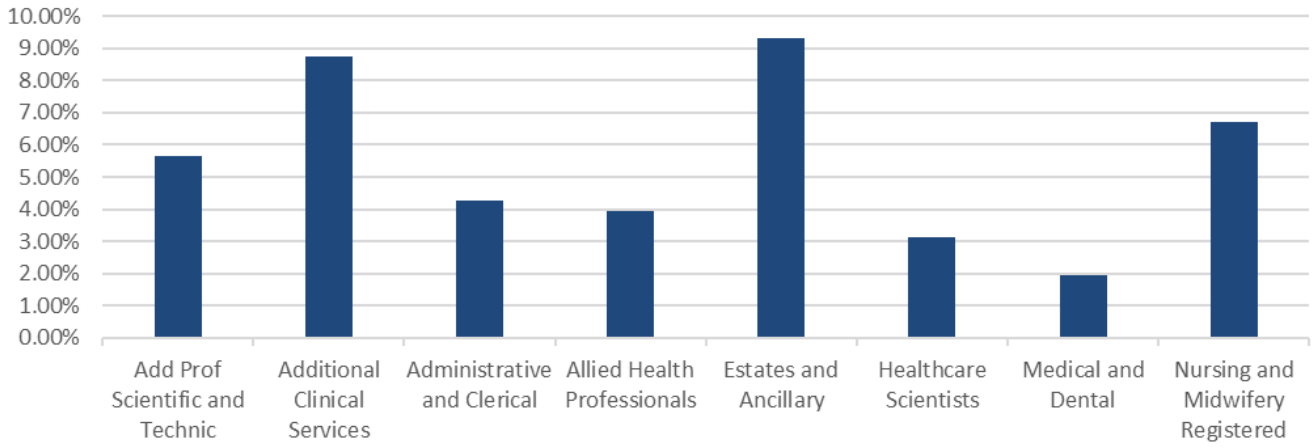
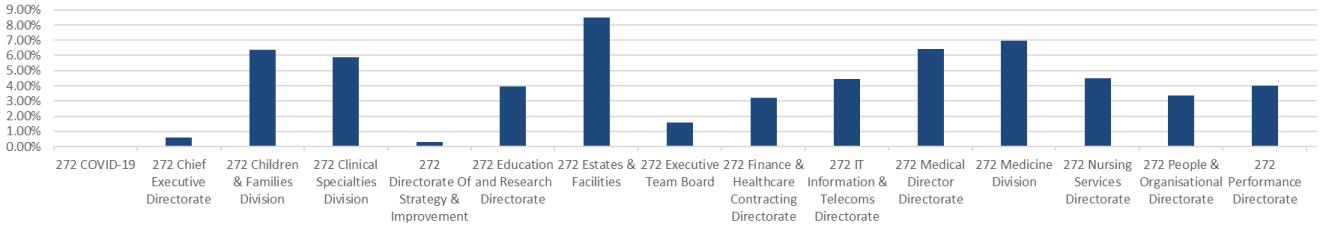


Figure 4 –Absence % rate by division/directorate, January 2022



It is apparent that the staff groups where greatest attention is required are nursing support staff, estates and ancillary and qualified nurses and midwives.

Figure 5 – Absence Long Term / Short Term, January 2022

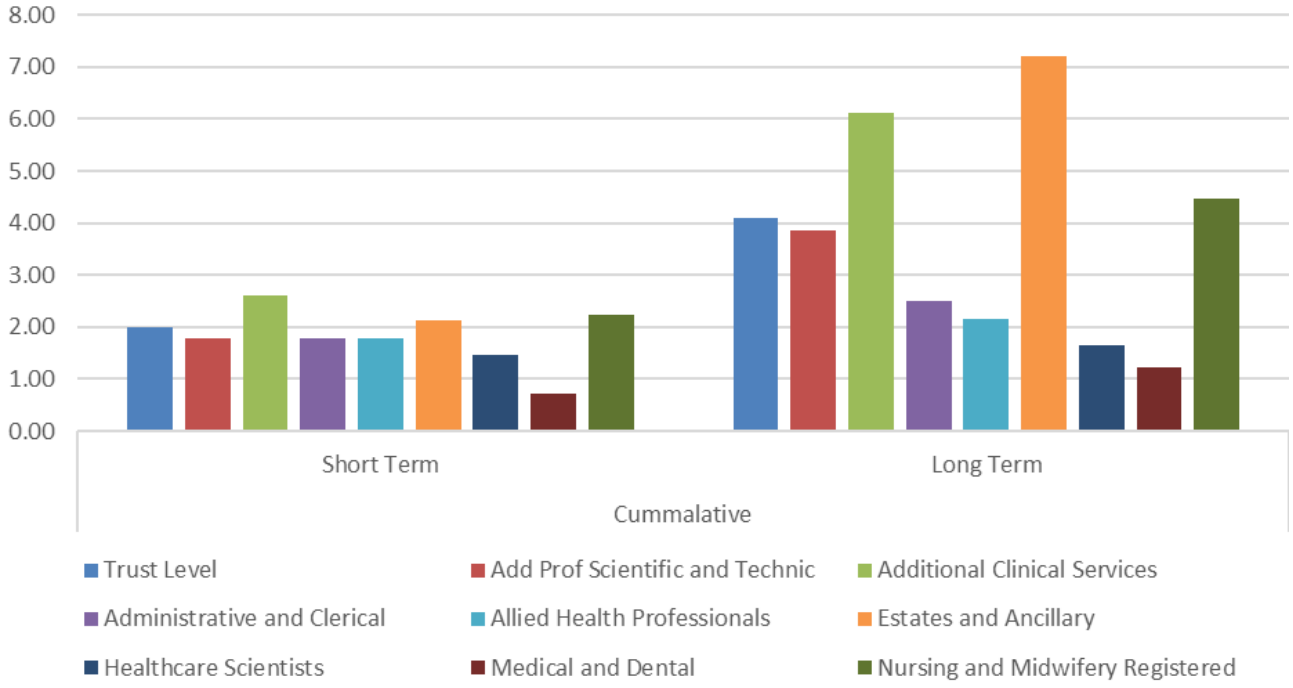
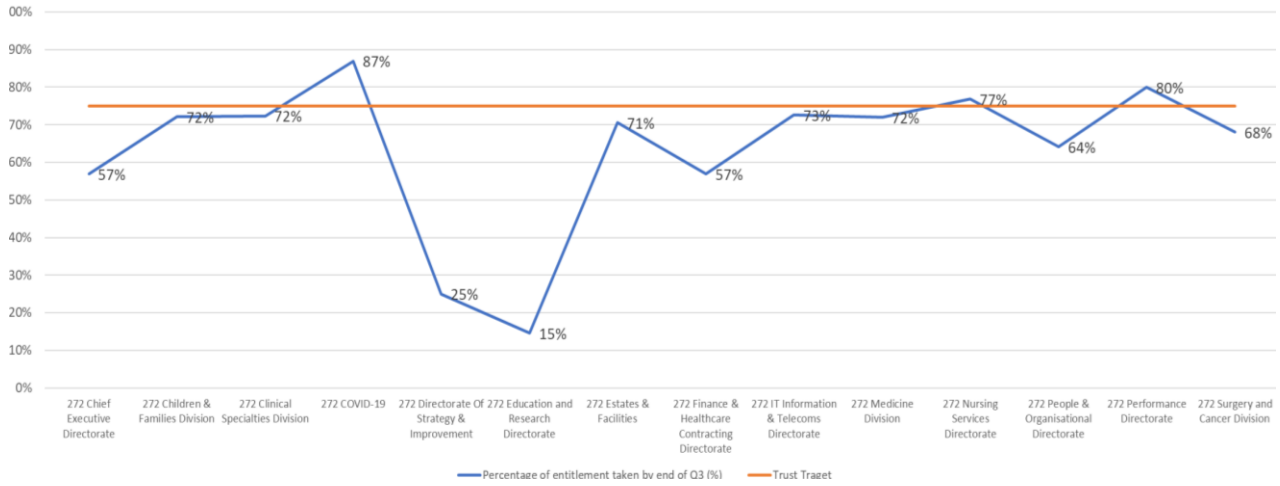


Figure 6 – *% of annual leave taken end of Q3 against target 75% by Division/Directorate*



The above figure demonstrates that most divisions and directorates are taking their annual leave proportionate to their entitlement.

Staff testing & Swabbing

The graphs below detail the numbers of staff who have been swabbed and tested positive, again the rapid rise toward the end of December and into January being visible.

Figure 7– Swabbing data, March 2020 to February 2022

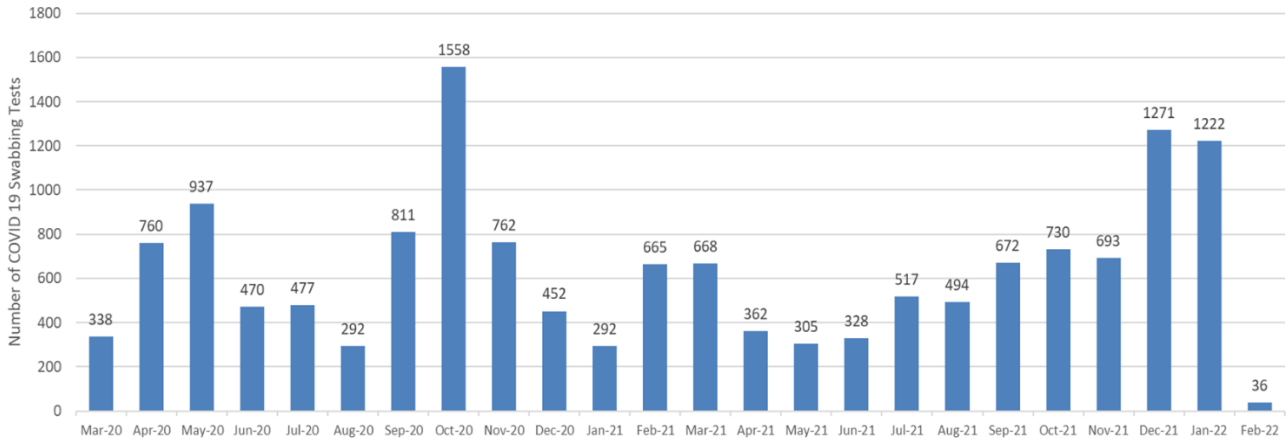
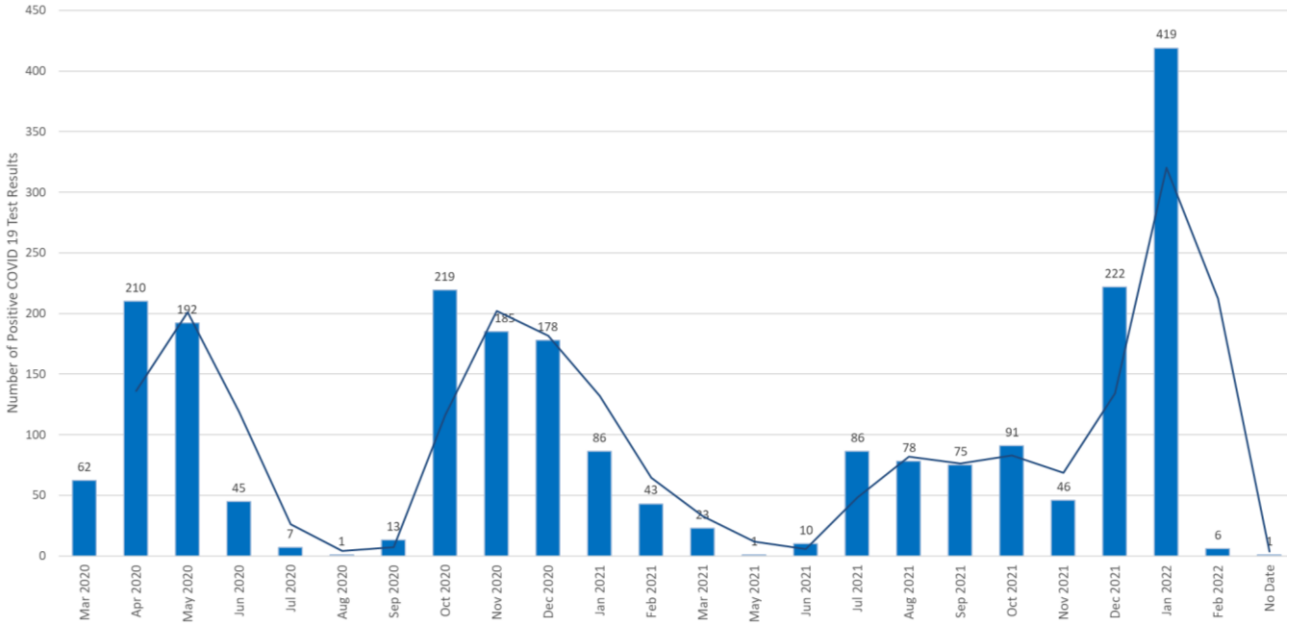


Figure 8 - Positive test data, March 2020 – February 2022



In order to support colleagues back to work quicker where they had been identified as contacts of positives in households we introduced at pace a testing facility (initially in the marquee at Gate 4 and subsequently moved to D block and also in OH at Bassetlaw) where colleagues were fully vaccinated, asymptomatic and testing negative on lateral flow could receive a point of care test (Abbott) which facilitated them returning to work following the test if negative (a handful of colleagues did test positive and were then advised to obtain a PCR test and self-isolate). There have been subsequent changes to the national self-isolation guidance which we have implemented.

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 care staff as provided for both the first and second doses of the vaccination. We have continued to offer both the first and second covid doses of the Covid vaccine in preparation for the introduction of the mandatory vaccine coming into place.

Current Position – Covid vaccine

Although the programme has had multiple challenges, it is proving to be a success story and 90% of staff have now been vaccinated for covid boosters.

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 86%. In terms of first and second doses the data as at 31 January indicates an update of 97% and 94% respectively for DBTH.

Table 4 – Covid vaccine & booster uptake, as at 31st January 2022

NHS Organisations	1st Dose	2nd Dose	Booster (Total ESR Population)	Booster (Eligible Population)
North East and Yorkshire	**97%**	**94%**	**80%**	**87%**
DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST	*97%*	*94%*	*83%*	*90%*

Flu Vaccinations

The data below shows flu uptake in Healthcare workers on ESR in NHS Trusts however, it has not been update since the last Board report.

Table 5 – Flu vaccine uptake, as at 10th January 2022

NHS Organisations	Vaccinated	Eligible Population (ESR)	Uptake
North East and Yorkshire	**150,933**	**254,109**	**59%**
DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST	*4,401*	*6,829*	*64%*

3. Mandatory vaccines as a condition of deployment

On 9th November 2021, the Department of Health and Social Care announced that subject to parliamentary approval, all NHS workers who have face-to-face contact with patients will need to have been fully vaccinated against COVID-19 to continue to work in such roles from 1st April 2022 unless they are medically exempt. This was enacted into legislation on 6th January 2022.

However, it was then announced on 31 January 2022 that the government intended to review the legislation as the situation has changed. This is subject to consultation and a planned vote. We have been advised to pause any dismissal process pending the outcome of this process. We continue to encourage staff to obtain the vaccine.

4. Health and Wellbeing Update

Trust recognised for the Health and Wellbeing support offered to staff

You may have seen recently in a media release that the Trust have received a silver 'Be Well @ Work' award by South Yorkshire Councils highlighting the Trust's commitment to ensuring our colleagues have access to comprehensive health and wellbeing services. Evidence was submitted across thirteen categories – detailing the work that is being done to support staff with initiatives, including mental health, long-term conditions and healthy eating support. The Trust is the only organisation to achieve this accreditation during the pandemic.

The award was open to organisations across South Yorkshire to recognise the work employers are doing to support staff health and wellbeing in three categories Bronze, Silver and Gold. Organisations were invited to submit evidence, across thirteen categories of the work they are doing to support staff with categories including mental health, long-term conditions and healthy eating support. Focus groups are also held where staff have the opportunity to talk about their experiences working at the Trust.

The Trust's extensive health and wellbeing programme looks after both the physical and mental wellbeing of staff. The Trusts Employee Assistance Programme facilitated by Vivup, offers 24/7 support for all wellbeing needs providing confidential emotional and psychological support for staff. Health professionals also have access to a range of programmes including:

- Physiotherapy service for staff with any musculoskeletal issues
- An on-site Reiki practitioner who can support colleagues with relaxation and can reduce stress and anxiety
- A range of complimentary therapies provided by Aurora Wellbeing charity including massages and reflexology
- The 'Know Your Numbers' regular health checks including weight management and blood pressure checks.

Our staff also have access to a range of free wellbeing apps, self-help books, and a vast variety of other services that are all provided for support via the organisation's internal website.

One very successful initiative set up during the pandemic was the Talk, Listen, Care service (TLC). This service was a check in service offered to all staff who were absent from work, offering support and even delivering groceries to staff who were asked to isolate or shield, and who lived alone.

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Report Cover Page					
Meeting Title:	Board of Directors				
Meeting Date:	February 2022		**Agenda Reference:**	D3	
Report Title:	Guardian of Safe Working Quarterly Report				
Sponsor:	Karen Barnard, Director of People & OD				
Author:	Dr Anna Pryce, Guardian of Safe Working				
Appendices:	None				
Executive Summary					
Purpose of report:	As a Teaching Hospital we are committed to continuously developing the skills, innovation and leadership of our staff to provide high quality, efficient and effective care.				
Summary of key issues:	The Guardian of Safe Working is required to provide quarterly reports to the Board of Directors to provide assurance as to whether our trainees have access to a safe working environment. Within Dr Pryce's report she draws attention to the low levels of exception reporting throughout 2021 with an expected seasonal increase occurring in the recent winter months. Dr Pryce advises that no specific issues of concern regarding work schedules have been highlighted as a result of exception reporting over the last quarter. Rather, a widespread high workload amongst Junior Doctors is reported. This is likely to be due to a combination of rota gaps, sickness absence, difficulty obtaining locum cover and a seasonal increase in workload during the winter months. The specialties with the highest numbers of exception reports over the past quarter are those with the highest numbers of rota vacancies, suggesting that understaffed rotas combined with sickness absence is directly impacting upon Junior Doctors' abilities to work according to their work schedules and to attend educational opportunities. This situation should improve once we move out of the winter months and with changes to the Covid isolation period.				
Recommendation:	Members are asked to receive this report.				
Action Require:	Approval	**Information**	Discussion	**Assurance**	Review
	TN SA1:	**TN SA2:**	**TN SA3:**	**TN SA4:**	

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

Implications	
Board assurance framework:	SA2 & 3 – future risks in relation to morale and resilience of colleagues as we move into the recovery phase.
Corporate risk register:	PEO1 Failure to engage and communicate with staff and representatives in relation to immediate challenges and strategic development PEO2 Inability to recruit right staff and have staff with right skills leading to: (i) Increase in temporary expenditure (ii) Inability to meet Trust strategy (iii) Inability to provide viable services
Regulation:	
Legal:	
Resources:	

Assurance Route			
Previously considered by:		N/A – direct feedback to the Board followed by discussion at the Junior Doctor Forum	
Date:		**Decision:**	
Next Steps:			
Previously circulated reports to supplement this paper:		None	

QUARTERLY REPORT ON SAFE WORKING HOURS:
DOCTORS AND DENTISTS IN TRAINING, DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST

Author: Dr Anna Pryce, Guardian of Safe Working

Report date: February 2022

Executive summary

The overall number of exception reports during 2021 is low, with an expected seasonal increase occurring over the winter months. The majority of reports over the past 3 months are from General Medicine, Emergency Medicine and Obstetrics and Gynaecology. Of the 23 reports received in the past 3 months (1 November 2021 to 31 January 2022), 17 were in relation to doctors working overtime, 3 were due to a lack of service support and 3 were due to missed educational opportunities. There were no reports submitted during the first 10 months of 2021 due to missed educational opportunities.

No reports raised immediate safety concerns. The impact of the Coronavirus pandemic over the winter months on staff absence due to sickness or isolation has exacerbated the underlying problem caused by rota gaps. The specialties with the highest numbers of exception reports are those with the highest numbers of rota vacancies, suggesting that understaffed rotas compounded by sickness absence is the main cause of prolonged working hours.

Introduction

This report sets out the information from the Guardian of Safe Working with regard to the 2016 Terms and Conditions for Junior Doctors to assure the Board of the safe working of junior doctors. This report is for the period 1st October 2021 to 31st December 2021. The Board should receive a quarterly report from the Guardian as per the 2016 contract, which will include:

• Aggregated data on exception reports (including outcomes), broken down by categories such as specialty, department and grade

• Details of fines levied against departments with safety issues

• Data on rota gaps, staff vacancies and locum usage

• A qualitative narrative highlighting areas of good practice and / or persistent concern.

a) Exception reports (with regard to working hours and education)

Table 1. Number of exception reports by month, 1 January 2021 to 31 January 2022.

Month	Complete	Pending	Unresolved	Total
January 2021	13		1	14
February 2021				0
March 2021	3			3
April 2021			1	1
May 2021	6		1	7
June 2021				0
July 2021	1			1
August 2021	1			1
September 2021	2			2
October 2021	4			4
November 2021	1		2	3
December 2021	1		9	10
January 2022	3		7	10
Grand Total	**35**		**21**	**56**

There is seasonal variation in Exception Reporting with the highest number of monthly reports occurring during the winter months. This has been noted in previous years within this Trust as well as being noted nationally. Overall, there continues to be a low number of ERs despite efforts to encourage reporting. In order to provide reassurance that the relatively low number of ERs reflects adequate work schedules and access to educational opportunities, rather than under-reporting, ongoing efforts to promote reporting will continue.

Over the past 12 months, only 3 ERs were submitted in relation to access to training and these were all submitted between November 2021 and January 2022, reflecting the increase in workload for Junior Doctors during the winter. This is due, in part, to staff absence and the high workload for some individuals has resulted in an inability to attend scheduled teaching sessions. No reports raised immediate safety concerns.

Table 2. Number of exception reports by specialty, 1 January 2021 to 31 January 2022.

Specialty	Jan 2021	Feb 2021	March 2021	April 2021	May 2021	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Grand Total
Gastroenterology	2													2
General medicine	10		3				1					7	5	26
General surgery	1				6				2		2			11
Cardiology				1										1
Geriatric medicine														0
Renal Medicine										4				4
Accident and emergency											1		3	4
Obstetrics and gynaecology					1							3	1	5
Paediatrics	1							1					1	3
Grand Total	**14**	**0**	**3**	**1**	**7**	**0**	**1**	**1**	**2**	**4**	**3**	**10**	**10**	**56**

Over the past 13 months, the majority of ER have been submitted by Trainees working in General Medicine and in General Surgery. In more recent months, there has been an increase in reports from Trainees working in Obstetrics and Gynaecology and in Accident and Emergency. This appears to correlate with those specialties experiencing the highest number of Trainee vacancies (see Section d).

Specific issues identified from the pattern and content of ERs include:-

High junior doctor workload on ward 26 prompting a work schedule review.

Inadequate induction arrangements in place for some Junior Doctors changing work placements whilst working night shifts.

No exception reports were received from both the GP training schemes for which the Trust is the lead employer.

b) Work schedule reviews

One work schedule review has been initiated during the last quarter in relation to the workload on Ward 26.

c) Locum bookings

Locum and bank usage.

The data below details bank and agency shifts covered by training grade doctors. This data is for information and difficult to comment on due to different working patterns, pressures and activity due to the Coronavirus pandemic. Emergency Medicine, Acute Medicine, Paediatrics, Orthopaedics/Trauma, Obstetrics and Gynaecology and General Surgery required the highest numbers of locum/bank hours during 2021 with Emergency Medicine far exceeding other specialties in locum/bank usage.

The month with the highest number of locum/bank hours during 2021 was December. During this month 15645 locum/bank hours were utilized, with Emergency Medicine accounting for 31%, Acute Medicine 12% and Orthopaedics and Trauma accounting for 11% of those hours.

Table 3. Hours of work (agency, internal bank and regional bank) by month and specialty, January 2021 to December 2021.

Specialty	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Acute Medicine	1007.75	1054	1058.25	768	707.25	737.5	1456	1200.5	699.5	1030.25	1183	1909.75
Anaesthetics	15								52			
Anaesthetics and Critical Care	550	487	704	506.5	382.5	172.5	295	345.5	467	708.5	418	564
Anaesthetics and Maternity	362.5	227.5	254	305	242	267.5	297.5	288.5	255	212.5	210	279
Anaesthetics and Theatres	441	278.5	94	230	461.5	556	556.5	583.5	490.5	610.5	368.5	586
Cardiology (Medical)	192	190	164.5	181.75	166.5	140.75	194	16.5				111.75
Care of the Elderly	628	797	1041	619	587	807.25	588.5	379.5	256	368.5	553.5	533
Clinical Haematology		7		12			3.5					
Dermatology		4	47				3	12		4	4	15.5
Emergency Medicine	4861.75	4128.75	4192.25	3613	3626.5	3463.5	3925.75	4050.75	4056.75	4256.5	4290.5	4923.5
Endocrinology and Diabetes	310.5	352.25	215	359.5	373.5	373.5	204	467.25	587.25	461.5	454.5	185.75
Endoscopy - Medicine		32	20									
Endoscopy - Surgical	48	40	76	60	60	101	76	56	76	44	60	12
ENT	393.25	532.5	649.5	500.5	555.5	402.5	800	267.5	426.25	472	360.5	579.5
Gastroenterology	8	169	213	200.5	285.5	394.25	500.25	187	206.5	195	169.5	24.5
General Medicine	446.25	313.25	368	211.25	61.5			8	33	37.25	68.5	25
General Surgery	402	450	220.5	614.5	1004.5	659	800	698.5	578.5	849	802.5	962
Genitourinary Medicine			30	32	28		12	20	20	16	20	12
Intensive Care		13	208									
Microbiology (Medical)												
Obstetrics and Gynaecology	937.5	825.5	794	670.5	932.5	1154.25	1204	1336.25	849	1081	1115	1223
Ophthalmology	15	30	103.5	168.5	153	133	260	76	48	138	128	75
Oral and Maxillofacial Surgery		21.5	19	37	64.25	176.5	20	14	81	113.25	153.75	63.5
Orthopaedic & Trauma for Emed	284.5	270.5	356.5	191.25	433.25	351.25	235	243.5	211	339	203	277

Orthopaedic and Trauma Surgery	310	432	647.5	852	841.75	1001.25	1136.5	1183	1608.5	1626	1915.5	1769
Paediatrics and Neonates	841	1101	1265.5	1163	982.5	1133.5	1388	998.75	788.25	822.75	722.25	880.25
Pathology												
Renal Medicine	55		4	191	207		3	160	188.5	178.5	242.5	37.5
Respiratory Medicine	714.5	704.5	879.5	703.75	676.25	733.25	577.5	570.25	563.25	502.25	545	420.75
Stroke Medicine	392.25	181.75	144.5	149.5	198.5	178.5	17					
Urology	185.5	93	320.5	258.5	140	69	201	219.5	41.5	81	53.5	39
Vascular Surgery			30	213	176	204	192	136	206	197.5	288	71
Haematology						25.5		40			25.5	
Paediatrics					12		24	62.5	12.75			
Advanced Neonatal Nurse Practitioner					12.5							
Breast Surgery								20				
Emergency Surgery									10			
Diabetes									3			
Advance Nurse Practitioner											65	32.5
Orthodontics										11.75	11.75	9.25
Endoscopy												24
Grand Total	**13401.25**	**12735.5**	**14119.5**	**12811.5**	**13371.25**	**13235.25**	**14970**	**13640.75**	**12815**	**14356.5**	**14431.75**	**15645**

Table 4. Cost of locum and bank usage (agency, internal bank and regional bank) by month and specialty, January 2021 to December 2021.

Specialty	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Acute Medicine	£50,614.18	£53,990.80	£55,428.23	£33,514.04	£35,822.19	£36,309.38	£63,623.10	£40,472.31	£34,760.05	£46,508.48	£49,319.87	£87,990.83
Anaesthetics	£990.00								£2,153.19			
Anaesthetics and Critical Care	£28,718.88	£17,786.05	£41,193.94	£34,959.48	£26,739.41	£12,542.06	£17,078.25	£10,243.73	£24,872.04	£38,091.84	£21,913.50	£32,637.20
Anaesthetics and Maternity	£24,000.75	£15,430.88	£15,939.00	£18,562.50	£16,339.05	£16,989.26	£19,635.00	£18,375.26	£16,830.00	£14,767.50	£14,092.50	£17,259.00
Anaesthetics and Theatres	£33,404.82	£21,745.99	£6,400.09	£16,595.00	£34,412.50	£44,276.25	£44,660.00	£43,548.25	£34,092.51	£37,985.00	£24,905.99	£48,546.59
Cardiology (Medical)	£7,680.00	£7,600.00	£6,580.00	£7,270.00	£6,330.00	£5,877.98	£9,703.79	£825.32				£4,389.66
Care of the Elderly	£28,811.20	£40,478.50	£51,837.21	£29,869.54	£28,523.54	£42,460.29	£31,316.79	£17,076.60	£13,321.60	£15,114.15	£26,207.95	£26,638.95
Clinical Haematology		£577.50		£870.00			£227.50					
Dermatology		£330.00	£3,877.50				£247.50	£930.00		£330.00	£330.00	£1,278.75
Emergency Medicine	£314,950.73	£254,348.52	£259,075.07	£245,056.68	£232,070.89	£211,039.67	£223,092.81	£200,561.50	£216,345.34	£264,926.29	£274,063.83	£360,282.66
Endocrinology and Diabetes	£14,370.00	£16,026.17	£10,754.30	£16,706.68	£18,085.72	£19,394.56	£10,282.44	£22,637.68	£28,687.07	£22,252.45	£22,129.78	£9,714.79
Endoscopy - Medicine		£2,080.00	£1,300.00									
Endoscopy - Surgical	£3,360.00	£2,800.00	£5,640.00	£3,900.00	£4,400.00	£8,490.00	£6,140.00	£4,440.00	£5,860.00	£3,260.00	£4,600.00	£980.00
ENT	£21,442.91	£33,245.29	£44,715.48	£33,090.61	£35,627.64	£26,877.16	£51,822.41	£19,859.09	£33,342.23	£36,455.64	£27,012.62	£29,811.96
Gastroenterology	£520.00	£13,430.45	£16,927.16	£15,933.78	£20,392.85	£26,479.84	£30,544.56	£10,192.52	£10,799.95	£10,198.50	£9,245.85	£1,592.50
General Medicine	£21,989.13	£16,250.02	£19,245.68	£10,256.48	£3,093.64			£0.00	£850.00	£612.50	£0.00	£0.00
General Surgery	£17,206.84	£23,435.12	£13,542.48	£27,598.73	£38,973.02	£27,033.55	£34,198.27	£37,238.40	£33,206.79	£47,766.52	£49,721.94	£61,497.85
Genitourinary Medicine			£1,950.00	£2,080.00	£1,820.00		£780.00	£1,300.00	£1,300.00	£1,040.00	£1,300.00	£780.00
Intensive Care		£624.00	£1,300.00									
Microbiology (Medical)												
Obstetrics and Gynaecology	£55,387.28	£54,751.05	£51,102.75	£35,646.61	£60,731.42	£74,466.70	£77,751.77	£89,042.18	£57,619.20	£65,557.59	£70,454.14	£76,122.49
Ophthalmology	£1,237.50	£2,475.00	£8,538.75	£13,901.25	£12,622.50	£10,972.50	£21,450.00	£6,270.00		£11,385.00	£10,560.00	£5,767.50

Oral and Maxillofacial Surgery		£1,773.74	£1,567.50	£3,052.50	£5,300.64	£14,561.26	£1,650.00	£1,155.00	£6,682.47	£9,343.12	£5,816.25	£5,238.73
Orthopaedic & Trauma for Emed	£20,400.09	£21,012.62	£27,058.81	£15,429.72	£31,529.10	£26,284.96	£17,079.96	£19,332.93	£15,336.48	£27,128.16	£16,270.08	£22,531.08
Orthopaedic and Trauma Surgery	£21,704.43	£27,338.56	£39,787.89	£51,181.58	£52,505.83	£61,482.69	£65,347.93	£72,268.34	£89,501.28	£102,706.72	£121,974.58	£106,924.84
Paediatrics and Neonates	£59,361.24	£70,928.90	£75,742.33	£66,908.32	£50,717.90	£65,461.66	£72,082.22	£54,183.55	£52,549.70	£58,115.70	£48,745.05	£69,301.92
Pathology												
Renal Medicine	£1,707.74		£200.00	£9,762.13	£11,320.77		£150.00	£8,003.20	£9,428.77	£8,928.57	£10,278.87	£937.50
Respiratory Medicine	£33,814.28	£32,618.76	£38,936.88	£33,220.36	£31,407.31	£33,557.26	£27,448.43	£25,865.04	£25,000.20	£22,683.36	£24,524.48	£16,830.00
Stroke Medicine	£19,218.16	£7,376.18	£5,780.00	£5,980.00	£7,940.00	£7,140.00	£680.00					
Urology	£9,160.00	£5,763.80	£19,932.88	£15,842.64	£9,255.08	£3,705.00	£10,995.00	£10,715.00	£2,530.00	£4,920.00	£3,370.00	£2,730.00
Vascular Surgery			£1,509.90	£11,538.60	£9,604.32	£11,132.28	£10,477.44	£7,421.52	£11,241.42	£10,777.56	£17,924.18	£3,876.24
Haematology						£444.55		£2,187.60			£0.00	
Paediatrics					£600.00		£0.00	£0.00	£1,085.79			
Breast Surgery								£1,093.80				
Diabetes									£195.00			
Advance Nurse Practitioner											£1,822.60	£911.30
Orthodontics										£1,195.32	£1,195.33	£941.00
Endoscopy												£1,560.00
Grand Total	**£790,050.16**	**£744,217.90**	**£825,863.83**	**£758,727.23**	**£786,165.32**	**£786,978.86**	**£848,465.17**	**£725,238.82**	**£727,591.08**	**£862,049.97**	**£857,779.39**	**£997,073.34**

The monthly cost of locum/bank usage varied from a minimum of £725, 238 in August, at a time when there were fewest rota vacancies, to £997, 073 in December 2021. The main reasons for locum/bank usage during December were rota vacancies (69%) (although, compared with the rest of the year there were fewer vacancies in December than in most other months), extra cover (11%) and annual and study leave combined (8%).

Table 5. Reason for locum and bank usage, January 2021 to December 2021

Reason for locum/bank	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Grand Total
Additional session Endoscopy	12	4		15	14	26	19	14	19	11	15	9	158
Additional session Outpatients	1	6	30	16	18	33	18	11	14	49	59	54	309
Additional session Theatres							1			2	6	5	14
Annual Leave	39	3	24	15	13	18	86	35	34	50	68	101	486
Compassionate/Special leave	4		1	2	2		8		1	7	7	3	35
Covid Escalation	13				2		1	7	5		7	1	36
Covid Training													0
Extra Cover	24	23	43	84	139	176	143	179	123	159	199	175	1467
Induction		15	11					11					37
Maternity/Pregnancy leave	8		3	1		4	8	1	4	3	1	6	39
Paternity Leave	8	1			5			3	2	1			20
Restricted Duties	21	20	17	5	20	17	13	10	7	15	1		146
Seasonal Pressures	10	8										7	25
Sick	26	28	31	34	40	38	38	66	58	85	78	65	587
Sickness - Covid-19	25	19	10	11	10	13	14	9	3	8	1	2	125
Study Leave	6		11	6	5	13	16	10	7	9	13	30	126
Vacancy	1165	1166	1259	1096	1077	1070	1128	1040	1009	1055	1027	1091	13183
MAJAX									5	14	41	41	101
Grand Total	**1362**	**1293**	**1440**	**1285**	**1345**	**1408**	**1493**	**1396**	**1291**	**1468**	**1523**	**1590**	**16894**

d) Vacancies

Rota vacancies have fluctuated over the course of the past 12 months, with the highest numbers of monthly vacancies occurring between May and July 2021 (between 30 and 31.4 WTE). From August 2021 onwards, monthly vacancies have been lower (between 19.2 and 25.4 WTE). Of the rota vacancies occurring most recently in December 2021, 4.6 WTE were in Medicine, 4.6 WTE in Obstetrics and Gynaecology and 3.7 WTE were in Paediatrics. Absence due to sickness and Coronavirus self-isolation has additionally impacted upon day-to-day Junior Doctor staffing.

Table 6. Trainee vacancies by specialty January 2021 to December 2021.

	VACANCIES (WTE)	January	February	March	April	May	June	July	August	September	October	November	December
Medicine	Medicine (all sub-specialties)	3.6	2.8	1	0.5	3.1	3.3	3.3	2.3	2.3	1.2	1.2	4.6
	Emergency medicine	2	2	2	3.2	4.2	4.2	4.2	2	3	3.8	3.8	2.8
	Elderly Medicine	0.4	2.6	3.6	3.6	2.6	2.6	2.6	2.6	3	3	3	1
	Renal	0	0	0	1	1	0.2	0.2	1	1	1	1	0
Children & Family	Obstetrics & Gynaecology	7.2	7.4	7.4	8.4	8.4	8.4	8.4	3.6	4.6	4.6	4.6	4.6
	Paediatrics	4.4	6.4	5.1	5.6	5.6	5.1	5.1	2.5	3.6	4	4	3.7
	GU Medicine	0	0	0	0	0	0	0	0	0	0	0	0
Surgery & Cancer	ENT	1	2	2	1	1	1	1	0	0	0	0	0
	General Surgery	1	2	2	1	1.4	1.4	1.4	1	1	2	2	2

	Urology	0.4	0.4	0.4	0.4	1	1	1	0.4	0.4	1	1	1
	Trauma & Orthopaedics	1	1	1	1	2	2	2	2.2	2.2	2.2	2.2	2.2
	Vascular	1	1	0	0	0	0	0	0	0	1	1	1
Clinical Specialties	Anaesthetics	3.7	1.1	1.1	1.1	1.1	0.8	0.8	0.6	0.6	0.6	0.6	0.6
	ICT								1	1	1	1	0
	Total	**25.7**	**28.7**	**25.6**	**26.8**	**31.4**	**30**	**30**	**19.2**	**22.7**	**25.4**	**25.4**	**23.5**

e) **Fines**

No fines have been levied within the last quarter.

Qualitative information

It is reassuring that no instance of immediate safety concern has been raised by Junior Doctors in relation to working hours on either the 2002 or the 2016 contracts. I have been assured by the Medical HR department that all doctors have work schedules that are compliant with the 2002 and 2016 contracts, as applicable. The number of exception reports continues to remain low compared with other Trusts. A programme of engagement with Junior Doctors to raise awareness of Exception Reporting, its purpose and how to submit a report is underway. Over time, this will provide additional data in order to inform whether ER numbers have been low due to compliant work schedules and safe working practices or whether there has been under-reporting of exceptions. If ER numbers increase as a result of Junior Doctors becoming better informed and supported to submit ERs, this would suggest that historically low numbers of ERs are due to under-reporting. An increase in reporting should lead to improved surveillance of Junior Doctors working hours and training opportunities.

The concerns raised regarding the poor quality of on call rooms is being addressed by the refurbishment of on-site accommodation. The new Doctors' Mess at Silks has received very positive feedback from those who visited whilst I was undertaking a site visit. Additional advertising is required to raise awareness of the facility, however it is remote from many of the wards and therefore a more accessible additional Mess is still required. The Bassetlaw Mess, conveniently situated under The Hub, is also nearing completion.

Summary

No specific areas of concern have been highlighted as a result of exception reporting in relation to working hours. The majority of ERs continue to be submitted due to acutely ill patients requiring unpredictable emergency care resulting in individual doctors staying late in order to ensure patient safety. Exception report numbers typically show seasonal variation with higher numbers occurring over the winter months. A recent increase reflects understaffing due to rota gaps, sickness absence and difficulty obtaining locum cover at a time of year when workload also naturally increases.

Trainees have submitted ERs in relation to missed training opportunities only during the last 2 months. Reports detail high workload as the reason for the missed opportunities. The specialties with the highest numbers of exception reports are those with the highest numbers of rota vacancies, suggesting that understaffed rotas are contributing to prolonged working hours. This is supported by qualitative data from ERs in General Medicine and Emergency Medicine.

Engagement

The regional Guardian Forum now takes place online twice a year and the next meeting is on the 6th April 2022. The local quarterly Junior Doctors' Forum (JDF) took place via MS Teams on 4th November 2021. A joint meeting with the Trainee Management Group has been implemented since December 2020. The JDF is open to all trainee Junior Doctors with the aim of improving engagement.

A programme of engagement to raise awareness of exception reporting, and to encourage attendance at and participation in the JDF is underway and includes:

1. A joint email communication with Dr Tim Noble, Executive Medical Director, to all Junior Doctors highlighting the importance of Exception Reporting (ER) in order to inform and support improvements in Junior Doctors' working conditions.
2. A poster detailing the function of the JDF and encouraging participation to be displayed in Junior Doctors' Mess, Education Centre, Hub and within all Departments.
3. Request to rota co-ordinators to facilitate attendance of Junior Doctors at the quarterly JDF and a request for Trainees to email feedback for their department if they are unable to attend the JDF in person/online.
4. Advertising and information about the JDF and ER to be included on the Dr Toolbox App.
5. Local document 'How to Exception Report' using the Allocate system has been updated and distributed. The GOSW delivers annual face to face inductions for Foundation Trainees about ER and consolidates this information at further FY1 organised teaching sessions.
6. Management Trainees to promote ER within their departments, GOSW email to senior trainees and to TPDs with a reminder about the importance of ERs and the process using Allocate.

Recommendation

The Board of Directors can be assured that the trainee doctors are able to work safely and are broadly able to access educational opportunities as envisaged in the 2016 contract.

Appendix Level1

OUR VISION : To be the safest trust in England, outstanding in all that we do		
True North Strategic Aim 4 – In recurrent surplus to invest in improving patient care		
Risk Owner: Trust Board – Director of Finance (AC) **Committee: F&P & QEC**	**People, Partners, Performance, Patients, Prevention**	**Date last reviewed : February 2022**

Strategic Objective In recurrent surplus to invest in improving patient care **Breakthrough Objective** Every team achieves their financial plan for the year **Measures:** • Delivery of in year financial plan/budgets • Underlying/recurrent financial position of the Trust • Trust Cash Balances • External and Internal Audit outcome	**Risk Appetite:** The Trust has a **low appetite** for risks **Risks:** • Forecast to deliver at least a I&E break even position for 21/22. Risks pertain to 22/23 and beyond. • Lack of clarity regarding the future NHS financial regime for 22/23 and beyond. Planning guidance just received, with impact currently being assessed. Initial indications are that income allocations have been significantly reduced from pandemic levels, and therefore focus on efficiency and productivity (see below) moving into 22/23 is paramount. • Productivity reductions have been seen during COVID, where activity being delivered is significantly below pre-pandemic levels, whilst resource (especially clinical resource) has increased. Challenge in 22/23 is to deliver pre-pandemic levels of activity within pre-pandemic resources whilst providing safe and sustainable services. • Trust's underlying deficit financial position has worsened during the pandemic. There is increasing focus nationally on underlying positions entering 22/23. Non-recurrent support including COVID will be removed. • Limited capital funding especially for significant builds given the Trust's estates risks. • Uncertainty with regards to the future of Commissioning arrangements with the move to ICB. • Culture Risk – Impact of COVID on re-engaging Divisions with financial processes and controls (by 22/23 will have been two years). • Agency spend is at historical levels, particularly nursing spend which is currently being driven by an increase in expensive agency usage. The agency position is unsustainable and unaffordable with a sustainable solution required regarding temporary staffing along with finalisation of the recurrent nursing workforce requirements which remains outstanding. • 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 22/23 due to reductions in income allocations. • Impact of major incident at W&C. The incident highlights significant risks concerning the funding route for and delivery of backlog maintenance costs.	**Initial Risk Rating** **Current Risk Rating** **Target Risk Rating** 4(C) x 5(L) = 25 extr 4(C) x 4(L) = 20 extr 3(C) x 3(L) = 9 low Risk Trend  **Rationale for risk current score:** Impact: • Currently the Trust is in a significant underlying deficit position with significant uncertainty regarding the future financial regime and availability of capital. This impacts on: • Trust's ability to invest in its services and infrastructure 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. **Future risks:** • NHS financial landscape, regulatory intervention • 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
	Risk references: F&P 1, F&P 2, F&P 3 **Opportunities:** • Change in practices, new ways of working • The Trust is looking at opportunities for funding to support elective recovery and operational requirements, including capital bids. • Implementation of new Directorate to support improvements in productivity and efficiency.	**Comments:** • Forecast to deliver at least a break even position for 21/22. Risks pertain to 22/23 and beyond. • Planning guidance just received, with impact currently being assessed. Initial indications are that income allocations have been significantly reduced from pandemic levels, and therefore focus on efficiency and productivity moving into 22/23 is paramount. Unsustainable and unaffordable agency spend also needs to be addressed. • 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.

Controls (mitigation to lead to evidence of making impact):	**Last Review date**	**Next review date**	**Reviewed by**	**Gaps in Control**
Key Financial Control Processes: Vacancy Control Panel, CIG, Grip and Control, Capital Monitoring Committee, Cash Committee.	Feb 2022	March 2022	AC	No unexpected exceptions identified
Improved IQPRS and information governance process via the Finance, Information and Digital Committee	Feb 2022	March 2022	AC/JS	No unexpected exceptions identified
Internal & External Audit programme design & compliance outcomes	Jan 2022	Feb 2022	AC	

Appendix Level1

Establishment of new Directorate: Recovery, Innovation and Transformation.	Jan 2022	Ongoing	JS	
Working with the ICS through CEO's and DoFs regarding funding arrangements. Reporting back through F&P and Board.	Jan 2022	ongoing	AC/JS	Ongoing monitoring

Assurances received (L1 – Operational L2-Board Oversight L3 External) **		**Last received**	**Received By**	**Assurance Rating**	**Gaps in Assurance**
L2, L3	Internal Audit Annual report including Head of Internal Audit Opinion	May 21	ARC, Board	Significant Assurance with minor improvements	None outstanding
L2,L3	Feedback from Feedback from NHSI/E on statutory returns	Ongoing	F&P, Board	Full	None outstanding
L2	LCFS Annual Report	July 21	ARC	Full	None
L1,L2,L3	KPMG Finance: Core Financial Controls, Finance: Covid-19 Financial Governance and Controls	May 21	ARC, Board	Significant Assurance with minor improvements	None outstanding
L2, L3	External Auditors Annual Report	July 21	ARC, F&P, Board	Full	None

Corrective Actions required	**Action due date**	**Action status**	**Action owner**	**Forecast completion date**

Assurances received (L1 – Operational L2-Board Oversight L3 External) identify the range of assurance sources available to an entity:
—L1 Management –such as staff training and compliance with a policy
—L2 Internal Assurance –such as sub-committees receiving evidence of L1 working effectively; and
—L3 External Assurance –such as internal and external audits.

Report Cover Page			
Meeting Title:	**Trust Board**		
Meeting Date:	**22nd February 2022**	**Agenda Reference:**	**E2**
Report Title:	**Financial Performance – Month 10 (January 2022)**		
Sponsor:	**Alex Crickmar – Acting Director of Finance**		
Author:	**Alex Crickmar – Acting Director of Finance** **Finance Team**		
Appendices:	N/A		

Executive Summary	
Purpose of report:	To report the Month 10 financial position to the Trust Board including any risks to the delivery of the Trust's financial plan.

Summary of key issues	The Trust's reported financial position for month 10 was a surplus of £823k (£900k surplus in month 9), which was £648k favourable to plan and £0.1m favourable to forecast. Year to Date (YTD) the Trust is reporting a £1.7m surplus which was £1.8m favourable to plan. The surplus financial position continues to be driven by accelerator, winter and ERF monies being underspent (in month - £0.6m underspend on accelerator and £0.35m on winter) against plan. The Trust's in month favourable position against plan was mainly driven by:
	
	• **Clinical Income:** £0.6m favourable variance to plan on clinical income, due to:
	  ○ £1.5m of additional income has been secured for H2 following the identification of an error in the block payments (relating to non-recurrent support received pre COVID which in effect was paid back last year and therefore was double counted). ¼ of this (£375k) has been accounted for within the Month 10 financial position (£750k YTD).
	  ○ £0.2m H1 ERF premium – relating to where Trust's delivered above target activity in Q1. The ICS had been retaining the premium earnt for any risks in H2 but this has now been released to Providers and therefore is accounted for within the financial position at Month 10.
	• **Non-Clinical Income:** £0.8m favourable variance to plan, which was mainly due to £0.6m of donated PPE and equipment centrally from NHSI/E relating to COVID, this is offset with expenditure (this is similar to last year end).
	• **Pay Expenditure:** £1.6m adverse variance to plan in month. This was mainly due to the £200 thank you gift to employees which was paid in January. Agency spend remains historically high (c£0.5m more than pre-pandemic levels).
	• **Non-Pay Expenditure:** (excluding reserves/recharges): £0.5m adverse variance due to; £0.3m utilities pressure (due to price rises), £0.6m clinical supplies (most of which is the offset with the donated income relating to central PPE procured), offset by an underspend of £0.6m on accelerator schemes.
	• **Reserves:** Ahead of year end the Trust has completed a review of any old balance sheet accruals. From this £1.1m of old balance sheet accruals has been released in month (in line with forecast/plan). Most of this relates to some old GRNIs (£0.8m). This is offset by underperformance on unidentified CIPs in the plan of £0.3m.

	Year End Forecast The Trust is expecting to deliver at least a break-even financial position at year end. At Month 9 a detailed forecast was undertaken by the Trust which indicated that under a reasonable case scenario the Trust would deliver a £2.8m surplus at year end (£4.5m best case, £1.8m worst case). This forecast position has been reported to the ICS and also to NHSI/E and is in line with other Trust's across the SY&B ICS. An updated assessment will be completed at month 11 ahead of year end. In month the Trust's position was slightly ahead of forecast but only by £0.1m. **Capital** Capital expenditure in month 10 was £3.4m. YTD capital expenditure is £24.5m against the current plan of £24.7m. YTD capital expenditure is £0.2m behind the revised plan, driven by the Women's & Children's modular costs (£1.9m) and Donated Assets (£0.4m) offset with underspends in Estates (£0.5m), IT (£0.4m) and Medical Equipment (£1.6m). However, £1.5m was spent on medical equipment in month and therefore the risk of non-delivery of this element of the plan has reduced since last reported to the Board. **Cash** The cash balance at the end of December was £42.9m (December: £38.7m). Cash has increased by c £4.2m compared to month 9 largely as a result of capital cash outflow of £1.7m, as well as the timing of payment runs, with the payment run on 1st February totalling £4.5m. The year end cash forecast is expected to be c. £34m by year end, driven by the significant capital programme. A going concern assessment is being developed for year end, which will be presented at a future meeting.
Recommendation:	The Board is asked to note: • The Trust's reported financial position for month 10 was a surplus of £823k (£900k surplus in month 9), which was £648k favourable to plan and £0.1m favourable to forecast. Year to Date (YTD) the Trust is reporting a £1.7m surplus which was £1.8m favourable to plan. • The Trust is forecasting under a reasonable case scenario a £2.8m surplus at year end, with an updated assessment next month. • The continued high levels of agency spend which is unsustainable moving into next financial year.

Action Require:	Approval	Information X	Discussion	Assurance	Review

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

Implications	
Board assurance framework:	This report relates to strategic aims 2 and 4 and the revised BAF risk F&P1.
Corporate risk register:	See above
Regulation:	No issues
Legal:	No issues

Resources:			No issues
Assurance Route			
Previously considered by:			N/A
Date:		**Decision:**	
Next Steps:			
Previously circulated reports to supplement this paper:			

FINANCIAL PERFORMANCE

Month 10 – January 2022

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

P10 January 2021

1. Income and Expenditure vs. Plan

Performance Indicator	Monthly Performance		YTD Performace	
	Actual £'000	Variance to budget £'000	Actual £'000	Variance to budget £'000
Income	(43,463)	(1,421) F	(409,604)	(1,828) F
Operating Expenditure	41,984	624 A	402,440	(83) F
Pay	27,999	1,564 A	261,997	3,731 A
Non Pay & Reserves	13,985	(939) F	140,443	(3,814) F
Financing costs	554	2 A	5,532	7 A
I&E Performance excluding Donated Asset adjustment	**(925)**	**(794) F**	**(1,631)**	**(1,905) F**
Donated Asset adjustment	103	146 A	(109)	111 A
I&E Performance including Donated Asset Adjustment	**(823)**	**(648) F**	**(1,740)**	**(1,793) F**

F = Favourable A = Adverse

Financial Sustainability Risk Rating	Plan	Actual
Risk Rating	3	3

2. CIPs

Performance Indicator	Monthly Performance		YTD Performance		
	Actual £'000	Variance to budget £'000	Actual £'000	Variance to budget £'000	H2 Plan £'000
Local	344	312 A	928	1,240 A	3,477
Procurement & Commercial	17	(2) F	65	(5) F	90
Nursing and AHP Workforce	30	(5) F	86	(57) F	46
Outstanding Outpatients	1	8 A	6	26 A	51
Medical Workforce	6	(5) F	24	(21) F	4
Total	**398**	**308 A**	**1,109**	**1,182 A**	**3,668**

3. Statement of Financial Position

All figures £m	Opening Balance	Closing balance	Current Balance	Movement in year
Non Current Assets	**235,884**	**251,336**	**251,336**	**15,452**
Current Assets	74,793	72,680	72,680	**-2,113**
Current Liabilities	-72,376	-86,767	-86,767	**-14,391**
Non Current liabilities	-14,787	-13,083	-13,083	**1,704**
Total Assets Employed	**223,514**	**224,166**	**116,760**	**652**
Total Tax Payers Equity	**-223,514**	**-224,166**	**-116,760**	**-652**

4. Other

Performance Indicator	Monthly Performance		YTD Performance		Annual Plan
	Plan £'000	Actual £'000	Plan £'000	Actual £'000	£'000
Cash Balance		42,937		42,937	21,259
Capital Expenditure	908	3,384	15,999	24,463	35,831

5. Workforce

	Funded WTE	Actual WTE	Bank WTE	Agency WTE	Total in Post WTE
Current Month	6,241	5,707	258	300	6,265
Previous Month	6,240	5,766	160	106	6,032
Movement	-1	59	-98	-194	-233

Key

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

1. Month 10 Financial Position Highlights

Executive Summary Income and Expenditure – Month 10

	Mth 10			YTD	
	Plan	Actual	Variance	Actual	Variance
	£000	£000	£000	£000	£000
Income	**-42,043**	**-43,463**	**-1,421**	**-409,604**	**-1,828**
Pay					
Substantive Pay	27,020	24,381	-2,639	229,334	-14,965
Bank	43	1,380	1,336	11,300	7,561
Agency	843	1,338	494	11,617	3,992
Recharges and Reserves	-1,472	901	2,373	9,746	7,143
Total pay	**26,435**	**27,999**	**1,564**	**261,997**	**3,731**
Non-Pay					
Drugs	1,038	922	-117	8,912	84
Non-PbR Drugs	1,804	1,734	-69	18,433	1,423
Clinical Supplies & Services	3,028	3,614	586	29,990	1,235
Depreciation and Amortisation	989	1,082	93	9,813	434
Other Costs (including reserves)	6,516	5,084	-1,432	58,183	-6,990
Recharges	1,549	1,549	0	15,113	0
Total Non-pay	**14,924**	**13,985**	**-939**	**140,443**	**-3,814**
Financing costs & donated assets	**509**	**657**	**148**	**5,423**	**118**
(Surplus) / Deficit Position as at month 9	**-174**	**-823**	**-648**	**-1,740**	**-1,793**

The Trust's reported financial position for month 10 was a surplus of £823k (£900k surplus in month 9), which was £648k favourable to plan and £0.1m favourable to forecast. Year to Date (YTD) the Trust is reporting a £1.7m surplus which was £1.8m favourable to plan. The surplus financial position continues to be driven by accelerator, winter and ERF monies being underspent (in month - £0.6m underspend on accelerator and £0.35m on winter) against plan. The Trust's in month favourable position against plan was mainly driven by:

- **Clinical Income:** £0.6m favourable variance to plan on clinical income, due to:
  - £1.5m of additional income has been secured for H2 following the identification of an error in the block payments (relating to non-recurrent support received pre COVID which in effect was paid back last year and therefore was double counted). ¼ of this (£375k) has been accounted for within the Month 10 financial position (£750k YTD).
  - £0.2m H1 ERF premium – relating to where Trusts delivered above target activity in Q1. The ICS had been retaining for any risks in H2 but this has now been released to Providers and therefore is accounted for within the financial position at Month 10.
- **Non-Clinical Income:** £0.8m favourable variance to plan on non-clinical income, which was mainly due to £0.6m of donated PPE and equipment centrally from NHSI/E relating to COVID, this is offset with expenditure (this is similar to last year end).
- **Pay Expenditure:** £1.6m adverse variance to plan in month. This was mainly due to the £200 thank you gift to employees which was paid in January. Agency spend remains historically high (c£0.5m more than pre-pandemic levels).
- **Non Pay Expenditure (excluding reserves/recharges):** £0.5m adverse variance on non-pay in month due to; £0.3m utilities pressure (due to price rises), £0.6m clinical supplies (most of which is the offset with the donated income relating to central PPE procured), offset by an underspend of £0.6m on accelerator schemes.

- **Reserves:** Ahead of year end the Trust has completed a review of any old balance sheet accruals. From this £1.1m of old balance sheet accruals has been released in month (in line with forecast/plan). Most of this relates to some old GRNIs (£0.8m). This is offset by underperformance on unidentified CIPs in the plan of £0.3m.

Year End Forecast

The Trust is expecting to deliver at least a break-even financial position at year end. At Month 9 a detailed forecast was undertaken by the Trust which indicated that under a reasonable case scenario the Trust would deliver a £2.8m surplus at year end (£4.5m best case, £1.8m worst case). This forecast position has been reported to the ICS and also to NHSI/E and is in line with other Trust's across the SY&B ICS. An updated assessment will be completed at month 11 ahead of year end. In month the Trust's position was slightly ahead of forecast but only by £0.1m.

Further detail

Income

The vast majority of month 10 clinical income continues to be funded on a block basis as per the national agreements for H1 & H2 and therefore there were no significant variances to plan. In month clinical income is £37.4m which is an increase of £0.75m compared to previous month of £36.7m mainly due to additional non-recurrent funding received from commissioners including Lung Health Checks and payment of the additional 20% ERF premium funding from H1. The position also includes a c£200k risk on CDF drugs whilst the Trust is waiting for NHS England to confirm the Trusts year end position.

Non-clinical income was £0.8m favourable variance to plan, due to:

- £0.6m of donated PPE and equipment centrally from NHSI/E relating to COVID, this is offset with expenditure (this is similar to last year end).
- £0.2m increase in car parking income – some of which is a historical catch up in income following the recommencement of charging on site.
- There is a large amount of Education income to be spent by year end (c£1.1m), however the Education and Training team have plans in place to spend/utilise this in time for year end.

Pay

Overall pay in month has increased by £1.8m compared to month 9, however £1.5m of this is due to the £200 gift made to all employees this month, the reminder of the increase was due to the additional enhancements due to the Christmas bank holiday. Offsetting this was a continued underspend against winter plans which was £0.35m in month.

Nursing agency levels continue to remain at high levels due to the Trust using the tier 2 agencies (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 the first half of the year to the second. The table below indicates a small drop in nursing agency spend in month, however this was driven by a historical over-accrual in the position relating to the assumption that the vaccination work was been staffed with agency, when this ended up being bank. The underlying agency position is still historically high at over £400k per month for nursing and total agency spend of c£1.4m for the Trust in month (£0.5m more per month compared to pre-pandemic levels).

Division	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Dec-22	YTD Act
Children & Families Division	18	27	69	87	52	111	86	115	133	79	777
Corporate	4	10	19	-2	29	35	78	103	90	5	371
Medical Division	25	29	30	20	18	138	251	193	314	244	1,262
Surgical Division		1	3	4	3	13	31	24	51	43	173
Grand Total	47	67	122	109	101	298	446	434	592	380	2,583

Non-pay

Non-pay (excluding reserves) was £455k adverse to plan, which was an increase in spend compared to month 9 (c. £780k). The main increases in spend in month were:

- An increase in energy costs and volumes (estimated 30% increase on Gas bills c. £230k).
- Clinical supplies mainly driven by donated PPE and equipment informed by NHSI/E of c£0.6m (offset with non-clinical income).
- Increase in rates in month due to rebate received in the prior month (c.£100k).
- Use of additional MRI vans in month (£144k).
- Reduction in outsourcing spend (£155k).

The overspend in month against plan was mainly driven by:

- Pressures on utilities due to the price and volume increase (c. £0.3m)
- Clinical supplies (most of which is the offset with the donated income, c. £0.6m)
- £0.6m underspend on accelerator, including £353k on outsourcing.

CIPs

The Trust has delivered £398k of savings in Month 10 versus the plan submitted to NHSI of £705k, an under-delivery of £308k. This is mainly due to unidentified CIPs in the plan of c £0.3m per month. This is being offset by additional income and underspends in accelerator and winter at this point of the year.

Capital

Capital expenditure in month 10 was £3.4m. YTD capital expenditure is £24.5m against the current plan of £24.7m. YTD capital expenditure is £0.2m behind the revised plan, driven by the Women's & Children's modular costs (£1.9m) and Donated Assets (£0.4m) offset with underspends in Estates (£0.5m), IT (£0.4m) and Medical Equipment (£1.6m). However, £1.5m was spent on medical equipment in month and therefore the risk of non-delivery of this element of the plan has reduced since this was last reported to the Board.

Cash

The cash balance at the end of December was £42.9m (December: £38.7m). Cash has increased by c £4.2m compared to month 9 largely as a result of capital cash outflow of £1.7m, as well as the timing of payment runs, with the payment run on 1st February totalling £4.5m. The year end cash forecast is expected to be c. £34m by year end, driven by the significant capital programme. A going concern assessment is being developed for year end, which will be presented at a future meeting.

2. Recommendations

The Board is asked to note:

- The Trust's reported financial position for month 10 was a surplus of £823k (£900k surplus in month 9), which was £648k favourable to plan and £0.1m favourable to forecast. Year to Date (YTD) the Trust is reporting a £1.7m surplus which was £1.8m favourable to plan.
- The Trust is forecasting under a reasonable case scenario a £2.8m surplus at year end.
- The continued high levels of agency spend which is unsustainable moving into next financial year.

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

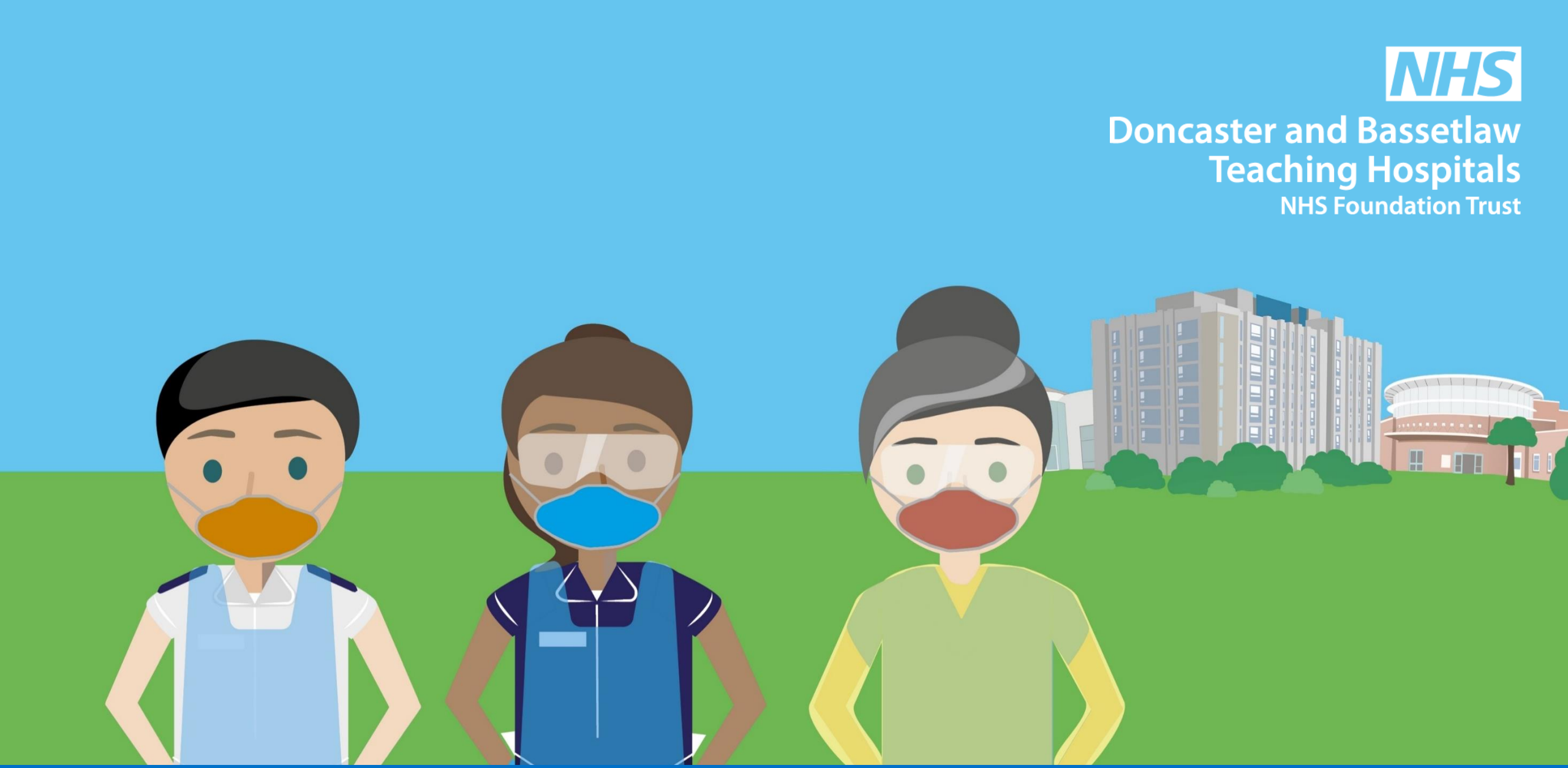
Report Cover Page					
Meeting Title:	*Board of Directors*				
Meeting Date:	*February 2022*	**Agenda Reference:**	E3		
Report Title:	**Performance Report as at 15 February 2022**				
Sponsor:	*Rebecca Joyce – Chief Operating Officer*				
Author:	*Debbie Pook – Deputy Chief Operating Officer (Non Elective)*				
Appendices:					
Executive Summary					
Purpose of report:	The Operational Plan Update (Performance Update) aims to: • 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:	The Trust has continued to experience sustained ongoing pressure caused by COVID demand, high levels of emergency demand. This has caused challenges on elective activity due to emergency demand, COVID pressures and staffing pressures. We continue to perform well against the cancer indicators. Significant planning and implementation of programmes of work has taken place over winter internally and with partners. In addition significant work is ongoing associated with the implementation of the new urgent and emergency care standards. With support from Real World Health (RWH) the Trust has established an urgent and emergency care improvement programme to drive forward improvements across the pathway, working with partners. The report outlines next steps over the coming weeks and months				
	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:**
	To provide outstanding care for our patients *X*	*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:	*Report regards Risks ID 6 and 2349 on the Risk Register - F&P 6 and F&P 8.* • *Failure to achieve compliance with performance and delivery aspects of the SOF, CQC and other regulatory standards* • *Failure to specifically achieve RTT 92% standard* *Report outlines actions plan to make progress, no change to risks on CRR*

Regulation:	*Report links to national quality and access standards. Performance against the standards contributes to the CQC regulatory framework.*
Legal:	*Report outlines performance against standards, published annually by NHS England, some of which are outlined in the NHS Constitution.*
Resources:	*Impact on resources of delivering activity taken account of in Trust plans*

Assurance Route			
Previously considered by:			
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:			



Operational Plan Update- data as at 15 February 2022

Today

- Operational trends – where are we now
- Delivering for Winter
- Operating Plan – Summary & Priorities

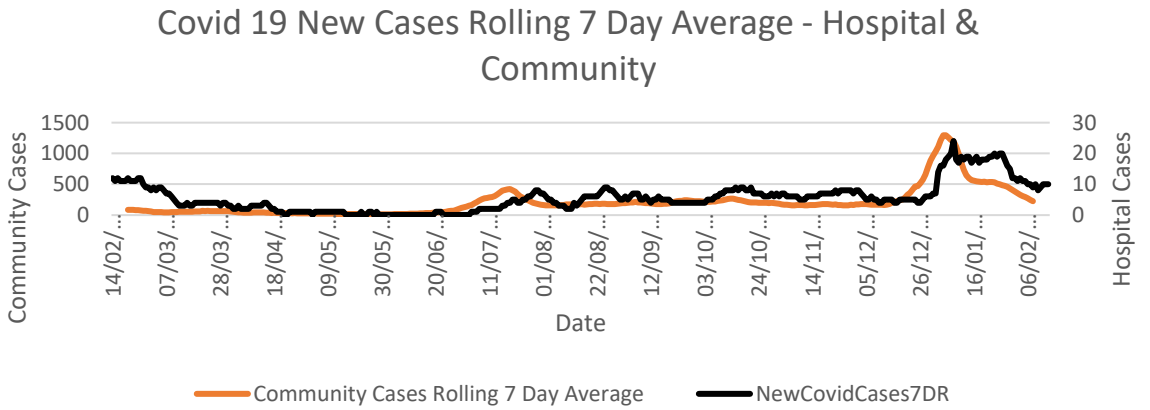
C19 Infection & Admission

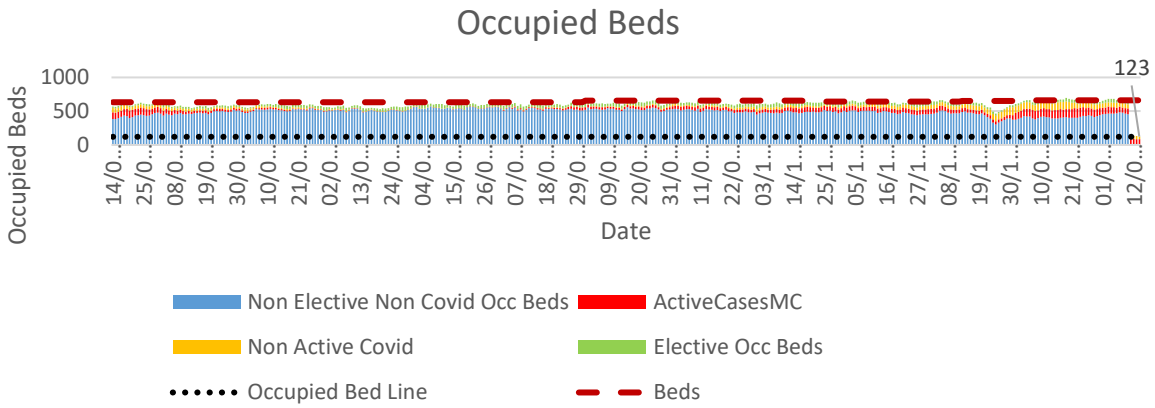
- Omicron surge & Peak in both community & hospital through early / mid Jan 22

- Total COVID occupancy 150 (approx.15% G&A)
- Active case occupancy 125 (approx. 18%)

- Significant threat from Omicron, as expected hospitalisations rising through January and mid Jan peak, levelling out now

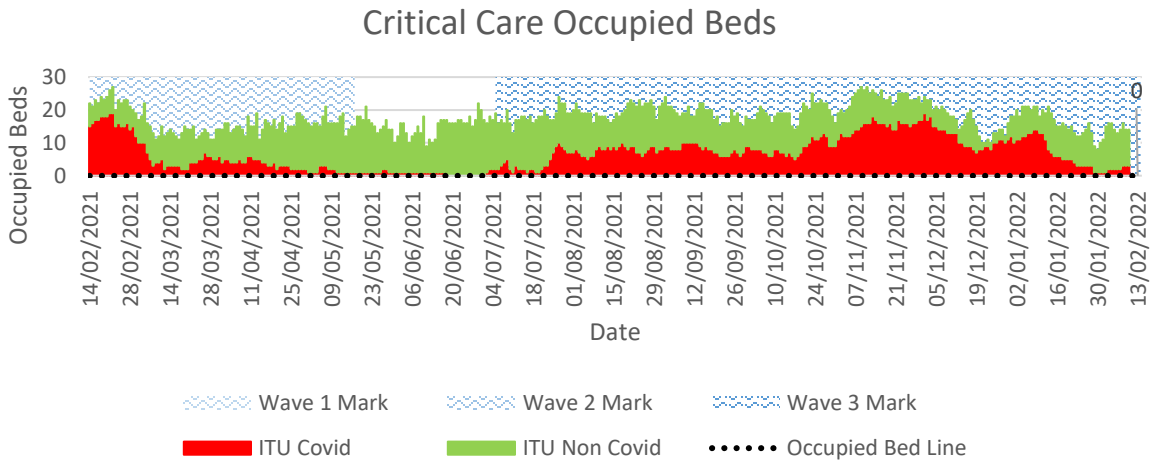
- High overall occupancy c 95%. Running at particularly high level of occupancy





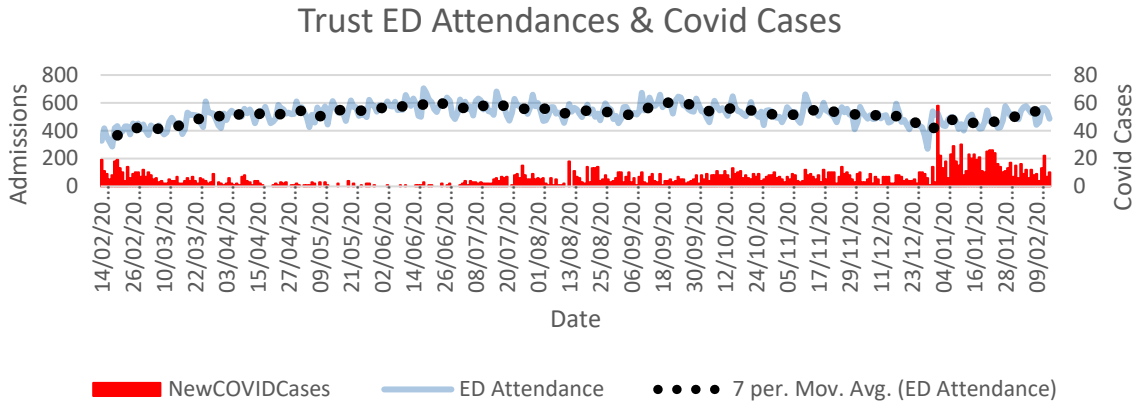
Critical Care

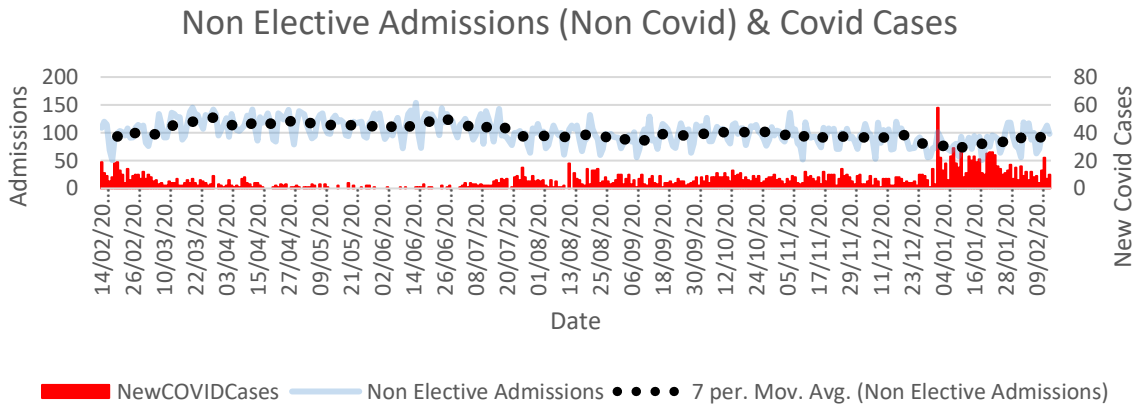
- Critical care occupancy reduced. Omicron causing less critical care admissions. 7 patients at peak
- Ward 22used for additional medical beds as per original winter plan.



Emergency Flow

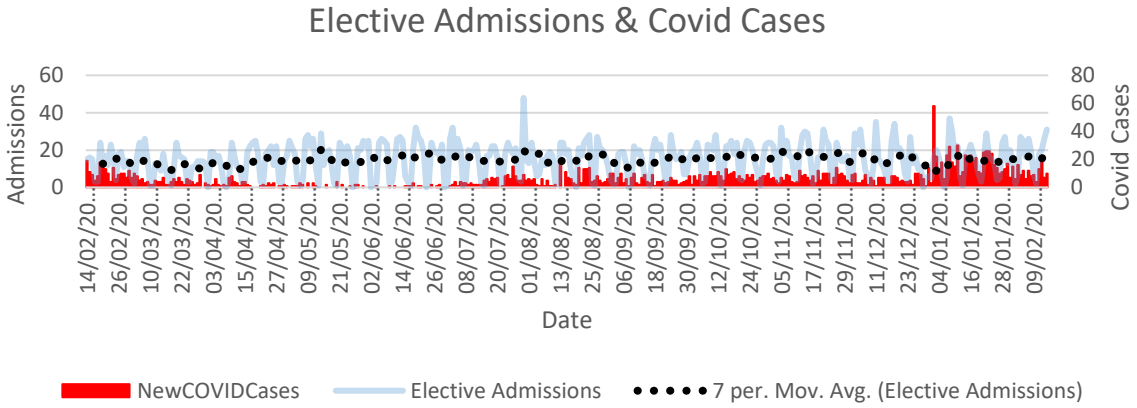
- ED attendance reduced compared to peaks over summer, but still higher than last 4 years
- Acute Medical Delivery Unit (AMDU) opened at the front door staffed by Acute Physicians. Focus on increasing avoiding admission
- Work with Real World commenced January 2022 to support Emergency Flow, Ambulance Handover & SAFER implementation etc on wards
- Focus on Ambulance Handovers with partners, especially at Doncaster. Time & motion study in Feb
- YAS under significant staffing pressure late Dec & Jan

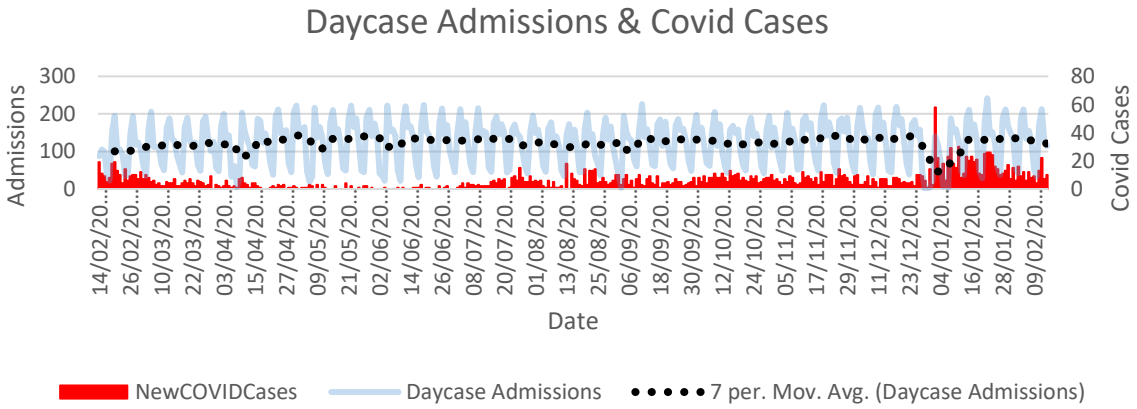




Elective

- Continued to provide all P1 & P2 elective activity throughout Dec/Jan
- PTL reduced from 43,125 to circa 41,000
- RTT Incomplete Performance was 70% at beginning of Dec, currently 66% and improving
- 52 week breaches 1173 (target is <1259 by end March)
- PIFU across 5 specialties now (target 5 or more) and rolling out across 5 more
- % Virtual OP consults at end Jan 26.1% (target 25%)
- Continued good performance against cancer standards
- Zero 104 ww patients by end March
- 79% of all patients waiting 80 ww+ have a TCI/treatment plan with increase listing of all categories of patients from 3rd week in Jan
- Deep dive into T&), ENT, Ophthalmology to maximise capacity supported by KPMG
- Return to full theatre timetable from 1 April





Radiology

MRI

- 2152 patients imaged in January
- Investment in Accelerator Schemes – 3 fixed assets plus 2 mobile vans
- Zero waiting list by year end (based on current demand)
- Reduced demand supporting recovery

Non Obstetric Ultrasound

- 4463 patients imaged in January
- Additional providers in March to image 5500 plus additional sessions (both sonographers and radiologists/agency) to create capacity
- Waiting list will be circa 4000 at year end (50% reduction from its highest level)

CT

- 6141 patients imaged in January
- Additional capacity in March to deliver 6854
- Significant referral demand increase since October 2021; work ongoing to understand elective & acute demand
- Additional CDC capacity to support delivery and reduction in waiting list going forwards

Elective Programme Next Steps 22/23

- Increase in elective surgical bed base to regain 18 elective beds on Ward 19 (was G5 decant ward)
- Create a ring-fenced 12 bedded elective hub for orthopaedics in the modular ward
- Dedicated use of the modular theatre (co-located next to modular ward) to support orthopaedic recovery
- Incorporate outsourcing into recovery plan and front load contracted IS activity into the first 6 months of the year, such that this can be extended if funding allows
- Further exploration of engaging in an agreement with a private provider to allow them to "rent a theatre" to provide DBTH with additional operating capacity (tbc)
- Re-introduction of Seamless Surgical Board to bring together theatres, anaesthetics and surgery into a single programme of work to support recovery
- Utilise KPMG support to consider all opportunities to maximise throughput for 22/23

Winter Plan / Omicron Surge Plan

- COVID related staffing issues causing significant impact on community & hospital capacity Significant risk
- COO/DCOO meetings shore up partner actions especially
  - confirmation of additional home care capacity – in place
  - plan for additional 5 beds on Hazel / Hawthorne – awaiting plan ? Mobilisation late Jan / early Feb
  - Improved hospice pathways
  - Additional Transfer of Care Beds (6) – Doncaster – awaiting final go live date
  - 10 more people a week able to access services where single handed care is required (social care) – Jan implemented
- OPEL Escalation framework & partnership arrangements refreshed for winter on both sites
- Super Surge Plan for Omicron worked up with triggers developed for exceptional actions

Overall Operational Plan – Next Steps

- Push and build on **urgent and emergency care improvement plan**
- Significant focus on **ambulance handovers** in line with NHS E requirement
- Continue focus on **“hotspots”** to improve performance
- **Good progress on elective new standards** and focus on key risk areas

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Report Cover Page			
Meeting Title:	*Board of Directors*		
Meeting Date:	*February 2022*	**Agenda Reference:**	*E4*
Report Title:	**INTEGRATED QUALITY & PERFORMANCE REPORT (IQPR) / Performance Exception Report (December 2021)**		
Sponsor:	*Rebecca Joyce – Chief Operating Officer*		
Author:	*Julie Thornton – Head of Performance*		
Appendices:	H4i – IPQR 'At a glance table' H4ii – Trust Integrated Exception Performance Report		

Executive Summary	
Purpose of report:	The overall integrated performance report aims to: • Deliver an executive summary – summarising 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 the headline metrics.
Summary of key issues:	**1. <u>Operational Context – Headlines of Data Trend Analysis</u>** a. The Trust continued to see growing COVID numbers through December caused by the Omicron surge. Critical care demand has abated, careful analysis of COVID trends in London will inform what we can expect for critical care related through January, however demand has continued to reduce for this cohort of patients. b. Staff absence due to the Omicron variant continued to cause significant pressure during December 2021 which has impacted on service delivery in all areas. c. The paediatric modular ward has arrived, with paediatric capacity increasing to 25 beds. This is below pre-incident levels but an improvement. Short term absence temporarily reduced the bed base in late December. d. In common with all Trusts, emergency demand and staffing pressures have impacted on elective delivery alongside the additional impact of the women's incident. However, the Trust maintained a programme of elective work through December. e. Additional super surge planning for Omicron and associated triggers took place internally and with partners. f. The urgent and emergency care programme has mobilised improvements at the front door (i.e. Acute Medicine Decision Unit mobilised focused on admission avoidance). g. The performance report for December 2021 is presented in this operational context. **2. <u>Headlines from Integrated Performance Report (December 2021)</u>** *Emergency* a. **4 Hour Access** – in December 2021 the Trust delivered 68.3% 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.

	b. **12 Hour Waits:** The Trust are reporting 16 12-hour trolley breaches in December 2021. The Trust continues to experience patient flow challenges. However, the introduction of the Acute Medicine Decision Unit during December 2021 has improved flow within the Department. c. **Ambulance Delays -** There are continued challenges on the Doncaster site and a full action plan has been developed to address this quality issue for patients with support from NHSE / ICS. An exception report is provided & the Trust remains an outlier. **d. Emergency Care Bundle –** The Trust are currently shadow monitoring the new standards and awaiting the performance thresholds to be issued from NHS England. e. **Length of Stay** for non-elective patients increased during December 2021. A partnership patient focused Wednesday Walkaround has been introduced, along with implementation of Red to Green on pilot wards – which will commence roll out across in January 2022. *Elective* h. **Activity** - Overall, the Trust is increasing the proportion of day case, inpatient elective and outpatient activity it is delivering, but not yet back to 1920 levels (88% of 19/20 day case activity, 93% of IP activity, 80% of new outpatients and 92% of 1920 follow ups). Elective activity was above H2 plan. a. **52 Week Breaches** – in December 2021 the Trust reported 1155 breaches due to Covid 19 delays, a slight improvement from last month but still ahead of H2 Plan. This is "green" RAG rated as a proportion of the total Patient Tracking List by NHS England. b. **104 week waits** - There was a small number of patients who waited over 104 weeks & are being managed on an individual pathway basis. c. **Referral To Treatment (RTT)** - in December 2021 the Trust delivered 67% performance within 18 weeks, below the 92% standard. This position has decreased due covid bed and staffing constraints. Performance continues to be better than the most recent peer and national benchmark. d. **The total waiting list** shows a consistently reducing trend at 41503 patients, this continues to be ahead of plan. *e.* **Diagnostics** – in December 2021 the Trust achieved 50.5 % against a target of 99%. This is a deteriorating position from last month and is in the main due to covid staffing constraints. Performance continues to be well below the national and peer benchmark. *Cancer* **a. Faster Diagnosis Standard –** In November 2021 the Trust achieved 78.2% against the performance target of 75%. b. **31 Day Standard** – in November 2021 1 out of 3 nationally reported measures were achieved. c. **62 Day Standard –** in November 2021 0 out of 2 nationally reported measures were achieved. d. The Trust is 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. e. **Open Pathways over 104 Days –** in November 2021 the number of open pathways increased to 19. The data shows this number has fallen slightly over the last 6 weeks and will show an improved position for December 2021. **f.** Cancer performance still performs well compared to peers **Next Steps on Performance & The Operational Plan** For elective and cancer performance, the key next steps are:

	a. Delivering recovery trajectories for Medical Imaging to further improve performance and develop the medium-term service proposal, supported by external funding. b. Protecting and safeguarding the good progress on cancer recovery, through the forthcoming difficult months remains a priority. c. Focusing on safety and sustainability of urgent elective patients, and then long waiters, with clinical oversight, in the exceptionally challenged Omicron context. The elective plan will continue to be complemented by insourcing and outsourcing arrangements. d. Increase elective work at Bassetlaw hospital where possible. e. Focusing on key risks around long waiting patients, ensuring individual patient plans in place f. Focusing on some of the outpatient transformation metrics such as Patient Initiated Follow up, building on good progress in Advice and Guidance. **From an emergency perspective, the key next steps are:** a. Omicron super surge plans now implemented and being reviewed daily. b. Work continues with patients without criteria to reside with the continued implementation of red to green working with partners c. System Perfect week being planned to review patients with a long length of stay with system partners in January / February 2022 d. Continue to focus on Urgent & Emergency care recovery, extending the frailty pilot until April 2022. Time and motion study to be carried out during February 2022 to review the patient journey in the Emergency Department. e. The Trust continues to experience significant operational challenges and will continue to focus on safety and sustainability and supporting its teams, people and patients.
	The Committee is asked to note and comment as appropriate on the attached.

Action Require:	Approval	Information	Discussion	Assurance	Review
				X	

Link to True North Objectives:	**TN SA1:**	**TN SA2:**	**TN SA3:**	**TN SA4:**
	To provide outstanding care for our patients *X*	*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:	*Report regards Risks ID 6 and 2349 on the Risk Register - F&P 6 and F&P 8.* • *Failure to achieve compliance with performance and delivery aspects of the SOF, CQC and other regulatory standards* • *Failure to specifically achieve RTT 92% standard* *Report outlines actions plan to make progress, no change to risks on CRR*
Regulation:	*Report links to national quality and access standards. Performance against the standards contributes to the CQC regulatory framework.*
Legal:	*Report outlines performance against standards, published annually by NHS England, some of which are outlined in the NHS Constitution.*
Resources:	*Impact on resources of delivering activity taken account of in Trust plans*

Assurance Route			
Previously considered by:	Finance & Performance Committee		
Date:		**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:	

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Report Cover Page			
Meeting Title:	Trust Board		
Meeting Date:	February 2022	**Agenda Reference:**	E5
Report Title:	Patients waiting less than 15 minutes for ambulance handover from time of arrival		
Sponsor:	Rebecca Joyce, Chief Operating officer		
Author:	Andrea Squires, Divisional Director of Operations for Urgent & Emergency Care		
Appendices:	N/A		

Report Summary	
Purpose of report:	To provide information and assurance in relation to actions ongoing to improve the number of patients waiting more than 15 minutes for ambulance handover from time of arrival
Summary of key issues/positive highlights:	• NHSE (2020) guidance states that ambulance handovers should reliably be completed within 15 minutes and that an handover escalation process should be enacted where time to handover exceeds or is likely to exceed 30 minutes • The current national standards state that all patients should be handed over within 15 minutes with none waiting over 30 minutes for handover • Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trusts (DBTH) January performance for patients waiting less than 15 minutes for ambulance handover was 42.29%, with 31.48% of patients waiting over 30 minutes. There was a notable decrease from 51.26% to 49.13% at Doncaster Royal Infirmary for patients waiting less than 15 minutes for ambulance handover in January, primarily due to bed occupancy and reduction in community beds due to Covid outbreaks resulting in exit block across Trust • Doncaster Royal Infirmary (DRI) in January remains the 4th highest reporting Trust for 30-60 minute ambulance handover breaches in Yorkshire, whilst Bassetlaw District General (BDGH) Hospital is position 19 • Key actions continue to be implemented to ensure ambulance handover times across DBTH are in accordance with national guidance and ensures patients receive safe and high quality care • Further work around pathways such as Same Day Emergency Care is also being completed to improve ambulance handover times as part of the UEC Recovery and Transformation programme • The month of January has seen further improvement in the number of patients waiting less than 15 minutes for ambulance handover at BDGH as a result of this work • This paper will provide a monthly update against national standards and highlight improvements moving forwards
Recommendation:	For information/assurance purposes only

Action Required:	~~Approval~~	Information	~~Discussion~~	Assurance	~~Review~~
	TN SA1: ✓	**TN SA2:** ✓	**TN SA3:**	**TN SA4:**	

Link to True North Objectives:	*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:	*Report regards Risks ID 6 and 2349 on the Risk Register - F&P 6* • *Failure to achieve compliance with performance and delivery aspects of the SOF, CQC and other regulatory standards* *Report outlines actions plan to make progress on this specific requirement related to ambulance handovers, no change to risks on CRR*
Regulation:	NHS England (2020) Reducing Ambulance Handover Delays: key lines of enquiry
Legal:	N/A
Resources:	N/A

Assurance Route			
Previously considered by:		Divisional Management Board for Medicine	
Date:	23/01/22	**Decision:**	TBC
Next Steps:		Continued monitoring of recovery and associated action plans at Divisional Management Board for Medicine, Finance & Performance Committee and monthly escalation to Board. Work forms part of Urgent and Emergency Care Programme.	
Previously circulated reports to supplement this paper:		N/A	

Doncaster Summary: Patients waiting less than 15 minutes for ambulance handover from time of arrival

Problem Statement: Performance against the Ambulance handover within 15 minutes standard is currently 49.13% for Doncaster.

Current Trend: Performance against the Ambulance handover within 15 minutes declined over the month of January with 31 fewer patients handed over within 15 minutes of arrival compared to December.

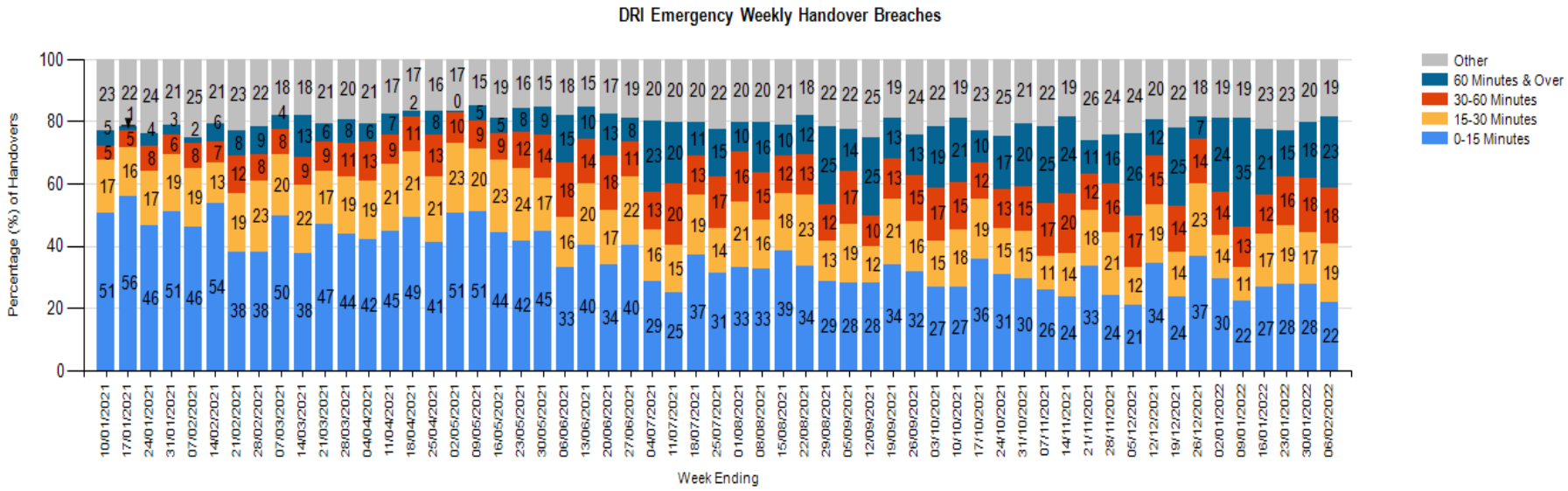
Metric Owner: Divisional Director of Operations (DDO) for Urgent & Emergency Care

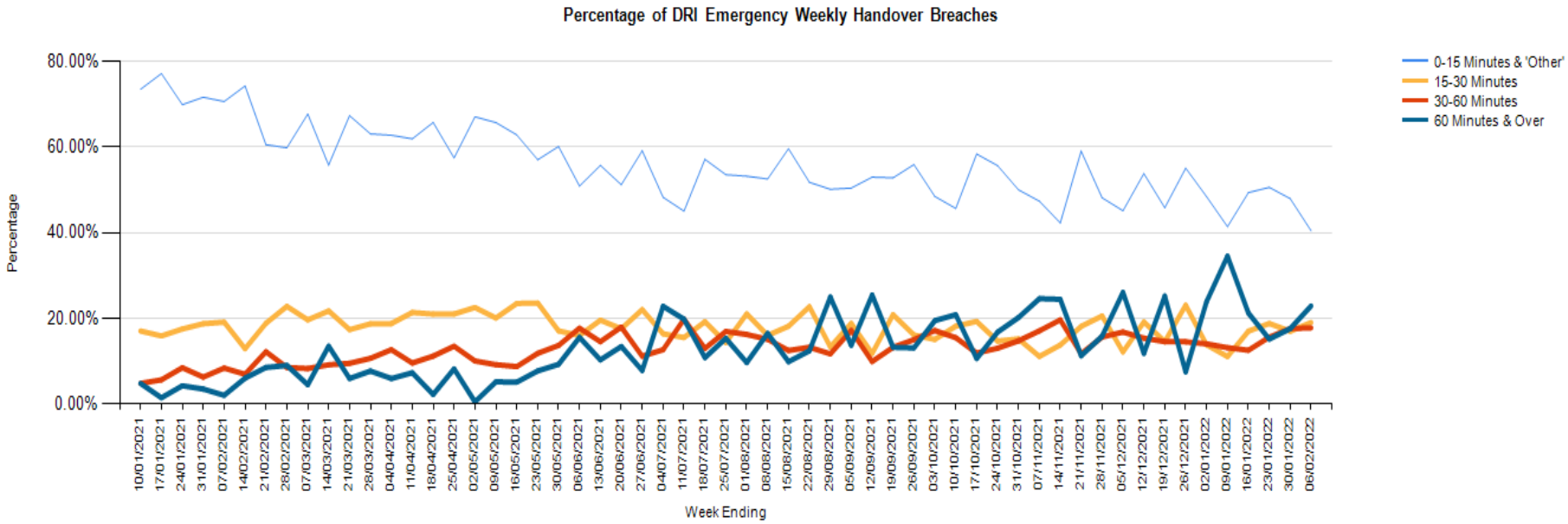
Metric: Ambulance Handover Time: Ambulance handover within 15 minutes – with none over 30 minutes

Desired Trend:

December Performance:

Month	Hospital	No of Arrivals	% less than 15 minutes	% between 15 & 30 minutes	% over 30 minutes	Longest Wait (hrs & minutes)
Jan 2021	**Doncaster**	2013	49.13%	14.70%	36.16%	5 hrs 07 mins
	Bassetlaw	751	23.97%	57.12%	18.91%	2 hrs 09 mins
	Trust	2764	42.29%	26.23%	31.48%	N/A





Key associated metrics that also support the standard:	
>15 minutes Time To Initial Assessment (TTIA)	December performance was 34.56% against the 95% target. This is a slight decrease from the 37.89% reported in December. Delays are expected over the winter period and a UEC recovery action plan is in place to improve delays at the ED front door.
Average Length of Stay (LoS) in ED	Average time in department for December was 223 minutes against the 240 minute target. This is an improvement from 283 minutes reported in December. The Patient Flow Steering Group continue to focus on reducing LoS.
>12 hours in ED from Arrival	December performance was 5.75% which remains slightly above the national standard of 5% target. This is an improvement from 6.16% reported in December. Delays continue to be impacted by a current Trust bed occupancy of 98%. The Patient Flow Steering Group continue to focus on reducing LoS.

Bassetlaw Summary: Patients waiting less than 15 minutes for ambulance handover from time of arrival

Problem Statement: Performance against the Ambulance handover within 15 minutes standard is currently 23.97% for Bassetlaw.

Current Trend: Performance against the Ambulance handover within 15 minutes has seen an improvement over the month of January with25 additional patients handed over within 15 minutes of arrivals compared to November.

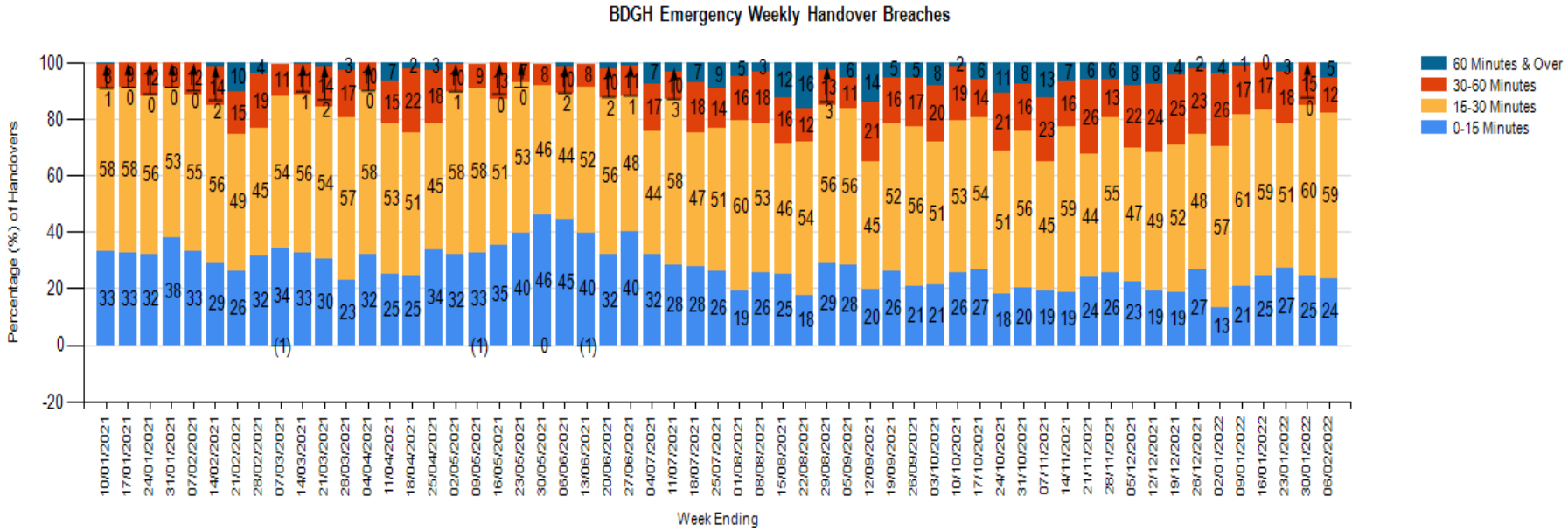
Metric Owner: Divisional Director of Operations (DDO) for Urgent & Emergency Care

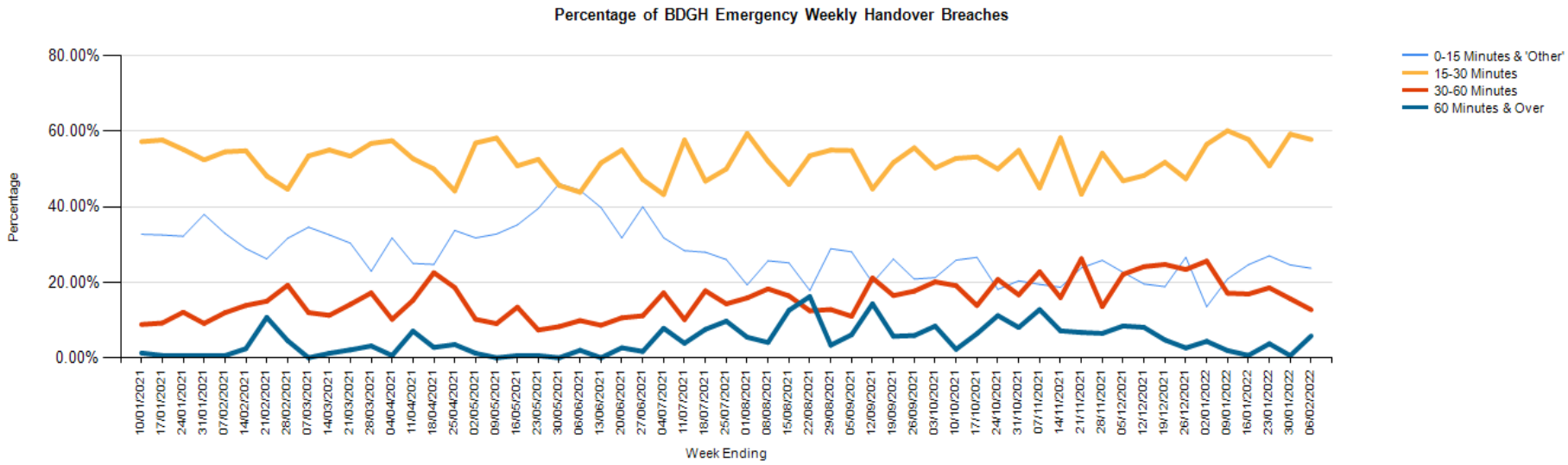
Metric: Ambulance Handover Time: Ambulance handover within 15 minutes – with none over 30 minutes

Desired Trend:

December Performance:

Month	Hospital	No of Arrivals	% less than 15 minutes	% between 15 & 30 minutes	% over 30 minutes	Longest Wait (hrs & minutes)
Jan 2021	Doncaster	2013	49.13%	14.70%	36.16%	5 hrs 07 mins
	Bassetlaw	751	23.97%	57.12%	18.91%	2 hrs 09 mins
	Trust	2764	42.29%	26.23%	31.48%	N/A





Key associated metrics that also support the standard:	
>15 minutes Time To Initial Assessment (TTIA)	November performance was 33.71% against the 95% target. This is an improvement from the 31.92% reported in December. Delays are expected over the winter period and a UEC recovery action plan is in place to improve delays at the ED front door.
Average Length of Stay (LoS) in ED	Average time in department for December was 160 minutes against the 240 minute target. This is an improvement from the 206 minutes reported in December, yet remains above the national standard.
>12 hours in ED from Arrival	December performance was 1.59% which is better than the national standard of 5% target. This is an improvement from 2.40% reported in December. Delays continue to be impacted by a current Trust bed occupancy of 98%. The Patient Flow Steering Group continues to focus on reducing LoS.

Key Summary & Actions: Patients waiting less than 15 minutes for ambulance handover from time of arrival

Top contributor	Potential Root Cause	Countermeasure	Owner	Due Date
Pre-hospital / Front Door Issues	• Difficulty accessing primary care services for advice and guidance • Difficulty accessing assessment services for advice and guidance • Difficulty accessing community response services	• 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 • Extended 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 medical and surgical same day emergency care services now implemented, to be duplicated at Bassetlaw • Single point of access for GPs to facilitate direct admission to medical and surgical same day emergency care services • Early senior review in ambulance bay to identify patients suitable for medical and surgical same day emergency care services and fit to sit • Implement Screening and Redirection tool, supported by signposting away and early senior review	Fylde Coast Medical Services (FCMS) FCMS DDO for UEC / Care of the Elderly Consultant CCG DDO for UEC / Clinical Director (CD) DDO for UEC / CD DDO for UEC / CD DDO for UEC / CD	Completed Completed Apr-22 Jan-22 Jan-22 Completed Completed Completed
Patient Flow issues	• Current Trust bed occupancy of 98% resulting in lack of available beds to move patients into from ED • Increased LoS across the Trust (7, 14 and 21 days) • Lack of available beds in	• Re-configuration of acute medicine to include re-location of 12 beds to existing Early Assessment unit in ED to become an Acute Medical Decisions Unit resulting in an additional 12 beds for Care of the Elderly and General Medicine • Additional 10 beds to be opened on Ward 22 for respiratory patients	DDO for UEC / CD DDO for UEC / CD	Completed Completed

	community	• 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 aim to reduce LoS and increase discharges • Mutual aid is also in aid at Place and across SYB • Partnership winter plans to identify additional community bedded capacity and increased care homes and domiciliary care capacity	DDN for Medicine DDNO (new post) Chief Operating Officer (COO) COO	Completed Ongoing Completed Completed
Operational Grip and Escalation	• Lack of awareness of new clinical national standards for emergency care • Lack of awareness of Trust position for ED and on call teams • Delays in escalation process within and outside of ED • Process delay issues impacting on handover efficiency	• Trust wide roadshow to share new clinical standards for emergency care • Development of new Inter-professional standards for emergency care • Development of Clinical Harm Review for patients waiting longer than 60 minutes for ambulance handover • Fully revised Emergency Care Escalation Protocol incorporating an Ambulance Handover Escalation Protocol • Fully revised Trust OPEL policy • Development of guidance and training for all on call managers • Time In Motion Study to be support by QI Team to identify any delay in handover processes	DDO for UEC DDO for UEC DDO for UEC DDO for UEC COO COO DDO for UEC	Completed Completed Completed Completed Completed Completed Ongoing
Improving accuracy of handover data between YAS / DBTH	• Delays in entering handover pin to confirm handover has been completed due to competing other tasks • Previous ‘double pinning’ system	• Daily validation of ambulance handovers to re-commence with a monthly report to highlight any difference in handover time recorded • ‘Double pinning’ system to be re-commenced to ensure crews pin out prior to leaving the	DDO for UEC YAS/DDO	Completed Completed

	stopped pre-Covid as automatic system was being trialed. This was never implemented due to Covid-19 pandemic • Internal daily validation was stood down as a result of the above	department and DBTH staff also pin out to confirm handover time. Supporting Protocol to be developed • YAS to share data and investigate why the time stamp is no longer visible on the Electronic Patient Record Form (EPRF) • Monthly meetings to be held with YAS/DBTH operational teams • NHS England and Emergency Care Intensive Support Team to undertake site visits across South Yorkshire and Bassetlaw to ensure consistent approach	DDO for UEC YAS DDO for UEC	Feb-22 Completed Jan-22

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Report Cover Page					
Meeting Title:	Board of Directors				
Meeting Date:	22 February 2022	**Agenda Reference:**	**F1**		
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:	• 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:** To provide outstanding care for our patients	**TN SA2:** Everybody knows their role in achieving the vision	**TN SA3:** Feedback from staff and learners is in the top 10% in the UK	**TN SA4:** The Trust is in recurrent surplus to invest in improving patient care	
Implications					
Board assurance framework:	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, Board of Directors	
Date:		**Decision:**	To be presented to the Board of Directors on 22 November 2021
Next Steps:	Specific Objectives will be reviewed at Board Sub Committees with overall progress reported to the Board of Directors in: • February 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. 16 November 2021 Q2 Update		

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 had 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 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 enables 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 3 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.

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	OBJECTVIES IN SUPPORT OF THE DELIVERY OF THE TRUSTS TRUE NORTH AND BREAKTHORUGH OBJECTIVES	EXPECTED COMPLETION DATES AND BOD UPDATES	EXPECTED OUTCOMES	Q2 UPDATE - September 2021	Q3 UPDATE - February 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.	Framework updated, forms part of the Trusts new Quality Strategy.	
	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.	CQC oversight group set up to review compliance with Key lines of enquiry against Caring	
	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	Mock inspections delayed due to Covid 19, planning now in place to recommence	
	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.	Learning from Falls, is shared across the Trust through the falls accreditation programme. The wards involved in the QI project have seen a reduction 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.	Feedback from the Okenden report has been received. Action plans in place to address in ternal elements. A dedicated piece of work is being progressed to review safety culture within maternity.	
	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.	Documented evidence of learning from complaints is now clear on Datix. Work on accessible standards is progressing with some work to support the deaf community following feedback from the public.	
	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.	Board Assurance on Safe Staffing reported to Board. SNCT being renewed in February to include ED. HCSW vacancies appointed to, waiting for start dates. International recruitment continues to be successful. Birthrate plus being repeated in March, international recruitment pilot for midwifery commenced.	
	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.	Teaching Board working well, good engagement from partners. Successful Health Foundation bid to expand Health Academy. Non medical research trials increased.	
	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.	A number of applications for awards are being prepared to highlight both individual and teams across the Trust.	
Director of Finance	Implement the 2021/ 2022 Performance and Assurance Framework	Quarter1	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.	Set up and working. Focus and delivery meetings now in place. Scorecards produced. IQPR currently now in dashboard format. Operational performance report updated	
	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.	On track to deliver H2 plan. The forecast year end position is at least at break even income and expenditure position.	
	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.	Currently capital is forecast to deliver on plan (c£35m). All funding secured for capital schemes and all major projects on plan and budget except the Emergency village.	
	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.	Strategic OBC sent to NHSEI agreed by board and submitted as per target.	
	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.	Delivered.	
	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.	Complete. Currently recruiting to vacancy.	
	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.	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.	Some schemes implemented and the Trust is forecast to break even for the financial year. As a direct impact of the Covid pandemic any CIP requirement has been offset, and mitigated by additional non-recurrent income in year.	
	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	Ongoing	Ongoing	
	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	Ongoing	Ongoing	

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Executive Medical Director	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	Ongoing	
	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	ooo	Reviewed, consultation complete on proposed new structure and TOR. Discussed at CGC and QEC, and presented at Board of Directors	
	Complete the implementation of the Medical Advisory Committee as the fist 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	Actions relating to previous staff survey results are ongoing. 2021 staff survey results are expected in Q4.	
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.	QI process review underway in relation to casework processes. One planned for the absence reporting processes which will use same electronic system. Go live of system delayed due to onset of Omicron. Review of recruitment processes planned with options around use of automation being included (part of RPA business case)	
	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.	50 nurses have joined the Trust from overseas. Overseas recruitment underway in relation to midwifery. A further bid has been accepted for a further cohort of RGNs in 2022/23. A recruitment campaign is in train in respect of HCAs. Draft workforce plan considered by Executive Team and Workforce Planning committee. Due to commence NHSI stay and thrive programme in relation to overseas nurses (slight delay due to recent covid pressures)	
	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.	Survey moved to Q4 with operational pressures.	
	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.	Leading to Outstanding and Senior Doctors programmes have been shared across DBTH and bookings being taken. Timing planned to align with CD recruitment. Delivery continues for leadership development programmes with the Develop, Belong and Thrive programme . Soundbites are on offer on a range of topics with good uptake. Leadership development prospectus for 22/23 being finalised.	
	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.	Continued positive feedback from ED colleagues. Awaiting feedback from 2021 annual staff survey. FTSU forum reporting regularly to the People committee. Expanded FTSU champions in place. Soundbites around FTSU included in the Hive during FTSU month.	
	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.	Ongoing progress updates to People committee and Board of Directors meetings	
	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.	Ongoing expansion of wellbeing programme - TLC service, complementary therapies available for all staff , Know Your numbers campaign started roll out. Business case for enhanced team and Garden room developed. Awaiting feedback	
	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.	GM posts now changed to Divisional Directors of Operations in line with comparable organisations. Ongoing team and individual development planned with support from P&OD	
	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.	H2 plans completed although delivery compromised by Omicron variant with av. 9% staff sickness. Reduced elective programme continued throughout. 52 week position maintained	
	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.	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.	

DIRECTOR	OBJECTVIES IN SUPPORT OF THE DELIVERY OF THE TRUSTS TRUE NORTH AND BREAKTHORUGH OBJECTIVES	EXPECTED COMPLETION DATES AND BOD UPDATES	EXPECTED OUTCOMES	Q2 UPDATE - September 2021	Q3 UPDATE - February 2022	Q4 UPDATE - April 2022
Chief Operating Officer	Ensure arrangement 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.	COVID & Winter Plan in place. Red 2 Green role out in place and being supported by RWH. Further actions being taken: • Ambulance Handovers o Efficiency study in run first week Feb. o Review of study in Feb. and actions put in place as PDSA cycles o Daily focus on Ambulance handovers and flow into ED • Triage o Clinical Lead reviewing triage model through Feb. o Thoughts are going towards RAT (Rapid Assessment and Treat) at the front door. o Approach and time frames to be agreed. • Huddles o Training in place for EPIC & NIC around ED huddles o Being rolled out and supported • ED Daily Assurance o Template circulated and being adapted for DBTH o ED Governance discussing and approving o Training being rolled out o Pilot (PDSA) next week • Clinical Site Review o Undertaking a full review of the Clinical Site Team Model (in partnership with Abi) o Benchmarking against peers and best practice o Draft Proposal end of Feb o Reviewing and aligning Flow and escalation policies to draft proposal - One reparations to be returned per day (if level 3 or below) - Focus on stepping down ITU patients daily - Focus on plans and Divisional escalations for patients in department reaching 12 hours • Leadership o New Clinical Director appointed to ED – Started 14th Feb o ED specific mentoring for Operational lead started Feb o ED Clinical Mentor being explored	
	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).	Significant programme of elective support planned from Independent Sector in H2, delivery compromised by COVID across all POD's. Outstanding Outpatient programme continued to develop plans, extend PIFU, A&G etc.	
	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.	Winter & COVID plan in place. Daily monitoring of plan, IPC and staffing issues. Partners actions identified and implemented. Blue & Yellow pathways continue.	
	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.	ICS changes are delayed nationally until July however, Bassetlaw CCG has moved into Nottinghamshire. Implications are still being worked through although patient flows remain unchanged. Covid pressures have impacted the pace of the service line review however, this has now been mitigated with additional temporary resource and the programme of work has been reworked to conclude in May to inform the clinical strategy. Other aspects of development of the revised strategy are running in parallel and a completion date of end May is planned.	
	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	Health inequalities (HI) plan in development and Anchor Institution development well underway. Capacity and capability building to address HI continues with place HI post (hosted by DBTH) now recruited to and public health consultant appointment ready for advertisement. Data analysis has been undertaken in preparation for Board reporting on waiting list in line with H2 guidance. Board workshop on HI and anchor framework provided. Successful bid for national funding for expanding strengthening participation agenda Various QI supported improvements (11 completed and 13 ongoing) examples include pre-op team have reduced numbers of patients still to book and increased gap between pre-op and TCI date to 16+ days (not including urgent); better use of non-clinical roles to free up clinical time in emergency surgical pathway	

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Director of Strategy and Improvement	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	Data packs developed for each speciality - Covid pressures have impacted the pace of the service line review as this requires clinical and operational time. Engagement underway with Medical Directors office and with support of communications & engagement team. S&I capacity pressures have been mitigated with additional temporary resource and the programme of work has been reprofiled to conclude in May to inform the clinical strategy.	
	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	Training numbers - financial year to date Leve 1 = 47 Level 2 = 24 (7 from Rotherham)- these are completed & certified we currently have another 2 cohorts being trained (not in these numbers), 11 ongoing for Q4 General = 247 (General awareness sessions for preceptorship/f1/HCA etc.)	
	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	As quarter 3 QI strategy revised and will form part of new quality strategy Training and coaching as above Teams continue to be supported with QI as requested.	
	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	Significant work undertaken on this. Public consultation on children's model underway aligned with NHSI assurance process. To ensure adequate capacity	
	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	Active involvement in development of integration at place (s). DBTH continues to play an active part in developing and implementing the ICS Community Diagnostic Centre (CDC) plans. The Montagu CDC (formerly called Community Diagnostic Hub) phase one is in place and case for phase two is being finalised in line with national and regional timelines - Board agenda item in Feb 22. Support to cancer team to develop successful bids for Cancer Alliance funding and project management support to develop rapid diagnostic pathways - expanding number of specialties covered. QI support to partner trusts in ICS to share methodology and coaching with positive outputs and we are developing a QI academy to strengthen the education and evaluation offer - working closely with education and research colleagues	

Montagu Community Diagnostic Business Case Cover Page			
Meeting Title:	**Board of Directors**		
Meeting Date:	**22nd February 2022**	**Agenda Reference:**	F2
Report Title:	**Montagu Community Diagnostic Centre Business Case**		
Sponsor:	Marie Purdue, Director of Strategy and Improvement		
Author:	Shahida Khalele, CDC Project Manager and Clare Ainsley, Strategic Programmes Manager		
Report Summary			
Purpose of report:	This business case describes proposals for phase 2 of the development of a Community Diagnostic Centre at Montagu Hospital Mexborough. This builds upon Phase 1 Montagu CDC development where mobile CT and MRI scanning have already been funded by the National CDC Programme and implementation has commenced. If approved by Board this case will be submitted to the Integrated Care System (ICS) and then to the national CDC team for consideration to gain approval and funding for the procurement and implementation of the plans.		
Summary of key issues/positive highlights:	• Community Diagnostic Hubs (CDHs) were initially identified as a key recommendation in the Sir Mike Richard's review, Diagnostics: Recovery and Renewal published in October 2020[1]. They were proposed as a new service model to contribute to the required expansion of diagnostic services to meet future demand and to enable the separation of planned and unplanned diagnostics. • The report by Sire Mike Richards also included a suite of associated recommendations including the need to expand the diagnostic workforce, estate, equipment, and the use of technology to facilitate delivery. • A National Diagnostic Transformation Programme Board was established to oversee the implementation of recommendations and a multiyear National Community Diagnostic Centre (CDC) Programme is now in place to manage the delivery of CDCs (formally CDHs). • Simultaneously the National Cancer Programme has increased its focus on enabling faster diagnosis and is due to shortly publish a new Faster Diagnosis Framework. One of the key objectives is the delivery of the best practice timed pathway milestones to meet the new 28 days Faster Diagnosis Standard (FDS). It is envisaged that CDC will contribute to this. • To implement the recommendations locally, Phase 1 of a CDC development at Montagu hospital has commenced with staffed mobile CT and MRI scanning funded by the National CDC Programme already commenced. • This paper provides details of phase 2 of this development. Phase 2 development will include: the continuation of staffed mobile (CT and MRI); non-obstetric ultrasound; additional endoscopy capacity (2 rooms, one for use by DBTH and one to provide additional capacity for the system); a multifunctional training room for use by multidisciplinary teams and there is also potential to explore physiological measurement and other services in a future phase.		

[1] https://www.england.nhs.uk/wp-content/uploads/2020/10/BM2025Pu-item-5-diagnostics-recovery-and-renewal.pdf

	• Other local ICS hospitals have requested flexible use of the second endoscopy room. Workforce arrangements are yet to be agreed however there is ongoing discussion across the ICS for how this can be developed. • Capital costs of £8.6m in 2022/23 and recurrent revenue costs of £4.0m per annum are required for this development (see breakdown below). • The attached case is formatted in line with the national template and in addition a full business case has been developed for scrutiny by the Finance & Performance (F&P) Committee • If agreed by Board the case will be submitted to the South Yorkshire & Bassetlaw Integrated Care System by 11th March 2022 and then onto the National CDC Team for approval.				
Recommendation:	Board of Directors is requested to review this case and approve submission to the ICS for consideration by the national programme.				
Action Require:	Approval	~~Information~~	~~Discussion~~	~~Assurance~~	Review

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

Implications	
Board assurance framework:	n/a
Corporate risk register:	This development positively contributes to mitigating performance risks
Regulation:	
Legal:	
Resources:	Detailed within business case for workforce, IT, estate and infrastructure

Assurance Route			
Previously considered by:	This proposal has been developed with the Gastro Hosted Network and Cancer Alliance support and in conjunction the Hosted network (gastro) and the ICS.		
Date:	Dec 21	**Decision:**	*Support given to proposals by Gastro Hosted Network*
Next Steps:	Following approval by Board and F&P the case will submitted to the SY&B ICS by 11th March 2022 and then onto the National CDC Team for approval.		
Previously circulated reports to supplement this paper:	Previous updates given via Director of S&I papers		

EXECUTIVE SUMMARY

Community Diagnostic Hubs (CDHs) were initially identified as a key recommendation in the Sir Mike Richard's review, Diagnostics: Recovery and Renewal published in October 20201. They were proposed as a new service model to contribute to the required expansion of diagnostic services to meet future demand and to enable the separation of planned and unplanned diagnostics.

A National Diagnostic Transformation Programme Board was established to oversee the implementation of the Sir Mike Richard's Review. A multiyear National Community Diagnostic Centre (CDC) Programme is now in place to manage the delivery of CDCs (formally CDHs).

Simultaneously the National Cancer Programme has increased its focus on enabling faster diagnosis and is due to shortly publish a new Faster Diagnosis Framework. One of the key objectives is the delivery of the best practice timed pathway milestones to meet the new 28 days Faster Diagnosis Standard (FDS). It is envisaged that CDC development will contribute to this.

Funding has been identified, with £23.28M capital allocated for potential use by NEY in 2021/22. Nationally £105M revenue has also been identified, with a further £96M growth allocation, although it is not yet understood if the latter is in baselines and/or additional. In addition, £250K was also confirmed for programme infrastructure.

The South Yorkshire & Bassetlaw Integrated Care System (SYB ICS) has developed CDC plans in conjunction with local partners. The Montagu CDC is a significant part of this ICS development and is being implemented with a phased approach. Work has already commenced on Phase one with the implementation of staffed mobile scanning units and phase two builds on this development.

This business case describes proposals for phase 2 of the development of a Community Diagnostic Centre at Montagu Hospital. It seeks to gain approval and funding from NHS England for the procurement and implementation of the plans. If approved by Board this will be submitted to the Integrated Care System and region for consideration as part of the national programme.

CDC Phase 1 -Approved

The DBTH bid for Phase 1 proposal submitted mid July 2021 for capital investment of £232,000 and Revenue £827,000 with proposed activity of 1002 MRI and 1602 CT over 6 months. Funds have been approved, received and activity started at the beginning of January 2022 and will be complete by end of March 2022.

The Phase 1 Montagu CDC Business Case secured in year operational revenue costs associated with the capital. Discussions are underway nationally and locally in relation to onward revenue implications, and continuation of these services for year 2 to 5 CDC plans.

CDC Phase 2 – Business Case

There is capital funding available in the SYB ICS, which includes use for equipment, estates, and IT for phase 2 development. There is also 2 years of recurrent funding for equipment, estate, and staff. The Phase 2 Bid submission date is 11th March 2022 with a national timeline for approval at end of March/April (tbc).

The way in which this development aligns with the recommendations of Sir Mike Richards's diagnostic review is outlined in the table below:

Table 1.

Modality	Aims	Delivery
CT & MRI	Capacity to be expanded over the next five years to meet increasing demand and changes due to national guidance.	Staffed mobile scanners will continue to provide CT and MRI capacity
Non-Obstetric Ultrasound	Will be expanded in line with growth rates prior to the pandemic	2 room to be used by DBTH and staffed using any qualified provider (AQP).
Endoscopy	Patient pathways are being considered for the service with a rise in demand – Increase in activity/backlog and bowel screening age extension	1 room equipped and used by DBTH 1 commissioned room to host ICS
Histopathology	Supporting Endoscopy services	Support services
Training academy	A training academy for endoscopy will be established in the long-term plan to enable expansion of screening colonoscopy and back-filling of symptomatic colonoscopy	Providing training functionality with a view to being ready for the HEE funded project if available.

There is the potential to add further services in Year 3 and onwards and any further development would go through the usual DBTH and ICS business processes.

Table 2.

Future development being explored		
Urology	Possibility of screening procedures for urology	Additional services where there is demand
Pathology	Lower GI has had a 6% growth in demand from previous years	Increases in Endoscopy places demand on pathology services.
Cardiorespiratory	Demand is on the increase for echocardiograms	Expansion of services phase 3
Phlebotomy	Point of Care testing	Into the phase 3 plans for activity
AAA Screening service	AAA screening	Use of a multifunctional room in line with demand

Phase 2 business case preparation meetings have been taking place since October 2021 with key service leads and stakeholders including those in primary care.

In Phase 2 it is planned to include the continuation of the staffed mobiles, both CT and MRI at a similar activity level. This case includes staffed mobile scanning facilities however, efforts will be made to develop in house capacity throughout the lifetime of the project in order to move to a longer-term sustainable model.

Although it is understood that SYB ICS has been allocated capital over the next 3 years, the associated revenue funding is still to be confirmed. We understand that there will be revenue associated for at least the first year of operation for new activity in a similar approach to that taken in year 1, beyond that clarity is still being sought through the region and National CDC Team.

Within the CDC there will be an Endoscopy suite with one commissioned room and a room for ICS use. There will be two ultrasound rooms, and two multifunctional rooms in which Pathology, Phlebotomy Cardio-respiratory and AAA screening services could be supported for future phases. Finally, a multifunctional training room which can be used by multidisciplinary teams will be provided.

The Rotherham Hospital Foundation Trust and Barnsley Hospital Foundation Trust have requested flexible use of the room. Workforce arrangements are yet to be agreed however there is ongoing discussion across the ICS for how this can be developed.

DBTH is an active partner in the Doncaster and Bassetlaw place and the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS). The Montagu CDC proposals fits strategically with excellent geographical access for Doncaster and Bassetlaw and neighbouring Barnsley and Rotherham. The development is situated close to areas of high deprivation and is therefore likely to support improved access and addressing local health inequalities.

The separation of planned and unplanned diagnostics is advocated by the Sir Mike Richard's recommendations to improve efficiency, increasing diagnostic capacity at Montagu Hospital supports this by increasing capacity for planned work at a covid light site.

The following CDC benefits and cross cutting aims have been met in the business case for the ICs and National Team approval process.

Table 3.

CDC Benefits Case Primary & Cross cutting aims checklist			
Benefits Case Primary Aims		**Cross Cutting Aims**	
To improve population health outcomes	Yes	To improve staff satisfaction	Yes
To increase diagnostic capacity by investing in new facilities and equipment and training new staff	Yes	To make every contact count	Yes
To improve productivity & efficiency	Yes	To utilise CDCs as test sites for cutting edge research	Yes
To contribute to reducing health inequalities	Yes	To contribute to NHS net zero emissions	Yes
To deliver a better more personalised diagnostic experience	Yes	To act as anchor institutions	Yes
Support integration of care across primary, secondary & community care	Yes		

The need to increase diagnostic activity is a clear requirement of the recent planning guidance and securing the continuation of mobile provision could be a key component of this for DBTH.

The existing part of the building at MMH, (known as the rotunda) is in a good state of repair and requires minimum work to accommodate the CDC development. The proposed content area of the rotunda includes staff room, staff

changing room, office space for booking and administration, multifunctional training room, 2 multifunctional treatment rooms, 2 ultrasound rooms a patient waiting area, 3x WC and a patient changing room.

To enable the CDC development there is a need for relocation of the Pain Management service that is currently in the building to a new pain management clinic (phase 2a) in the area on site previously used as the Physiotherapy gym. This allows the Endoscopy suite (phase 2b) to be accommodated on the same level as the rotunda to facilitate patient flow. The cost of both phase 2a and 2b are included into the scheme.

Various options were generated by the teams and following this a set criterion scoring exercise was undertaken, involving relevant key stakeholders (listed below)

- Associate Director of Operations-DBTH
- Surgical CG Senior Nursing Team Matron- Endoscopy -DBTH
- Head of Radiology – Clinical Specialities Division- DBTH
- Management Accountant & DoF Divisional Accountant- Finance & Healthcare Contracting Directorate-DBTH
- Histopathology DRI Head Biomedical Scientist - Clinical Specialties Division-DBTH
- Executive Direct - WAED - Executive Director – Chief Executive Directorate- DBTH
- Deputy Director of Strategy and Improvement- Performance Directorate – DBTH
- IT Project & Development IM&T Business Partner – IT – DBTH
- Procurement Head of Procurement – Finance & Healthcare Contracting Directorate-DBTH
- Chief Of Partnerships & Primary Care - Primary Care Doncaster Limited
- Chief of Strategy & Delivery- NHS Doncaster CCG
- Business & Development Manager- Barnsley Hospital NHS Foundation Trust
- Customer Relations Manager- NHS Bassetlaw CCG
- Imaging Programmes Manager- NHS Sheffield CCG

The option recommended, includes all modalities listed in table 1 and collaborative working and capacity management for Endoscopy initially across the ICS.

Costs

Capital costs of £8.6m in 2022/23 and recurrent revenue costs of £4.0m per annum are required for this development (see breakdown below).

Capital costs	**£m**
Building work	7.4
Medical Equipment	1.0
IT equipment	0.2
Total capital costs (2022/23)	**8.6**

Recurrent revenue	**£m**
Staffing costs	1.6
Maintenance costs	0.1
Other operating costs	1.6
Depreciation & capital charges	0.7
Total revenue costs (per annum)	**4.0**

CDC Phase 2 Development Timeline

Table 4.

2022 Q1	CT and MRI services to commence -(Phase 1)
2022 Q2	CT and MRI services continue – (Phase 2)
2022 Q3	Ultrasound services to commence
2022 Q4	
2023 Q1	Endoscopy services to commence
2023 Q2	Additional modalities to be scoped

Recommendation

It is recommended that the Board of Directors reviews this business case and supports the proposal going forward for ICS and National Team funding approval to implement Phase 2 CDC in 2022/23, in line with timeline above.

The completed national template is attached below.

<table>
<tr><th colspan="7">SECTION 1 - SCHEME DETAILS</th></tr>
<tr><td rowspan="9">PROJECT DESCRIPTION</td><td>Region Name</td><td colspan="5">North of England</td></tr>
<tr><td>ICS Name</td><td colspan="5">South Yorkshire and Bassetlaw</td></tr>
<tr><td>Lead organisation for the scheme</td><td colspan="5">Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust</td></tr>
<tr><td>What is this CDC to be called / named? (name will be used as a unique identifier and should be XXX CDC)</td><td colspan="5">Montagu CDC</td></tr>
<tr><td>Full Name and Address of the Standard, Large and/or Hub site, to include postcode</td><td colspan="5">Montagu CDC
Adwick Rd
Mexborough
S64 0AZ</td></tr>
<tr><td rowspan="2">Name of the Spoke if this is a Hub and Spoke model, to include full address and postcode (if site identified). Add all Spokes on separate lines with full details</td><td colspan="5">n/a</td></tr>
<tr><td>Postcode:</td><td colspan="4"></td></tr>
<tr><td>Brief descriptor / overview of the scheme</td><td colspan="5">A phased approach to the development of a Community Diagnostic Centre at Montagu Hospital, Mexborough adding to the additional CT and MRI activity in phase 1 with x2 Ultrasound rooms, a multifunctional clinic room with potential for future plans of Phlebotomy, Cardio respiratory and screening, an Enhanced Endoscopy suite with one room DBTH activity and one room ICS activity and a training room with digital enablement across the ICS.</td></tr>
<tr><td rowspan="3">Proposed Archetype</td><td>Standard</td><td></td><td rowspan="3">Status of CDC</td><td>EA or Yr1 to Yr2+</td><td></td></tr>
<tr><td>Large</td><td>✓</td><td>Yr2-5</td><td>✓</td></tr>
<tr><td>Hub / Spoke</td><td></td><td>New Build / Refurb</td><td>Refurb</td></tr>
<tr><td>Go Live Date (Actual)</td><td colspan="5">1.4.2022 (modalities go live phased throughout the year)</td></tr>
<tr><td>List the other organisations impacted by this scheme</td><td colspan="5">Rotherham Foundation Trust
Barnsley Foundation Trust
Doncaster Clinical Commissioning Group
Rotherham Clinical Commissioning Group
Barnsley Clinical Commissioning Group</td></tr>
<tr><td>Brief SCHEME OVERVIEW

Summarise the key deliverables of the scheme in terms of outputs that will be enabled as a consequence of investment.

(Max 1000 words)</td><td colspan="6">The scheme is working towards the establishment of a Large Community Diagnostic Centre (CDC) at Montagu Hospital in Mexborough, building on Phase 1 Montagu CDC, with a potential in the future to extend, subject to revenue funding and include further additional modalities.

Montagu Hospital is an existing health care facility owned by the Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust on a non-acute, COVID light site.

The scheme has been developed to provide flexibility to scale diagnostic imaging capacity up and down, using mobile scanners. The scheme is in two phases:

Phase 1 – Year 1 – October 2021 onwards
Involves the addition of CT and MRI, using mobile staffed scanners at a dedicated site at</td></tr>
</table>

	MMH. The scheme involved hook up establishment for the two units, signage and mobilisation of a resus team to support the contrast services. The units were procured to deliver 1602 more CT scans over 6 months and 1002 more MRI scans. Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust have a well-established relationship with a mobile scanning provider, which provides staff and equipment as part of its service and would like to continue use of this company with no gaps in services provided from Phase 1 into Phase 2 with a 1st April 2022 start date (with funding support). **Phase 2 – Year 2 onwards** Phase 2 subject to capital funding includes the development of one fully functional endoscopy suite in addition to the continuation of the mobile imaging secured in phase 1. It is proposed that alongside the fully functional endoscopy suite, one room for DBTH activity and an adjacent room to be commissioned for ICS use. The Gastro Hosted Network, Cancer Alliance and ICS/CCGs support these plans to enable an increase in GI endoscopy activity in the future for the system, to also potentially accommodate endoscopy training facilities. In addition to endoscopy, MRI and CT, x2 Ultrasound clinic's will be established and a multifunctional clinic room where future services such as Point of Care Testing, Cardio Respiratory investigations, including GP direct access investigations on the site and some screening can be provided from e.g SYB AAA screening. Montagu Hospital already provides phlebotomy, simple biopsies, and some physiological measurement, echocardiography, ECG, ambulatory ECG monitoring, spirometry, and basic lung function investigations and this would continue. Further phases of the CDC could involve the expansion of physiological measurement. Enabling capital works are required on the Montagu site to allow for refurbishment and development of the enhanced endoscopy suite to JAG accreditation. Funding is required early Q1 2022/23 to allow all modalities planned to start within the CDC in the financial year. There is also potential in the future to consider replacing the CT and MRI mobile scanners with permanent scanners, both capital and revenue funding permitting. **Key deliverables and outputs of the scheme include:** • Continued use of a site that is able to accept mobile and/or stationary scanners from 1st April 2022 onwards (funding permitting enabling delivery of 267 more CT scans and 167 more MRI scans a month. • An NHS owned refurbished building will be delivered • ICS commissioned endoscopy room – Barnsley Hospital NHS Foundation Trust have proposed potential use of 2.5 days a week and The Rotherham NHS Foundation Trust 1 day per week with additional flex in the system when required. (not costed in Business case) • Operating one room initially will enable the delivery of 100 more gastroscopy and 117 more colonoscopy a month. • The endoscopy suite at Montagu will provide additional endoscopy capacity for South Yorkshire in particular Doncaster, Barnsley and Rotherham and in the relatively deprived population of the Dearne Valley. • It will increase the number of endoscopy rooms for the South Yorkshire system to be more closely aligned to the level set out nationally in the recent planning guidance, that is 3.5 per 100,000 over 50s population, providing opportunity to increase the training capacity for the system to support workforce development. • Further increasing diagnostic capacity with new ultrasound facilities and equipment for 2 clinic rooms. Ultrasound activity will be 8am to 8pm 7 days per week. • Training facilities to support future workforce plans and staff development, with opportunities for new roles and enable a test sites for quality improvement, research, innovations and service evaluations • Allowing a standardisation and redesign of clinical pathways across SY&B to reduce unnecessary steps, tests and duplication, reducing health inequalities and a better

	experience for patients by providing single point of access to a range of safe, quality diagnostic services in the community • Aligning advice and guidance and virtual system triage models. Implementing the LGI straight to test protocol across South Yorkshire. Enabling establishment of robust STT routes into the Montagu CDC expediting the front end of the pathway and minimising the number of visits for patients. **Workforce planning** The clinical teams and the ICS Workforce Hub have taken consideration to develop a phased workforce plan. This included considering supply, the potential to upskill the existing workforce, develop new ways of working, introduce new roles and secure the right leadership arrangements. The proposed workforce model will use, staffed units, AQP for ultrasound, staff currently employed by South Yorkshire Trusts, new recruitment and the development of existing staff into new roles. A range of recruitment routes will be used including local and international recruitment, building on current success. Upskilling existing staff, learning from Trusts in the system that have successfully supported Nurse Endoscopists development. The plan is to secure a number of training posts, with potential for a shared training post to facilitate new ways of working, enabled by the financial support package provided by HEE currently being confirmed for future years. **Digital integration approach** Existing IT infrastructure will be used on this NHS non acute community site. As an established NHS FT there is an understanding of the need for data to be recorded and shared for clinical, operational and assurance purposes. The ICS have commenced work to truly understand the existing systems across the ICS and options for future digital transformation. (994 Words)

SECTION 1 - LEAD ORGANISATION DETAILS		
PROVIDE SENIOR RESPONSIBLE OFFICER (SRO) INFORMATION FOR THE SCHEME	Title	Director of Strategy and Improvement
	Name	Marie Purdue
	Organisation	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
	Office tel.	Tel: (01302) 642559/642560 or
	Mobile tel.	07500 856686
	e-mail	Marie.purdue@nhs.net
LEAD COMMISSIONER	Title	Director of Strategy and Delivery
	Name	Anthony Fitzgerald
	Organisation	Doncaster Clinical Commissioning Group
	Office tel.	07581 476241
	Mobile tel.	
	e-mail	Anthonyfitzgerald3@nhs.net
LEAD CLINICIAN	Title	Clinical Director of Medical Imaging
	Name	Jas Sawhney
	Organisation	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
	Office tel.	
	Mobile tel.	07515 744823
	e-mail	Jas.sawhney@nhs.net

Section 2: APPENDICES CHECKLIST	
APPENDIX	**COMPLETED / ATTACHED (Y/N)**
Appendix 1 – Estates	Y
Appendix 2 – Capacity Benefit of CDC Investment	N/A
Appendix 3 – Planned Activity	Y
Appendix 4 – Digital & Connectivity	Y
Appendix 5 – Workforce	Y
Appendix 6 – Equipment Order & Cost	Y
Appendix 7 – Pathways	Y
Appendix 8 – Timelines	Y
Appendix 9.- Risk Register	Y
Appendix 10. Estates Plans	Y

SECTION 3: PROJECT DELIVERY OVERVIEW	
DELIVERABILITY ASSESSMENT	
DELIVERY AND TIMETABLE Please set out the anticipated commercial and procurement route, and provide a simple timeline with key milestones for the procurement and delivery of the scheme Please give a go live date for each modality you are asking to be funded	All DBTH procurement is carried out in line with the Trust policy and guidance for the procurement of goods, services and works which can be shared on request and commensurate with Standing Financial Instructions etc. The Trust has an 'Estates Capital Procedure and Quality Policy' and the works will be also managed through this, giving further assurance to the project. Our Trust will own all equipment procured through the contract including washers and disinfectors etc and be responsible for the operation, maintenance and replacement in the future. The initial high-level design and cost plans have been developed for this business case up to Stage 2 (Concept Design) of the RIBA Work Plan. The further work stages will be carried out by the Trust approved Multi-Disciplinary Design Team with the exception of the Cost Planning service which is carried out through the Trust appointed Cost Planner (QS) through a separate commission. Furthermore, the Trust have recently successfully undertaken an exercise to appoint its own framework contractors which were chosen on the basis of 60/40, Finance/Quality. It is on this basis that the works will be tendered against the Lot appropriate for this size of project and Principle Contractor appointed on the prime basis of cost given that the quality assessments have already been completed. The appointment will also be made, and contract agreed on the appropriate contract programme and expenditure profile agreed within the NHSE/I requirements for the scheme. The project is predominantly a refurbishment and therefore does not lend itself to MMC. Where standardisation is possible it will be used and any repeatable elements implemented. Where applicable carbon reduction will be factored in and where required, due to the limitations of a refurbishment will be equivalent to BREEAM 'Very Good. The proposed project comprises a new Endoscopy department within the existing block (MMH 07) on level 3 of Montagu Hospital site within the Rotunda area, currently accommodating the Pain Clinic and the conversion of the Physio department within the Outpatients Block (MMH10) The works is intended to be split into the following phases: **Phase 2a** · Relocation of Pain Management Clinic to Physiotherapy Block MMH10. **Phase 2b** · Reconstruction of estate within rotunda for U/s rooms, and multifunctional training and clinical rooms · Convert to Endoscopy Suite including equipment. During the works, all existing above and below ground services will be protected and maintained to ensure continuous operations of adjacent buildings. There may be localised shut downs however, which will be closely planned and co-ordinated.

Construction timeline for CDC phase 2 is as follows:

Phase 2a	
Tender stage and lead time	June 2022
Construction Phase in F+F+E	July-Sept 2022
Commissioning stage	September 2022
Decant & Move Pain clinic	October 2022
Phase 2b	
Tender Stage	July-Aug 2022
2b- Part 1 -Rotunda	
Construction phase including F+F+E	Sept-Nov 2022
2b- part 2- Endoscopy	
Construction phase including F+F+E	Dec-Feb 2023
Commissioning stage	March 2023

CDC Development Timeline for each modality "going live" is as follows:

2022 Q1	CT and MRI services to commence (Phase 1)
2022 Q2	CT and MRI services continue – (Phase 2)
2022 Q3	Ultrasound services to commence
2022 Q4	
2023 Q1	Endoscopy services to commence
2023 Q2	
2023 Q3	
2023 Q4	Continuation and development of above services

RISKS TO DELIVERY

Please set out the main potential risks to delivery and mitigating actions to address these.

Also please complete the standard Risk Matrix for the proposed scheme and attach as an appendix.

DBTH Risk Identification, Assessment and Management Policy, covers all aspects of risk assessment and management within the Trust. The Trust has adopted an integrated approach to the overall management of risk irrespective of whether risks are clinical, organisational or financial. Risk management is embedded within the Trust's overall performance management framework and links with business planning and investment.

This policy is intended for use by all employees and contractors engaged on Trust work in respect of any aspect of that work. Although the management of key strategic risks is monitored by the Board, operational risks are managed on a day-to-day basis by employees throughout the Trust. The Trust's Board Assurance Framework and Corporate Risk Register provide a central record of the organisation's principal risks.

The Board of Directors has overall responsibility for corporate governance, including risk management. The Board has legal and statutory obligations to ensure that there are robust and effective risk management processes and structures in place. The Trust uses an online integrated risk management system to record risk assessments and risk registers at all levels. The system enables risk register reports to be produced for review and audit purposes, and enables risks to be escalated as appropriate, therefore supporting a culture of proactive risk management.

As part of the planning and implementation of the project a PLACE assessment will be completed for the CDC Development. This will allow patients, public and staff to ensure that the development meet their expectations for quality of care and location of services.

	Risks and issues for the specific project will be managed through the governance structures detailed in the management case in line with the Trust policies and procedures identified above. The key risks in terms of construction currently, can be identified as resource provision and inflationary increase on the cost of materials due to Covid. At present the country is seeing significant increase in the occurrence of absence of staff due to isolation following positive covid testing etc. Also, the cost of certain materials (concrete, copper, steel) have increase exponentially due to demand and availability over the last year. The effect of the material increase has been allowed for in the cost plan, but the availability of staff is less predictable. However, it is hoped that the peak for Covid is now reducing and the appointment of a Tier 1 contractor will have sufficient resource and supply chain for the size of company to mitigate this issue. The main risks to delivery and mitigating actions to address these, for the CDC project are included in Appendix 9.

SECTION 4: FINANCIAL OVERVIEW. NOTE THAT REPORTING BACK MONTHLY ON PROGRESS AGAINST CAPITAL FUNDING WILL BE EXPECTED MONTHLY		
FUNDING SOURCES		
PLEASE SET OUT ALL FUNDING SOURCES FOR THE PROJECT	DHSC PDC £	PDC of £8.6m is expected to be funded from DHSC following approval of the business case.
	Other (please specify) £	Recurrent revenue of £4.0 m is expected to be funded following approval of the business case.
	Total £	**£8.6m of capital and £4.0 m of recurrent revenue.**

CAPITAL EXPENDITURE PROFILE								
FUNDING SOURCE	**2022/23 Q1 £'000**	**2022/23 Q2 £'000**	**2022/23 Q3 £'000**	**2022/23 Q4 £'000**	**2022/23 Total £'000**	**2023/24 Total £'000**	**2024/25 Total £'000**	**TOTAL £'000**
DHSC PDC funded capital expenditure	0	2,262	6,309	0	8,571	0	0	**8,571**
Other *(specify)*	0	0	0	0	0	0	0	**0**
Total	**0**	**2,262**	**6,309**	**0**	**8,571**	**0**	**0**	**8,571**

BREAKDOWN OF SCHEME CAPITAL COST (using OB Form headings)								
FUNDING SOURCE	**2022/23 Q1 £'000**	**2022/23 Q2 £'000**	**2022/23 Q3 £'000**	**2022/23 Q4 £'000**	**2022/23 Total £'000**	**2023/24 Total £'000**	**2024/25 Total £'000**	**TOTAL £'000**
Works Costs	0	1,291	3,872	0	**5,163**	0	0	**5,163**

Fees	0	0	0	0	0	0	0	**0**
Non-Works Costs	0	0	0	0	**0**	0	0	**0**
Equipment Costs	0	402	729	0	**1,131**	0	0	**1,131**
Optimism bias	0	0	0	0	**0**	0	0	**0**
Planning contingency	0	116	348	0	**464**	0	0	**464**
Inflation Adjustment	0	174	522	0	**696**	0	0	**696**
VAT	0	279	838	0	**1,117**	0	0	**1,117**
Total	**0**	**2,262**	**6,309**	**0**	**8,571**	**0**	**0**	**8,571**

Please provide a narrative on the basis of the costs e.g. tendered costs, PUBSEC indices, cost advisor reports. Please **STATE** the following:

1) PUBSEC Indices used:	
2) Basis of the costs: HPCG / benchmark rates from cost advisor / tendered costs / schedules of rates / previously tendered rates.	Cost advisor
3) Cost advisor Review of the vfm / procurement process.	

STATEMENT OF COMPREHENSIVE INCOME
Incremental impact of scheme on the SOCI of lead organisation

	2022/23 £'000	**2023/24 £'000**	**2024/25 £'000**	**Total £'000**
Revenue costs	2,192	3,088	3,316	**8,596**
Pay & Non-Pay to Mainland Providers	0	0	0	**0**
Transport costs	0	0	0	**0**
Depreciation	0	391	389	**780**
PDC dividends	0	285	273	**558**
Other	0	0	0	**0**
Cash-releasing benefits	0	0	0	**0**
Incremental impact on I&E surplus/ (deficit)	**2,192**	**3,764**	**3,978**	**9,934**

STATEMENT OF COMPREHENSIVE NET INCOME
Whole Trust Position including the Investment over the Appraisal Period

	2022/23 £'000	**2023/24 £'000**	**2024/25 £'000**	**Total £'000**
Gross employee benefits	810	1,515	1,639	**3,964**
Other operating costs	1,382	1,573	1,677	**4,632**

Revenue from patient care activities	0	0	0	**0**
Other operating revenue	0	0	0	**0**
Operating surplus/(deficit)	**2,192**	**3,088**	**3,316**	**8,596**
Investment revenue	0	0	0	**0**
Other gains and losses	0	0	0	**0**
Finance costs	0	391	389	**780**
Surplus/(deficit) for the financial year	**(2,192)**	**(3,479)**	**(3,705)**	**(9,376)**
Dividends payable on public dividend capital (PDC)	0	285	273	**558**
Net gains/(loss) on transfers by absorption	0	0	0	**0**
Retained surplus/(deficit)	**(2,192)**	**(3,764)**	**(3,978)**	**(9,934)**
Adjustments (including PPA, IFRIC 12 adjustment)	0	0	0	**0**
Adjusted financial performance retained surplus/(deficit)	**(2,192)**	**(3,764)**	**(3,978)**	**(9,934)**

SECTION 5: FIVE CASE MODEL PROJECT DETAIL

STRATEGIC CASE (MAX 1000 WORDS IN EACH SECTION)

a) Please set out the strategic rationale and case for change and local strategic context taking into account digital strategy.

The NHS must radically overhaul the way that MRI, CT and other diagnostic services are delivered, according to a major review commissioned by NHS England.
The Sir Mike Richard's Diagnostic Review published in October 2020 clearly set out the national case for change, increasing demand across all diagnostic modalities, insufficient capacity resulting in inability to meet diagnostic waiting times and an inability to support the delivery of the commitments in the NHS Long Term Plan. Significant workforce challenges across diagnostic modalities and most recently the impact of Covid 19 has further driven the need for change and demonstrated the importance of diagnostics.
New services will need to be implemented over time, requiring significant investment in facilities, equipment and workforce alongside replacing outdated testing machines. The CDCs will be part of a drive to separate services for patients with suspected Covid-19, and should include as a minimum CT, MRI, Ultrasound, and X-ray services
Recommendations include:

- Tests for emergency and elective diagnostics should be separate, to reduce hold-ups for

Patients

- CT scanning capacity should be doubled over the next five years to meet increasing demand and to match other developed countries
- Tests for heart and lung diseases need to be enhanced given the link to coronavirus
- More staff need to be trained to undertake screening colonoscopies
- The imaging workforce needs to be expanded as soon as possible with 2,000 additional Radiologists and 4,000 radiographers as well as other support staff

This case also aligns with the needs of the NHS Long Term Plan
Elements of the NHS Long Term Plan supported by MMH CDC are:

We will boost 'out-of-hospital' care, and finally dissolve the historic divide between primary and community health services, supporting people to age well with faster diagnosis and treatments
The NHS will reduce pressure on emergency hospital services, with timely diagnosis, reducing the emergency aspect of diagnosis with timely treatment and interventions

People will get more control over their own health and more personalised care when they need it
Local NHS organisations will increasingly focus on population health – providing equitable care across the South Yorkshire ICS

It has been recognised that tackling extensive waiting lists because of the pandemic will require new and more innovative ways of delivering the services people need. It is envisaged that the new community diagnostic centres will bring crucial diagnostic tests closer to home including in the communities that need them most. They will help enable earlier diagnosis, allowing us to offer treatment for cancer and other issues as quickly as possible, and save more lives.

The MMH CDC will help to achieve this transformed care by:

Earlier diagnoses for patients through easier, faster, and more direct access to diagnostic tests needed to understand patients' symptoms.
A reduction in hospital visits which will help to reduce the risk of COVID-19 transmission
A reduction in waits by diverting patients away from hospitals, allowing them to treat urgent patients, while the community diagnostic centres focus on tackling the backlog
A contribution to the NHS's net zero ambitions by providing multiple tests at one visit, reducing the number of patient journeys, and helping to cut carbon emissions and air pollution

Rapid Diagnostic Services (RDS) and Faster Diagnostic Standards (FDS) – overall Cancer Plan

The recovery from backlogs, elective activity and cancer pathways is essential to support delivery of the National Cancer Rapid Diagnostics Programme. Improved access to co-ordinated tests/timely diagnostics and thus earlier diagnosis is a key principle of the RDS model and aligned to the 28-day faster diagnosis standard.

The Faster Diagnosis Standard (FDS) is a new performance standard being introduced to ensure patients who are referred for suspected cancer have a timely diagnosis.

The Faster Diagnosis Standard will apply to patients:

Referred by their GP on a suspected cancer pathway.
Referred by their GP with breast symptoms where cancer is not initially suspected
Referred by the National Screening Service with an abnormal screening result

The features of faster timed pathways will be delivered as part of the rapid diagnostic services within the MMH CDC. This will provide:

A single point of access to a diagnostic pathway for all patients with symptoms that could indicate cancer
A personalised, accurate and rapid diagnosis of patients' symptoms by integrating existing diagnostic provision and utilising networked clinical expertise and information locally such as the Gastro Hosted Network in the ICS

The implementation of the RDS, aims to contribute to the following objectives:

To support earlier and faster cancer diagnosis by assessing patients' symptoms holistically and providing a tailored pathway of clinically relevant diagnostic tests as quickly as possible, targeting, and reducing any health inequalities that currently exist
To create increased capacity through more efficient diagnostic pathways by reducing unnecessary appointments and tests
To deliver a better, personalised diagnostic experience for patients by providing a series of coordinated tests and a single point of contact.
To reduce unwarranted variation in referral for, access to and in the reliability of relevant diagnostic tests using standards for RDSs nationally, mandating consistent data collection to enable benchmarking and providing SY&B ICS support
To improve the offer to staff with new roles which offer development opportunities, greater flexibility and a chance to work in innovative ways.

The implementation of RDS in Doncaster will be supported by the CDC and roll-out of Imaging services, CT MRI, and Ultrasound as well as the Endoscopy services with investment in new equipment, subject to capital availability and workforce reforms in line with the People Plan.

The development of a community diagnostic Centre at Montagu Hospital will positively support the local area socially, economically and environmentally by

- Where possible purchasing locally for social benefit
- In future phases refurbing and fully utilising the building estate
- Widening access to quality work for local people
- Ensuring development in a way that reduces its environmental impact and carbon footprint

	• Enabling us to work more closely with others to learn from each other, as part of the SYB approach to develop a network of community diagnostic Centres and thus model civic responsibility (997 words)
b) Please explain how this scheme will contribute to the delivery of the CDC overall programme aims.	This project enables the following CDC benefits: **To improve population health outcomes** The population of the Dearne in South Yorkshire experience some of the poorest health outcomes, with 45% of people living with one or more long term conditions. There is a high under 75 mortality rate from cardiovascular disease and at age 55 80% of people with cardiovascular disease will have co morbidities including arthritis, depression, diabetes and chronic kidney disease. There is a significant health burden amongst the Dearne population and low health expectations. It is understood that there are 230.1 deaths from causes considered preventable per 100,000 population in the Dearne compared to 182.8 in the UK overall. It has also been identified through insight work that resident have concerns around finances, care in later life and may be suspicious of conventional health services, all with the potential to act as barriers to access. The development of a community diagnostic Centre in Mexborough improving rapid access to a range of diagnostic modalities at Montagu Hospital will facilitate faster diagnosis for multiple care pathways and contribute to enabling earlier stage diagnoses for cancer pathways. **To increase diagnostic capacity** Nationally, it is expected that the annual demand change for CT will be an in-crease of c6.8% and MRI c5.6%. Increases in demand of this sort are already being experienced across the SYB Imaging Network and are likely to continue for the foreseeable future. The proposed CDC would deliver additional capacity of around 3200 CT scans and 2000 MRI scans per year. This increase would offset 56% of the CT scanner deficit and 88% of the MRI scanner capacity deficit projected for 2021/22 based upon demand reflecting the 2019/20 level uplifted by the national growth assumption. Also Ultrasound Non Obstetric will be carried out in the CDC form 8am to 8pm, 7 days per week - 3 scans per hour Endoscopic procedures will be planned according to demand **To improve productivity and efficiency of diagnostic activity** MMH will provide a reliable, resilient and efficient service platform, separating out planned diagnostics and supporting streamlined patient pathways - including appointment coordination and referral guidelines– which will require patients to make as few visits as possible to hospital before receiving a definitive diagnosis and contribute to improved productivity. The proposal has a focus on reducing clinical variation by developing shared pathways across the system, supporting the system to facilitate and enable the services to do more by working together, broadening, and strengthening our partnerships to increase capacity. **To contribute to reducing health inequalities** The proposed Community Diagnostic Centre at Montagu Hospital would contribute to improved population health by enabling earlier stage diagnoses to be made with consequent improvement in outcomes. The location of the Centre in Mexborough would help address health inequalities by improving access to diagnostic services for patients from relatively disadvantaged localities in the western part of the borough of Doncaster and the adjoining areas in Barnsley and Rotherham. **To deliver a better, more personalised, diagnostic experience for patients** The development of a community diagnostic Centre at Montagu Hospital will deliver a better, more personalised, diagnostic experience by increasing capacity to contribute to reduced waiting times, supporting the delivery of straight to test pathways, facilitating coordinated same day testing to reduce the number of visits where possible and embedding the rapid

	diagnostic principles including navigation for patients to support attendance this should collectively support the delivery of a more personalised diagnostic experience for patients. **Support integration of care across primary, secondary and community care** The development has the opportunity to support integration of care across primary, secondary and community by initially improving local access to a range of diagnostic modalities for primary care clinicians, in a way that minimises travel for their local population and enables relationships to develop between referrers and local services. **Cross Cutting Aims** **A. To improve staff satisfaction** The location of a community diagnostic centre at Montagu Hospital will provide diagnostic services staff with an additional workplace choice with an opportunity to work on an elective only site. The community diagnostic centre will provide an excellent working environment with good facilities, innovative patient services, an important role in workforce development and training, and an ability to accommodate preferences for flexible working. For those staff wishing to maintain an involvement in acute diagnostic services opportunities will be provided to rotate onto one of the acute sites. **B. To make every contact count and deliver health promotion where it is meaningful and impactful to do so.** The delivery model for the Community Diagnostic Centre at Montagu Hospital will incorporate opportunities to provide health promotion. As the scope of the CDC expands from CT and MRI scans to a broad range of diagnostic services, co-located with rapid diagnostic services for suspected cancer, there will be abundant opportunities to provide patients with information and support to make lifestyle changes, notably including smoking cessation. **C. To utilise CDCs as test sites for cutting edge research, new innovations and evaluations.** The phased development of a CDC as described would enable consideration of how best to use digital and technological innovation to manage and improve patient care and contribute to one of the cross-cutting themes of a CDC being test sites for quality improvement and innovation. **D. To contribute to NHS Net Zero ambitions** By providing more local diagnostics services for patients resident in the Dearne Valley the community diagnostics Centre at Montagu Hospital will contribute to reduced journey times and, for local residents, will provide options not currently available to travel on foot or by cycle. **E. To act as anchor institutions, consciously supporting positive social, economic and environmental impacts locally.** Doncaster and Bassetlaw NHS Foundation Trust has made a formal commitment to fulfilling its role as an anchor institution making a strategic social and economic contribution to local communities. The Trust has undertaken a stocktake of its anchor institution activities and is reviewing opportunities to expand activity. It has established an executive led governance structure to oversee progress. (996 words)
c) Provide confirmation of stakeholders e.g. support from clinicians, commissioners and ICS accountable officers (formal letters of support to be appended to this	There is a requirement to host 4 CDCs across the SY&B region therefore these plans have been development with full stakeholder engagement across the SY&B ICS and have also been scrutinised by North of England NHSEI colleagues. CDCs are a new concept and providers of services will be scrutinised to learn lessons for future developments. DBTH will increase its reputation in the area as one of the main acute providers, providing safe and quality care to our existing standards. There are many improvement projects happening across SYB's hospitals. All the projects aim to improve the way in which patients receive their care and their healthcare outcomes.

business case template).	Working across hospital hosted networks to improve clinical standards and reduce unintended variation across the SYB ICS. The Gastro Hosted Network gave their support in December 2021 of the development of the Montagu CDC plans and to progress collaborative planning to be a success in the pathway management for endoscopy across the ICS with a credible workforce plan, clear estate plans and detail on how the CDC will be digitally enabled/connected. The Endoscopy T&F Group as a group within the Gastro Hosted Network was instrumental in developing the collaborative approach across the network The National Rapid Diagnostics Programme has driven the delivery of rapid optimal diagnostic pathways in Doncaster and across the Cancer Alliance. As part of this National Programme significant work has been undertaken to implement the RDC principles to enable early identification, timely referral, symptom assessment, coordinated testing, timely diagnosis and onward referral. Specific work has taken place in Doncaster on Upper GI, Lower GI, pathways to embed the RDC principles and the best practice timed pathway milestones. This work is already starting to demonstrate improvements in delivery of the FDS standard. Add in some figures? Going forward the National Cancer Programme will have increased focus on enabling faster diagnosis and has recently published its new Faster Diagnosis Framework. One of the key objectives of the Framework is to drive the delivery of the best practice timed pathway milestones where they are described for cancer pathways to meet the new 28 days Faster Diagnosis Standard (FDS) underpinned by the RDC principles. Ensuring sufficient diagnostic capacity is in place as well as optimising pathway steps will be pivotal to the successful delivery of the Faster Diagnosis Standard. The Montagu CDC will have a key role in this by providing additional imaging, US and endoscopy capacity. There are joint workshops underway within SYB ICS to focus specifically on 3 key areas 1) Clinical pathway development 2) Workforce planning 3) Digital enablement External Stakeholders involved in the MMH CDC plans include representatives from: • CCG (Barnsley and Doncaster) • HEE • NHSEI • Health Inequalities links • ICS • Gastro Hosted Network • PCNs • GPs • RDS/CDC Steering Group • SY&B ICSCDC group • Barnsley FT • Rotherham FT The following internal stakeholders have been and continue to be involved in the development of the MMH CDC plans: DBTH clinical staff from Clinical Speciality Services division and modality representation from: Endoscopy, Radiology, Pathology, Histopathology, Cardiorespiratory. Management colleagues from infrastructure areas: IT, Information, Finance, Estates, People & Organisational Development, Communication & Engagement, Strategy and Improvement and Admin and booking Teams. Governance arrangements have involved the following:

Proposed Project Board Membership

Title & Organisation
Chair-SRO-Director of Strategy and Improvement
Vice Chair-Interim Director of Recovery Innovation & Transformation
Chief Nurse-Deputy Chair
Director of Finance and Estates
Executive Medical Director
Director of People & Organisational Development
Chief Operating Officer
Communications Lead
Chief Information Officer
Director of Estates or Head of Capital Projects
Divisional Director CSS and Surgery and Cancer
ICS Representative
CCG representative
GP Federation Lead/PCN Lead
Deputy Director of Nursing, Cancer and Chemotherapy, DBTH
Strategic Programmes Manager, S&I, DBTH
Provider Alliance Lead

Proposed Steering Group Membership

Title & Organisation
Chair- Strategic Programmes Manager, S&I, DBTH
Deputy Chair-Senior Project Manager, Cancer Transformation S&I, DBTH
Medical Director, Operational Stability & Optimisation, DBTH
RDS Clinical Lead, Associate Specialist Gastroenterology
GP Cancer Lead, DCCG
Deputy Chief Operating Officer, DBTH
Deputy Director of Nursing, Cancer and Chemotherapy, DBTH
Specialty Lead Nurse, Endoscopy/CNS' Colorectal/UGI, DBTH
Transformation Programme Lead, SYB ICS Cancer Alliance
General Manager D&P, Clinical Specialties, DBTH
Senior Project & Planning Accountant, DBTH
Cancer Services Manager, DBTH
Senior Communications & Engagement Manager, DBTH
Head of Service Re-Design & Transformation, BCCG
Divisional Director , D&P, Clinical Specialties, DBTH
Joint Ageing Well Lead Commissioner, DCCG
Project Manager (CDC), Strategy & Improvement DBTH
Head of Radiology, DBTH
Head Biomedical Scientist, Histopathology, DBTH
Divisional Director of Operations, Surgery and Cancer

ECONOMIC CASE

a) Please submit a VFM template with this business case template.

b) Please provide an incremental VFM analysis that shows the VFM ratio (Net Present Social Value) for Business As Usual and the preferred option and provide an explanatory narrative on the VFM analysis.

The recurrent revenue cost of providing additional capacity through the proposed MMH CDC is in line with the cost of providing the same capacity elsewhere in the Trust. The Trust already uses mobile units and outsourced radiology reporting for delivering additional capacity through Phase 1 of the CDC. The same units and outsourced reporting will be used to deliver the Phase 2 proposal and will be charged at the same rate as what is currently being paid.

This case includes staffed mobile scanning facilities however, efforts will be made to develop in house capacity throughout the lifetime of the project in order to move to a longer term sustainable model.

c) Provide a narrative on:
- The options considered to achieve the scheme's objectives, including business as usual.
- The process through which the long-list of options was narrowed down to the preferred option.

The options for the CDC include:
Option 1:Business as usual (the baseline from which improvement will be measured)
Option 2 & 3 The "do minimum" (a realistic option that meets core requirements}
Option 4 & 5: Additional options which meet the requirements of a CDC and have additional benefits of VFM and health population outcomes.
Costs: See updated cost split in financial breakdown

OPTION 1:
Continue as is with no additional CDC provision
Advantage – No costs
Disadvantages:
- No additional benefits to patients of a CDC located away from acute care
- No improved outcomes with faster diagnosis and faster treatment
- No reduction in waiting lists and no additional capacity for the system
- No improvement in RDS or FDS achievement

- The main costs, benefits and risks for the Business As Usual and preferred option. - The appraisal period for the scheme.	- Missed opportunity to be part of National CDC programme - Missed opportunity to assist with addressing health inequalities This option does not meet requirements of the NHS Long Term plan or improve patient experience/outcomes **OPTION 2:** Do Minimum Net Costs: Capital £0 Revenue:£1,727,900 Form a small CDC offer with additional capacity available for Community Diagnostics with MRI and CT staffed units sited at MMH Advantages: - Improvements in waiting list reductions for CT and MRI - Reduced costs required to implemented as staffed units so no ongoing revenue costs following funding end - Easier access for CT and MRI on a non-acute site benefits to patients (COVID Light) - Improved outcomes for patients waiting for CT and MRI with reduction in waiting list - Improvement in RDS or FDS achievement for with requirements of a CT and MRI Disadvantages: - Doesn't mitigate true problem for clinical specialities backlogs with limiting to only CT and MRI - Missed opportunity to be part of National CDC programme and have a larger CDC with various modalities in one place - Limited improved outcomes with faster diagnosis and faster treatment - Limited reduction in waiting lists and limited additional capacity for the system - Missed opportunity to assist with addressing health inequalities for a wider population - Missed opportunity with regards for training facilities and workforce developments Conclusion: This option meets the requirements of the national team for a small CDC, however limits impact and improved outcomes for patients which would be seen from a larger CDC. **OPTION 3:** Mexborough Montagu Hospital (MMH) – Expand Mobile Capacity of MRI & CT and Ultrasound using AQP: Net Costs Capital: £155,605 Revenue:£2,013,702 Form a small CDC offer with additional capacity available for Community Diagnostics with MRI and CT staffed units sited at MMH and Two Non Obstetric Ultrasound rooms and facilities Advantages: - Improvements in diagnostic modality waiting list reduction where there is high demand in CT, MRI and Ultrasound - Improved access for patients and faster diagnosis on a non-acute site (COVID Light) - Improved outcomes with earlier diagnosis and treatment with areas involving CT, MRI and Ultrasound - Reduction in waiting lists for CT, MRI and Ultrasound - Improvement in RDS or FDS achievement - There is also more car parking space, together with existing facilities, infrastructure and co-located services on this site. There is space to expand for future provision. Disadvantages: - Some access restrictions for the eastern Doncaster and Bassetlaw population - Missed opportunity to be part of National CDC programme and have a larger CDC with various modalities in one place - Limited improved outcomes with faster diagnosis and faster treatment - Limited reduction in waiting lists and limited additional capacity for the system - Missed opportunity to address Health Inequalities on a larger footprint and work in collaboration with the ICS - Missed opportunity with regards for training facilities and workforce developments **OPTION 4:**

	Mexborough Montagu Hospital (MMH) – Expand Mobile Capacity of MRI & CT, Endoscopy and Ultrasound: Net Costs: Capital: £8,097,850 Revenue: £4,177,231 To form a large CDC on MMH site with Staffed CT and MRI Units on site and refurbishing the Rotunda area of MMH as a local CDC with two Non Obstetric Ultrasound rooms and facilities and Two Endoscopy Rooms, including a training area and a multifunctional room ready for use by Phlebotomy, Cardio-respiratory and room for screening services e.g. AAA and Bowel Screening and potential for other future community services for DBTH use only. Advantages: - Forms a large CDC as part of a National CDC programme giving additional capacity in a "Covid" light area and reducing pressure via the acute sites and Emergency Departments - Gives multiple benefits to patients with access to a variety of modalities - Improves outcomes for patients with faster diagnosis and treatment across a variety of modalities and pathways - Reduction in waiting times across CT/MRI/Ultrasound and Endoscopy - Improvement in RDS and FDS achievement - Improvements in diagnostic modality waiting list reduction where there is high demand in CT, MRI, Ultrasound and Endoscopy - Improved access for patients and faster diagnosis on a non-acute site (COVID Light) with excellent car parking arrangements - Gives opportunity with training facilities and workforce developments, enables future succession planning and onward developments and research Disadvantages: - Some access restrictions for the eastern Doncaster and Bassetlaw population - Missed opportunity to address Health Inequalities on a larger footprint and work in collaboration with the ICS **OPTION 5:** Mexborough Montagu Hospital (MMH) – Expand Mobile Capacity of MRI & CT, Endoscopy including regional activity and Ultrasound: Net costs: Capital: £8,097,850 Revenue:£3,396,408 To form a large CDC on MMH site with Staffed CT and MRI Units on site and refurbishing the Rotunda area of MMH as a local CDC with two Non-Obstetric Ultrasound rooms and facilities and Two Endoscopy Rooms, including a training area and a multifunctional room ready for use by Phlebotomy, Cardio-respiratory and room for screening services e.g. AAA and Bowel Screening and potential for other future community services. This option allows for second endoscopy room to be used across the ICS and potential to expand to other cross ICS services. Advantages: - Forms a large CDC as part of a National CDC programme giving additional capacity in a "Covid" light area and reducing pressure via the acute sites and Emergency Departments with ICS to neighbouring Rotherham and Barnsley patients - Improved access for Doncaster and surrounding areas populations - Gives multiple benefits to patients with access to a variety of modalities - Improves outcomes for patients with faster diagnosis and treatment across a variety of modalities and pathways and wider population - Reduction in waiting times across CT/MRI/Ultrasound and Endoscopy - Improvement in RDS and FDS achievement - Improvements in diagnostic modality waiting list reduction where there is high demand in CT, MRI, Ultrasound and Endoscopy - Improved access for patients and faster diagnosis on a non-acute site (COVID Light) with excellent car parking arrangements - Enhances joint working and collaborative approach to recovery of COVID and stabilisation of the system - Shared use of resources – Staff, IT and Training Facilities - giving opportunity with training facilities and workforce developments, enables future succession planning and onward developments and research across ICS

Disadvantages:

- Some access restrictions for the eastern Doncaster and Bassetlaw population

Costs:

It was noted for the scoring that the costs were draft and subject to change once further information was acquired.

The outstanding elements were as follows: MRI/CT contrast consumables, Non-obstetric ultrasound equipment, Specialist Endoscopy equipment, Training room, Facilities/PPM costs, ICS Digital costs, Endoscopy 2nd room funding.

These costs have since been finalised (final costs for preferred option – please see financial summary).

A scoring exercise took place between 28th January 2022 and 2nd February 2022 with key stakeholders, to score the options above based on the defined Critical Success Factors and Investment Objectives using the scoring questionnaire set out in Appendix IV.

Key stakeholders identified for scoring option:

- Associate Director of Operations-DBTH
- Surgical CG Senior Nursing Team Matron- Endoscopy -DBTH
- Head of Radiology – Clinical Specialities Division- DBTH
- Management Accountant & DoF Divisional Accountant- Finance & Healthcare Contracting Directorate- DBTH
- Histopathology DRI Head Biomedical Scientist - Clinical Specialties Division-DBTH
- Executive Direct - WAED - Executive Director – Chief Executive Directorate- DBTH
- Deputy Director of Strategy and Improvement- Performance Directorate – DBTH
- IT Project & Development IM&T Business Partner – IT – DBTH
- Procurement Head of Procurement – Finance & Healthcare Contracting Directorate- DBTH
- Chief Of Partnerships & Primary Care - Primary Care Doncaster Limited
- Chief of Strategy & Delivery- NHS Doncaster CCG
- Business & Development Manager- Barnsley Hospital NHS Foundation Trust
- Customer Relations Manager- NHS Bassetlaw CCG
- Imaging Programmes Manager- NHS Sheffield CCG

The scoring exercise identified that Option 5 was the preferred option.

Option 5 - Montagu Hospital is an existing health care facility owned by the Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust. As per the CDC guidance the primary considerations for estates have been considered and this site is a good strategic fit, which also meets the business needs and has the capability to accommodate the extra capacity fairly seamlessly due to the following reasons:

MMH is:

- Separate to emergency diagnostic facilities, located away from an acute site where diagnostic tests can be done safely. On a site that already provides outpatients, day case, a minor injuries unit and inpatient rehabilitation unit, with the ability to provide a separate entrance to a CDC facility.
- Configurable to meet specifications of the required diagnostic services as per the CDC requirements
- Able to provide sufficient capacity to manage infection and ensure a covid-19 minimum environment
- Location is in a relatively disadvantaged area in west Doncaster and the adjoining areas in Barns-ley and Rotherham, and as such will increase access to diagnostics for a number of disadvantaged communities.
- Serviced by public transport and there are also well-established transport links between
- Doncaster Royal Infirmary and Montagu Hospital that could be further built upon with potential to expand pending feedback from patient engagement activities.
- Has sufficient parking facilities for patients, carers and staff
- Able to facilitate the activities needed by a CDC
- Can be further enabled with network connectivity building on the existing IT infrastructure
- Has the potential to be accessible for extended hours

	○ Has potential to contribute to CDC cross cutting themes, including supporting DBTH as an Anchor institute ○ Enabled to support the equalities and health inequalities agenda by planning for the facilities to accommodate reasonable adjustments ○ Enabled to meet health and safety and accessibility guidance ○ Practically possible to initiate development in the first year through the first phase to maximise elective recovery and enable transformation of diagnostics services, separating planned and un-planned diagnostics, with the ability to expand from year 2(phase 2) as described, subject to the provision of revenue funding to support expansion. There was no other vacant estate on DRI or BDGH site to house a CDC and due to tight timescales of mobilisation Montagu was deemed to be the only option viable which still meet the main aim and objectives of a CDC and is well situated geographically and in an area of high deprivation and need.
d) Confirm inflation, VAT, depreciation, PDC are excluded from the economic analysis.	Yes Inflation, VAT, depreciation and PDC are excluded from the economic analysis.
COMMERCIAL CASE	
a) Please set out the commercial and procurement route, e.g. P22.	All DBTH procurement is carried out in line with the Trust policy and guidance for the procurement of goods, services and works which can be shared on request and commensurate with Standing Financial Instructions etc. The Trust recently adopted a new 'Estates Capital Procedure and Quality Policy' and the works will be also managed through this, giving further assurance to the project. Our Trust will own all equipment procured through the contract including washers and disinfectors etc and be responsible for the operation, maintenance and replacement in the future. The initial high-level design and cost plans have been developed for this business case up to Stage 2 (Concept Design) of the RIBA Work Plan. The further work stages will be carried out by the Trust approved Multi-Disciplinary Design Team with the exception of the Cost Planning service which is carried out through the Trust appointed Cost Planner (QS) through a separate commission. Furthermore, the Trust have recently successfully undertaken an exercise to appoint its own framework contractors which were chosen on the basis of 60/40, Finance/Quality. It is on this basis that the works will be tendered against the Lot appropriate for this size of project and Principle Contractor appointed on the prime basis of cost given that the quality assessments have already been completed. The Trust cost advisor will be retained to produce contract documentation and check value for money etc. All commercial arrangements and contracts are pre agreed and cover all aspects of the work through design to final delivery of the schemes, utilising the appropriate JCT contract for the size of this project. The works will be managed by the Trust Estates and Facilities Capital Planning Unit by the CPU appointed Project Manager who will lead on the further stages through to completion and hand over from detailed design in conjunction with the the key Trust client group and stakeholders. All risks will be dealt with openly from the outset and the Trust. The preferred bidder will actively contribute to the identification, mitigation and apportioning risk to the relevant party. This process will continue throughout the project. Through the framework, the principle contractor will:

	•Take single point responsibility for managing the design and construction process through to completion. •Pull together a team from its supply chain partners to successfully deliver the scheme. •Commit to providing construction solutions that will provide best value. •Provide the benefits of having experience of long term partnering arrangements through the new contractor framework agreement The corporate procurement team did test the market when first appointing Staffed Units for MRI & CT scanning and the contract is via NHSSC so the process is to issue extensions to the current agreement if we wish to continue
b) Set out the basis of the negotiated position, including the final price for the works.	The works will be sent out to all five contractors on within Lot of the Trusts Contractor Framework and will be given four weeks to tender for Phase 2a and 2b. Once returned, the tenders will be scrutinised by Estates and Facilities, Finance, Procurement and the Trust appointed QS. Subject to the confirmation of any clarifications and anomalies identified within a cross check against all tenders, the preferred bidder will be identified and appointed on the basis of the lowest bid and value for money.
c) Confirm status of any legal documentation or processes required for the scheme to be delivered in full and what (if anything) remains to be agreed.	Once the preferred bidder is identified, the works will be let on the appropriate JCT contract and signed 'under seal' by the Trust Executive and Representatives from the Principle Contractor and under the Trust terms and conditions. Additional clauses will be added to the JCT contract as appropriate to cover specific Trust terms. The appointment will also be made, and contract agreed on the appropriate contract programme and expenditure profile agreed within the NHSE/I requirements for the scheme.
d) We assume that Modern Methods of Construction (MMC) will be used for new builds. Please provide details of how MMC will be utilised.	The project is predominantly a refurbishment and therefore does not lend itself to MMC. Where standardisation is possible it will be used and any repeatable elements implemented.
e) Confirm contribution to carbon reduction plan (if applicable). (net zero, Greener NHS etc)	Where applicable carbon reduction will be factored in and where required, due to the limitations of a refurbishment will be equivalent to BREEAM 'Very Good'
FINANCIAL CASE	
a) Please provide narrative to support the detail provided in Section 4 (above).	The finances have been worked up in line with the requirements of the case. The Trust is seeking capital investment via PDC of £8.6m in 2022/23 to enable the build and kitting out of the facility and recurrent revenue funding of £4.0m to run the facility.
b) Please explain any incremental revenue consequences of the investment and how they can be mitigated.	The revenue consequences have been detailed in the financial assessment of the case (£4.0m recurrently). These revenue consequences cannot be mitigated and therefore if recurrent revenue funding isn't available, the Trust would not be able to progress.
c) Are there are any cash flow issues, such as fees, enabling works, that require early funding?	There are no cash flow issues if the case is funded recurrently, however in order to achieve the timescales set out in the case, an element of design fees would require early funding.

d) Confirm that the project can be managed within existing funding envelopes.	The project cannot be managed within existing funding envelopes and as part of the business case the Trust would need recurrent revenue funding of £4.0m per annum.
e) Confirm and demonstrate that the recurrent revenue cost of the scheme is affordable.	The project cannot be managed within existing funding envelopes and as part of the business case the Trust would need recurrent revenue funding of £4.0m per annum.
f) Confirm the system has assessed and is able to fund lifecycle costs to keep the facility in good working condition (condition B)	Costs of keeping the facility in good working condition are accounted for within the recurrent revenue costs identified in the case.
MANAGEMENT CASE	
a) Confirm the arrangements for the management and delivery of the scheme and that activity will be monitored and uploaded weekly in the required format	**Project Management** Project Management resource has been included to establish internal governance and project infrastructure and work with operational colleagues to mobilise phase 1 in a timely and cost effective way. This Project Management has continued into the planning of Phase 2 to scope, design CDC Phase 2 and onwards whilst producing business cases and mobilisation plans. Supporting the services to design services fit for the future and meeting all necessary aims and objectives of the project via stringent project management DMAIC technique, keeping the project on track to time and resource. This is one of the key Strategic Projects for DBTH to enhance services for patients, reduce waiting times and gain better access to diagnostic services in a community setting. It is being managed internally with Marie Purdue, Director of Strategy and Improvement as Senior Responsible Owner and as a dedicated project manager. The Project Manager is overseen by DBTH Strategic Programmes Manager with effective governance structures running through CDC Project Board/Steering Group and a set of Task and Finish groups which have been established to plan and oversee design and mobilisation/evaluation. ICS meetings have also been established to work with ICS collaboratively and providing opportunities for lessons to be learnt across the system and beyond. A Project Manager from the CPU will be dedicated to be the primary contact for the build through from detailed design through to commissioning and hand over, including the first year defects liability period. CDC planning has been coordinated across the ICS, with developments supported to meet local population needs and tackle diagnostic challenges. Approval has been sought through appropriate governance arrangements, including Trust and CCG governance in each place, the developing SY Provider Collaborative and ICB shadow governance arrangements. Close working as also been established via the Gastro Hosted Network and Cancer Alliance to enable the CDC to effectively deliver on pathways of importance such as RDS and meeting new FDS requirements. The service have identified service leads for modalities and these representatives along with the CDC Lead Nurse (subject to Phase 2 funding) will form part of a delivery team who will provide business change duties and liaison with services and patients as well as reporting activity/progress reports and data through the system and into required bodies. Weekly

	monitoring and reporting of activity from Phase 1 will continue into the further phases and has been working well. **Governance** DBTH have established a RDS/CDC Project Board and RDS/CDC Steering group and CDC working groups with lines of governance to Trust Executive Group, SY&B ICSCDC Project Board and Cancer Alliance. Membership of the groups consists of all relevant stakeholders across the SY ICS. **Project assurance** SY&B ICS and local CCG independent scrutiny is in place and overarching programme management via Strategic Programmes Manager at DBTH. Completed workbook and highlight report of Risks and Issues taken to RDS/CDC Steering group monthly. **Risk management** The Risk Register will be incorporate within the DBTH Strategic Project workbook and will be updated and tracked by CDC Project Manager and Lead Nurse and reported to RDS/CDC Steering group and CDC meetings with areas of escalation going to Trust Executive Group/Board of Directors dependent on level of issue. All projects are subject to risk and uncertainty. Successful project management should ensure that major foreseeable risks are identified, their effects considered, and actions taken to remove, or mitigate the risks concerned. Risks will be categorised and managed in line with the Trusts Risk Identification, Assessment and Management Policy
b) Set out the benefits realisation strategy and how the Trust intend to monitor and report on benefits.	This CDC project will enable the following benefits: **Strategic Fit** Aligns with the Trust Strategic Direction 2017-2022 to be the safest hospital in England and forthcoming new Strategy and supporting Clinical and Estates Strategies to develop services helping to reduce health inequalities, provided in the best environment. This development will be monitored through the Trust governance and regular updates will be provided to the Quality Effectiveness Committee and Trust Executive Group as well as via local and regional commissioners. **Clinical Quality and Patient Safety** Increases diagnostic facilities and support and all clinical practices will undergo the same rigour and monitoring with effective DBTH Clinical Governance practices. Adhering to all national and local policies for diagnostic care and retaining JAG accreditation for the enhanced endoscopy suite (subject to funding) **Patient Outcomes** Reduces harm and increases opportunities for improved clinical outcome through increased diagnostic facilities – patient opinions on care will be sought via the Friends and Families testing and a dedicated Communication and Engagement Plan is being produced to actively involve communities and community services in positive patient outcomes. The development of a community diagnostic Centre in Mexborough improving rapid access to a range of diagnostic modalities at Montagu Hospital will facilitate faster diagnosis for multiple care pathways and contribute to enabling earlier stage diagnoses for cancer pathways. with consequent improvement in health outcomes and survival rates, as well as earlier diagnosis for other pathways such as MSK that will accelerates the onward journey for patients into their treatment. **Patient Experience** Will reduce complaints in relation more being an elective site, enhanced facilities for better flow - increase compliments and improve patient experience in an improved environment, monitored as above. Patients from the Dearne and nearby areas are more likely to smoke, have mental health problems, be admitted to hospital for an ambulatory care sensitive or urgent care sensitive

	conditions and fail to attend an outpatient appointment. There is also a higher proportion of residents that are carers and overall there are low rates of self-care. The potential for endoscopy at scale in future further supports equitable access for a diagnostic modality where demand is outstripping supply in SYB and we understand that there are challenges in access for some socio-economically disadvantaged populations. **Clinical Staff and Resources** Have a positive effect on the Health & Wellbeing and staff training. Improve working environments and positively impact on recruitment and retention. The NEY aim is to develop a distributed academy model and operate this under the oversight of a Regional Academy Assurance Board. The plan is to collaboratively evolve the academy model from the existing training base and the aim is to not have one single academy location in the region, but to develop a distributed academy model with a training presence in each system. The aggregated training delivery capacity across the systems and region will then be recognised as the overall academy capacity. Scoping work has now commenced in SYB to review the existing endoscopy training provision and understand future requirements, and simultaneous work is being undertaken across the NEY region. The Montagu CDC development with its additional endoscopy provision is identified as a resource that could contribute to the developing endoscopy academy model with the potential to provide additional training capacity, and the potential to support join training posts. **Added benefits:** • Reduction in waiting lists monitored via service waiting list coordinators and performance teams • Contribution to fulfilling FDS target success, monitored via infoflex and Cancer Alliance • Rapid Diagnostic Service improvements implemented and delivered monitored via infoflex and Cancer Alliance • Increased facilities and resources to help with COVID19 recovery, additional diagnostic facilities available on a COVID light site and giving quicker diagnosis to patients who may need to use acute care or can continue to be cared for by community providers. Patients seen in a more timely manner and recovery accelerated. • Increased morale in staff with quality facilities for patients and excellent opportunities to be part of research and QI initiatives, with additional training facilities
c) Set out the expectations for Post-Project Evaluation, and the expected timescales for the review of delivery.	The Project Review will take place 6 months after mobilisation and continuous performance management of CDC by Project Manager and Nurse Lead for first year of mobilisation and then an onward operational management structure will be put in place. The end stage of the project will result in the completion, handover, and commissioning of the new facilities. The Project board is responsible for providing assurance that the project has been delivered in terms of product and quality in line with the Business Case. Areas covered within the Post Implementation Review are: • What was the purpose of the project? • What was the need for the project? • In what way did the project support the Strategic Direction of the Trust? • Assessment of Costs • Assessment of Deliverables • Assessment of Benefits • Assessment of Risks • Assessment of duties • Skills Transfer

	• Assessment of Project Management Arrangements • Assessment of Economic/Commercial Impact • Conclusion and Recommendations A Post Project Evaluation will take place 6 months after mobilisation of the new CDC. The PIR will ensure that lessons can be learnt from this project for future developments.
d) Provide a Gantt chart/ timeline, as an Appendix, with key milestones for the procurement and delivery of the scheme to meet the go live dates given	Appendix 8.
HEALTH INEQUALITIES	
a) Has an EHIA been completed?	Yes
b) Has due attention been paid to digital inclusion	Yes
c) Will the data & modelling of access to the service be dis-aggregated by deprivation, ethnicity & other health inequalities lenses to surface any emerging inequalities in access, experience & outcomes?	There is a focus on improving data collection and reporting across the whole system to drive a better understanding of local health inequalities in access to, experience of and outcomes from healthcare services. As part of this we will be using data & modelling to understand access to services including the Montagu CDC where possible by deprivation, ethnicity & other health inequalities lenses so that we can surface any emerging inequalities in access, experience & outcomes. We will make use of data, working to improve the data quality where we need to do so and taking qualitative approaches to enable us to really understand inequalities in access, experience and outcomes and take a pathway focused action learning approach to develop actions plans to address issues as they identified. Core20PLUS5 is a national NHS England and NHS Improvement approach to support the reduction of health inequalities at both the National and System level. The approach defines a target population cohort - the 'Core20PLUS' - and identifies '5' focus clinical areas requiring accelerated improvement. Core 20 - The most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD). Five clinical areas, 1. Maternity: ensuring continuity of care for 75% of women from BAME communities and from the most deprived groups 2. Severe Mental Illness (SMI): ensuring annual health checks for 60% of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities) 3. Chronic Respiratory Disease: a clear focus on Chronic Obstructive Pulmonary Disease (COPD) driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations 4. Early Cancer Diagnosis: 75% of cases diagnosed at stage 1 or 2 by 2028 5. Hypertension Case-Finding: to allow for interventions to optimise BP and minimise the risk of myocardial infarction and stroke ICSs are expected to understand what their 'Core20PLUS' population is and identify their specific healthcare needs, in order to make informed decisions about how to ensure equitable access, excellent experience and optimal outcomes for these populations. Nationally, the five clinical focus areas are a priority for the 'Core20PLUS' population. This approach enables the biggest impact on avoidable mortality in these populations and contributes to an overall narrowing of the health inequalities gap

d)	Will the service be communicated in a culturally competent way to ensure equitable access for marginalised communities?	Yes. **DBTH Public and Staff Engagement** The trust has been keen to engage both staff and Patients in the development of the CDC at MMH. This has had a very positive response from both public and staff. There have been a number of articles published in the DBTH Newsletter BUZZ and also in the local press/facebook to highlight the developments of the CDC and how the investment is being utilised in the health of the local community. Trust posts on social media such as Facebook have seen a very positive response from both staff and public who have used the services already in Phase 1 of the Project and have shared their experiences all of which have been positive. In addition to this Friends and Family test surveys are being requested at MMH for the MRI/CT Phase 1 elements and will be evaluated to inform future service improvements. Public representatives' expressions of interest are being collected to form part of the future design. A naming competition will also take place within the local community to showcase the value of Community Diagnostic Centres to the community and allow local engagement with the project. **SYB ICS Public engagement** There were five focus groups, undertaken by South Yorkshire's Community Foundation, using the same questions as those in the survey. These were undertaken in a range of locations across South Yorkshire and enabled the engagement to access harder-to-reach groups, in order to consider their input alongside that provided by local service users more generally (7 members of seldom heard communities who couldn't attend the focus groups also completed the same survey). **Equality** Groups held with residents belonging to ethnic minorities also raised some differences. On the most practical level, there were challenges posed by language barriers, particularly when dealing with complex medical information, and the impact this had upon their ability to access care. Different cultural considerations were also suggested, such as that Centres within the community might result in some residents being put off by the desire not to be seen accessing some types of test and that the gender of the doctor was important in some cases. Next Steps have been established to: • Ensure engagement report is considered in and incorporated in decision making on future CDC bids • Ensure operational suggestions about areas patient experience could be improved in diagnostics are fed into services Sign off engagement report so that it can be posted on the ICS website and participants can have fed back to them how their input has contributed.
e)	Will the service design incorporate a Health Equity Audit once the service has been fully operational for 12-18 months?	Yes

Section 6: PROGRAMME SPECIFIC INFORMATION REQUESTS

Also detail the impact on and the future model for: Workforce Provide information on the impact and model for Workforce within your scheme. What ways do you envisage mitigating any risks you have over workforce, how does your plan for workforce guarantee meeting the activity you state?	**Workforce model** It is understood that the expansion in the diagnostic workforce requires regional and national training bodies to increase training provision and partnership working across providers to provide sufficient placements and ongoing support for trainees. As a system SYB is committed to supporting the planning that needs to happen in a coordinated way at every level to enable this and HEE have offered support for upskilling staff, which may be pulled upon within Phase 2 of these proposals. For the Montagu Hospital CDC development the workforce requirements for Phase 1 are relatively modest with the additional CT and MRI scans to be provided via a service contract. Reporting of the scans will be delivered through the Trust's radiologists undertaking additional sessions supplemented as required via outsourcing to a specialist contractor with whom the Trust has an established relationship. The workforce plans for Phase 2 predominantly focus on increasing the endoscopy workforce to staff the two additional endoscopy rooms to be provided at Montagu Hospital. The new facility would support the development of a locally based endoscopy academy to increase the supply of endoscopists and facilitate the introduction of new techniques such as trans-nasal endoscopy. Local training programmes need to be underpinned by a general increase in the numbers of doctors and nurses being trained. A range of upskilling activities locally will help ensure a suitably trained endoscopy workforce. This includes programmes to train the endoscopy trainers, to enable senior nurses to prescribe medications, to expand the therapeutic procedure skills of endoscopy nurses, and to train unqualified staff in decontamination. The continuing development of new roles to support expansion of service will continue including the training of radiology department assistants and reporting radiographers. The ICS will lead discussions with NHSEI regarding the opportunities in the region for workforce expansion and MH CDC will benefit from these schemes. The CDC development will assist with efforts to retain skilled healthcare professionals, particularly those approaching retirement age. As a purely elective facility, with no night-time working, the CDC will offer a different working environment to a large acute hospital and one which is more able to accommodate flexible working. **Radiology** In phase 1, in terms of funding and workforce for the additional CT and MRI scanning capacity, the mobile units are already staffed with a competitive price from a good supplier. However, revenue is required to provide the additional diagnostic reporting capacity so that it can be carried out in a timely manner to meet the Faster Diagnosis Standard (FDS) and other relevant standards. Due to Radiology workforce challenges, it is anticipated that reporting will be outsourced with turnaround time of 48 hours which has been built into the costings. The next stage of development will consider the wider workforce elements with work aligned to SYB Imaging networks (Radiology Academy) and SYB passports and ensuring that services are stable across the sites. The additional administration provision for phase 1 has been agreed, though will need to be reviewed if extended to the wider SYB area. Work is underway on the development of patient information leaflets which will be available on a digital platform and communicated to primary care and stakeholders. **Workforce planning** All aspects of workforce planning have been actively considered with the clinical teams and the ICS Workforce Hub to develop a phased workforce plan for the Endoscopy Suite at Montagu. This has included consideration of supply, the potential to upskill the existing workforce, develop new ways of working, introduce new roles and secure the right leadership arrangements. The proposed workforce model for the Montagu Endoscopy Suite will use staff currently employed by South Yorkshire Trusts, new recruitment and the development of existing staff into new roles. A range of recruitment routes will be used including local and international recruitment, the latter SYB

	used recently to successfully secure nursing staff. Upskilling existing staff will be another key area of focus. Learning from Trusts in the system that have successfully supported the development of Nurse Endoscopists. The plan is to secure a number of training posts, with potential for a shared training post to facilitate new ways of working, enabled by the financial support package provided by HEE currently being confirmed for future years. Rotation will be a key element of the workforce model and will be enabled by the SYB staff passport, and a more focused 'endoscopy passport' that is already under development. Rotation will support and facilitate upskilling existing staff and enable them to gain experience across both acute sites and the CDC. The flexibility of this approach will provide an opportunity to tailor posts to balance the needs of individuals and enable us to design attractive posts to aid successful recruitment and support retention. Succession planning is well executed in a number of the acute endoscopy units and this approach will be extended to the Montagu development. There is a strong commitment to ensure the development staff at all levels of practice to support all aspects of the Endoscopy Service and to mirror the SYB ICS workforce model for effective future service delivery. The opportunity provided by Montagu to deliver additional training capacity will enhance this. Administrative support will be required at Montagu and has been included in the resource to manage bookings for patients alongside existing arrangements at South Yorkshire Trusts. Both the administrative and the clinical team will be supported by a Patient Pathway Navigator. Through the Cancer Alliance Rapid Diagnostics Programme a number of Patient Pathway Navigators have been recruited in South Yorkshire to act as the single point of contact for patients to navigate and support them through their diagnostic pathways. The plan is to extend this support for Montagu by recruiting an additional Patient Pathway Navigator and developing a network of Navigators across providers in South Yorkshire to facilitate streamlined pathways for patients. **Resuscitation Requirements** There is a growing need to increase the capacity for diagnostics nationally. There is a drive to create community diagnostic centres delivering modalities which involve the administration of intravenous contrast. Mexborough Montagu Hospital (MMH) is a location being considered as a CDC. MMH is a community hospital and does not provide the full range of acute services of that of the local district general hospitals, as such there is currently no crash team provision at this site. A rapid response team is available, however work is ongoing to understand the scope of this team and the invariable response. The use of intravenous contrast continues to increase. Contrast is used in 80-90% of CT and MRI scans. Withholding contrast may deprive the patient of the benefits of valuable diagnostic information and or the necessary therapy. Adverse reactions to contrast vary dependant on the media being used however range from 0.15% to 0.04%. Most adverse reactions can be managed in the radiology department. Major life threatening contrast reactions are rare varying between 0.004% and 0.0025% dependant on the contrast media used. A full risk assessment was undertaken by the Deputy Director of Nursing which gain approval from the Resus Committee at DBTH and the team was established for Phase 1 CDC and will need to continue for the subsequent phases. A minimum of a medical or anaesthetic registrar level doctor (ALS trained and with advanced airway skills), a band 5 ODP, a band 5/ 6 registered nurse, Health care assistant and a porter are provided. Training requirements for Radiographers working in the CDC are assessed in line with the RCR guidance and a skills gap analysis completed to understand future training requirements. This funding has been included within the costings provided above and within this case. All aspects of workforce planning have been actively considered with the clinical teams and the ICS Workforce Hub to develop a phased workforce plan for the Endoscopy Suite at Montagu. This has included consideration of supply, the potential to upskill the existing workforce, develop new ways of working, introduce new roles and secure the right leadership arrangements.

Each modality will have appropriate workforce plans established following funding approval as follows:
Specific modality workforce plans include:

Modality	Workforce requirement
Radiology -	0.60 WTE Band 2 Admin Support (appointment booking) 0.30 WTE for CT bookings and 0.30 WTE for MRI bookings Uplift for premium in the event of not being able to recruit (premiur AQP – AQP/Locum to start activity – train own staff estimated 18 r Ultrasound 2.00 WTE – Band 7 Sonographer -
Reporting Radiologist	3 SAS level posts staff grade, associate specialist or specialty doctors
Resus Team using existing staff from MMH established in Phase 1 and continuation for CDC 5 year plan	Radiology Department assistant Operating Department Practitioner Senior House Officer- Lead Nurse -
Endoscopy	Band 6 Nursing Staff, 1.33 WTE Band 5 Nursing Staff, 2.67 WTE Band 3 Nursing Staff, 2.67 WTE Band 4 Admin Staff, 0.83 WTE Band 3 Admin Staff, 0.59 WTE Band 2 Admin Staff, 0.80 WTE Endoscopist, 1.00 WTE
Histopathology **Reporting capacity Due to the current lack of histopathologists in post we would require finance to enable the outsourced reporting of this work equivalent to**	Laboratory staff- 1.00 WTE band 6 BMS 0.50 WTE band 4 Associate practitioner 1.00 WTE band 2 HMLA Admin support- 0.50 WTE band 2 HMLA Histopathologist - 2.50 WTE PA
Cleaners	Band 2 Cleaning Staff, 1.00 WTE
Project Management	Band 8a Clinical Project Manager, 0.60 WTE Band 7 Strategic Project Manager, 1.00 WTE
IT Resources	Band 7, 10 hours @ overtime/OOH rates Project Manager (Contractor) @ £650 per day for the duration of th

Endoscopy workforce
Training opportunities across the ICS to develop posts for the future and also potential use of overseas
The proposed workforce model for the Montagu Endoscopy Suite will use staff currently employed by South Yorkshire Trusts, new recruitment and the development of existing staff into new roles. A range of recruitment routes will be used including local and international recruitment, the latter SYB used recently to successfully secure nursing staff. Upskilling existing staff will be another key area of focus. Learning from Trusts in the system that have successfully supported the development of Nurse Endoscopists. The plan is to secure a number of training posts, with potential for a shared training post to facilitate new ways of working, enabled by the financial support package provided by HEE currently being confirmed for future years.

Rotation will be a key element of the workforce model and will be enabled by the SYB staff passport, and a more focused 'endoscopy passport' that is already under development. Rotation will support and facilitate upskilling existing staff and enable them to gain experience across both

	acute sites and the CDC. The flexibility of this approach will provide an opportunity to tailor posts to balance the needs of individuals and enable us to design attractive posts to aid successful recruitment and support retention. Succession planning is well executed in a number of the acute endoscopy units and this approach will be extended to the Montagu development. There is a strong commitment to ensure the development staff at all levels of practice to support all aspects of the Endoscopy Service and to mirror the SYB ICS workforce model for effective future service delivery. The opportunity provided by Montagu to deliver additional training capacity will enhance this. Administrative support will be required at Montagu and has been included in the resource to manage bookings for patients alongside existing arrangements at South Yorkshire Trusts. Both the administrative and the clinical team will be supported by a Patient Pathway Navigator.

Digital integration
Provide information on your Digital strategy within your scheme. Do you have a system way forward, if so what is this and is it also supporting CDC interactions with secondary and primary care.
 	
(You may also want to add examples of digital inclusion with regards to the patient adaptations, visual impairment, accessibility?)
	The ICS have commenced work to truly understand the existing systems across the ICS and options for future digital transformation funding to enable cross working arrangements between the ICS, sharing images, booking systems and having a streamlined process for patient information and correspondence, as well as enabling training across sites.
	
	IT will be required to receive and process referrals, book patients and help prepare them for tests, enable coordinated testing, enable reporting and completion of tests.
	
	The importance of interoperability to enable seamless integration and connectivity between IT systems is understood. Preliminary work has been undertaken to understand potential data and information flows that would support CDC development. Considerations have been given to the IT associated requirements for the project with a phased approach to the defining the business requirements and the subsequent developments needed and with digital transformation funding, systems will become operational for cross ICS working by Q1 2023.
	
	The assumptions for phase 1 continue and is based on the provision of IT hardware equipment, installation, Wi-Fi enablement and network (LAN connectivity) for DBTH staff to work there. Current systems will be utilised within current practices via the Radiology Information System (RIS) Zillion and the Picture Archiving Communication system (PACS) Synapse. Access to ICE for checking bloods or other clinical related information is already in existence.
	
	Support for the service will be provided by existing DBTH IT helpdesk and information services. Phase 2 will focus on connectivity and interoperability and any wider infrastructure requirements, to ensure that information flows between systems in primary care, secondary care and in the community. This will initially be within the local area and then dependent upon the scope defined by the ICS may extend into other SYB areas. DBTH will work closely with the ICS to undertake the detailed work required to understand the requirements and solutions for the developments including EPR/shared care systems and information enabling a dashboard design which fits with national reporting timescales.
	
	Further conversations will take place within the ICS regarding the following and be planned and implemented in preparation for Phase 2 mobilisation:
	
	• Site connectivity and infrastructure – Hardware being procured in a phased approach for Phase 1 and 2 additional staffing agile requirements
	• Appointment, booking and scheduling – current systems will be used
	• Patient management - further work will be undertaken to understand connectivity and Electronic Patient Records which will enable quality management of patients over a wider footprint
	• Clinical systems
	  ○ Integration between all digital systems to allow patient end to end flow
	  ○ Laboratory Systems LIMS
	  ○ Single system for Radiology image sharing
	  ○ Use of NHS Standards (DICOM, HL7, National clinical imaging procedure code set)
	• Digital equipment
	• Results and testing
	• Reporting systems

- Mobile & home working
- Digital maturity

Creating a digital NHS has long been a national priority. Technology and information management is a core feature of recent policy and funding initiatives, evidenced by The Long Term Plan and Global Digital Exemplars (GDEs). These build on the foundations of reports such as the Five Year Forward View, which identified the opportunities technology can provide for service redesign and the Watcher Report, which allowed us to learn lessons from global success stories and our own national IT programmes decade. In addition, national commitment to the digital agenda is emphasised through the recently established NHSX and "What Good Looks Like" initiative.

Integrated Care Systems: Design framework
The Integrated Care Systems Design Framework Version 1 is the latest ICS Design Framework from NHS England/Improvement (June 2021). It includes a digital section strongly reinforcing the importance of digital and data in achieving our goals, including the need to:

- have a renewed digital and data transformation plan and roadmap to enable a cross system approach to transformation
- "Implement a shared care record that allows information to follow the patient and flow across the ICS."
- "Cultivate a cross-system intelligence function to support operational and strategic

NHS operational planning guidance published in March highlights the need to address health inequalities and the changes that are required to do this. Forefront to this is the need to develop a population health management approaches to address inequalities in access, experience and outcomes. The guidance expects ICSs to take steps in their development during 2021/22 to ensure they can deliver four core purposes:

- · F1 Effective collaboration and Partnership working across systems
- · F2 Develop local priorities that reflect local circumstances and health inequalities
- · F3 Develop the underpinning digital and data capability to support population-based approaches
- · F4 Develop ICSs as organisations to meet the expectations set out in Integrating Care
- conversations, as well as building platforms to enable better clinical decisions

From April 2021, the government requires all parts of our health and care system to work together as Integrated Care Systems in several ways, including for digital, with the following requirements:

The use of digital and data to drive System working, connect health and care providers, improve outcomes. Digital services (with non-digital alternatives) will put the individual at the heart of their health and care and provide proactive support for those at risk. 'Digital and Data' is one of eight practical change themes that will need to be in place by April 2022 to enable a transition to system-working.
Work to scope the endoscopy pathway, has involved engagement with Key Stakeholders to understand the key challenges, benefits and outcomes the programme is trying to address (including patients if possible)

- Workshops with individual organisations to map out current systems and processes including understanding bottlenecks, gaps, what is working well and what isn't working well
- Workshop across organisations to understand what issues need to be addressed and agree collective outcomes and objectives
- Define the capabilities and requirements to meet the agreed outcomes and objectives (e.g. cross-organisation booking)
- Map out common future pathway including opportunities for transformation and optimisation through digital capabilities and identify where gaps exist
- Options appraisal for identifying ways of bridging the gap

This would need the following skills:
Stakeholder engagement
Business Analysis
Digital transformation and business change
Technical/solution architect
The business case also requests £50K for detailed digital scoping work this will enable this has been included in the case as a revenue cost in 2022/23.

Activity and Benefits
Provide outline of how you propose to monitor and feedback on the following:

- Activity as per plan- this must be activity that is directly done on the CDC site or its hub and funded by the CDC programme or continued system operational funding.
- Are your activity levels at the agreed national minimum productivity rates? If not please state why not and what time frame it will take to get there. Minimum anticipated planned activity rates are:

1. MRI- 2-3 scans per hour
2. CT – 3-4 scans per hour
3. US – 3 scans per hour

4. Endoscopy - 10 points per service list, 8 points per training list
5. Echo- 1 scans =45 mins to scan and report

The Community Diagnostic Centre will be governed under the Project Management infrastructure detailed above with escalation of issues being dealt with via the CDC Project Board and onward to the Trust Executive Group.

DBTH are working closely with the partnership across the Gastro Hosted Network and ICS Imaging Networks to ensure activity is managed across the system and this development is providing the relevant capacity to enable recovery from the COVID19 impacts and future pathway increases and challenges on demand.

Relevant service leads are in place and will follow DBTH policies and procedures to ensure activity is delivered according to plan. Weekly reporting is in place from Phase 1 and will continue for Phase 2 for the additional modalities within the MMH CDC subject to funding.

A capacity planning exercise for Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust undertaken in March 2021 demonstrated that the Trust had 86% of the CT capacity and 94% of the MRI capacity necessary to meet 2019/20 demand levels. The capacity deficits equated to shortfalls of 3801 CT scans and 1177 MRI scans. Assuming demand grows this year in line with the national as-assumptions above, the capacity shortfalls may be expected to increase to 5676 CT scans and 2265 MRI scans in 2021/22.

The proposed CDC would deliver additional capacity of around 3200 CT scans and 2000 MRI scans per year. This increase would offset 56% of the CT scanner deficit and 88% of the MRI scanner capacity deficit projected for 2021/22 based upon demand reflecting the 2019/20 level uplifted by the national growth assumption.
Also Ultrasound Non Obstetric will be carried out in the CDC form 8am to 8pm, 7 days per week - 3 scans per hour
Endoscopic procedures will be planned according to demand

Phase 1 – 267 CT scans per month and 167 MRI scans per month on average equating to 3200 CT scans and 2000 MRI scans per year, this will continue for Phase 2.

Phase 2 – 100 Gastroscopy and 117 Colonoscopy procedures per month on average.
In addition to the above if mobile scanning remains in place, mobile scanning has been proposed to enable flexibility to meet demand and the availability of revenue funding.
Ultrasound scanning up to 7 days per week 8am -8pm activity expected will be 3 scans per hour

A CDC at Montagu Hospital will support a broad range of clinical pathways, as advocated in the CDC Guidance including cancer pathways, musculoskeletal pathways, and potentially cardiovascular and respiratory pathways.

Activity levels are at the agreed national minimum productivity rates.

The following benefits will be realised via the Phase 2 CDC Plans:

Project Objective	Benefit	Enablers	Outcome	Baseline Measure	Owner
To provide more resilience and	Improve the patient pathway increasing the speed of clinical assessment & Diagnosis	Patient Information Improved patient pathway Trusts KPI targets	Reduced length of time from arrival to start of treatment KPI targets	PLACE (patient surveys) Trust Risk register	Steering Group

• Benefits to be tracker by systems and returned quarterly – please include how you : Demonstrate efficiency over time and value for money / return on investment. Specify over what period of time this will be realised How will your CDC will be measured in terms of performance compliance. When will this impact be felt and how How will you measure and report staff feedback and improvements to staff satisfaction and retention (including primary and secondary care staff) How will you capture and report on patient experience and the impact the CDC has had here?		increase the productivity	Provide additional capacity to the trust	Internal adjacencies Stakeholder engagement	Reconfiguration will provide Increased speed of assessment and diagnosis	Implementation of a key adjacency	Steering group
		To ensure the increased capacity expectations are achieved in line with the change in service model (FDS) and national guidance standards (Cancer Standards)	Ensure the service model of care delivered is in line with National and Trust economy KPI's	Compliance with best practice standards.	Trust performance KPI's met.	PLACE (patient surveys)	Trust Board RDS/CDC Project Board
		To ensure the increased capacity expectations are achieved in line with the change in service model (FDS) and national guidance standards (Cancer Standards)	Patient care is enhanced and clinical risk reduced	Model of care and design enhances efficiencies and reduces times for treatment	Trust performance KPI's met. Improved patient experience	Current performance reports	Trust Board RDS/CDC Steering group
			The built environment enhances clinical practice with improved patient outcomes	Robust design Stakeholder engagement Key internal adjacencies align with strategic guidance.	Provides improved departmental adjacencies which align with strategic guidance KPI figures reflect benchmarking relating to patient referral, diagnosis and treatment times	Current Data Quarterly performance reports PLACE surveys Trust risk register	Trust Board RDS/CDC steering group
		To facilitate the modernisation and change in working practices to support the model	The design solution minimises the disruption to existing services	Robust design solutions Engagement with stakeholders	Post project evaluation indicates project completed on time with minimal disruption	Programme Plan	Estates and Facilities PSCP

			Efficient programme management			
	Maintain the existing service throughout the whole build programme	Robust design solution Efficient programme management	Post project evaluation indicates project completed on time with minimal disruption	Programme Plan	Estates and Facilities PSCP
To provide a solution that aligns with the Trusts change in service model.	The design solution provides additional capacity	Robust design solution	Post project evaluation KPI's met.	Current performance reports	Estates and Facilities PSCP
The development will be delivered on time with minimal disruption to service	Maintain the existing service throughout the whole build programme	Robust design solution Efficient programme management	Post project evaluation indicates project completed on time with minimal disruption	Programme Plan	Estates and Facilities PSCP
The development will be delivered on time with minimal disruption to service	Maintain the existing service throughout the whole build programme	Robust design solution Efficient programme management	Post project evaluation indicates project completed on time with minimal disruption	Programme Plan	Estates and Facilities PSCP

Commissioning (NHS or collaborative with IS) model moving forwards – is the ICS planning on block contract or other model for commissioning in the longer term?	**Commissioning model** As set out in the CDC guidance the proposed CDC at Montagu Hospital will be commissioned by a commissioner using the standard NHS contract. At the outset the commissioning arrangements will be through a single NHS provider, an NHS Foundation Trust, but as the CDC is further developed, with the potential for delivery to be supported by a mix of providers in collaboration supported by the SYB Gastroenterology Hosted Network commissioning arrangements may also develop with the potential for an alliance approach to be considered in future. Collaborative working has underpinned the development of the CDC case and will continue with both the commissioning and the delivery to enable the development of standardised pathways/protocols, the elimination of unwarranted variation, and workforce reform. Local commissioners are fully supportive of these plans and part of the wider ICS commissioning discussion as we move forward into a new commissioning environment.

Patient engagement: Your approach to developing an engagement plan and how you will involve communities in your governance structures. Include seldom heard groups e.g. inclusion health groups, 20% most deprived population by IMD and your local PLUS groups e.g. those with poorer than average access, experience and outcomes e.g. ethnic minority communities, coastal communities, those with multi-morbidities, inclusion health groups	**SYB ICS Public engagement** The tight deadlines for Year 1 submissions made it difficult to do any 'new' engagement with the public so to ensure some insight helped shape Year 2 submissions, and to sense check the Year 1 submissions, new engagement was commissioned by SYB ICS. A survey open to all, and focus groups with seldom heard communities, looked to engage local service users around their experience of diagnostics and how community diagnostic Centres might affect their care journeys. An online survey ran from the 13th September 2021 to the 20th October 2021. A link to the survey was advertised by the ICS through a range of NHS communications channels with local service users. 56 responses were received. There were five focus groups, undertaken by South Yorkshire's Community Foundation, using the same questions as those in the survey. These were undertaken in a range of locations across South Yorkshire and enabled the engagement to access harder-to-reach groups, in order to consider their input alongside that provided by local service users more generally (7 members of seldom heard communities who couldn't attend the focus groups also completed the same survey). The main positive aspects of the experience were: • the short waiting times involved both in getting an appointment and whilst at the hospital • the care and competence shown by NHS staff, • the quality of the diagnostic equipment involved • the test helped to move them along their diagnostic journey. The main negative aspects of the experience were: • waiting times for appointments and the delay in getting the results after a test was completed • the difficulties in travelling to and from the diagnostic sites • the quality of the information provided to the patient It was most important to local service users that: • the different parts of the diagnostic process were completed as quickly as possible • there was clarity for the patient around when things would happen • they were kept fully informed throughout the process with the potential to use technology to enable faster communication • services were somewhere accessible to them, and that they received a high standard of compassionate and competent care from NHS staff. Participants were most keen to see imaging, screening, and health checks available at the Centres. There was a general enthusiasm for as many services as possible to be undertaken within the community, although some still preferred to visit a hospital due to familiarity or concerns over what might happen if a procedure went wrong. There was also a mixture of views over whether the knock-on consequences of Centres on NHS services would be positive or negative. **Equality** Groups held with residents belonging to ethnic minorities also raised some differences. On the most practical level, there were challenges posed by language barriers, particularly when dealing with complex medical information, and the impact this had upon their ability to access care. Different cultural considerations were also suggested, such as that Centres within the community might result in some residents being put off by the desire not to be seen accessing some types of test and that the gender of the doctor was important in some cases. There was also a mixture of views around the impact Centres could have on local service provision, from a belief that they might enable specialisation around conditions more commonly found within some communities to a concern that it would result in the 'ghettoization' of healthcare. Next Steps have been established to: • Ensure engagement report is considered in and incorporated in decision making on future CDC bids

	• Ensure operational suggestions about areas patient experience could be improved in diagnostics are fed into services • Sign off engagement report so that it can be posted on the ICS website and participants can have fed back to them how their input has contributed. **DBTH Public and Staff Engagement** The trust has been keen to engage both staff and Patients in the development of the CDC at MMH. This has had a very positive response from both public and staff. There have been a number of articles published in the DBTH Newsletter BUZZ and also in the local press/facebook to highlight the developments of the CDC and how the investment is being utilised in the health of the local community. Trust posts on social media such as Facebook have seen a very positive response from both staff and public who have used the services already in Phase 1 of the Project and have shared their experiences all of which have been positive. In addition to this Friends and Family test surveys are being requested at MMH for the MRI/CT Phase 1 elements and will be evaluated to inform future service improvements. Public representatives' expressions of interest are being collected to form part of the future design. A naming competition will also take place within the local community to showcase the value of Community Diagnostic Centres to the community and allow local engagement with the project.

Estates Key Information APPENDIX 1

Please fill in key information about your location and if your model is a hub and spoke one then clear information about all components of the scheme should be entered (you cannot have a spoke site in a system without first having a CDC hub site). Copy and paste the whole section if you need to record multiple sites

Size of development m²		
Indicate archetype:	Large ✓ Standard ❑ Hub & Spoke ❑	
Site ownership	NHS ✓ Public ❑ Private Estate ❑	
Site Location	High St ❑ Industrial / Business ❑ Acute ❑ Community ✓ Primary Care ❑ Other ❑ *If Other, then please provide further information here:*	
Demonstrate how you have made best use of existing NHS estates as part of your location deliberations.	The proposal makes efficient use of the existing estate through the location of the diagnostics element within the current Pain Clinic, which is configured for the efficient planning of the proposed diagnostics service and is provide with recovery room and also the requisite support areas, including reception and wait etc. The proposal then incudes the relocation of the Pain Clinic to the currently fallow previous physio/gymnasium area, making effective use of under/non-utilised room and also being located on the ground floor is preferred due to the clinical functionality of the unit	
Is this an owned or leased facility – provide details if leased?	Owned	owned
	Leased	
	Details if leased:	
New or refurbishment or % of each *(enter % in each row)*	New	12.5%
	Refurbished	87.5%
Description and application of and percentage use of modern methods of construction by value	Due to the nature of the project modern methods of construction are not being applied as the type of build requires a resolution through traditional means. However, where possible the Trust will look to embrace the essence of MMC where possible and ensure optimisation in terms of the following: Speed. Safety. Sustainability. Quality.	

	Reduced Disruption. Predictability. Better building performance and Lower defects
Any temporary accommodation required – please provide details	There is no temporary accommodation required other than the site cabins for the construction team
Is land purchase required – provide details	no
On what basis was the site chosen as a CDC location?	There was no other vacant estate on DRI or BDGH site to house a CDC and due to tight timescales of mobilisation Montagu was deemed to be the only option viable.
Wider considerations (achieving VFM, coordination with local & region priorities, net zero, local engagement & consultations)	Requires further strategic input
Stage of design development and trust approval (please attach design drawings)	RIBA Plan of Work Stage 2 Concept Design prior to formal approval through the Trust Corporate Investment Group, Finance & Performance Committee and Trust Board.
Estimated average lifecycle costs £/m2 over asset life	WT
Has your system considered if the CDC estate can be linked up to other NHS/elective recovery investment e.g. hospitals new build, surgical hubs, Cavell centres, Mental Health yes etc.	Requires further strategic input
Is this in line with local Estates Strategy?	The CDC complies and is in line with the Trust Estates Strategy in terms of Montagu Hospital and being a hub for its community services

Capacity benefit of CDC Investment- data will be required weekly APPENDIX 2

Modality	Diagnostic Test	Additional capacity provided in 2022/23 Financial year (part yr. effect PYE)	Additional capacity provided in 2023/24 Financial year	Additional capacity provided in 2024/25 Financial year	Additional capacity (full year effect FYE)
Imaging	MRI				
	CT				
	Ultrasound				
	X -ray				
	DEXA Scan				
	Other (please specify)				
Physiological measurement	Audiology – Audiology Assessments				
	Cardiology - echocardiography				
	Cardiology - electrophysiology				
	Neurophysiology - peripheral neurophysiology				
	Respiratory physiology – FENo Lung function tests sleep studies				
	Urodynamics - pressures & flows				
	Other (please specify)				
Endoscopy	Colonoscopy				
	Flexi sigmoidoscopy				
	Cystoscopy				
	Gastroscopy				
	Other				
Pathology	Phlebotomy				
	Other (please specify)				
Other Tests? Please specify					
Other Tests? Please specify					
Other Tests? Please specify					
Other Tests? Please specify					
Other Tests? Please specify					
Other Tests? Please specify					
Please expand and add further if necessary					

Planned Activity April 2022 – March 2023 (breakdown by month, will be required weekly operationally) Appendix 3

	Diagnostic Test		Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
Imaging	Magnetic Resonance Imaging	Planned	167 MRI scans per month on average per month equating to 2000 MRI scans per year (subject to gap funding)												
	Computed Tomography	Planned	267 CT scans per month and equating to 3200 CT scans per year (subject to gap funding)												
	Non-obstetric ultrasound	Planned	Activity expected will be 3 scans per hour as per CDC guidelines (activity to start Q3 2022)												
	General Xray	Planned	-	-	-	-	-	-	-	-	-	-	-	-	-
	DEXA Scan	Planned	-	-	-	-	-	-	-	-	-	-	-	-	-
Physiological Measurement	Audiology - Audiology Assessments	Planned	-	-	-	-	-	-	-	-	-	-	-	-	-
	Cardiology - echocardiography	Planned	-	-	-	-	-	-	-	-	-	-	-	-	-
	Cardiology - electrophysiology	Planned	-	-	-	-	-	-	-	-	-	-	-	-	-
	Neurophysiology - peripheral neurophysiology	Planned	-	-	-	-	-	-	-	-	-	-	-	-	-
	Respiratory physiology	Planned	-	-	-	-	-	-	-	-	-	-	-	-	-
	Urodynamics - pressures & flows	Planned	-	-	-	-	-	-	-	-	-	-	-	-	-
Endoscopy	Colonoscopy	Planned	117 Colonoscopy procedures per month on average.(activity to start Q1 2023)												
	Flexi sigmoidoscopy	Planned	-	-	-	-	-	-	-	-	-	-	-	-	-
	Cystoscopy	Planned	-	-	-	-	-	-	-	-	-	-	-	-	-
	Gastroscopy	Planned	100 Gastroscopy procedures per month on average (activity to start Q1 2023)												
Pathology	Phlebotomy	Planned	-	-	-	-	-	-	-	-	-	-	-	-	-
Other (please add)	Other	Planned	-	-	-	-	-	-	-	-	-	-	-	-	-
Other (please add)	Other	Planned	-	-	-	-	-	-	-	-	-	-	-	-	-

Other (please add)	Other	Planned	-	-	-	-	-	-	-	-	-	-	-	-	-
Other (please add)	Other	Planned	-	-	-	-	-	-	-	-	-	-	-	-	-
Other (please add)	Other	Planned	-	-	-	-	-	-	-	-	-	-	-	-	-
Other (please add)	Other	Planned	-	-	-	-	-	-	-	-	-	-	-	-	-
Other (please add)	Other	Planned	-	-	-	-	-	-	-	-	-	-	-	-	-
Other (please add)	Other	Planned	-	-	-	-	-	-	-	-	-	-	-	-	-
Other (please add)	Other	Planned	-	-	-	-	-	-	-	-	-	-	-	-	-
Other (please add)	Other	Planned	-	-	-	-	-	-	-	-	-	-	-	-	-

Planned Activity 2023 & 2024 (breakdown by year)

	Diagnostic Test		2023	2024
Imaging	Magnetic Resonance Imaging	Planned	167 MRI scans per month on average per month equating to 2000 MRI scans per year	
	Computed Tomography	Planned	267 CT scans per month and equating to 3200 CT scans per year	
	Non-obstetric ultrasound	Planned	Activity expected will be 3 scans per hour as per CDC guidelines	
	General X ray	Planned	-	-
	DEXA Scan	Planned	-	-
Physiological Measurement	Audiology - Audiology Assessments	Planned	-	-
	Cardiology - echocardiography	Planned	-	-
	Cardiology - electrophysiology	Planned	-	-
	Neurophysiology - peripheral neurophysiology	Planned	-	-
	Respiratory physiology	Planned	-	-
	Urodynamics - pressures & flows	Planned	-	-
Endoscopy	Colonoscopy	Planned	117 Colonoscopy procedures per month on average.	
	Flexi sigmoidoscopy	Planned	-	-
	Cystoscopy	Planned	-	-
	Gastroscopy	Planned	100 Gastroscopy procedures per month on average	
Pathology	Phlebotomy	Planned	-	-
Other (please add)	Other	Planned	-	-
Other (please add)	Other	Planned	-	-
Other (please add)	Other	Planned	-	-
Other (please add)	Other	Planned	-	-
Other (please add)	Other	Planned	-	-
Other (please add)	Other	Planned	-	-
Other (please add)	Other	Planned	-	-
Other (please add)	Other	Planned	-	-
Other (please add)	Other	Planned	-	-
Other (please add)	Other	Planned	-	-

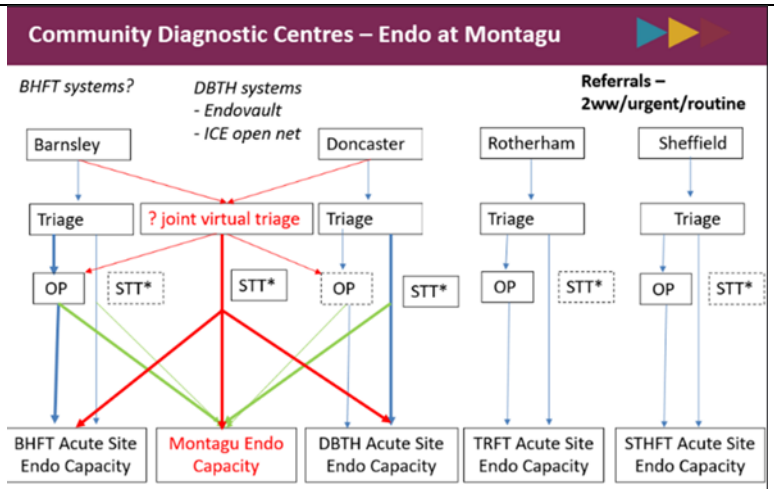
Digital & Connectivity Appendix 4

The following digital specifics must have been considered as part of the CDC proposal and firm plans must be in place to ensure that specifics are achieved. Please tick to show that plans are available. (If not then why not?)

Digital Specifics for Consideration	Plans YES/NO
All digital plans have been cross-referenced with ICS & Regional digital roadmaps/plans	Y
Local Pathology and Imaging Networks have been explicitly consulted.	Y
All clinical information transfers into and out of the CDC will use validated NHS Numbers for every interaction/test	Y
The impact of additional data generation, transfer, storage and user access requirements on NHS IT systems have been discussed with local IT services.	Y
If the use of Image Exchange Portal is proposed, due regard has been given to required levels of performance and impact for local imaging services.	Y
All long and short term repositories of clinical and operational data have been identified, investigated with respect to required performance, maintenance and support, data lifecycle management etc.	Y
Are arrangements in place to manage urgent and/or unexpected findings and have these been endorsed by Medical Directors of all participant organisations.	Y
In accordance with the Trusts ICT strategy and the wider SYB ICS digital strategy work will continue to ensure future streamlining of systems through joint digital processes to make the most effective use of the CDC. A network approach is being undertaken across the South Yorkshire ICS to develop an IT infrastructure and system which allows one system to book patients, review notes and follow patient pathway.	

The following digital questions require more explanation and / or evidence. Please fill in as fully as possible

All NHS standards for data and transfer must be complied with. If this is not immediately possible then an indication of when compliance will be achieved must be given:
The diagram below shows the different systems currently used within the ICS within Endoscopy services, workshops are being held to establish new ways of sharing information across the ICS and evaluating costs and benefits. This is a priority for the ICS and collaborative working. A streamlined IT infrastructure is required which works across the ICS. The ICS require a shared portal to ensure all patient capacity and demand as well as results can be shared across Trusts.



Mechanisms for transport layer IT network infrastructure to CDC premises and facilities e.g. mobile scanners e.g. broadband, HSCN connections, wi-fi have been identified and costed *(costings should also be entered as part of Table 2 & Table 3 on page 3):*

Has this been done?	*N/A*

Awaiting IT Input

All technical integration requirements have been identified and costed, and a delivery plan developed involving all relevant parties.

Identified through ICS workshops
Costing plan is being developed

All clinical pathways and individual tests to be supported by the CDC have been identified, documented and agreed. Documentation must identify which organisations, teams and IT systems are responsible for each stage of the referral/request to result/discharge pathway and how transfers across organisational and system boundaries will be made e.g. FHIR messaging, API etc Documentation should also include appropriate safety measures, monitoring and audit arrangements.

Has this been done?	YES

Work to scope the endoscopy pathway,
Engagement with Key Stakeholders to understand the key challenges, benefits and outcomes the programme is trying to address (including patients if possible)

- Workshops with individual organisations to map out current systems and processes including understanding bottlenecks, gaps, what is working well and what isn't working well
- Workshop across organisations to understand what issues need to be addressed and agree collective outcomes and objectives
- Define the capabilities and requirements to meet the agreed outcomes and objectives (e.g. cross-organisation booking)
- Map out common future pathway including opportunities for transformation and optimisation through digital capabilities and identify where gaps exist
- Options appraisal for identifying ways of bridging the gap

This would need the following skills:
Stakeholder engagement
Business Analysis
Digital transformation and business change
Technical/solution architect

Set out your referral plan e.g. how will GPs, secondary care clinicians be able to refer into the CDC, and any future plans for self-referral (if known)
In this business case provision is made within the project for Information Technology (IT) infrastructure including Wi-Fi and telephony to support full connectivity with the main hospital to facilitate electronic booking processes and digital diagnostic equipment in line with NHS standards. Referrals into Endoscopy will be managed electronically via ICE/OpenNet ICE. As host for the CDC, DBTH will have access to the NHS e-referral system for onward referral to cancer pathways as per current practice. This in turn will link into the cancer team data set for accurate reporting of Cancer Waiting Times. Endoscopy appointments will be made via the traditional telephone route, patients will receive a letter confirming the appointment details including prep instructions for their attendance at the CDC. There is currently no imaging sharing system within the South Yorkshire and Bassetlaw SYB) Integrated Care System (ICS); this remains in the procurement stage, however mutual aid arrangements across SYB have embedded temporary solutions within Trusts as an interim arrangement. Agfa Xero is available to view historical imaging across the ICS. It is envisaged that, images will be returned to source of referral for
Outline when and how co-ordinated scheduling or patient appointments across diagnostic modalities and services are to be achieved? This should include an explanation of linkage where pathway tests might be split between a CDC and another site i.e. Acute.
There is currently no imaging sharing system within the South Yorkshire and Bassetlaw SYB) Integrated Care System (ICS); this remains in the procurement stage, however mutual aid arrangements across SYB have embedded temporary solutions within Trusts as an interim arrangement. Agfa Xero is available to view historical imaging across the ICS. It is envisaged that, images will be returned to source of referral for reporting, except for CT, MRI and Ultrasound, allowing time for the development of the image sharing system and shared reporting systems to be identified.
How will clinical staff in the CDC become aware of and have secure access to previous test results and images *(i.e. should a patient be returning for a repeat scan or if testing was at a different location)?*
Workshops are being held to establish new ways of sharing information across the ICS and evaluating costs and benefits. This is a priority for the ICS and collaborative working.
Provide outline plans for technological innovation during the expected lifespan of the CDC
A streamlined IT infrastructure is required which works across the ICS. The ICS require a shared portal to ensure all patient capacity and demand as well as results can be shared across Trusts.
Please provide narrative on how you will mitigate against digital exclusion & ensure equitable access for all communities including seldom heard groups e.g. But not limited to inclusion health groups, those from most deprived communities who may be experiencing digital poverty
In accordance with the Trusts ICT strategy and the wider SYB ICS digital strategy work will continue to ensure future streamlining of systems through joint digital processes to make the most effective use of the CDC. A network approach is being undertaken across the South Yorkshire ICS to develop an IT infrastructure and system which allows one system to book patients, review notes and follow patient pathway.

Workforce Appendix 5

Please complete the following grid with roles and numbers required around workforce planning.
Extra rows, roles and descriptions should be added as required.

Roles (wte)	2022/23	2023/24	2024/25	2025/26	Total
Radiologist	0.0	0.0	0.0	0.0	0.0
Advanced practitioner / reporting radiographers	0.0	0.0	0.0	0.0	0.0
Radiographers	0.0	0.0	0.0	0.0	0.0
Assistant practitioners	0.0	0.0	0.0	0.0	0.0
Sonographers	2.00	2.00	2.00	2.00	8.00
Echocardiographers	0.0	0.0	0.0	0.0	0.0
Clinical/Healthcare Scientists	0.0	0.0	0.0	0.0	0.0
Endoscopy specialist	0.23	0.59	0.97	0.97	2.76
Endoscopy nurses	1.99	5.22	8.55	8.55	24.30
Other clinical staff	15.28	15.28	15.28	15.28	61.12
Admin and support staff	4.15	5.03	4.35	4.35	17.88
Other	0.0	0.0	0.0	0.0	0.0
Total	**23.64**	**28.12**	**31.15**	**31.15**	**114.07**

Please continue into the following grid with costs around the identified staff planning above. **Extra rows, roles and descriptions should be added as required.**

Roles (Costs)	2022/23	2023/24	2024/25	2025/26	Total
Radiologist	0.0	0.0	0.0	0.0	0.0
Advanced practitioner / reporting radiographers	0.0	0.0	0.0	0.0	0.0
Radiographers	0.0	0.0	0.0	0.0	0.0
Assistant practitioners	0.0	0.0	0.0	0.0	0.0
Sonographers	67,022	134,044	134,044	134,044	469,154
Echocardiographers	0.0	0.0	0.0	0.0	0.0
Clinical/Healthcare Scientists	0.0	0.0	0.0	0.0	0.0
Endoscopy specialist	3,755	118,119	193,545	193,545	508,965
Endoscopy nurses	6,107	192,070	314,718	314,718	827,613
Other clinical staff	596,639	880,757	880,757	880,757	3,238,910
Admin and support staff	136,388	190,029	116,435	116,435	559,288
Other	0.0	0.0	0.0	0.0	0.0
Total	**809,912**	**1,515,020**	**1,639,499**	**1,639,499**	**5,603,929**

Equipment Order & Cost — Appendix 6

CDC / Spoke (Name)	Modality (Imaging, Phys Meas etc)	Equipment (CT, US etc)	Supplier (Name of supplier) model name and any specifications requested	Cost ££	Lead in Time	Enabling Works? (Y/N)
MMH	Ultrasound	Ultrasound machines x2	Samsung RS85(v2) Prestige	155,605		N
MMH	Ultrasound	IT equipment	Dell	2,656		N
MMH	Endoscopy	Fujinon scopes	Aquilant Endoscopy	410,341		N
MMH	Endoscopy	Fujinon image tracker	Aquilant Endoscopy	44,400		N
MMH	Endoscopy	Scopetracker	Fingerprint Medical	19,731		N
MMH	Endoscopy	Cantel equipment	Cantel Medical	177,862		N
MMH	Endoscopy	RO plant	Cantel Medical	114,305		N
MMH	Endoscopy	Scopebuddy	Flushtech	350		N
MMH	Endoscopy	Suction machines x3	Olympus	10,200		N
MMH	Endoscopy	Other smaller endoscopy equipment	Various	58,670		N
MMH	Endoscopy	IT equipment for training room	Various	137,783		N

Proposed Symptom Based Pathways Appendix 7

Pathway	Do you have this pathway agreed? (Y/N)	If Y then are you happy for it to be shared with other regions? (Y/N)	If N then would you like NHSEI to support you developing a pathway? (Y/N)	Date to Start	Comments
Symptoms of possible cancer • Upper and Lower GI • Lung - cough, weight loss and haemoptysis • Skin / Dermatology • Prostate	Being developed as part of ICS workshops				
Cardiac Symptoms • Heart Failure • Atrial Fibrillation • Chest Pain • Heart Valve Disease • Breathlessness	Being developed				
Respiratory Symptoms • COPD • Asthma • Breathlessness • Sleep Symptoms	Being developed				
Ophthalmology • Glaucoma • Medical Retina • Cataract	N/A				
Gynaecological Symptoms • Post-menopausal Bleeding • Abdominal Bloating • Chronic Pelvic Pain • PCOS	Being developed				
MSK/Neurological Symptoms • Painful Joints / backpain • Osteoporosis / Fragility fractures • Osteoarthritis	Being developed				

• Rheumatology / Inflammatory Arthritis					
Diabetes • Annual Checks	N/A				
Head and Neck/Audiology • Hearing Loss • Tinnitus and Balance	Being developed				
Upper and Lower GI Symptoms • Weight loss • PR Bleeding	Being developed				
Urological Tract Symptoms • Male Lower Urinary Tract Symptoms • Overactive Bladder • Recurrent UTI • Raised PSA • Haematuria • Scrotal pain & Scrotal Pathology	Being developed				
Tests for Liver Disease • E.g. Blood tests and elastography or ultrasound	Being developed				
Long Covid	N/A				
TIA	N/A				
Renal • CKD • F/u Transplant Clinic • AKI	N/A				
Other – Please Add					
Other – Please Add					
Information on what other symptom-based pathways you are developing	*Enter information here*				
Information on any other symptom-based pathway that is a priority in line with your local population health needs(If there is any)	*Enter information here*				

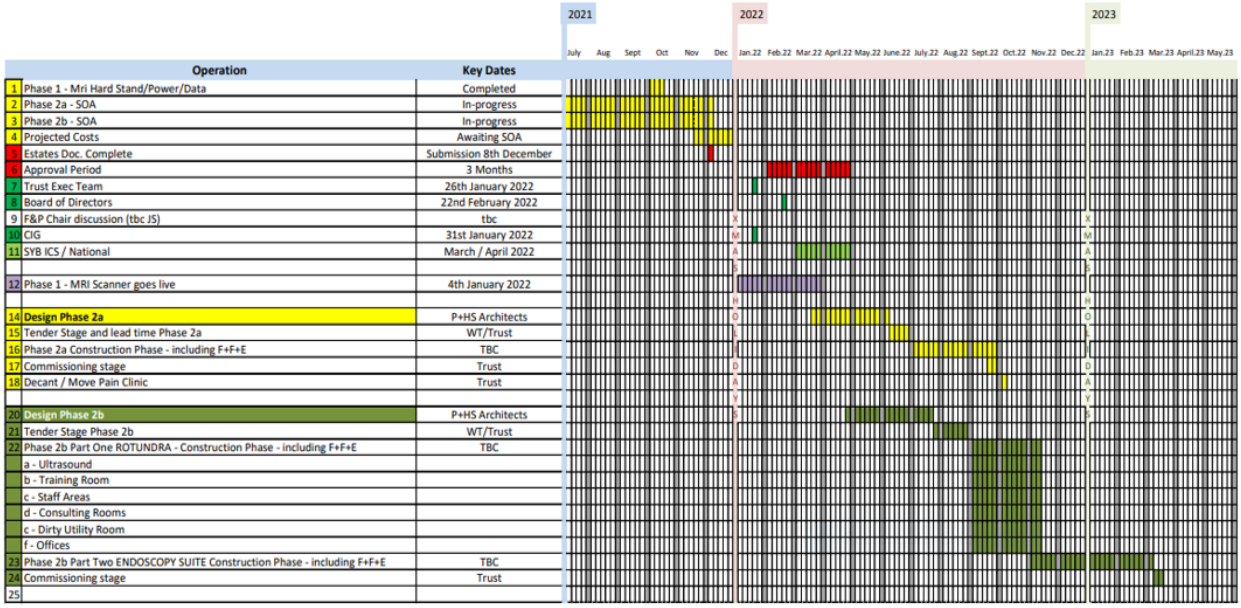
APPENDIX 8 - TIMELINES

Estates: Programme of work

CPU Capital Planning Unit

Project:	CDC - MMH
Project NR:	CCS - P002
Date:	23rd December 2021

NHS Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust



	Operation	Key Dates
1	Phase 1 - Mri Hard Stand/Power/Data	Completed
2	Phase 2a - SOA	In-progress
3	Phase 2b - SOA	In-progress
4	Projected Costs	Awaiting SOA
5	Estates Doc. Complete	Submission 8th December
6	Approval Period	3 Months
7	Trust Exec Team	26th January 2022
8	Board of Directors	22nd February 2022
9	F&P Chair discussion (tbc JS)	tbc
10	CIG	31st January 2022
11	SYB ICS / National	March / April 2022
12	Phase 1 - MRI Scanner goes live	4th January 2022
14	**Design Phase 2a**	P+HS Architects
15	Tender Stage and lead time Phase 2a	WT/Trust
16	Phase 2a Construction Phase - including F+F+E	TBC
17	Commissioning stage	Trust
18	Decant / Move Pain Clinic	Trust
20	**Design Phase 2b**	P+HS Architects
21	Tender Stage Phase 2b	WT/Trust
22	Phase 2b Part One ROTUNDRA - Construction Phase - including F+F+E	TBC
	a - Ultrasound	
	b - Training Room	
	c - Staff Areas	
	d - Consulting Rooms	
	c - Dirty Utility Room	
	f - Offices	
23	Phase 2b Part Two ENDOSCOPY SUITE Construction Phase - including F+F+E	TBC
24	Commissioning stage	Trust
25		

Business Case Approval Timeline

EXCECUTIVE TEAM	**16 February 2022**
F&P	FULL CASE - 24th FEBRUARY 2022 (papers prior to Board of Directors)
BOARD OF DIRECTORS	22nd FEBRUAURY 2022 – national template
BARNSLEY/ROTHERHAM FT & CCG	FEBRUARY 2022 TBC
DONCASTER CCG	16th FEBRUARY 2022
ICS	11TH MARCH 2022
NATIONAL TEAM APPROVAL	E/O MARCH/APRIL 2022

Construction timeline for CDC phase 2 is as follows:

Phase 2a	
Tender stage and lead time	June 2022
Construction Phase in F+F+E	July-Sept 2022
Commissioning stage	September 2022
Decant & Move Pain clinic	October 2022
Phase 2b	
Tender Stage	July-Aug 2022
2b- Part 1 -Rotunda	
Construction phase including F+F+E	Sept-Nov 2022
2b- part 2- Endoscopy	
Construction phase including F+F+E	Dec-Feb 2023
Commissioning stage	March 2023

CDC Development Timeline for each modality “going live” is as follows:

2022 Q1	**CT and MRI services to commence -(Phase 1)**
2022 Q2	CT and MRI services continue – (Phase 2)
2022 Q3	Ultrasound services to commence
2022 Q4	
2023 Q1	Endoscopy services to commence
2023 Q2	
2023 Q3	
2023 Q4	

APPENDIX 9 RISK MATRIX

			(C)onsequence				
			Insignificant	Minor	Moderate	Major	Catastrophic
			1	2	3	4	5
(L)ikelihood	Rare	1	1	2	3	4	5
	Low/Unlikely	2	2	4	6	8	10
	Possible	3	3	6	9	12	15
	High/Likely	4	4	8	12	16	20
	Almost certain	5	5	10	15	20	25

Risks	Rating			Mitigation plan
	L	C	Score (L x C)	
FINANCE & FUNDING				
Cost escalation	3	3	9	Fixed price/change control/stage payments
Capital and Revenue funding not being available	3	5	15	ICS fully aware and part of development
Capital timeline delays	2	4	8	Estates reviewed area and developed plans
Funding ceases whilst awaiting approval for MRI/CT	3	4	16	ICS discussions – risk raised
Uncertainty of future financial arrangements	3	4	12	Risk identified nationally, SYB to continue to link into national dialog to enable risk to be mitigated
Funding gap – services if funding not approved	3	3	9	Risk raised – ICS
TIMELINE				
Timely release of funding	3	4	12	Business Cases submitted on time
Mobilisation not starting to timescales required	3	4	12	Early planning and mobilisation meetingsTh
Funding gap between phases caused by delay in national approval process	3	4	12	ICS – risk raised with ICS – High priority
		8	16	

Non -Sustainability of services	2			Evaluate post implementation – highlight risk
ESTATES & FACILITIES				
Construction timescales	3	4	12	Monitoring timeline – risk raised
estates proceeding at risk to enable modalities to start in financial year	4	4	16	Monitor risk
EQUIPMENT CONTRACT				
Mobile staffed units not being available	2	5	10	MEDNEO – Manned units availability confirmed
IT				
IT infrastructure not being designed/funded and in place by start date	3	4	12	Monitoring progress
IT infrastructure and one system for ICS working required in time/resource available	3	4	12	Joint ICS programme
WORKFORCE				
standardised workforce model agreement across ICS and,	3	3	9	Monitoring progress
Training links with adequate support and time to train staff	2	3	6	SY&B ICSapproach to staff training
STAKEHOLDERS				
All relevant partners not signing up to schemes	3	4	12	Partners involved throughout design process

Estates – Construction Delivery Risks Register

Ref	Type	Phase	Owner	Description		Probable Likelihood	Potential Impact	Assessed Value
1	Programme	Pre-Construction	NHS Trust	Cost Plan increases during RIBA Stage 3/4		3	4	12
2	Procurement	Pre-Construction	NHS Trust	Decantation Plan is not accepted by Trust/Clinicians		2	4	8
3	Programme	Pre-Construction	NHS Trust	Business Case is not approved/delayed		2	4	8
4	Cost/Commercial	Pre-Construction	NHS Trust	ICS funding is not available		3	4	12

5	Programme	Pre-Construction	IHP	Design Programme delayed		3	4	12
6	Design	Pre-Construction	NHS Trust	Stakeholder Engagement - not sufficiently comprehensive		3	4	12
7	Programme	Pre-Construction	NHS Trust	Trust availability and decisions on design		2	4	8
8	Programme	Pre-Construction	IHP	Planning conditions imposing pre-start conditions		2	3	6
9	Other	Pre-Construction	IHP	Delays in achieving Statutory/ Necessary consents		3	4	12
10	Design	Pre-Construction	IHP	Design development (general)		2	3	6
11	Design	Pre-Construction	NHS Trust	Client Change of requirements/brief		3	4	12
12	Design	Pre-Construction	NHS Trust	Existing unknown Site/Building/services conditions impacting construction		3	3	9
13	Design	Pre-Construction	NHS Trust	Ecological and Environmental risks		1	3	3
14	Programme	Pre-Construction	NHS Trust	Below ground obstructions including external and internal areas (i.e. concrete encasements)		1	3	3
15	Design	Pre-Construction	NHS Trust	Existing site/building/services conditions/locations impacting on design		3	4	12
16	Quality	Pre-Construction	NHS Trust	Missing unavailable site information		3	3	9
17	Design	Pre-Construction	NHS Trust	Site infrastructure capacity insufficient		1	3	3
18	Procurement	Pre-Construction	IHP	Net Zero Carbon Requirements		3	4	12
19	Procurement	Pre-Construction	NHS Trust	Identification of accurate Group 2 and 3 equipment and within cost plan		3	3	9
20	Procurement	Construction	NHS Trust	Ability of the Trust to provide group 2/3 FF&E items on schedule		1	3	3
21	Programme	Construction	NHS Trust	Presence of asbestos/hazardous materials		3	4	12

22	Programme	Construction	IHP	Increase in procurement periods/lead ins - Impact of Covid		4	4	16
23	Procurement	Construction	NHS Trust	Site Compound affecting parking and/or traffic		3	3	9
24	Programme	Construction	IHP	Amendment to delivery restrictions imposed by the Trust		1	2	2
25	Programme	Construction	NHS Trust	Reduction in Trust capacity during construction due to decantation with no provision for temp accommodation		3	3	9
26	Programme	Construction	NHS Trust	Availability of Trust personnel during consultation period		1	3	3
27	Programme	Construction	IHP	Construction logistics constraints on site (parking, Craneage, laydown and compound)		3	4	12
28	Programme	Construction	NHS Trust	Imposed working constraints forced by other Trust activities adjacent to work areas.		4	4	16
29	Programme	Construction	NHS Trust	Trust unable to achieve access dates due to clinical activities		1	3	3
30	Programme	Construction	IHP	Construction duration unachievable		3	4	12
31	Design	Construction	IHP	Construction Procurement delays		4	4	16
32	Procurement	Construction	NHS Trust	Loose equipment damaged during decant		1	3	3
33	Other	Construction	NHS Trust	Storage of any retained material, furniture or equipment (inc between phases)		1	3	3
34	Quality	Construction	NHS Trust	Risk of disruption/harm to patients, staff and visitors in the live hospital environment from construction works		3	4	12
35	Design	Construction	IHP	Damage to adjacent buildings/ vehicles caused by the Main Contractor and subcontractors		1	3	3
36	Design	Construction	NHS Trust	Increases or decreases in activity due to service reviews (locally or regionally)		1	3	3

37	Quality	Construction	NHS Trust	Procurement of Trust equipment		3	4	12
38	Quality	Construction	NHS Trust	Unforeseen building features affecting demolition methodology & phasing		3	3	9
39	Design	Construction	IHP	Subcontractor/Design Team insolvency		1	3	3
40	Design	Construction	IHP	Damage to existing services/structures caused by Contractor		3	3	9
41	Design	Construction	NHS Trust	Additional Temp works not currently allowed for		3	3	9
43	Design	Construction	IHP	Risk of injury to Main contractor staff - within works areas		2	3	6
44	Health & Safety	Construction	IHP	Risk of Injury to Subcontractor Operatives - within works areas		2	3	6
45	Health & Safety	Construction	NHS Trust	Risk of Injury to Trust Personnel - within works areas		2	3	6
46	Health & Safety	Construction	IHP	Risk of Injury to the Public		1	3	3
48	Health & Safety	Construction	IHP	Maintaining live services		4	3	12
49	Design	Construction	IHP	Insufficient staff allowance/availability for the duration of the project		3	4	12
50	Procurement	Construction	NHS Trust	Covid 19/ Virus/ Disease: Progress of the works is adversely affected by and/ or costs are increased by reason of disease, epidemic or pandemic, including Covid-19 (Coronavirus), and/ or the taking of any measures to prevent, delay, reduce or otherwise mitigate its spread and/ or its effects.		5	4	20
52	Programme	Construction	Trust	Other major scheme occurring on site and adjacent (Elective Orthopaedic Centre)		3	4	12
53	Cost/Commercial	Pre-Construction	Trust	Backlog maintenance requirements to the existing buildings		3	4	12

54	Cost/Commercial	Pre-Construction	Trust	Non availability of funds for design work prior to approval affecting delivery in 22/23	3	4	12
55	Procurement	Construction	NHS Trust	Availability of Goods/ Materials: Adjustment of the programme in line with confirmed delivery dates for Goods/ materials - a mechanism for such adjustment is to be agreed.	4	4	16

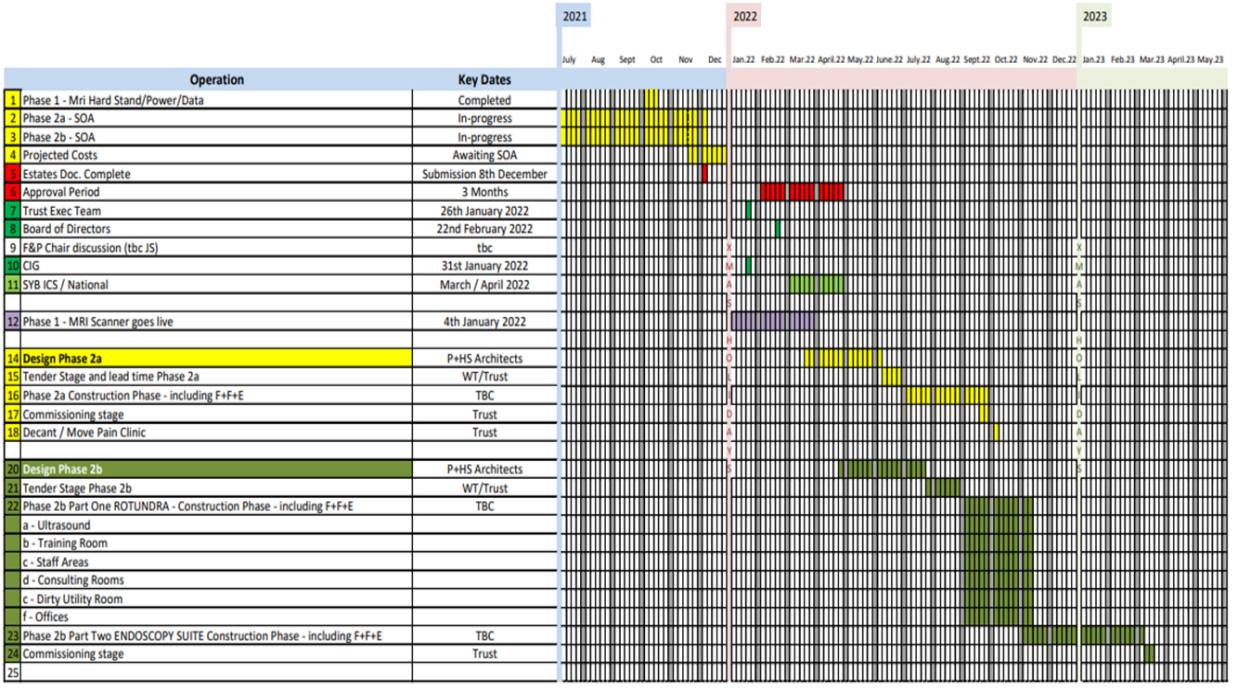
APPENDIX 10 ESTATES PLAN

CPU Capital Planning Unit

Project:	CDC - MMH
Project NR:	CCS - P002
Date:	23rd December 2021

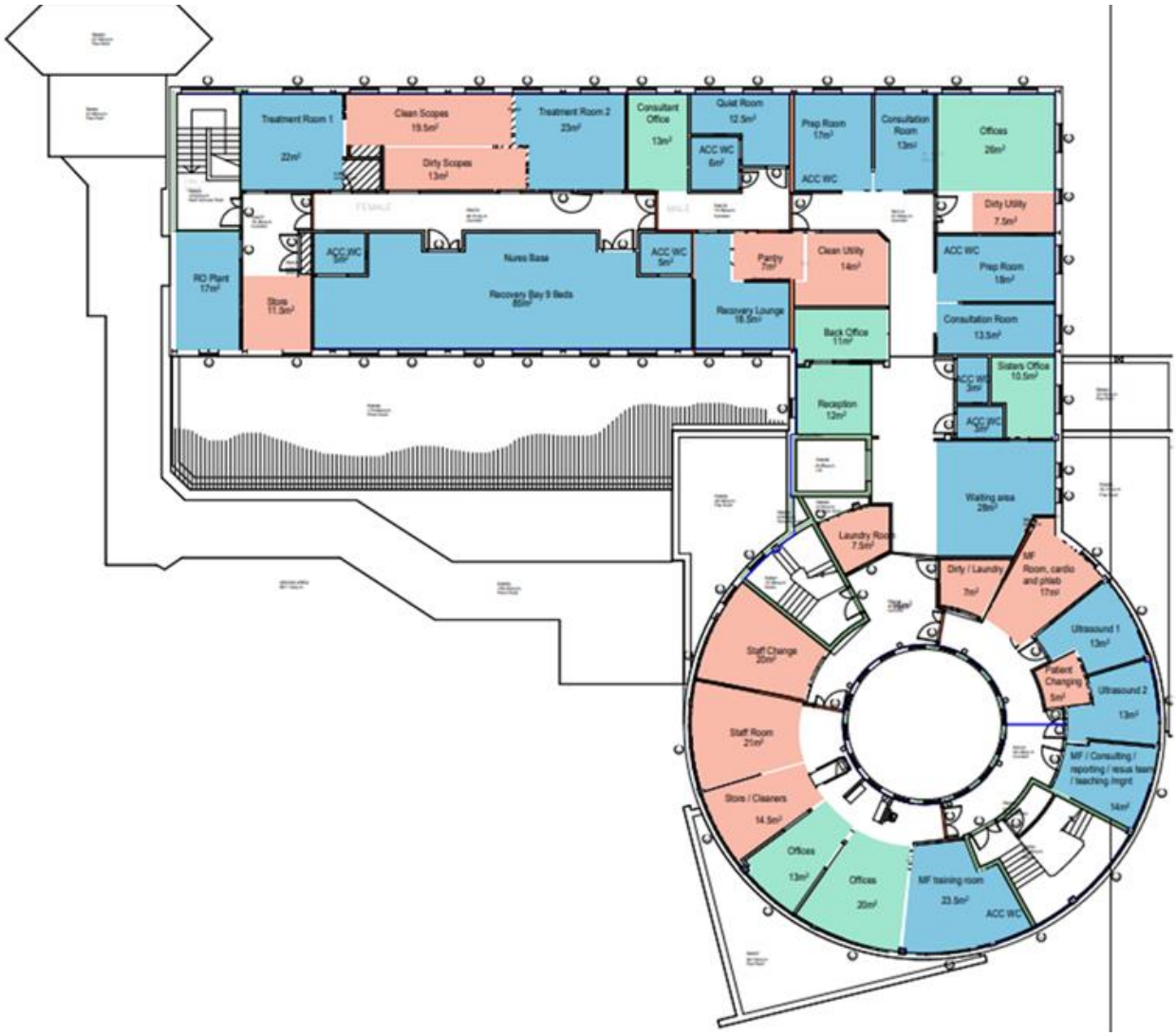
NHS Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

	Operation	Key Dates
1	Phase 1 - Mri Hard Stand/Power/Data	Completed
2	Phase 2a - SOA	In-progress
3	Phase 2b - SOA	In-progress
4	Projected Costs	Awaiting SOA
5	Estates Doc. Complete	Submission 8th December
6	Approval Period	3 Months
7	Trust Exec Team	26th January 2022
8	Board of Directors	22nd February 2022
9	F&P Chair discussion (tbc JS)	tbc
10	CIG	31st January 2022
11	SYB ICS / National	March / April 2022
12	Phase 1 - MRI Scanner goes live	4th January 2022
14	**Design Phase 2a**	P+HS Architects
15	Tender Stage and lead time Phase 2a	WT/Trust
16	Phase 2a Construction Phase - including F+F+E	TBC
17	Commissioning stage	Trust
18	Decant / Move Pain Clinic	Trust
20	**Design Phase 2b**	P+HS Architects
21	Tender Stage Phase 2b	WT/Trust
22	Phase 2b Part One ROTUNDRA - Construction Phase - including F+F+E	TBC
	a - Ultrasound	
	b - Training Room	
	c - Staff Areas	
	d - Consulting Rooms	
	c - Dirty Utility Room	
	f - Offices	
23	Phase 2b Part Two ENDOSCOPY SUITE Construction Phase - including F+F+E	TBC
24	Commissioning stage	Trust
25		



Phase 2a : Plan of new Pain Clinic

Phase 2B: Plan of Endoscopy Suite and Rotunda Space for CDC



Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Report Cover Page			
Meeting Title:	**Public Board Meeting**		
Meeting Date:	22 February 2022	**Agenda Reference:**	**G1**
Report Title:	**Corporate Risk Register**		
Sponsor:	David Purdue, Chief Nurse / Deputy Chief Executive		
Author:	Fiona Dunn, Deputy Director Corporate Governance/Company Secretary		
Appendices:	CRR FEB 2022		
Executive Summary			
Purpose of report:	For assurance that the Trust risk management process is being followed; new risks identified and current risks reviewed and updated in a timely way.		
Summary of key issues:	Key changes to the CRR this period: • No new corporate risks added or escalated from Management Board • Currently there are 111 risk logged rated 15+ across the Trust and were tabled at the December 13th Trust Executive Group (TEG) for review. • 13 of these risks are currently monitored via Corporate Risk register (CRR) • RISK ID 19 – (Failure to engage and communicate with staff and representatives in relation to immediate challenges and strategic development) Risk grading decreased from 16 to 12 with new controls in place. -Regular updates provided to Partnership Forum and JLNC in respect of service and Trust level changes being planned. Deputy Director of P&OD has weekly meetings with staff side chair and secretary and attends the staff side meetings and the Director of P&OD meets regularly with the LNC Chair. The Communications team share regular updates using Facebook, general and targeted emails and posting on the Trust website and The Hive to ensure all colleagues in the Trust are updated on key issues - recent examples include during the Covid pandemic. In addition the monthly team brief sessions have moved on line with a recording of the Chief Executive being posted on facebook and The Hive. The Executive Team meets weekly with the Head of Communications in attendance; in addition there are monthly Trust Executive Group meetings and quarterly senior leadership meeting with the Chief Executive. The Chief Executive holds regular listening events with all Divisions and directorates virtually to which all staff are invited. Action required • Continuous review of existing risks and identification of new or altering risks through improving processes. • Ensure embedding of risk management process through refreshed training and education to ensure consistency of process. • Link to key strategic objectives indicated within the Board Assurance Framework.		

Recommendation:	The Committee is asked to note the Corporate Risk Register information and the progress from the previous report.				
Action Require:	~~Approval~~	Information	~~Discussion~~	Assurance	~~Review~~

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

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

Assurance Route			
Previously considered by:	QEC , TEG Executive Team – (15+ risks)		
Date:	TEG 14th Feb 2022	**Decision:**	Reviewed and updated
Next Steps:	Continuous review of individual risk by owners on DATIX risk management system		
Previously circulated reports to supplement this paper:	Risks rated 15+ Detail & Overview papers discussed at TEG 14/2/2022		

Appendix 4 (Level 4 detail)

Corporate Risk Register Summary February 2022

ID	Ref	Review date	Division / Corporate(s)	Speciality(ies)	Title	Description	Risk Owner	Exisiting Controls	Risk level (current)	Rating (current)	Risk level (Target)	Last Reviewed	Movement since last review
1517	**Q&E9**	16/12/2021	Clinical Specialist Services	Pharmacy (Outpatient), Pharmacy (inpatient)	**Availability and Supplies of Medicines**	There are extraordinary stresses on the medicine supply chain which are leading to unavailability of medicines in the hospital. This could have an impact on patient care, potentially delaying the delivery of treatment, non-optimisation of treatment and decrease in patient satisfaction. It could also increase the chance of error and harm occurring The issues is causing significant disruption and increased workload of the pharmacy procurement and logistics team which compounds the problem. Disruption of work by other professionals involved in supply and administration of medicines is possible as well. There a number of issues causing it: - Manufacturing Issues - Central rationing of supplies by CMU - Wholesaler and supply chain issues - Unpaid invoices - Knock on disruption of procurement and logistics teams sometimes delaying response Updated: 18/12/2020 The reason there has been no local action on review id that we have been explicitly instructed by NHS E & DoH not to take nay local action. There is an national mechanism for managing medicines shortages which has been used during the COVID-19 pandemic and will be used if required to manage any issues as a result of EUexit. Working with national and regional colleagues Esoop's team take any local actions	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	Oct-21	⟷
2664	**PEO3**	01/03/2022	Clinical Specialist Services	Critical Care	**Staff shortage - Consultant Intensive Care**	Severe shortage of consultants in intensive care medicine (especially DRI site), caused by inability to recruit for past 6 years and two recent resignations from existing staff. Now high risk of burnout of remaining consultant staff with subsequent sick leave and possible further resignations. Negative impact on quality of patient care, team work on DCC and training of other staff, especially doctors.	Noble, Timothy / Jochen Seidel	**30/11/21** Risk grading decreased from 20 to 16 with new controls in place. Full action plan in place. Substantive consultant appointed and commenced in post(dec2021). Locum post appointed for 12 months and starting early 2022. Mutual aid secured from STH from January 2022. Second offer of mutual aid being explored. Full set of wider actions focusing on short-term workforce, environment, and longer term training and workforce model.Some support from general anaesthetists and external locums. **7/5/21** Mutual from Sheffield commenced (covers approx. 5 shifts per	**Extreme Risk**	**16**	High Risk	Nov-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. High level actions from Performance and 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**	Failure to achieve compliance with financial performance and achieve financial plan leading to : (i) Adverse impact on Trust's financial position (ii) Adverse impact on operational performance (iii) Impact on reputation (iv) Regulatory action	Sargeant, Jonathan	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**	01/03/2022	Chief Operating Officer	Not Applicable (Non-clinical Directorate)	**Failure to achieve compliance with performance and delivery aspects of the SOF, CQC and other regulatory stanadrds**	Failure to achieve compliance with performance and delivery aspects of the Single Oversight Framework, CQC and other regulatory standards leading to: (i) Regulatory action (ii) Impact on reputation	Joyce, Rebecca	**30/11/21 -** Controls still applicable as in March. Refreshed board performance report in progress to reflect H2 priorities and to improve transparency of performance against key metrics. Improved benchmarking approach in place using data from NHSE/I, nationally published data and dashboards. Trust wide engagement approach with consultants/SAS and Divisional leaders regarding H2 requirements including UEC roadshow.[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	**Extreme Risk**	**16**	High Risk	Nov-21	⟷ ⟷

Appendix 4 (Level 4 detail) **Corporate Risk Register Summary February 2022**

ID	Ref	Review date	Division / Corporate(s)	Speciality(ies)	Title	Description	Risk Owner	Exisiting Controls	Risk level (current)	Rating (current)	Risk level (Target)	Last Reviewed	Movement since last review
19	PEO1 (Q&E1)	02/05/2022	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	**2/12/21** -Regular updates provided to Partnership Forum and JLNC in respect of service and Trust level changes being planned. Deputy Director of P&OD has weekly meetings with staff side chair and secretary and attends the staff side meetings and the Director of P&OD meets regularly with the LNC Chair. The Communications team share regular updates using Facebook, general and targeted emails and posting on the Trust website and The Hive to ensure all colleagues in the Trust are updated on key issues - recent examples include during the Covid pandemic. In addition the monthly team brief sessions have moved on line with a recording of the Chief Executive being posted on facebook and The Hive. The Executive Team meets weekly with the Head of Communications in attendance; in addition there are monthly Trust Executive Group meetings and quarterly senior leadership meeting with the Chief Executive. The Chief Executive holds regular listening events with all Divisions and directorates virtually to which all staff are invited.[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	12	Moderate Risk	Feb-22	⟺ ↓
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**	Failure to ensure that estates infrastructure is adequately maintained and upgraded in line with current legislation, standards and guidance. Note: A number of different distinct risks are contained within this overarching entry. For further details please consult the E&F risk register. leading to (i) Breaches of regulatory compliance and enforcement (ii) Claims brought against the Trust (iii) Inability to provide safe services (iv) Negative impact on reputation (v) Reduced levels of business resilience (vi) Inefficient energy use (increased cost) (vii) Increased breakdowns leading to operational disruption (viii) Restriction to site development	Edmondson-Jones, Kirsty	[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	21/03/2022	Information Technology	Not Applicable (Non-clinical Directorate)	**Failure to protect against cyber attack**	Failure to protect against cyber attack - leading to: (i) Trust becoming non-operational (ii) Inability to provide clinical services (ii) Negative impact on reputation The top 3 DSP risk areas have been recognised as: (1) Insider threat (accidental or deliberate) (2) New / zero day vulnerability exploits (3) Failure to wholly implement patch management (4) Disaster recovery and business continuity testing (5) Control of device (not user) access to the network (6) Configuration management and process documentation) (7) Backup management and storage capacity (8) Logging and retention of log information (infrastructure) (9) Failure to wholly implement patch management (10) Visibility of networked devices and systems as they relate to notified vulnerabilities (e.g. CareCERT advisories) As a result the above could lead to temporary closure of systems access, infection of key software and/or related operational issues. This would need significant remedial work and might require forensic response that would need to be funded from cyber liability insurance. Negative press coverage would follow and investigation by national bodies would be likely.	Anderson, Ken	**7/2/22** -Updated ordering of risks to reflect work done on patching, asset management and log retention and analysis, which has reduced risk in these areas. More work remains on those points, but other risks now have a greater priority. Work is ongoing to update unsupported software in the organisation, with further investment requested in 22/23 to continue the work needed. Investment has also been requested in the top 2 risk areas and other identified areas of risk identified.**[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. 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. 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. Network Access Control and Micro-segmentation have been delayed due to other work pressures, and delays on completed of the pre-	Extreme Risk	15	Moderate Risk	Feb-22	⟺
16	PEO2 (F&P8)	02/05/2022	Directorate of People and Organisational Development	Not Applicable (Non-clinical Directorate)	**Inability to recruit right staff and ensure staff have the right skills to meet operational needs**	Inability to recruit right staff and have staff with right skills leading to: (i) Increase in temporary expenditure (ii) Inability to meet FYFV and Trust strategy (iii) Inability to provide viable services	Barnard, Karen	**02/12/2021** - Regular reports to the People Committee in relation to vacancy levels and training plans. Refreshed Trust level workforce plan being developed detailing hot spot areas and planned actions. Electronic workforce planning tool being investigated to support divisional/specialty workforce planning. Workforce planning forms part of business planning process. Apprenticeship group in place which reports through the Training and Education committee to the People Committee. Workforce Planning committee now in place with representation from divisions and key staff groups to explore how we maximise our recruitment and training opportunities.**[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	Extreme Risk	16	High Risk	Feb-22	⟺

Appendix 4 (Level 4 detail)

Corporate Risk Register Summary February 2022

ID	Ref	Review date	Division / Corporate(s)	Speciality(ies)	Title	Description	Risk Owner	Exisiting Controls	Risk level (current)	Rating (current)	Risk level (Target)	Last Reviewed	Movement since last review
1807	**F&P20 / Q&E12**	08/11/2021	Estates and Facilities	Not Applicable (Non-clinical Directorate)	**Risk of critical lift failure**	Risk of critical lift failure leading to: (a) Reduction in vertical transportation capacity in the affected area (b) Impact on clinical care delivery (c) General access and egress in the affected area	Edmondson-Jones, Kirsty	[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**	Failure to ensure that estates infrastructure is adequately maintained and upgraded in accordance with the Regulatory Reform (Fire Safety) Order 2005 and other current legislation standards and guidance. Note: a number of different distinct risks are conatained within this overarching entry. For further details please consult the EF risk register. leading to : (i) Breaches of regulatory compliance could result in Enforcement or Prohibition notices issued by the Fire and Rescue Services (ii) Claims brought against the Trust (iii) Inability to provide safe services (iv) Negative impact on reputation No change to risk - work ongoing.	Edmondson-Jones, Kirsty	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	⟺

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Report Cover Page			
Meeting Title:	Board of Directors		
Meeting Date:	22 February November 2021	**Agenda Reference:**	**G2**
Report Title:	Use of Trust Seal		
Sponsor:	Fiona Dunn, Deputy Director of Corporate Governance / Company Secretary		
Author:	Fiona Dunn, Deputy Director of Corporate Governance / 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 128	Description Mortuary Storage Service and Post Mortem Facility Service Contract between Doncaster Metropolitan Borough Council and Doncaster & Bassetlaw Teaching Hospitals NHS FT	Signed Richard Parker OBE Chief Executive Alex Crickmar Interim Director of Finance	Date of sealing 9 February 2022

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:	n/a
Corporate risk register:	n/a
Regulation:	Board of Directors Standing Orders
Legal:	
Resources:	none

Assurance Route			
Previously considered by:	Executive Team		
Date:	31/1/2022	**Decision:**	Approved
Next Steps:	none		
Previously circulated reports to supplement this paper:			

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Meeting Title:	**Board of Directors**		
Meeting Date:	22 February 2022	**Agenda Reference:**	**H1**
Report Title:	**Chair & NEDs Report to Board**		
Sponsor:	Suzy Brain England OBE		
Author:	Suzy Brain England OBE		
Appendices:	None		

Purpose of report:	To update the Board of Directors on the Chair and NED activities since November 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~~	~~Insurance~~	~~Review~~
Link to True North Objectives:	*To provide outstanding care for our patients*	*Everybody knows their role in achieving*	*Feedback from staff and learners is in the top*	*The Trust is in recurrent surplus to invest in*	

Corporate risk register:	None
Regulation:	None
Legal:	None
Resources:	None

Previously considered by:	N/A		
Dat		**Decision:**	
Next Steps:	N/A		
Previously circulated			

Chair's Report

NHS Providers

NHS Providers' annual conference took place on 16 and 17 November, initially planned to take place in Liverpool, the continuing Covid-19 pandemic resulted in a decision to host the event virtually. Day one of the conference coincided with the Trust's Board of Directors meeting, however I was able to join day two when a number of key national issues were addressed, including tackling health inequalities, levelling up through partnership working and collaboration and for the conference close, the keynote address from the Rt Hon Sajid Javid**,** Secretary of State for Health and Social Care.

As a trustee I continue to attend NHS Providers' Board meetings, on a bi-monthly basis a full agenda provides updates from the Chief Executive and his senior team, the latest review of management accounts and feedback from the Board's sub-committees. In January, trustees were also appraised on progress against the strategic goals and the outcomes of the member's satisfaction survey. NHS Providers continue to use their influence and voice to support organisations with national challenges, champion innovation, promote success and engage with its members, NHSE/I and the Department of Health and Social Care.

As a Chair representative on the Governor Advisory Committee (GAC), the group receive an overview of provision of Governwell training, share local intelligence and receive policy updates from Miriam Deakin, NHS Providers' Director of Policy and Strategy. At January's meeting the Committee also considered feedback from last year's Governor Conference and workshops, in preparation for this year's conference, which is due to take place on 5 July. The group also received a paper detailing governor's attendance at Board sub-committees, NHS Providers acknowledged a difference of approach across organisations and clarified best practice and the role and responsibilities of the governor. Post meeting discussions with Peter Abell, GAC member and Bassetlaw Governor, the Lead Governor and Company Secretary considered the feedback and the Trust's position and at this stage no change to current practice has been proposed. We still await the much-flagged Addendum to the Monitor Guidance to clarify the Governor role in Systems.

Governors

Since my last Board report the Council of Governors have met on two occasions, 25 November 2021 and 2 February 2022. Governors received an overview from the Non-executive Directors in their capacity as Chairs of the sub-committees of Board, which included an update in November from Malcolm Veigas, Associate Non-executive Director, who joined the Trust on a placement as part of Gatenby Sanderson's Insight Programme. As always, at the close of the meeting, governors were able to ask questions of Board members.

In addition to these meetings, members of the Nominations and Remunerations Committee, a sub-committee of the Council of Governors, considered the recruitment of Non-executive Directors, one of which must be a clinical NED, due to the retirement of Pat Drake at the end of March 2022. Following advertisement, the Committee, including myself as Chair, reviewed all applications to determine a shortlist to proceed to interview. The recruitment process is expected to be completed by early March.

At the end of March, a number of governors reach the end of their terms of office, governor elections opened last month for a total of ten seats, three staff seats (medical and dental, nursing and midwifery and non-clinical) and a total of seven public governor seats to represent the communities of both Doncaster and Bassetlaw. Nominations closed yesterday and voting packs will be issued on 15 March with the declaration of results planned for 7 April.

Special thanks were shared at February's Council of Governors meeting with Hazel Brand, Lead Governor and Mike Addenbrooke, who will both have served the maximum term of office, of nine years. Expressions of interest were sought to work with the Lead Governor until such time as her term of office expires and I am pleased to confirm that Lynne Schuller will take up the role on an interim basis until a formal ballot takes place.

1:1s and Introductory Meetings

In addition to my regular meetings with the Chief Executive, I have taken part in 1:1 discussions with the Non-executive Directors, Lead Governor and Company Secretary; I have also met with Debbie Pook, Deputy Chief Operating Officer, Dr Joseph John and Dr Sudipto Ghosh, following their respective appointments as Medical Director for Operational Stability and Optimisation and Associate Medical Director for Professional Standards and Revalidation.

Pat Drake, Clinical Non-executive Director and I have welcomed the fifth cohort of international nurses to DBTH and as always, 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.

Finally, I met with the Chief Nurse, Executive Medical Director, Chief Operating Officer and the Director of Nursing.

Recruitment

Last month, and in preparation for the retirement of the Director of People & Organisational Development, an extensive and robust interview process, supported by Odgers Berndtson took place to appoint a Chief People Officer. Ahead of the formal interview I met with all the candidates as part of their pre-interview preparation and am delighted that the Trust was able to successfully appoint, we look forward to welcoming Zoe Lintin to the team in early June.

I was also delighted to be able to join the stakeholder panel to support the recruitment of Non-executive Directors to the Nottingham & Nottinghamshire Integrated Care Board.

Other meetings and event

On 10 December 2021 I officially opened the new inpatient and theatre unit, located to the rear of the Women's & Children's Hospital.

The facility was completed using modern methods of construction and contains cutting edge technology and provides much needed capacity following the water leak in April 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.

In preparation for future system change, myself and Richard Parker have met with the Chair and Chief Executive Designates of Nottingham & Nottinghamshire Integrated Care Board, Dr Kathy McLean and Amanda Sullivan. I have actively engaged with NHSE/I's regional Chief Executive Lead and with the Managing Director of the South Yorkshire & Bassetlaw Acute Federation as part of its development.

In terms of regional meetings, I have attended the Yorkshire and Humber Chairs event, where we were joined by NHSE/I's Chief Finance Officer, for a briefing on H2 and a financial overview, General Sir Gordon Messenger, appointed to lead the NHS leadership review and Chris Hopson, NHS Providers' Chief Executive. Along with Richard, I also attended the Northeast & Yorkshire Chairs and Chief Executive Recovery event.

Finally, along with my other non-executive colleagues I have had the pleasure of supporting the tea trolley visits across the Trust. A simple but well received initiative that shows the Board's appreciation of Team DBTH and contributes to the health and well-being offer.

Our charitable trust continues to come up with great ideas to support staff health and well-being and the public and businesses of Doncaster and Bassetlaw continue to give generously to thank our hard-working staff for which we are very grateful.

NED Reports

Mark Bailey

Since the last Board report, Mark has participated in all the abridged Board meetings and the Board Committees for Finance & Performance and Quality & Effectiveness.

Mark has also contributed to the extraordinary Finance & Performance sessions on the Winter Plan and the in-depth review of the Trust's Strategic Outline Case for a New Hospital in Doncaster prior to

its submission. In December, Mark chaired the meeting of Charitable Funds Committee and the Teaching Hospital Board.

On-site visits to the Trust have been limited in accordance with Covid infection control policies. Along with our Clinical Non-executive Director, Pat Drake and Deputy Chair, Neil Rhodes, opportunities were taken before the latest restrictions to meet with members of the Medicine, Children & Families, Surgery and Cancer and Digital Services teams and to preview the new modular theatre and ward facilities at DRI.

Catch-up calls with the Chair, Executive and Non-Executive colleagues have been held including specific assurance discussions on Charitable Funds, Health & Wellbeing, digital programme development and securing research opportunities on healthcare innovation. Individual 'buddy' calls with Governors continue along with attendance and presentation of the development of our Charity at the Council of Governors.

Kath Smart

During December Kath undertook a variety of Non-executive Director activities, including interviews for the role of Consultant in Infectious Diseases, meeting with Internal Audit, and an introductory meeting with the Deputy Chief Operating Officer. Kath has attended the Charitable Funds Committee, the opening of the new Women's & Children's unit, the SY&B Integrated Assurance Committee plus an extraordinary meeting of the Finance & Performance Committee.

Along with other Board members she had the great opportunity to support the popular tea trolley visits to wards and services, which included visits to the renal and dialysis clinics, the End-of-Life Team, medical wards, orthopaedics and the fracture clinic. Credit to the Health & Wellbeing Team for their enthusiasm and organisation to support a popular and well received initiative.

As Audit Chair she chaired the overdue audit recommendations panel which was aimed to give focus and assurance on progress of closing down identified risks.

Unfortunately, following an accident and subsequent operation on her ankle, Kath has been in pot for nearly 8 weeks and has not been able to undertake any 'on site duties'. However, she has experienced DBTH services including Mexborough Minor Injuries Unit, DRI Fracture Clinic, DRI Ward 6 and Bassetlaw Trauma Clinics and is grateful for the compassionate and professional staff and their great sense of humour! As a result, January has been a quieter month, particularly as a number of meetings were stepped down to facilitate the operational response to Omicron. Kath attended her corporate meetings online including the Finance & Performance Committee, Board, the Nominations and Remunerations Committee of Board and finally a meeting with Internal Audit.

Pat Drake

Since the last Board Meeting, Pat has made a number of on-site visits to clinical areas to thank staff for their hard work and see first-hand the changes and developments they are making as well as the challenges faced.

Before Christmas and along with Mark Bailey, Pat visited the orthopaedic areas at DRI and met with Divisional Director of Nursing, Kirsty Clarke who briefed colleagues on the current staffing position. They also visited the paediatric and neonatal areas and met with Divisional Director of Nursing, Andrea Bliss. Pat also visited paediatrics once in situ in the new modular build accommodation.

Pat has visited Maternity Services on three other occasions at DRI and plans to go to Bassetlaw later

this month. On each occasion she has met with the Director of Midwifery, regarding maternity safety and has had two further virtual MS Teams meetings with her.

Pat has also attended a regional maternity safety workshop and a national Advancing Quality Alliance (AQUA) safety culture programme.

Alongside the Chair, she has welcomed the overseas nurses as part of their induction programme and will be awarding certificates to those who have successfully completed their Objective Structured Clinical Examinations (OSCEs), which allow them to be registered with the Nursing & Midwifery Council.

In terms of other one to one meetings, Pat has met with the Chair, Chief Nurse and the Director of Nursing on three occasions.

Pat has also attended, the Yorkshire Autumn Collaborative for Organ Donation, Board, Nominations & Remuneration Committee of Board, Finance & Performance Committee and the Council of Governors meetings. She has also chaired December 2021 and February 2022 meetings of the Quality & Effectiveness Committee and its associated agenda planning meeting and the Clinical Governance Committee.

She is part of the advisory panel for the selection of new Non-executive Directors and visited the respiratory unit, integrated discharge team and the volunteers on the front desk as part of the tea trolley initiative – a very enjoyable experience for all!

Neil Rhodes

In the period since the November Board Neil has held monthly meetings with Jon Sargeant and Becky Joyce, tracking organisational financial and operational challenges.

He has begun work with RDaSH colleagues and Marie Purdue looking at closer ways of working and in addition to a number of meetings has participated in selection interviews to appoint management consultants to facilitate the process.

In addition to the November Finance and Performance meeting he has chaired two extraordinary meetings of the Finance & Performance Committee to consider both general business case progress and specifically progress to develop the new hospital proposition. Neil participated in the December and January Board meetings, he also chaired two medical consultant interview panels.

Neil has also had 1:1 meetings with the Chair of the Board and has attended NED meetings. He has also chaired the board meeting of the wholly owned subsidiary company.

Following a revision to the Executive Director roles Neil has held two 1:1 meeting with the Acting Director of Finance, Alex Crickmar and met with the new Deputy Chief Operating Officer, Debbie Pook.

On 2 February he attended Council of Governors and introduced a presentation setting out progress in relation to the development of the new hospital build business case.

In support of the Chair of the Board, Neil is meeting with senior colleagues in the Nottingham & Nottinghamshire ICS and attending associated meetings to best ensure Bassetlaw Hospital is well positioned within that care system.

Sheena McDonnell

Since the last Board report in November Sheena has attended the Governors meeting in November and chaired the Council of Governors meeting in February as well as attending the December and January Board meetings and Nominations & Remunerations Committee of Board.

Along with other colleagues Sheena has been involved in the recruitment of the new Chief People Officer to replace Karen Barnard, as she takes the opportunity for semi-retirement. This included discussions with all of the candidates, as well as the shortlisting and interviews for the new role.

Sheena has also caught up with Karen before she left and discussed handover options with Anthony Jones, Deputy Director of People & Organisational Development and Karen alongside the regular policy discussions that take place as Chair of the People Committee.

She has visited colleagues and wards at Bassetlaw and participated in the tea trolley to thank staff and to see first-hand the impact that the good will gestures are having on colleagues working in the trust and it also provides a valuable opportunity to gather feedback from colleagues on what they are dealing with day to day.

Sheena has prepared for the People Committee meeting in January which was stood down due to operational pressures, she has attended the Quality and Effectiveness Committee in December and February.

Along with other non-executive colleagues Sheena has participated in NED briefings on the New Hospital plans and has attended NHS Provider briefings on quality improvement opportunities and the ICS.

Chief Executive's Report
February 2022

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

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

As we began 2022, we saw a dramatic increase in the rates of community COVID-19 infection because of the Omicron variant. This in turn had a knock-on effect on our sickness absence levels and staffing, as colleagues had to isolate, which together presented significant workforce challenges throughout January.

Thankfully, transmission and infection rates seem to be declining and in early February our overall patient activity (those with active COVID-19) dipped to under 100 for the first time since Christmas. While we are still undoubtedly busy and dealing with the combined pressures of coronavirus and winter, our position has improved, and I am cautiously optimistic for the future.

As ever, you can play your part in helping to reduce the pressure on your local health services by protecting yourself from Covid-19 with the first, second and booster vaccines – which are the best defence against becoming seriously ill from the virus. Our nurses, doctors and other health professionals have seen first-hand the value and impact of vaccination. In the patients who have received the first and second doses of the vaccine, the admission rates to hospital are much lower, as is the number of patients who then go on to need intensive care.

Vaccination centres are open in venues across Doncaster and Worksop. Local residents are advised to follow updates from NHS Doncaster Clinical Commissioning Group and NHS Bassetlaw Clinical Commissioning Group respectively, as well as access NHS England's booking service here: https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/book-coronavirus-vaccination/

You can also help to stop the spread of the virus in the community by isolating when you are symptomatic, or you have been in contact with someone who has tested positive, and by practicing hands, face, and space when you are out and about. All of these measures will help to reduce the number of admissions to our hospitals, reduce the strain on our workforce and allow us to undertake more elective and diagnostic procedures.

As always, thank you for your unwavering support for the staff at DBTH and for your efforts out in the community to stem the spread of this new variant of the virus. I am optimistic that in 2022 we will begin to turn the corner on Covid-19, but only if we all continue to do the right things.

Montagu's Hospital Community Diagnostic Centre launches

'Phase One' of a planned development to speed up diagnostic tests for conditions such as cancer is now complete at Mexborough's Montagu Hospital as both MRI and CT scanners are now in operation at the site.

Late last year, Montagu Hospital was selected as one of a pair of 'Community Diagnostic Centres' (CDC) within South Yorkshire, following a £3 million investment from the South Yorkshire and Bassetlaw Integrated Care System (ICS). The funding has been secured as part of a £350m 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. 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.

The goal of the Community Diagnostic Centre is to improve patient experience by creating a one-stop-shop for a variety of tests and consultations. Overall, and once complete, it is anticipated 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 any required treatment.

Doncaster and Bassetlaw Teaching Hospitals (DBTH) has received around £230,000 of capital funding to complete phase one of a three-part project.

Phase one of the CDC began 3 January 2022 when a mobile MRI was placed at Montagu Hospital, this was joined in early February by a CT scanner ending this current phase of the development. It is estimated that between January and the end of March, around 2,600 patients will be seen in Mexborough – work that will help to reduce the backlog of activity which has accumulated because of COVID-19-related restrictions.

The second phase will see further investment and will include ultrasound and endoscopy capabilities, with the third stage including phlebotomy and cardiorespiratory services.

The Trust is looking for local people to get involved with future projects and developments such as the Community Diagnostic Centre, sharing their views and helping to shape healthcare in the area. If you wish to be involved, please email dbth.comms@nhs.net

Appointment of a Chief People Officer

I am pleased to announce that Zoe Lintin has been appointed Chief People Officer at our Trust following a rigorous selection process, which included panel interviews made up of executive team members, staff side representation, governors, and clinical teams.

A Fellow of the Chartered Institute of Personnel and Development (CIPD), Zoe is currently the Director of Human Resources (HR) and Organisational Development (OD) at Chesterfield Royal Hospital, a position she has held since March 2017.

Originally from Bradford, Zoe's early career included working in a range of HR, OD and learning and development roles in the private and legal sector. She has lived in South Yorkshire for more than 16 years and began her career within the NHS working for Sheffield Children's NHS Foundation Trust in 2006.

As Chief Executive, I am delighted to welcome Zoe to Team DBTH. Zoe will bring significant expertise, insight, and candour to the role, helping us in our ambition to become the safest trust in England, outstanding in all that we do.

In recent years at DBTH we have made great efforts to try to improve how we support our colleagues placing them, along with patients, at the heart of every decision we make. However, we know that the pandemic has had a significant impact on our teams and services, and we need to do all we can to support their development, resilience and overall health and wellbeing. Ultimately, I believe Zoe will help to support our recovery journey post pandemic, making DBTH both a great place to work and receive care.

I also wanted to say a few words about our departing Director of People and Organisational Development, who will leave us in mid-February for semi-retirement.

Karen's hard work, diligence, and desire to improve has helped the Trust navigate through the difficult workforce challenges created by the pandemic and been an exemplary member of Team DBTH and a credit to the NHS. I know I speak on behalf of everyone when I say, 'thank you' and wish Karen the very best of health and happiness in the future.

Zoe will take up the post of Chief People Officer, which encompasses and replaces the former role, in early June.

Have your say on urgent and emergency children's care at Bassetlaw Hospital

Health professionals at NHS Bassetlaw Clinical Commissioning Group (CCG) and Doncaster and Bassetlaw Teaching Hospitals (DBTH) want to hear your views to help shape the future of urgent and emergency care at Bassetlaw Hospital.

£17.6 million is being invested to develop a modern centre for urgent and emergency care services at Bassetlaw Hospital, creating an 'Emergency Village'. The new Emergency Village offers an exciting opportunity to locate the Children's Assessment Unit and children's Outpatient Department next to the Emergency Department to make best use of specialist nursing and medical staff within the hospital. This creates the option of enhancing children's services within the footprint of the expansion. By co-locating services, this development also provides the opportunity to secure a permanent overnight inpatient service for children.

In 2017 and because of chronic staffing shortages nationally as well as locally, the CCG and our Trust took the difficult decision to temporarily suspend overnight stays for children receiving care at Bassetlaw Hospital. Instead, children and young people who required inpatient care were transferred by ambulance largely to Doncaster Royal Infirmary (DRI).

Since that time, around 2% of all paediatric attendances have been transferred to DRI on an annual basis – accounting for around 200 patients each year. Less than half of these children stayed longer than 24 hours for their inpatient care.

To understand whether local people support the potential change, a twelve-week consultation exercise began 7 December 2021 and runs until the end of February 2022.

Views are being sought on what is important in the development of the Emergency Village. Participants are asked for views on three options for the future of children's urgent and emergency care at Bassetlaw Hospital. The first option is to continue with the current temporary operating model. The second option is to create a dedicated Children's Assessment Unit (CAU) that closes to overnight admissions. The third option is to create a dedicated CAU but have the facility for children to remain at Bassetlaw for overnight observations.

Option 3 reflects that patients and their families tell us that, wherever it is safe to do so, they prefer to receive care closer to their homes. We believe that by co-locating children's services at the front door of the Hospital we will be able to enhance our current service by providing short stay assessments any time – day or night. This will mean that for many more patients and their families will be able to receive urgent care at Bassetlaw Hospital before being safely discharged home, without being transferred to DRI for an overnight stay.

We remain committed to ensuring all our children are provided high quality, safe care in an appropriate environment where their needs can best be met.

From now until the end of February 2022 we want to hear from patients, colleagues, partners, and the public. For more information on how you can get involved and links to the online survey and the latest information about the consultation, please visit the CCG website here: www.bassetlawccg.nhs.uk. Individuals can also:

Send your comments in writing by email to nhsbassetlaw@thecampaigncompany.co.uk

Send your comments by post to FREEPOST RTEK-SATU-YXEC NHS Bassetlaw CCG, Retford Hospital, North Road, Retford, Notts. DN 22 7XF (no stamp required).

Local Hospital names new bereavement room in honour of colleague

A newly created bereavement room at Doncaster Royal Infirmary's (DRI) Emergency Department has been dedicated to the memory of a nurse who sadly passed away as a result of COVID-19 in late 2020.

The newly designed space will be known as the 'Butterfield Suite' and dedicated to the memory of Lorraine Butterfield, a Registered Nurse who worked for many years at DRI and who sadly passed away during the pandemic.

The Butterfield Suite will be a place where relatives and friends can stay, away from the busy ward, giving them a space to grieve following the loss of a loved one. It will offer privacy and dignity as well as facilities to wash and freshen up if required.

Health professionals within the Emergency Department also believe this space will provide a fitting tribute to their colleague Lorraine, who sadly passed in November 2020 following a brief battle with COVID-19.

A Registered Nurse of many years' experience, Lorraine was a familiar and much-loved face within our Emergency Department at Doncaster Royal Infirmary and made such a huge difference to the countless patients she cared for since joining our Trust in 2004.

While I never had the privilege to work alongside her, colleagues describe her as a warm, kind, and joyous person, who always had a smile for everyone she came across, as well as a helping hand for those in need. We believe the Butterfield Suite will help us to keep those memories alive, and ensure we never forget our friend and colleague.

The suite has been funded by Doncaster and Bassetlaw Teaching Hospitals Charity, who received a bid from the team in the Emergency Department at the DRI. The hospital charity funds a vast variety of projects across the Trust, to help their colleagues go above and beyond what is expected so that they can provide the best possible care to those who need it.

DFS also helped in the creation of this room, kindly donating one sofa, an armchair, and some artwork to ensure that the area is as comfortable as possible for those who require its services.

DBTH could not do any of this without the help of their supporters. With the amazing fundraising efforts from patients, families, carers, staff, friends, and local community groups, they are able to make a real difference and make projects, like the creation of this room, possible. If you would like to find out more about Doncaster and Bassetlaw Teaching Hospitals Charity or make a donation, please visit www.dbthcharity.co.uk.

New theatre and ward facilities open at Doncaster Royal Infirmary

In late April 2021, a significant water leak occurred on the east wing of the building, significantly damaging the electrical infrastructure and, as such, forcing the relocation of some paediatric and maternity services. Ever since the incident, extensive repair works have been taking place within the Women's and Children's Hospital and are expected to be completed in 2022.

To help with the management of winter pressures and future demand a new inpatient ward and theatre block has been officially opened at Doncaster Royal Infirmary following an expedited period of development and construction which began in May 2021.

As part of a £12.4 million investment, the extension has been placed to the rear of the existing Women's and Children's Hospital and houses a modern surgical theatre and related plant room, as well as two inpatient wards which was initially provided Paediatric beds and increased the hospital's overall bed capacity by 24. The extensions have been completed, 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 area was officially opened in a ribbon cutting ceremony on Friday 10 December, by myself and Suzy Brain England, Chair of the Board at DBTH.

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 has an average of 4,000 births every single year.

One minute's silence for those we have lost to COVID-19 locally

On 21 January, and with deep sadness, we shared that we have registered 1,000 deaths related to COVID-19 at the Trust since the pandemic began in March 2020.

To mark this very sad milestone and pay our respects to those we have lost throughout the course of the past 22 months, we asked colleagues and our communities to observe one minute of silence on Monday 24 January at 11am.

Since March 2020, staff at the Trust have cared for thousands of inpatients who have tested positive for COVID-19 with great dedication and compassion – and, thankfully, the large majority have safely returned home – a testament to the skill and devotion of our local NHS heroes.

For those we have lost, we will simply remember them and everything they meant to us. May they rest in peace.

A special service was recorded and share with colleagues and our community, and can be viewed here: https://www.dbth.nhs.uk/news/special-service-mark-1000-covid-19-related-deaths-dbth/

Introduction of self-service system within Emergency Departments

From Monday 7 December, a new 'self-service' system has been in place in the emergency departments at Doncaster Royal Infirmary and Bassetlaw Hospital as clinicians work to improve the sign-in process within the area and reduce overcrowding in waiting rooms.

The new self-service tool will help reception staff triage patients as they arrive at the emergency department and will allow some to check their symptoms themselves using a digital station, before offering advice on what to do next.

Patients are advised to present directly to reception if they are having severe difficulty breathing, heavy bleeding, sudden rapid swelling of the eyes, mouth or throat or you feel like you are about to collapse.

All other patients will be asked to use the self-service system to input their symptoms. Based on the information provided, patients may be asked to wait in the emergency department or be directed to the most appropriate service such as an urgent treatment centre or a community service.

Support will be on-hand within the waiting room for those who are struggling to answer the questions on the self-service tool and for those who need extra support with reading.

The new system will help to reduce the number of visits where a patient's symptoms could be treated elsewhere without a wait in the emergency department, and therefore ensure patients are treated in the right place at the right time. The information provided will also be available to clinicians within the department, so patients only need to tell us about symptoms once.

Patients can help to reduce the pressure on local emergency departments by accessing the right service for their need:

- Self-care – A lot of illnesses or symptoms can be treated in your home and by getting plenty of rest.
- NHS 111 – This 24-hour, 7-day service offers confidential health advice and information over the phone. To access the NHS 111 service text-phone, call 18001 111.
- Pharmacist (chemist) – Your local pharmacist is a highly trained healthcare professional who can give you advice on common illnesses and the medicines you need to treat them. Most now have a quiet area away from other customers where you can speak to the pharmacist more privately.
- GP – Your own GP is the best person to speak to about persistent health problems and illnesses that won't go away. These include persistent coughs, joint pain and long-term symptoms that haven't suddenly deteriorated to a point where you are extremely unwell.
- Minor Injuries Unit at Mexborough Montagu Hospital – The unit is open every day from 9.00am to 9.00pm, except on Christmas Day when it is closed. The unit is staffed by experienced emergency nurse practitioners who can assess and treat a wide range of minor injuries and ailments, including sprains, cuts and bruises, and some simple fractures.
- Emergency Department or 999 – Hospital emergency departments provide immediate emergency care for people who show the symptoms of serious illness or are badly injured. If you call 999 for an ambulance the telephone advisor will arrange appropriate assistance for the patient based on information about the illness or injury

An update to our visiting restrictions

Following a review by health professionals at the Trust visiting restrictions at Doncaster and Bassetlaw Teaching Hospitals (DBTH) have been updated and eased in certain services.

New rules mean that most patients can now receive one visitor per day from Monday 14 February. Individuals are asked to undertake a lateral flow test before their visit, only attending if it is negative

and they feel well and are not showing any signs or symptoms of COVID-19. This includes a high temperature, a persistent cough and a loss of smell or taste.

We are still operating some restrictions:

- **All Adult inpatients** – One visit per day, please call ahead to confirm your attendance.
- **Compassionate Visiting** – Visitors/carers of patients with complex needs, those on palliative care, have learning disabilities, dementia, autism, or a mental health need, are asked to call ahead.
- **End of Life** – Open visiting is still available for patients receiving end of life care.
- **Outpatients** – For those attending for an appointment, it is encouraged that you attend alone unless prior arrangements have been made.
- **Emergency Department (A&E)** – Visitors are only allowed in exceptional circumstances. Please discuss with nurse in charge for adult patients if they are on end-of-life care or have complex needs.
- **Paediatric care** – For full guidance, please head to: https://www.dbth.nhs.uk/visiting-covid-19/paediatric-neonatal-services-visiting-covid-19/
- **Maternity services** – For full guidance, please head to: https://www.dbth.nhs.uk/non-essential-visiting-suspended/maternity-services-visiting-covid-19/

In January, the Trust also introduced the Family Liaison Service to help families and loved ones stay in touch during a hospital stay, as well as coordinate the pick-up and drop-off of personal property, physical letters, and arrangement of video calls if support is needed. The service can be contacted on familyliaisondbth@nhs.net or via telephone 01302 648 064, Monday to Friday 9am to 4pm.

In memory of George Webb

In late 2021, and with deep sadness, we marked the passing of George Webb, former Lead Governor at the Trust.

George was one of the first public governors to be appointed when we became Doncaster and Bassetlaw Hospitals NHS Foundation Trust, serving 15 years from 2004 to 2019, much of which was in the role as Lead Governor.

A dedicated advocate for local NHS services, as well as a champion of patients, even following his departure George remained a firm friend of DBTH and kept in touch, and we will sorely miss his insight, candour, and passion. Ultimately, he helped us to improve healthcare in Doncaster and Worksop – a wonderful legacy for which we will be endlessly grateful.

To George's friends, family and loved ones we share our sincere condolences, and our collective thoughts are with them during this difficult time.

Chief Executive's Report
February 2022

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

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

As we began 2022, we saw a dramatic increase in the rates of community COVID-19 infection because of the Omicron variant. This in turn had a knock-on effect on our sickness absence levels and staffing, as colleagues had to isolate, which together presented significant workforce challenges throughout January.

Thankfully, transmission and infection rates seem to be declining and in early February our overall patient activity (those with active COVID-19) dipped to under 100 for the first time since Christmas. While we are still undoubtedly busy and dealing with the combined pressures of coronavirus and winter, our position has improved, and I am cautiously optimistic for the future.

As ever, you can play your part in helping to reduce the pressure on your local health services by protecting yourself from Covid-19 with the first, second and booster vaccines – which are the best defence against becoming seriously ill from the virus. Our nurses, doctors and other health professionals have seen first-hand the value and impact of vaccination. In the patients who have received the first and second doses of the vaccine, the admission rates to hospital are much lower, as is the number of patients who then go on to need intensive care.

Vaccination centres are open in venues across Doncaster and Worksop. Local residents are advised to follow updates from NHS Doncaster Clinical Commissioning Group and NHS Bassetlaw Clinical Commissioning Group respectively, as well as access NHS England's booking service here: https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/book-coronavirus-vaccination/

You can also help to stop the spread of the virus in the community by isolating when you are symptomatic, or you have been in contact with someone who has tested positive, and by practicing hands, face, and space when you are out and about. All of these measures will help to reduce the number of admissions to our hospitals, reduce the strain on our workforce and allow us to undertake more elective and diagnostic procedures.

As always, thank you for your unwavering support for the staff at DBTH and for your efforts out in the community to stem the spread of this new variant of the virus. I am optimistic that in 2022 we will begin to turn the corner on Covid-19, but only if we all continue to do the right things.

Secretary of State for Health and Social Care visits Doncaster Royal Infirmary

The Secretary of State for Health and Social Care, Sajid Javid MP, visited Doncaster Royal Infirmary today (Tuesday 15 February) to meet with local health professionals and discuss future plans for the NHS.

Met by myself, Suzy Brain England OBE, Chair of the Board and Dame Rosie Winterton, MP for Doncaster Central, the Secretary of State toured a newly developed extension to the site's Women's and Children's Hospital which opened in December 2021, and includes two inpatient areas and a theatre unit. He also heard first-hand about the Trust's plans for an Urgent and Emergency Care Village at Bassetlaw Hospital, in Worksop, plans for which are currently under consultation following

an investment of £17.6 million and, if approved, will see the return of short-stay paediatric care to the site.

Additionally, the Health and Social Care Secretary discussed the organisation's plans to increase diagnostic capacity, to help reduce the backlog caused by the pandemic, as well as taking the time to speak with a number of colleagues from a range of specialities within the hospital.

In early 2020, following £4.9 million funding, a new CT Suite was developed and opened at Doncaster Royal Infirmary. At the time of its construction, local demand for this form of diagnostic test had increased by 70% over the preceding five years, a figure which has only risen since. Since it's opening, the new suite allows for an additional 36,000 scans a year across both Doncaster and North Nottinghamshire and its co-location to the nearby Emergency Department has further enhanced its capabilities.

In order to expand this capacity further, DBTH was selected as one of two trusts within the region to host a 'Community Diagnostic Centre', based at the organisation's Montagu Hospital the CDC will receive a portion of the £3 million of funding available. Phase one of the project is now complete with the installation of CT and MRI scanner facilities and it is estimated that by the end of March almost 4,000 patients will have been seen by this new service.

In the early evening, the Secretary of State concluded the visit by travelling to Montagu Hospital in Mexborough where he met with local people, as well as NHS workers, to answer their questions on a range of topics for around 45 minutes and bringing the occasion to a close.

Montagu's Hospital Community Diagnostic Centre launches

'Phase One' of a planned development to speed up diagnostic tests for conditions such as cancer is now complete at Mexborough's Montagu Hospital as both MRI and CT scanners are now in operation at the site.

Late last year, Montagu Hospital was selected as one of a pair of 'Community Diagnostic Centres' (CDC) within South Yorkshire, following a £3 million investment from the South Yorkshire and Bassetlaw Integrated Care System (ICS). The funding has been secured as part of a £350m 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. 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.

The goal of the Community Diagnostic Centre is to improve patient experience by creating a one-stop-shop for a variety of tests and consultations. Overall, and once complete, it is anticipated 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 any required treatment.

Doncaster and Bassetlaw Teaching Hospitals (DBTH) has received around £230,000 of capital funding to complete phase one of a three-part project.

Phase one of the CDC began 3 January 2022 when a mobile MRI was placed at Montagu Hospital, this was joined in early February by a CT scanner ending this current phase of the development. It is estimated that between January and the end of March, around 2,600 patients will be seen in Mexborough – work that will help to reduce the backlog of activity which has accumulated because of COVID-19-related restrictions.

The second phase will see further investment and will include ultrasound and endoscopy capabilities, with the third stage including phlebotomy and cardiorespiratory services.

The Trust is looking for local people to get involved with future projects and developments such as the Community Diagnostic Centre, sharing their views and helping to shape healthcare in the area. If you wish to be involved, please email dbth.comms@nhs.net

Appointment of a Chief People Officer

I am pleased to announce that Zoe Lintin has been appointed Chief People Officer at our Trust following a rigorous selection process, which included panel interviews made up of executive team members, staff side representation, governors, and clinical teams.

A Fellow of the Chartered Institute of Personnel and Development (CIPD), Zoe is currently the Director of Human Resources (HR) and Organisational Development (OD) at Chesterfield Royal Hospital, a position she has held since March 2017.

Originally from Bradford, Zoe's early career included working in a range of HR, OD and learning and development roles in the private and legal sector. She has lived in South Yorkshire for more than 16 years and began her career within the NHS working for Sheffield Children's NHS Foundation Trust in 2006.

As Chief Executive, I am delighted to welcome Zoe to Team DBTH. Zoe will bring significant expertise, insight, and candour to the role, helping us in our ambition to become the safest trust in England, outstanding in all that we do.

In recent years at DBTH we have made great efforts to try to improve how we support our colleagues placing them, along with patients, at the heart of every decision we make. However, we know that the pandemic has had a significant impact on our teams and services, and we need to do all we can to support their development, resilience and overall health and wellbeing. Ultimately, I believe Zoe will help to support our recovery journey post pandemic, making DBTH both a great place to work and receive care.

I also wanted to say a few words about our departing Director of People and Organisational Development, who will leave us in mid-February for semi-retirement.

Karen's hard work, diligence, and desire to improve has helped the Trust navigate through the difficult workforce challenges created by the pandemic and been an exemplary member of Team DBTH and a credit to the NHS. I know I speak on behalf of everyone when I say, 'thank you' and wish Karen the very best of health and happiness in the future.

Zoe will take up the post of Chief People Officer, which encompasses and replaces the former role, in early June.

Have your say on urgent and emergency children's care at Bassetlaw Hospital

Health professionals at NHS Bassetlaw Clinical Commissioning Group (CCG) and Doncaster and Bassetlaw Teaching Hospitals (DBTH) want to hear your views to help shape the future of urgent and emergency care at Bassetlaw Hospital.

£17.6 million is being invested to develop a modern centre for urgent and emergency care services at Bassetlaw Hospital, creating an 'Emergency Village'. The new Emergency Village offers an exciting opportunity to locate the Children's Assessment Unit and children's Outpatient Department next to the Emergency Department to make best use of specialist nursing and medical staff within the hospital. This creates the option of enhancing children's services within the footprint of the expansion. By co-locating services, this development also provides the opportunity to secure a permanent overnight inpatient service for children.

In 2017 and because of chronic staffing shortages nationally as well as locally, the CCG and our Trust took the difficult decision to temporarily suspend overnight stays for children receiving care at Bassetlaw Hospital. Instead, children and young people who required inpatient care were transferred by ambulance largely to Doncaster Royal Infirmary (DRI).

Since that time, around 2% of all paediatric attendances have been transferred to DRI on an annual basis – accounting for around 200 patients each year. Less than half of these children stayed longer than 24 hours for their inpatient care.

To understand whether local people support the potential change, a twelve-week consultation exercise began 7 December 2021 and runs until the end of February 2022.

Views are being sought on what is important in the development of the Emergency Village. Participants are asked for views on three options for the future of children's urgent and emergency care at Bassetlaw Hospital. The first option is to continue with the current temporary operating model. The second option is to create a dedicated Children's Assessment Unit (CAU) that closes to overnight admissions. The third option is to create a dedicated CAU but have the facility for children to remain at Bassetlaw for overnight observations.

Option 3 reflects that patients and their families tell us that, wherever it is safe to do so, they prefer to receive care closer to their homes. We believe that by co-locating children's services at the front door of the Hospital we will be able to enhance our current service by providing short stay assessments any time – day or night. This will mean that for many more patients and their families will be able to receive urgent care at Bassetlaw Hospital before being safely discharged home, without being transferred to DRI for an overnight stay.

We remain committed to ensuring all our children are provided high quality, safe care in an appropriate environment where their needs can best be met.

From now until the end of February 2022 we want to hear from patients, colleagues, partners, and the public. For more information on how you can get involved and links to the online survey and the latest information about the consultation, please visit the CCG website here: www.bassetlawccg.nhs.uk. Individuals can also:

Send your comments in writing by email to nhsbassetlaw@thecampaigncompany.co.uk

Send your comments by post to FREEPOST RTEK-SATU-YXEC NHS Bassetlaw CCG, Retford Hospital, North Road, Retford, Notts. DN 22 7XF (no stamp required).

Local Hospital names new bereavement room in honour of colleague

A newly created bereavement room at Doncaster Royal Infirmary's (DRI) Emergency Department has been dedicated to the memory of a nurse who sadly passed away as a result of COVID-19 in late 2020.

The newly designed space will be known as the ‘Butterfield Suite’ and dedicated to the memory of Lorraine Butterfield, a Registered Nurse who worked for many years at DRI and who sadly passed away during the pandemic.

The Butterfield Suite will be a place where relatives and friends can stay, away from the busy ward, giving them a space to grieve following the loss of a loved one. It will offer privacy and dignity as well as facilities to wash and freshen up if required.

Health professionals within the Emergency Department also believe this space will provide a fitting tribute to their colleague Lorraine, who sadly passed in November 2020 following a brief battle with COVID-19.

A Registered Nurse of many years’ experience, Lorraine was a familiar and much-loved face within our Emergency Department at Doncaster Royal Infirmary and made such a huge difference to the countless patients she cared for since joining our Trust in 2004.

While I never had the privilege to work alongside her, colleagues describe her as a warm, kind, and joyous person, who always had a smile for everyone she came across, as well as a helping hand for those in need. We believe the Butterfield Suite will help us to keep those memories alive, and ensure we never forget our friend and colleague.

The suite has been funded by Doncaster and Bassetlaw Teaching Hospitals Charity, who received a bid from the team in the Emergency Department at the DRI. The hospital charity funds a vast variety of projects across the Trust, to help their colleagues go above and beyond what is expected so that they can provide the best possible care to those who need it.

DFS also helped in the creation of this room, kindly donating one sofa, an armchair, and some artwork to ensure that the area is as comfortable as possible for those who require its services.

DBTH could not do any of this without the help of their supporters. With the amazing fundraising efforts from patients, families, carers, staff, friends, and local community groups, they are able to make a real difference and make projects, like the creation of this room, possible. If you would like to find out more about Doncaster and Bassetlaw Teaching Hospitals Charity or make a donation, please visit www.dbthcharity.co.uk.

New theatre and ward facilities open at Doncaster Royal Infirmary

In late April 2021, a significant water leak occurred on the east wing of the building, significantly damaging the electrical infrastructure and, as such, forcing the relocation of some paediatric and maternity services. Ever since the incident, extensive repair works have been taking place within the Women’s and Children’s Hospital and are expected to be completed in 2022.

To help with the management of winter pressures and future demand a new inpatient ward and theatre block has been officially opened at Doncaster Royal Infirmary following an expedited period of development and construction which began in May 2021.

As part of a £12.4 million investment, the extension has been placed to the rear of the existing Women’s and Children’s Hospital and houses a modern surgical theatre and related plant room, as well as two inpatient wards which was initially provided Paediatric beds and increased the hospital’s overall bed capacity by 24. The extensions have been completed, 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 area was officially opened in a ribbon cutting ceremony on Friday 10 December, by myself and Suzy Brain England, Chair of the Board at DBTH.

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 has an average of 4,000 births every single year.

One minute's silence for those we have lost to COVID-19 locally

On 21 January, and with deep sadness, we shared that we have registered 1,000 deaths related to COVID-19 at the Trust since the pandemic began in March 2020.

To mark this very sad milestone and pay our respects to those we have lost throughout the course of the past 22 months, we asked colleagues and our communities to observe one minute of silence on Monday 24 January at 11am.

Since March 2020, staff at the Trust have cared for thousands of inpatients who have tested positive for COVID-19 with great dedication and compassion – and, thankfully, the large majority have safely returned home – a testament to the skill and devotion of our local NHS heroes.

For those we have lost, we will simply remember them and everything they meant to us. May they rest in peace.

A special service was recorded and share with colleagues and our community, and can be viewed here: https://www.dbth.nhs.uk/news/special-service-mark-1000-covid-19-related-deaths-dbth/

Introduction of self-service system within Emergency Departments

From Monday 7 December, a new 'self-service' system has been in place in the emergency departments at Doncaster Royal Infirmary and Bassetlaw Hospital as clinicians work to improve the sign-in process within the area and reduce overcrowding in waiting rooms.

The new self-service tool will help reception staff triage patients as they arrive at the emergency department and will allow some to check their symptoms themselves using a digital station, before offering advice on what to do next.

Patients are advised to present directly to reception if they are having severe difficulty breathing, heavy bleeding, sudden rapid swelling of the eyes, mouth or throat or you feel like you are about to collapse.

All other patients will be asked to use the self-service system to input their symptoms. Based on the information provided, patients may be asked to wait in the emergency department or be directed to the most appropriate service such as an urgent treatment centre or a community service.

Support will be on-hand within the waiting room for those who are struggling to answer the questions on the self-service tool and for those who need extra support with reading.

The new system will help to reduce the number of visits where a patient's symptoms could be treated elsewhere without a wait in the emergency department, and therefore ensure patients are treated in the right place at the right time. The information provided will also be available to clinicians within the department, so patients only need to tell us about symptoms once.

Patients can help to reduce the pressure on local emergency departments by accessing the right service for their need:

- Self-care – A lot of illnesses or symptoms can be treated in your home and by getting plenty of rest.
- NHS 111 – This 24-hour, 7-day service offers confidential health advice and information over the phone. To access the NHS 111 service text-phone, call 18001 111.
- Pharmacist (chemist) – Your local pharmacist is a highly trained healthcare professional who can give you advice on common illnesses and the medicines you need to treat them. Most now have a quiet area away from other customers where you can speak to the pharmacist more privately.
- GP – Your own GP is the best person to speak to about persistent health problems and illnesses that won't go away. These include persistent coughs, joint pain and long-term symptoms that haven't suddenly deteriorated to a point where you are extremely unwell.
- Minor Injuries Unit at Mexborough Montagu Hospital – The unit is open every day from 9.00am to 9.00pm, except on Christmas Day when it is closed. The unit is staffed by experienced emergency nurse practitioners who can assess and treat a wide range of minor injuries and ailments, including sprains, cuts and bruises, and some simple fractures.
- Emergency Department or 999 – Hospital emergency departments provide immediate emergency care for people who show the symptoms of serious illness or are badly injured. If you call 999 for an ambulance the telephone advisor will arrange appropriate assistance for the patient based on information about the illness or injury

An update to our visiting restrictions

Following a review by health professionals at the Trust visiting restrictions at Doncaster and Bassetlaw Teaching Hospitals (DBTH) have been updated and eased in certain services.

New rules mean that most patients can now receive one visitor per day from Monday 14 February. Individuals are asked to undertake a lateral flow test before their visit, only attending if it is negative and they feel well and are not showing any signs or symptoms of COVID-19. This includes a high temperature, a persistent cough and a loss of smell or taste.

We are still operating some restrictions:

- **All Adult inpatients** – One visit per day, please call ahead to confirm your attendance.
- **Compassionate Visiting** – Visitors/carers of patients with complex needs, those on palliative care, have learning disabilities, dementia, autism, or a mental health need, are asked to call ahead.
- **End of Life** – Open visiting is still available for patients receiving end of life care.
- **Outpatients** – For those attending for an appointment, it is encouraged that you attend alone unless prior arrangements have been made.
- **Emergency Department (A&E)** – Visitors are only allowed in exceptional circumstances. Please discuss with nurse in charge for adult patients if they are on end-of-life care or have complex needs.
- **Paediatric care** – For full guidance, please head to: https://www.dbth.nhs.uk/visiting-covid-19/paediatric-neonatal-services-visiting-covid-19/
- **Maternity services** – For full guidance, please head to: https://www.dbth.nhs.uk/non-essential-visiting-suspended/maternity-services-visiting-covid-19/

In January, the Trust also introduced the Family Liaison Service to help families and loved ones stay in touch during a hospital stay, as well as coordinate the pick-up and drop-off of personal property, physical letters, and arrangement of video calls if support is needed. The service can be contacted on familyliaisondbth@nhs.net or via telephone 01302 648 064, Monday to Friday 9am to 4pm.

In memory of George Webb

In late 2021, and with deep sadness, we marked the passing of George Webb, former Lead Governor at the Trust.

George was one of the first public governors to be appointed when we became Doncaster and Bassetlaw Hospitals NHS Foundation Trust, serving 15 years from 2004 to 2019, much of which was in the role as Lead Governor.

A dedicated advocate for local NHS services, as well as a champion of patients, even following his departure George remained a firm friend of DBTH and kept in touch, and we will sorely miss his insight, candour, and passion. Ultimately, he helped us to improve healthcare in Doncaster and Worksop – a wonderful legacy for which we will be endlessly grateful.

To George's friends, family and loved ones we share our sincere condolences, and our collective thoughts are with them during this difficult time.

Trust recognised for the Health and Wellbeing support offered to staff

The Trust has been recognised by South Yorkshire Councils and received the 'Be Well @ Work' award in the silver category, highlighting our commitment to ensuring their colleagues have access to comprehensive health and wellbeing services.

The award is open to organisations across South Yorkshire to recognise the work employers are doing to support staff health and wellbeing and there are levels to the award – Bronze, Silver and Gold. Organisations are invited to submit evidence, across thirteen categories, of the work they are doing to support staff with categories including mental health, long-term conditions and healthy eating support. Focus groups are also held where staff have the opportunity to talk about their experiences working at the Trust.

Highlighting this achievement, DBTH is the only organisation to achieve this accreditation during the pandemic which began in March 2020.

The Trust's extensive health and wellbeing programme looks after both the physical and mental wellbeing of staff. The Trusts Employee Assistance Programme facilitated by Vivup, offers 24/7 support for all wellbeing needs providing confidential emotional and psychological support for staff. Health professionals also have access to a range of programmes including:

- Physiotherapy service for staff with any musculoskeletal issues.
- An on-site Reiki practitioner who can support colleagues with relaxation and can reduce stress and anxiety.
- A range of complimentary therapies provided by Aurora Wellbeing charity including massages and reflexology.
- The 'Know Your Numbers' regular health checks including weight management and blood pressure checks.

Staff at DBTH also have access to a range of free wellbeing apps, self-help books, and a vast variety of other services that are all provided for support via the organisation's internal website.

One very successful initiative set up during the pandemic was the Talk, Listen, Care service (TLC). This service was a check in service offered to all staff who were absent from work, offering support and even delivering groceries to staff who were asked to isolate or shield, and who lived alone.

Winning this award is a reflection on the fantastic work that the Health and Wellbeing team do here, and I want to pass on my congratulations to everyone who made this possible. Next year we will be aiming to go one further and achieve the gold award as we are always trying to do more for our staff.

South Yorkshire and Bassetlaw Integrated Care System

Chief Executive Report

Health Executive Group

8 February 2022

Author(s)	**Gavin Boyle** **Chief Executive designate NHS South Yorkshire Integrated Care Board**
Sponsor	
Is your report for Approval / Consideration / Noting	
For noting and discussion	
Links to the ICS Five Year Plan (please tick)	

Developing a population health system

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

Strengthening our foundations

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

Building a sustainable health and care system

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

Broadening and strengthening our partnerships to increase our opportunity

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

Where has the paper already been discussed?	
Sub groups reporting to the HEG:	**System governance groups:**
☐ **Quality Group**	☐ **Joint Committee CCGs**
☐ **Strategic Workforce Group**	☐ **Acute Federation**
☐ **Performance Group**	☐ **Mental Health Alliance**
	☐ **Place Partnership**
☐ **Finance and Activity Group**	
☐ **Transformation and Delivery Group**	

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 months of December 2021 and January 2022. The Health Executive Group adapted in December to become the Health Cell of the LRF in response to the new Omicron variant of Covid-19.

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 as appropriate.

Chief Executive Report

SOUTH YORKSHIRE AND BASSETLAW
INTEGRATED CARE SYSTEM

Health Executive Group

08 February 2022

1. Purpose

This paper from the South Yorkshire and Bassetlaw (SYB) Integrated Care System (ICS) designate Chief Executive Officer provides an update on the work of the South Yorkshire and Bassetlaw health and care partners for the months of December 2021 and January 2022. The Health Executive Group meeting was adapted from December 202, becoming the health cell of the LRF to support leaders across the system with coming together to respond to the Omicron variant of Covid-19.

2. Summary update for activity during December/January

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

2.1.1 Covid cases

December and January were particularly challenging across SYB ICS, as they were in the rest of the country. In December, following the announcement of a UK-wide Level 4 covid alert, the NHS declared a national Level 4 Incident, which currently remains in place. At the time the last CEO report was written in late November, there were no cases of Omicron in SYB, but this situation changed rapidly during December. Omicron became the dominant strain of the virus in most of the population, except for under 15s where numbers of the Delta variant were initially similar. By 10 January, cases of Covid had risen to 2000 per 100,000; the highest rate seen during the pandemic. The number of children under 12 with Covid are at levels 20 times higher than previously seen with a notable spike in cases when schools reopened in January.

Although the overall numbers of new cases are now decreasing, we are still expecting a peak in bed occupancy to follow at the end of January into early February but do not anticipate that this will be on the scale of the previous waves. Bed occupancy will also be affected by hospital discharge figures and the numbers/levels of local outbreaks in care homes and assisted care accommodation sites. However, at the end of January bed occupancy numbers are stable and encouragingly, there continue to be fewer admissions to intensive care units. This reflects the impact of the booster programme and new treatments which are helping to reduce severe illness and death.

2.1.2 Staff absences

The emergence of the Covid Omicron variant in November 2021 led to predictions of a sharp increase in numbers of people affected nationally due to the high transmissibility of the virus. This proved to be the case, with very high levels of community infection, which in turn led to an increase in hospital admissions but fortunately not at the same rate as previous waves due to the impact of the vaccine. Because of the number of people infected with Omicron, high levels of staff absence were anticipated and as a system we put plans in place to mitigate against this. Despite this, mid-December to mid-January proved to be extremely challenging with higher rates of staff absence than would normally be seen at this time of year creating pressures across the system. Although some staff had Covid, many were absent because they were caring for relatives with Covid or were required to self-isolate.

However, I am pleased to report that by the end of January, the situation had improved considerably. We anticipate that the Heath Secretary's announcement on 14 January reducing isolation from seven days to five days following consecutive negative tests will also help to reduce staff absences. But as the level among school children under 12 remains high, the virus will continue to circulate in the community, potentially causing reinfection which is passed on to parents and carers which in turn can translate into further staff absences.

I would like to take this opportunity on behalf of the ICS to record our heartfelt thanks to all our staff, who yet again have risen to another challenge with great dedication, courage and professionalism.

2.1.3 Reducing Covid hospital admissions

SYB has successfully established five Covid Medicine Delivery Units, which can provide treatment with neutralising monoclonal antibodies (nMABs) to patients who are at high risk if they contract Covid. Each patient is individually assessed by a clinician, which means that they get rapid treatment to help ensure they don't become very unwell with the virus. nMABs are highly recommended as a treatment option for non-hospitalised adults and children (aged 12 years and above) in the highest risk patient groups. This service is also helping to reduce the number of admissions to hospital.

The government has also announced details on PANORAMIC, a new national Covid study which aims to recruit 10,000 UK patients at greatest risk of serious illness to a trial the drug Molnupiravir at home. This is a new antiviral which has proved to be successful in clinical trials in reducing the risk of hospitalisation and death among the most vulnerable of non-hospitalised adults by 30 per cent.

2.1.4 System pressures and recovery

Ongoing pressures to SYB's urgent and emergency services have required some adaptions to patient-facing services, mostly connected to elective care and non-urgent services, to redeploy staff to the most in need services.

The impact of Omicron on staff absence resulted in specific pressures for the Yorkshire Ambulance Service (YAS), which had to put temporary measures in place to prioritise its most important services. For a short period in January, YAS had to suspend its Patient Transport Services (PTS). But following support from military colleagues and the number of YAS staff able to return to work, the service recommenced for all eligible patients requiring PTS services from 24 January.

The on-going infection control measures for Covid have also helped to ensure that the numbers of cases of flu remain well below normal seasonal levels with few admissions to hospital, and no admissions to intensive care. Cases of norovirus also continues to be very low.

2.1.5 Vaccination programme

The drive for booster vaccinations to help protect people against the Omicron variant was ramped up across the country in December. Vaccination teams did an amazing job in SYB and vaccination centre hours were extended to 12 hours a day seven days a week and we worked with local authority partners on additional sites and pop-up centres. Currently, over 80 per cent of the eligible population in SYB have now received their booster, which is an extraordinary achievement in such a short time scale, and I would like to offer my thanks on behalf of the ICS.

During January the number of people coming forward for their Covid vaccinations has been falling and currently we are vaccinating around 2000 people a day. To counteract this, SYB's Covid Vaccination Programme has been redoubling efforts to increase uptake of the booster programme to support the immunisation of all over-18's in the region. We have been offering popup vaccination sites and arranging vaccination sessions at places of employment for example Amazon.

Work has begun to look at how we can best use the vaccination capability which has been built up since January 2021 going forward, which will be shaped by the vaccination requirement over the next 12 months.

From 31 January we will also be offering vaccinations to children aged 5 - 12 who are clinically vulnerable or live in a household with someone who is immunosuppressed.

2.1.6 Vaccination as a condition of deployment (VCOD)

Following an announcement from the Department of Health and Social Care (DHSC), all staff who undertake CQC regulated activities and have direct contact with patients must be fully vaccinated against Covid 19 by 1 April 2022. This applies to the NHS and independent sector and follows a similar requirement for those working in social care. Across the system we are doing everything possible to support staff who are currently unvaccinated who want to be vaccinated before the deadline.

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 December and January discussions focused on the ongoing Covid response and vaccination programme, urgent and emergency care, winter resilience, planning and recovery and ICS development. Specific pressures on the system, particularly in the ambulance service due to staff sickness levels and the impact of delayed discharge from hospital.

2.3. National updates

2.3.1 Planning guidance

On 24 December, NHS England and NHS Improvement (NHS E/I) released new operational planning guidance for 2022/23, outlining 10 clear priorities for health and care systems to enact over the next two years. Key elements of the guidance include reinforcing and strengthening our workforce, enhancing our access and capacity across primary care networks (PCN's) and continuing with transformation to reduce health inequalities through data and analytics. Covid response and treatment (including vaccination) is also firmly embedded within these priorities aligning this more closely with business-as-usual activities.

These plans are all set against the proposed Integrated Care Board (ICB) formation, which although subject to the Health and Care Bill passage - provides both stability and assurances of the direction of travel for health and care systems in their future operational planning.

2.3.2 GP patient survey

The 2022 GP patient survey was launched on 10 January. The Survey is a key source of information about primary care in England. Last year, more than 850,000 people gave feedback on around 6,700 GP practices. The 2021 results are available on the website, and this year for the first time, ICS slide packs have been produced which provide an ICS level view of the results for key questions from the survey with comparative 2020 data where available.

2.3.3 Weight loss support on the High Street

People struggling to lose weight will now be offered help from their local high street pharmacy in the latest drive to tackle rising obesity levels and type 2 diabetes. Community pharmacy teams can now refer adults living with obesity, and other conditions, to the 12-week online NHS weight management programme. GPs have already referred 50,000 adults to the programme. Adults living with obesity plus hypertension or diabetes will qualify for the service, which people can access via an app on their smartphone.

2.3.4 Childhood MMR Campaign

A new national campaign launches on 1 February 2022 encouraging parents to get their children vaccinated against measles, mumps, and rubella. The goal is to boost parents' confidence that getting their children vaccinated is the right thing to do, by providing information on the risk of measles, mumps, and rubella. The campaign's call-to-action tells parents and carers whose children have missed one of their two MMR doses to contact their GPs and book their vaccine.

2.4 Integrated Care System update

2.4.1 Establishing ICBs postponed until 1 July 2022

In December, the government announced a revised target date for the establishment of ICBs to 1 July 2022 from 1 April as originally planned. The decision was taken based on the anticipated passage of the Health and Care Bill through Parliament. NHS South Yorkshire, the confirmed public facing name for the ICB in South Yorkshire, will now formally establish on 1st July. National and local plans are being adjusted to reflect the new target date.

The change in date does not change our direction but gives more time to deepen preparations and continue to develop more integrated services in our Places and in our Provider Collaboratives and Alliances. The ICB provides the best opportunity to address unfair, avoidable and systematic differences in the opportunity for all our citizens to live healthily and well.

Until 1 July, CCGs will remain in place as statutory organisations. They will retain all existing duties and functions and will conduct their business (collaboratively in cases where there are multiple CCGs within an ICS footprint), through existing governing bodies. CCG leaders will be working closely with designate ICB leaders in key decisions which will affect the future ICB, notably commissioning and contracting. NHSEI will retain all direct commissioning responsibilities not already delegated to CCGs.

However, boundary changes will go ahead on 1 April. This means that Bassetlaw CCG will become part of Nottingham and Nottinghamshire ICS on that date. We are currently developing a Memorandum of Understanding between South Yorkshire and Nottinghamshire to ensure the continuation of joint working between Bassetlaw and South Yorkshire given the important of this to the population of Bassetlaw who access almost all their secondary and specialised care in South Yorkshire.

2.4.2 ICB constitution and establishing ICB Board

The ICB draft Constitution, which set out our Board size, its make-up and approach to our eligibility, nomination and selection criteria was approved by NHS England on 23 December 2021 England.

We began the process for recruiting new executive and non-executive appointments in December with closing dates in January. We have had very encouraging responses so far and particularly from non-executive roles representing local community interests. Interviews are scheduled for February and March. We are continuing advertise for non-executives with specific areas of expertise in finance and strategy.

Over the next couple of months as the new Board is recruited, we will be focusing on discussions with our partners on co-production work to inform wider governance and how NHS South Yorkshire can best support the ambitions and priorities of our Places, Provider Collaboratives and Alliances. We will also be revisiting our current ICS governance in advance of the new statutory arrangements. The new target date of 1 July gives us more time to get the new shadow Board up and running in the first quarter.

The development work in our Places and Provider Collaboratives also continues to progress focussing on ambition and priorities and the arrangements needed to continue to work well together. We are considering the relationship and arrangements needed between these and the future ICB / ICP to continue to support thriving Places and strong and vibrant Provider Collaborates and Alliances.

2.4.3 Organisational development work on functional design

The organisational development work on functional design of the emerging new organisation is now well underway, although some workshops were delayed by a month because of the declaration of a level 4 incident and the need focus on system pressures. Workshops are now rescheduled and are back on track. The process began with the staff most affected by the changes who will become employees of NHS South Yorkshire (ICB) but will now involve the wider one workforce of the ICS and partners. A key objective of the work is to ensure there an understanding of the transferring functions and good practice supporting integration and opportunities.
We have also published a formal response to the Consultation on the proposed new executive board level roles in SY ICB Integrated Care Board. A copy of the report is available to all staff on the SYB Hub. I hosted a webinar for staff to go over the feedback received and answer questions.

2.4.4 ICCS £57.5m capital investment from treasury

SYB ICS have secured £57.5m from the Treasury to invest in primary and community facilities across our region. Only two areas in the country were selected and we will see over 20 projects delivered by the end of 2023 which will be instrumental in allowing us to provide seamless services, improve service quality, improve patient experience and deliver value for money.

2.5. Finance

The system had a £28.7m surplus at Month 8 which was £28.8m favourable to plan. The surplus all sits with provider organisations. The forecast position is a £0.3m surplus which is £0.3m favourable to plan. Organisations have been asked to undertake a detailed review of forecasts at Month 9 and revise forecast accordingly. This exercise is expected to increase the forecast surplus.

Capital spend at Month 8 showed a spend of £57.6m which was £7.4m or 12.8 per cent behind plan. The forecast adjusted performance is break even against plan. Providers have been asked to undertake a detailed review of the forecast at Month 9 and revise the forecast accordingly.

Final draft system allocations have been issued that shows that the system will receive £40.3m additional net resource compared to the opening baseline allocation (1.2 per cent increase). This includes allocation reductions of £147.2m or 4.5 per cent.

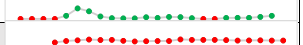
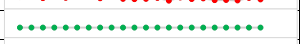
2.6 Retirement of Sir Andrew Cash

I would like to formally record my thanks to Sir Andrew Cash on behalf of SYB ICS on his retirement as System Lead for the ICS at the end of January 2022. Andrew has had a long and very distinguished career dedicated to improving patient care. He has made an enormous contribution to the development of the NHS in South Yorkshire and Bassetlaw and the wider NHS over the last six years in developing the ICS and prior to that as CEO of Sheffield Teaching Hospitals NHS Trust from 2004 to 2018. He has also championed partnership working which has been hugely instrumental in ensuring we have become one of the leading ICSs in the country. The transformational work across SYB has touched the lives of many thousands of people improving health and care services and addressing health inequalities.

I know that colleagues within the NHS locally and nationally, local authorities and the voluntary and community sector will join me in thanking him and wishing him well in his retirement. ‘Although Andrew has stepped down as SYB ICS executive lead at the end of January 2022 he will remain involved on a part time basis in helping lead the transition to the new ways of working across the wider NHS , in the North East and in the Yorkshire and Humber (NE and Y and H) for a while yet. He will chair the NE and Yorkshire and Humber Transition Oversight Group for the four ICSs and

Region. I know that he will continue to contribute his wisdom and energies to health and care both locally and nationally'.

Gavin Boyle
Chief Executive designate NHS South Yorkshire Integrated Care Board
Date: 01 February 2022

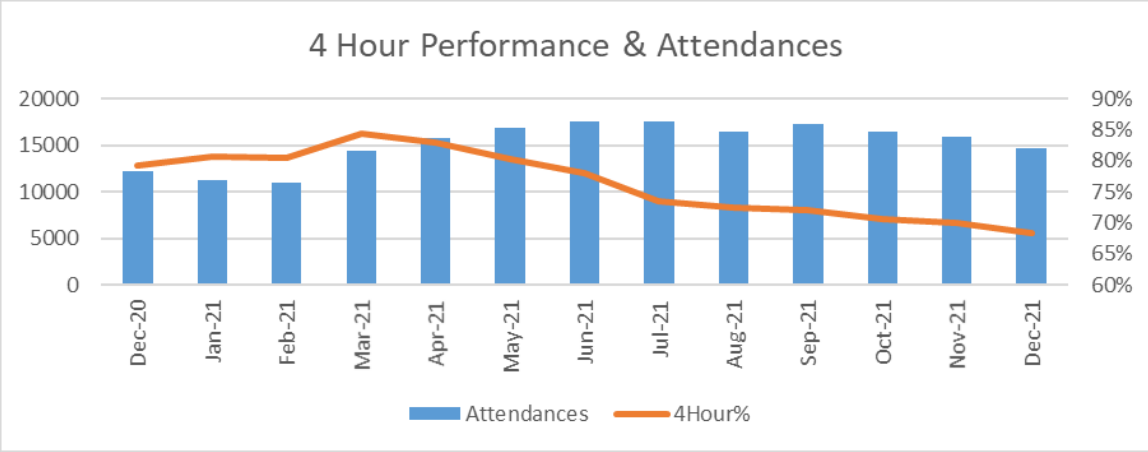
Category	Indicator	Benchmarking Month Reported	Peer Benchmark	National Benchmark	Latest Month Reported	CURRENT MONTH			YEAR-TO-DATE			Trend Graph (Jan-20 - stated month) This is calculated based on rolling 24 month data with performance below expected control limits highlighted in red and above expected control limits in ereen
						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)	Nov-21	62.9%	61.9%	Dec-21	92%	68.4%	-23.6%	92%	74.3%	-17.7%	
	ED Attendances (For Monitoring Only)	-	-	-	Dec-21	-	14615	-	-	148625	-	
4 Hour Access - Trust Boarding Times	Average Wait Time (from clinically ready to proceed to admission) - Medicine	-	-	-	Dec-21	<1 Hour	-	-	<1 Hour	-	-	
	Average Wait Time (from clinically ready to proceed to admission) - Surgery	-	-	-	Dec-21	<1 Hour	-	-	<1 Hour	-	-	
	Average Wait Time (from clinically ready to proceed to admission) - Gynaecology	-	-	-	Dec-21	<1 Hour	-	-	<1 Hour	-	-	
	Average Wait Time (from clinically ready to proceed to admission) - Paediatrics	-	-	-	Dec-21	<1 Hour	-	-	<1 Hour	-	-	
Performance (NHSI Compliance Framework - Elective Care)	Max time of 18 weeks from point of referral to treatment-incomplete pathway	Oct-21	62.5%	65.6%	Dec-21	TBC	67.4%	-	TBC	69.9%	-	
	RTT 52 Week Breaches to date	-	-	-	Dec-21	1199	1155	44	1199	1155	44	
	Waiting list size - 18 Weeks referral to treatment -Incomplete Pathways	-	-	-	Dec-21	-	41503	-	-	41503	-	
	% waiting less than 6 weeks from referral for a diagnostics test	Oct-21	79.5%	75.0%	Dec-21	TBC	50.5%	-	TBC	53.4%	-	
Performance (Cancer)	Maximum 2 week wait to see a specialist for all patients referred with suspected cancer symptoms	-	-	-	Nov-21	93%	-	-	93%	-	-	
	Maximum 2 week wait to see a specialist for breast symptoms, even if cancer not suspected	-	-	-	Nov-21	93%	-	-	93%	-	-	
	Day 28 Standard (patients received diagnosis or exclusion of cancer within 28 days)	-	-	-	Nov-21	75%	-	-	75%	-	-	
	Maximum 31 day wait from decision to treat to first definitive treatment for all cancers	-	-	-	Nov-21	96%	97.2%	1%	96%	95.6%	0%	
	Maximum 31 day wait for subsequent treatment - Surgery	-	-	-	Nov-21	94%	91.7%	-2%	94%	95.8%	2%	
	Maximum 31 day wait for subsequent treatment - Drugs	-	-	-	Nov-21	98%	-	-	98%	100.0%	2%	
	Maximum 62 day wait for patients on 2ww pathway to first definitive treatment	-	-	-	Nov-21	85%	74.5%	-11%	85%	78.8%	-6%	
	Maximum 62 wait from referral from NHS cancer screening service to first definitive treatment	-	-	-	Nov-21	90%	89.2%	-1%	90%	74.9%	-15%	
	Cancer Waiting Times Open Suspected Cancer Pathways 63 - 104 Days - reduction of 10% month on month (trajectory at trust level - tracking only at specialty)	-	-	-	Nov-21	TBC	-	-	TBC	-	-	
	Cancer Waiting Times Open Suspected Cancer Pathways 104 Days +	-	-	-	Nov-21	0	19	19	0	56	56	
Activity Against Plan	Non Elective Activity - Discharges	-	-	-	Dec-21	-	4410	-	-	41545	-	
	TOTAL Activity (against plan - numbers)	-	-	-	Dec-21	43251	38817	-4434	381550	374748	-6802	
	Day Case Theatre Activity (against plan - numbers)	-	-	-	Dec-21	3869	624	-3245	16350	6269	-10081	
	In Patient Elective Theatre Activity (against plan - numbers)	-	-	-	Dec-21	257	262	5	2397	2970	573	
	Endoscopy Activity (against plan - numbers)	-	-	-	Dec-21	1460	1224	-236	13356	11810	-1546	
	Non-Theatre Elective Activity -excluding Endoscopy (against plan - numbers)	-	-	-	Dec-21	142	312	170	2127	2375	248	
	Elective Patient Activity - Independent Sector	-	-	-	Dec-21	-	43	-	-	356	-	
	Outpatient New Activity - face to face (Including Procedures against plan - numbers)	-	-	-	Dec-21	10801	9685	-1116	91916	89377	-2539	
	Outpatient New Activity - telephone (against plan - numbers)	-	-	-	Dec-21	2834	2412	-422	25375	25793	418	
	Outpatient New Activity - video (against plan - numbers)	-	-	-	Dec-21	108	46	-62	979	494	-485	
	Outpatient Follow Up Activity - face to face (Including Procedures against plan - numbers)	-	-	-	Dec-21	17223	17449	226	149806	166097	16291	
	Outpatient Follow Up Activity - telephone (against plan - numbers)	-	-	-	Dec-21	7497	4921	-2576	67312	51269	-16043	
	Outpatient Follow Up Activity - video (against plan - numbers)	-	-	-	Dec-21	520	48	-472	4665	934	-3731	
	Outpatient Procedures (For Monitoring Only)	-	-	-	Dec-21	-	5671	-	-	57064	-	
	Outpatient Activity - Independent Sector	-	-	-	Dec-21	0	203	203	0	2133	2133	
Activity Against Value (19/20) - Elective Recovery Fund National Submission	TOTAL Activity Value (%19/20)	-	-	-	Dec-21	95%	80%	-15.2%	95.0%	83%	-12%	
	Day Case Theatre Activity Value (% 19/20)	-	-	-	Dec-21	95%	79%	-15.6%	95.0%	87%	-8.3%	
	In Patient Elective Theatre Activity Value (%19/20)	-	-	-	Dec-21	95%	73%	-22.1%	95%	71%	-23.8%	
	Outpatient New Activity Value (%19/20)	-	-	-	Dec-21	95%	83%	-12.2%	95%	85%	-10.1%	
	Outpatient Follow Up Activity Value (%19/20)	-	-	-	Dec-21	95%	84%	-11.4%	95%	87%	-7.5%	
Addressing Health Inequalities	TBC	-	-	-	-	-	-	-	-	-	-	
	TBC	-	-	-	-	-	-	-	-	-	-	
	TBC	-	-	-	-	-	-	-	-	-	-	
	TBC	-	-	-	-	-	-	-	-	-	-	
	TBC	-	-	-	-	-	-	-	-	-	-	
Performance Ambulance Handover Times	Ambulance Handovers Breaches -Number waited <= 15 Minutes	-	-	-	Dec-21	79%	42%	-37%	79%	47%	-32%	
	Ambulance Handovers Breaches -Number waited >15 & <30 Minutes	-	-	-	Dec-21	21%	26%	-5%	21%	27%	-6%	
	Ambulance Handovers Breaches-Number waited >30 Minutes	-	-	-	Dec-21	0%	32%	-32%	0%	26%	-26%	
Performance Stroke	Overall SSNAP Rating	-	-	-	Sep-21	B	A	-	B	A	-	
	Proportion of patients scanned within 1 hour of clock start (Trust)	-	-	-	Oct-21	48%	50%	2%	48%	55%	7%	
	Proportion directly admitted to a stroke unit within 4 hours of clock start	-	-	-	Oct-21	75%	46%	-29%	75%	46%	-29%	
	Percentage of all patients given thrombolysis	-	-	-	Oct-21	90%	100%	10%	90%	100%	10%	
	Percentage treated by a stroke skilled Early Supported Discharge team	-	-	-	Oct-21	24%	76%	52%	24%	59%	35%	
	Percentage discharged given a named person to contact after discharge	-	-	-	Oct-21	80%	38%	-42%	80%	57%	-23%	
Performance Outpatients	New to Follow Up Ratio (DCCG) (For Monitoring Only)	-	-	-	-	-	-	-	-	-	-	
	New to Follow Up Ratio (BCCG) (For Monitoring Only)	-	-	-	-	-	-	-	-	-	-	
	New to Follow Up Ratio (TRUST) (For Monitoring Only)	-	-	-	Dec-21	-	1:1.85	-	-	1:1.89	-	
	Out Patients: DNA Rate (first appointment)	-	-	-	Dec-21	-	11.06%	-	-	10.97%	-	
	Out Patients: DNA Rate (Follow up appointment)	-	-	-	Dec-21	-	10.82%	-	-	10.25%	-	
	Out Patients: DNA Rate (Combined) (For Monitoring Only Target Set At Specialty Level)	-	-	-	Dec-21	-	10.90%	-	-	10.49%	-	
	Out Patients: Hospital Cancellation Rate (under 6 weeks)	-	-	-	Dec-21	-	10.11%	-	-	9.23%	-	
	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)	-	-	-	Dec-21	7WD	87WD	80WD	7WD	59WD	52WD	

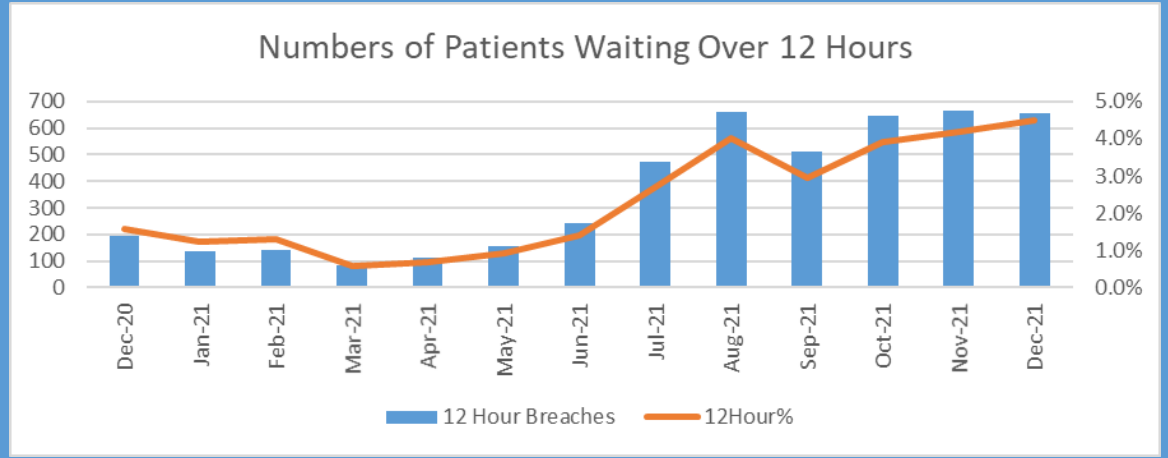
	Out Patient Clinic Utilisation - Booked 2 weeks Prior	-	-	-	Dec-21	95%	59.70%	-35.30%	95%	58.49%	-36.51%	
	Out Patient Clinic Utilisation (attended)	-	-	-	Dec-21	90%	81.10%	-8.90%	90%	83.33%	-6.67%	
	Registered Referrals not Appointed	-	-	-	Dec-21	0	23579	23579	0	205430	205430	
	Unreconcilled Appointments 14 days + E-Reconcillation	-	-	-	-	-	-	-	-	-	-	
	Unreconcilled Appointments 14 days + CAMIS	-	-	-	-	-	-	-	-	-	-	
	ERS Advice & Guidance Response Time	-	-	-	Dec-21	2WD	3WD	1WD	2WD	4WD	2WD	
	ERS Advice & Guidance Activity (Trust)	-	-	-	Dec-21	593	106	-487	593	66	-527	
	Number of Specialities offering PIFU (ENT / Cardiology / Dermatology) TRUST TAB ONLY	-	-	-	-	-	-	-	-	-	-	
	% of OP appointments delivered virtually (video or telephone)	-	-	-	Dec-21	25%	21.43%	-3.57%	25%	23.46%	-1.54%	
Performance Theatres	Theatre Booking - 4 weeks prior -Lists Populated	-	-	-	Dec-21	50%	17.30%	-32.70%	50%	15.60%	-34.40%	
	Theatre Booking - 2 weeks prior -Lists Populated	-	-	-	Dec-21	75%	74.04%	-0.96%	75%	72.03%	-2.97%	
	Theatre Booking - 1 week prior -Lists Populated	-	-	-	Dec-21	95%	90.79%	-4.21%	95%	90.16%	-4.84%	
	Theatre Utilisation	-	-	-	Dec-21	87%	75.23%	-11.77%	87%	82.33%	-4.67%	
	Number of Prioirity 2 Patients waiting 28 days + for surgery from date of listing/P2 Categorisation	-	-	-	Dec-21	0	443	443	0	1815	1815	
	% Cancelled Operations on the day (non-clinical reasons)	-	-	-	Dec-21	1%	1.54%	-0.54%	1%	1.24%	-0.24%	
	% Cancelled Operations on the day (clinical reasons) (For Monitoring Only)	-	-	-	Dec-21	-	-	-	-		-	
	Cancelled Operations Not Rebooked within 28 Days	-	-	-	Nov-21	0	10	10	0	27	27	
	EBI (TBC)	-	-	-	Dec-21	-	-	-	-	-	-	
	Validation (TBC)	-	-	-	Dec-21	-	-	-	-	-	-	
Patients (National Requirements)	Infection Control Hosptial Onset C.Diff (Medicine & Surgery Only)	-	-	-	Dec-21	2	2	0	21	22	-20	
	Infection Control Community Onset C.Diff (Medicine & Surgery Only)	-	-	-	Dec-21	1	0	1	9	13	-12	
	Infection Control Combined Onset C.Diff (Medicine & Surgery Only)	-	-	-	Dec-21	3	2	1	30	35	-32	
	MRSA Cases Reported	-	-	-	Dec-21	0	0	0	0	0	0	
	HSMR (rolling 12 Months - Combined)	-	-	-	Dec-21	100	105.68	-5.68	100	105.68	-5.68	
	HSMR : Non-Elective (rolling 12 Months)	-	-	-	Dec-21	100	105.83	-5.83	100	105.83	-5.83	
	HSMR : Elective (rolling 12 Months)	-	-	-	Dec-21	100	92.08	7.92	100	92.08	7.92	
	Never Events	-	-	-	Dec-21	0	0	0	0	1	1	
	Serious Incidents Reported in Month (For Monitoring Only)	-	-	-	Dec-21	-	3	-	-	27	-	
	SI Action Plans closed within 3 months of CCG closure of incident	-	-	-	Dec-21	100%	-	-	100%	-	-	
	All open incidents on Datix to be closed within 3 months of reporting (excluding patient experience)	-	-	-	Dec-21	100%	-	-	100%	-	-	
	Pressure Ulcers - Category 4	-	-	-	Dec-21	0	0	0	0	2	-2	
	Pressure Ulcers - Category 3	-	-	-	Dec-21	4	6	-2	40	32	8	
	Pressure Ulcers - Category 2 / UNS / DTI	-	-	-	Dec-21	61	54	7	553	643	-90	
	Falls with Severe Harm / Lapse in Care / SI	-	-	-	Dec-21	-	0	-	-	2	-	
	Falls with Moderate or Severe Harm	-	-	-	Dec-21	1	0	1	11	19	-8	
	Complaints Resolution Performance (% achieved closure in agreed timescales with complainant)	-	-	-	Dec-21	95.0%	14.1%	-80.9%	95.0%	14.1%	-80.9%	
	Complaints Upheld / Partially Upheld by Parliamentary Health Service Ombudsman	-	-	-	Oct-21	0	0	0	0	0	0	
	Claims CNST (patients)	-	-	-	Dec-21	-	0	-	-	0	-	
	Claims LTPS - staff	-	-	-	Dec-21	-	0	-	-	0	-	
	Friends & Family Response Rates (ED)	-	-	-	Dec-21	15%	0.00%	-15%	15%	0.04%	-15%	
	Friends & Family Response Rates (Inpatients)	-	-	-	Dec-21	30%	7.96%	-22%	30%	6.86%	-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	-	-	-	Dec-21	0	0	0	0	0	0	
	Sepis Screening - % of appropriate patients screened	-	-	-	-	90%	-	-	90%	-	-	
	Sepsis Prescribing - Antibiotics within 1 Hour	-	-	-	-	90%	-	-	90%	-	-	
	Deaths Screened as part of Mortality Review Process	-	-	-	-	100%	-	-	100%	-	-	
	NICE Guidance Response Rate Compliance	-	-	-	Dec-21	95%	97%	1.67%	95%	99%	3.93%	
	NICE Guidance % Non & Partial Compliance (For Monitoring Only)	-	-	-	Dec-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)	-	-	-	Dec-21	90%	65%	-25%	90%	58%	-32%	
	Non-Medical Appraisals - in season (April - July)	-	-	-	Dec-21	90%	0%	90%	90%	60%	30%	
	Sickness (rolling 12 months)	-	-	-	Dec-21	4%	7%	-4%	4%	6%	-3%	
	Job Planning (TBC)	-	-	-	Dec-21	TBC	-	-	TBC	-	-	
	SET Training	-	-	-	Dec-21	90%	85%	-5%	90%	85%	-5%	
	Vacancies	-	-	-	-	5%	-	-	5%	-	-	
	Turnover (rolling 12 months)	-	-	-	Dec-21	10%	23%	-13%	10%	12%	-2%	
	Casework - number of grievances opened in month	-	-	-	Dec-21	-	3	-	-	47	-	
	Casework - number of conduct cases opened in month	-	-	-	Dec-21	-	83	-	-	768	-	
	Number of Incorrect Payments (Trust Originated) (rolling 12 months)	-	-	-	Oct-21	-	25	-	-	159	-	
	Compliance with EWTD (on hold until 2021)	-	-	-	-	YES	-	-	YES	-	-	
	Time to Fill Vacancies (from TRAC authorisation - unconditional offer)	-	-	-	-	47WD	-	-	47WD	-	-	

Trust Integrated Exception Performance Report – December 2021

1. Urgent and Emergency Care – 4 hour standard and new standards
2. Urgent and Emergency Care – Ambulance Standards
3. Urgent and Emergency Care – Length of Stay
4. Urgent and Emergency Care – Length of Stay (Discharge)
5. Elective – Activity
6. Elective – Waiting List and Long Waiters
7. Elective – Outpatients
8. Diagnostic Waits
9. Cancer – Referral to Diagnosis
10. Cancer – Treatment
11. Performance – The Forward View

1. Urgent and Emergency Care: 4 hour performance and 12-hour standards





Key issues:

- 4 hour performance 68.30% for Trust. Main breach reasons continue to be doctor and bed waits
- Average time in department 240 mins
- Growth in COVID patients affecting discharges, flow and Infection Control Challenge.
- Attendance levels remain higher than any of previous four years
- Increase in ambulances and walk ins at peak periods
- Increase in overall attendances in reduced space due to social distancing
- Significant sickness and staff absence due to isolation

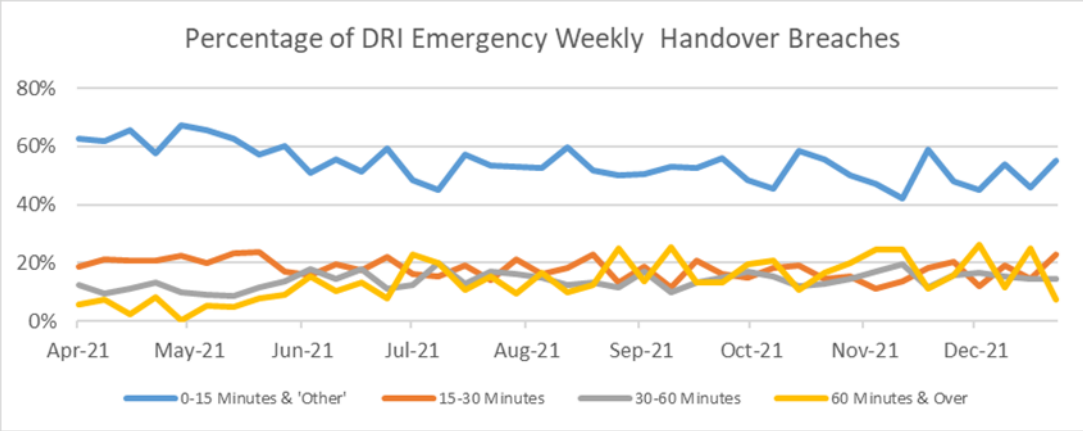
Key actions:

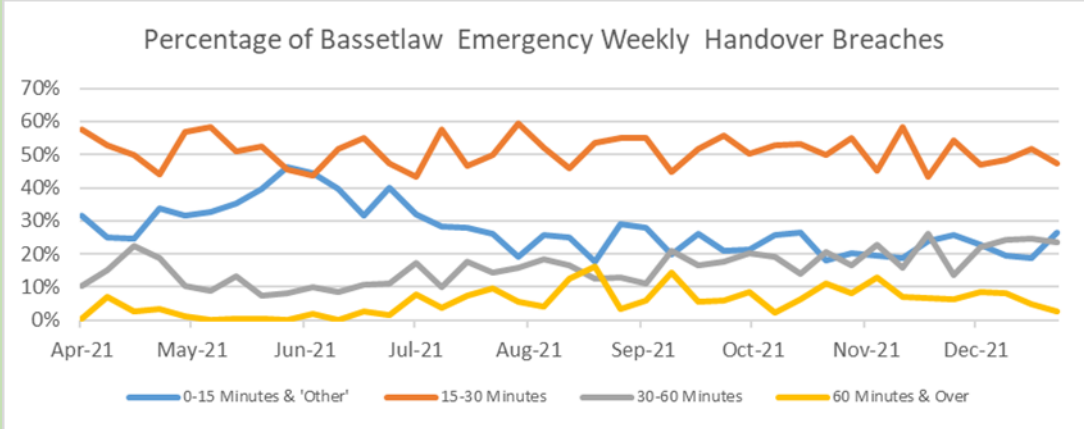
- ED Streaming Tool live at DRI and Bassetlaw (Dec 2021)
- Minor injuries re-located to Fracture Clinic to improve ED social distancing (Dec 2021)
- Re-configuration of Medicine with Acute Medical Unit re-locating to ED now complete, focused on admission avoidance and short turnaround at front door (Dec 2021)
- Additional ED Yellow capacity being developed in Out Patient Department 2 (Feb 2022)
- Frailty In-reach pilot completed; excellent early results. Pilot extended to Apr-22
- Focus on Length of Stay, Flow and Discharge (Ongoing) - to be supported by RWH Consultancy
- Further work on “operational escalation and grip”

December 2021 Performance

Hospital	4 Hour % Achieved	Attendances	Breaches	%Streamed From FDASS
Bassetlaw	78.64%	4424	945	6.85%
Doncaster	58.74%	8955	3695	17.50%
Montagu	100.00%	1260	0	0.00%
Trust	68.30%	14639	4640	12.77%

2. Urgent and Emergency Care: Ambulance waits





Key issues:

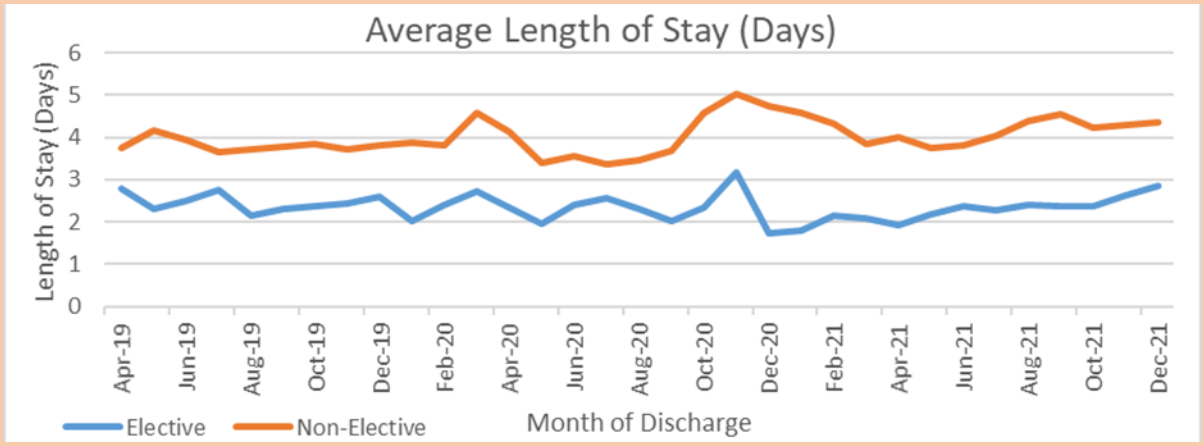
- High levels of ambulances continue in the Doncaster area frequently disproportionate to the rest of Yorkshire
- Exit block from ED causing challenges to flow of ambulances coming in and the receiving of handovers (majority of black attendances were due to no bed/cubicle)
- Increase in overall attendances and reduced space
- Issues for DBTH relate to flow into ED and into wider Trust

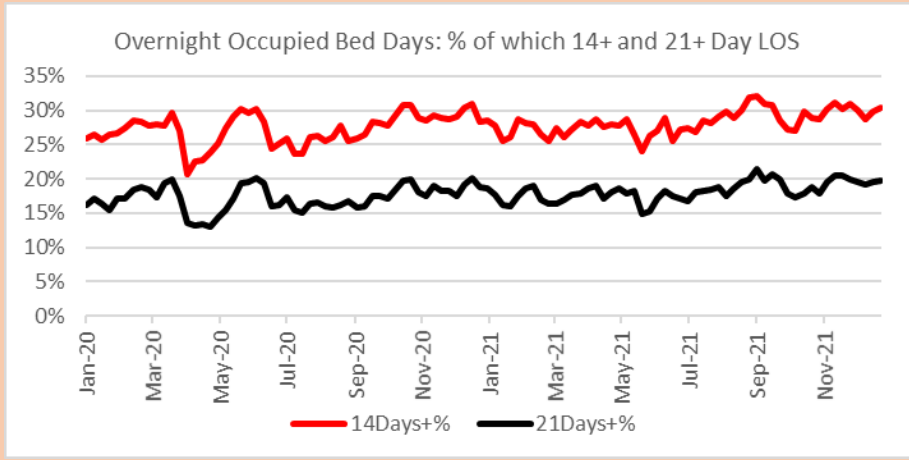
Key actions:

- Action plan in place with YAS following Peer Review incl. NHSE / ICS support for improving handover and alternative disposition
- Direct pathways for YAS to Medical Same Day Emergency Care (SDEC) and Surgical SDEC implemented Nov 21. Direct pathways for NHS 111 being scoped (Feb 2022)
- Same Day Emergency Care full review – to include review of Directory of Services now completed
- Length of Stay work stream key enabler
- Improvements to handover process to improve accuracy of data now completed
- See full Board Deep Dive Report for December

Month	Hospital	Total Arrivals	%<15 Minutes	% 15-30 Minutes	% >30 Minutes	Longest Wait
Dec-21	Bassetlaw Hospital	796	19.47%	50.75%	29.77%	02:13
Dec-21	Doncaster Royal Infirmary	1990	51.26%	16.18%	32.56%	05:18
Dec-21	Trust	2786	42.18%	26.06%	31.77%	05:18

3. Urgent and Emergency Care: Length of Stay (LoS)





Key issues:

- Opportunity to improve use of data on Length of Stay and Discharge Practice for internal teams
- Greater support at front door required to focus on admission avoidance
- SAFER, Red 2 Green and Good Board Round Practice not consistently implemented on all wards
- Opportunity to improve site management processes
- Challenges with allocation of patients to social care staff and fast-track pathways
- Significant amount of Care Homes closed due to outbreaks
- Increasing numbers of COVID positive patients and high acuity throughout Trust

Key actions:

- Improved grip, focus on key issues via “Walkaround Wednesdays” with partners and supporting team implemented (Nov 21)
- Excellent results from frailty input to front door, focused on admission avoidance. Pilot extended to Apr-22
- Red 2 Green/ SAFER team to support implementation recruited and starting Dec 2021. Support from Emergency Care Intensive Support Team (ECIST) and RWH Consultancy planned January 2021
- Reconfiguration of Medicine); acute physicians at front door implemented (Dec 21)
- Improved escalation meetings with partners on both sites (Dec 21)
- Improved LOS and discharge metrics – dashboards finalised
- Site Management Improvement Workstream launched (Nov 21)
- Urgent and Emergency Care Programme fully moving forward, additional capacity via external consultancy RWH planned

4. Urgent and Emergency Care: Length of Stay (Same Day Emergency Care - SDEC)

Discharges by Time of Day (Excluding Day case)

Discharge Time	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Before Noon	15.5%	13.8%	14.9%	14.2%	13.1%	14.9%	15.5%
Before 4PM	47.9%	45.7%	46.8%	46.2%	45.9%	48.4%	47.8%
After 4PM	51.9%	54.1%	53.0%	53.6%	53.9%	51.5%	52.0%

Key issues:

- Xxxxxx
- Xxxxxx
- xxxxxx

Key actions:

- Xxxxxx
- Xxxxxx
- xxxxxx

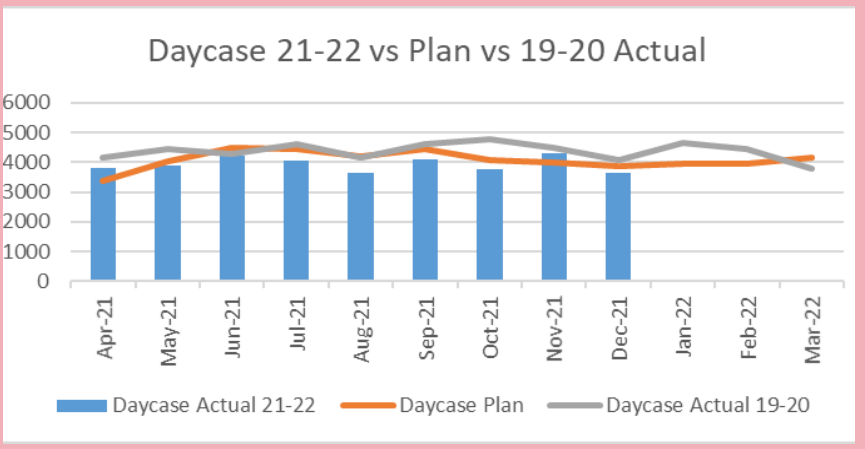
% of all Non-Elective Admissions to an SDEC Ward

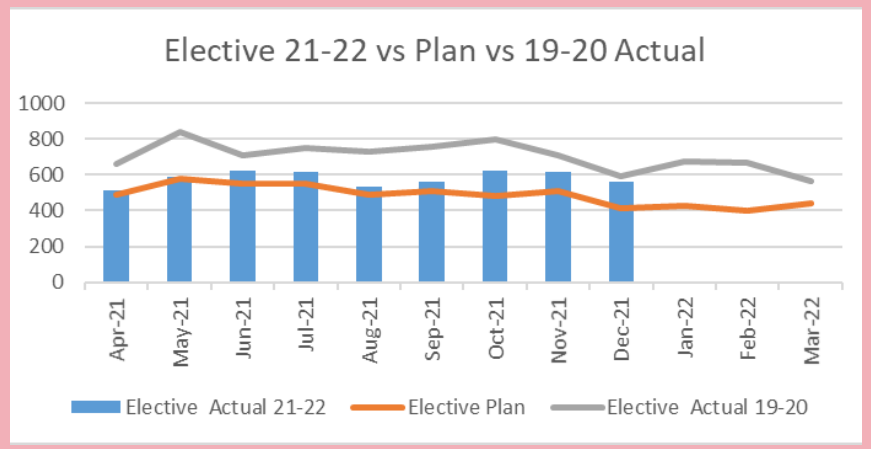
Ward	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
ACUTE MEDICINE DECISIONS UNIT	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.2%
MEDICAL AMBULATORY CARE UNIT - DONCASTER	7.0%	7.2%	8.8%	8.0%	7.7%	8.0%	8.1%	8.4%	7.5%
EMERGENCY SURGICAL AMBULATORY CARE	4.0%	3.7%	3.4%	4.4%	4.8%	4.3%	4.3%	4.7%	5.2%
GYNAE SAME DAY EMERGENCY CARE	0.0%	0.0%	0.0%	0.0%	0.2%	0.3%	0.4%	0.4%	0.4%
Grand Total	11.0%	10.9%	12.2%	12.4%	12.7%	12.6%	12.9%	13.5%	16.4%

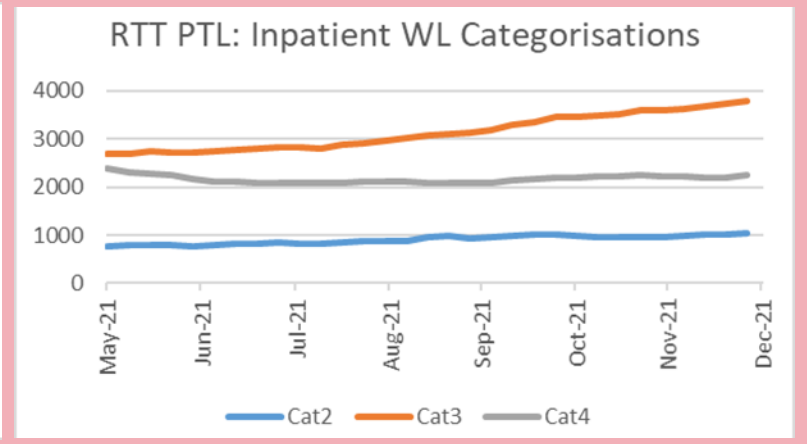
Number of Non-Elective Admissions to an SDEC Ward

Ward	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
ACUTE MEDICINE DECISIONS UNIT	0	0	0	0	0	0	0	0	142
MEDICAL AMBULATORY CARE UNIT - DONCASTER	338	355	428	377	345	356	377	372	330
EMERGENCY SURGICAL AMBULATORY CARE	195	183	167	207	214	191	202	206	231
GYNAE SAME DAY EMERGENCY CARE	0	0	0	0	8	13	19	18	18
Grand Total	533	538	595	584	567	560	598	596	721

5. Elective: Daycase and Inpatient Elective







Key issues:

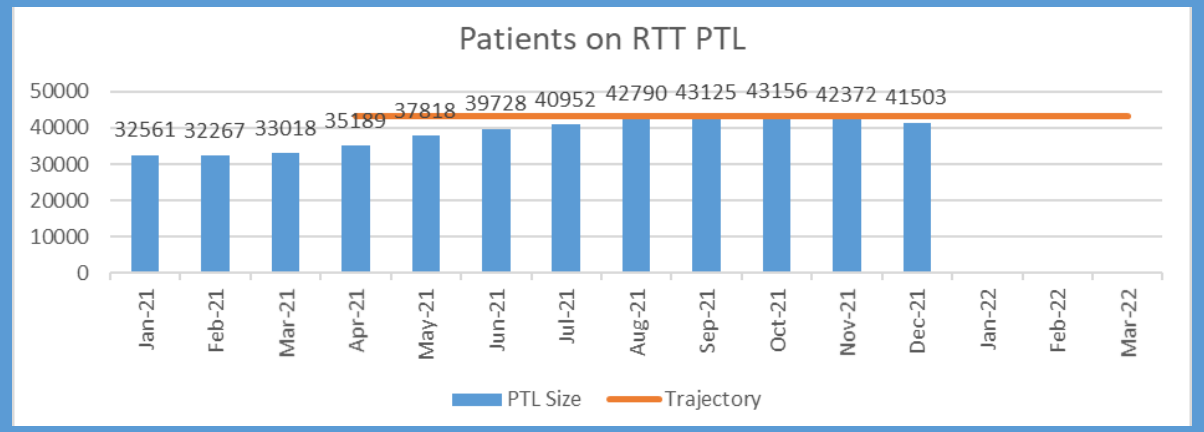
- For Day case the Trust delivered 93% of Plan and 88% of 19/20 activity
- For Inpatients, the Trust delivered 133% of plan and 93% of 19/20 activity
- Reduced non-urgent elective activity due to theatre staffing & emergency pressures
- Lack of critical care capacity due to very high C19 demand
- Increase in patient cancellations internally & with private sector due to C19 impact of patients and staff
- Constraints with bed availability
- Trust delivered 93.8% of clock stop activity (target 89%)

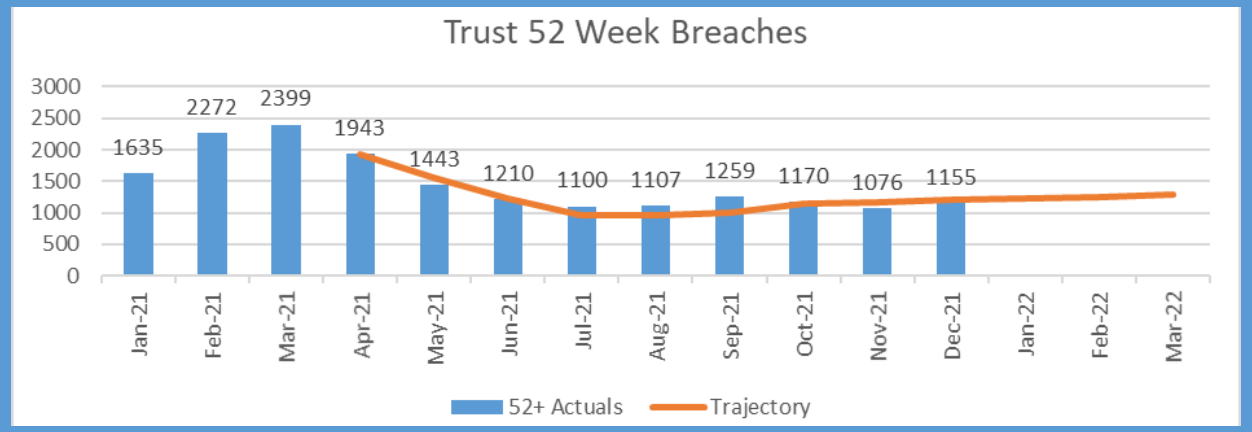
Key actions:

- Pragmatic reduced elective plan implemented until end January 2022 to reflect ongoing high Covid demand on CCU/beds
- Contracts finalised with IS providers, with indicative activity levels identified and agreed. Patients identified and details shared with providers into Q4
- Beds at Parkhill used tactically to support DRI bed base (ongoing)
- Extended outsourcing to include urology, general surgery, ENT and ophthalmology in place
- Consolidation of surgical activity at Bassetlaw and Mexborough to maintain elective programme to support the H2 requirements
- Ongoing clinical review & challenge of categorisation at DBTH in line with the ICS led group (ongoing)
- Maximising use of theatre lists/sharing lists to ensure best use of theatre, surgeon, anaesthetic resources (ongoing)

Priority 2 Patients on PTL Broken Down by Ethnicity (End of December)		
White Brish and White Irish	884	85%
BAME	52	5%
(blank)	46	4%
Other - Not stated	39	4%
White - Any other White background	22	2%
Grand Total	1043	100%

6. Elective: Patient Tracking List and Long-Waiters





Key issues:

- Stabilising of 52 week wait position at 1155 end of Dec and ahead of plan
- Total Patient Tracking List stabilising and steadily reducing, ahead of plan (41,503 from 42,372)
- Of top 52 week specialties, improving trend in T&O, Oral Surgery, General Surgery, Eyes. Urology & ENT steady Elective profile challenged by emergency & critical care demand & reduced elective bed capacity
- Reduced RTT delivery at 67% due to C19/bed/staffing constraints

Key actions:

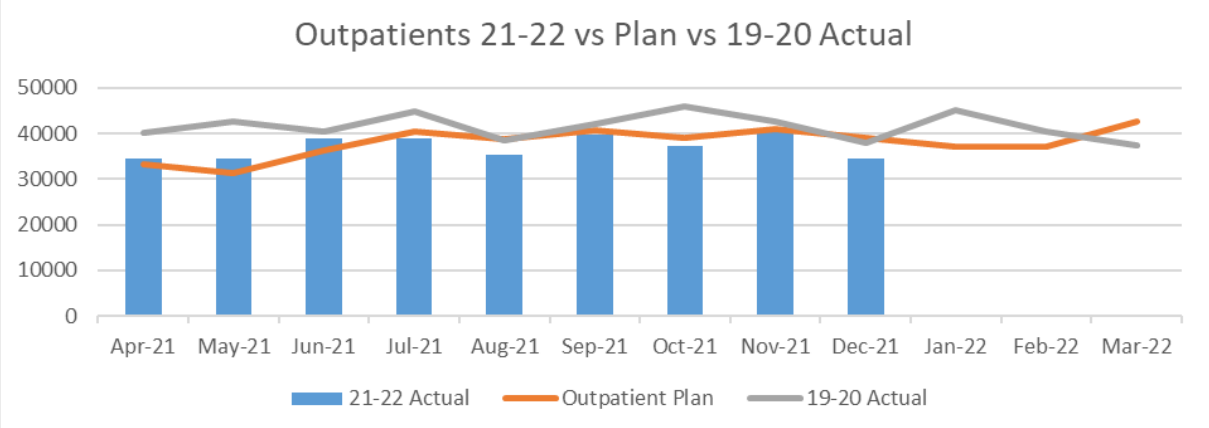
- Accelerator plans in place focused on outsourcing & insourcing
- New Infection Control 1 m rule in place increasing Outpatient throughput
- Admin super weekends to focus on pathway management (300 clock stops 1 weekend)
- Urology Super Weekends Planned (Nov onwards). Eyes Mutual Aid Plan with partners moving forward at pace with PTL triage January 2022
- Maximise theatre staffing & throughput
- Focus on 40 week plus patients waiting (in place)
- Ongoing focus on validation

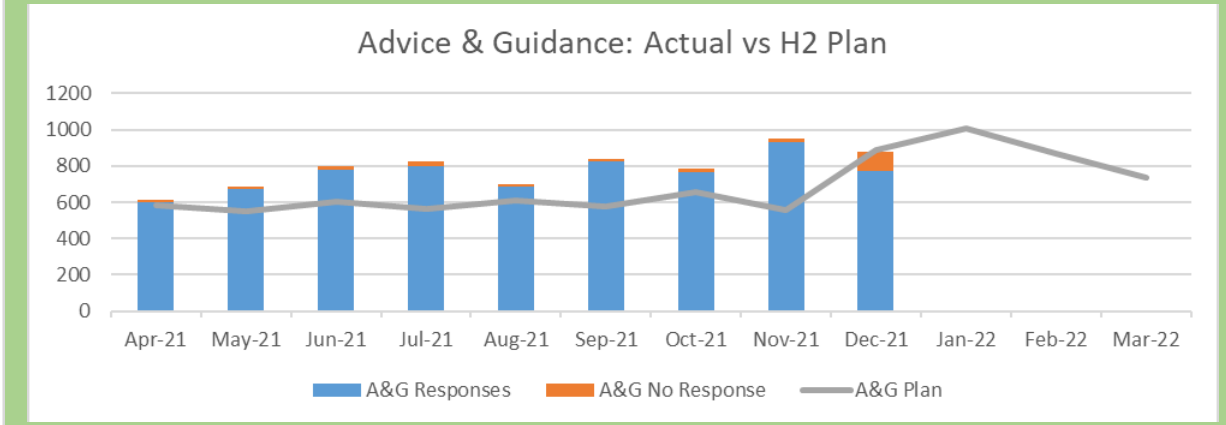
CCG	Values	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
NHS Bassetlaw CCG	Total Waiters	8640	8969	9391	9475	9440	9269	8936
	% Under 18 Weeks	72%	71%	70%	70%	69%	70%	67%
NHS Doncaster CCG	Total Waiters	24554	25338	26566	26793	26942	26526	26083
	% Under 18 Weeks	73%	72%	71%	70%	71%	71%	68%
Trust	Total Waiters	39728	40952	42790	43125	43156	42372	41503
	% Under 18 Weeks	72%	71%	70%	70%	70%	70%	67%

Reported 52+ Weeks: Top 6 Specialties

Specialty	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
TRAUMA & ORTHOPAEDICS	615	599	582	618	622	561	564
OPHTHALMOLOGY	139	153	193	230	252	239	275
ENT	160	131	114	106	111	107	108
UROLOGY	81	72	89	192	81	67	92
GENERAL SURGERY	94	63	56	53	39	28	34
ORAL SURGERY	50	36	26	18	20	26	24

7. Elective: Outpatients



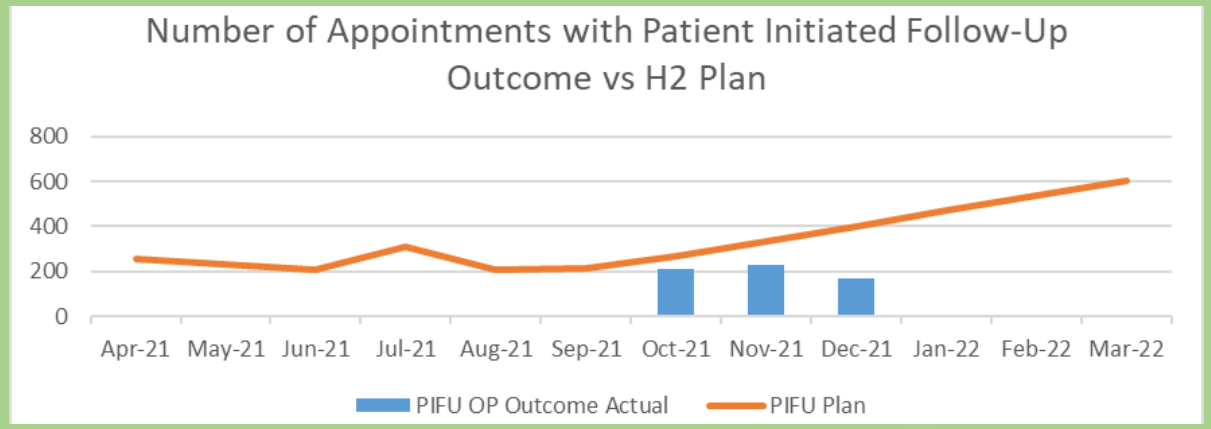


Key issues:

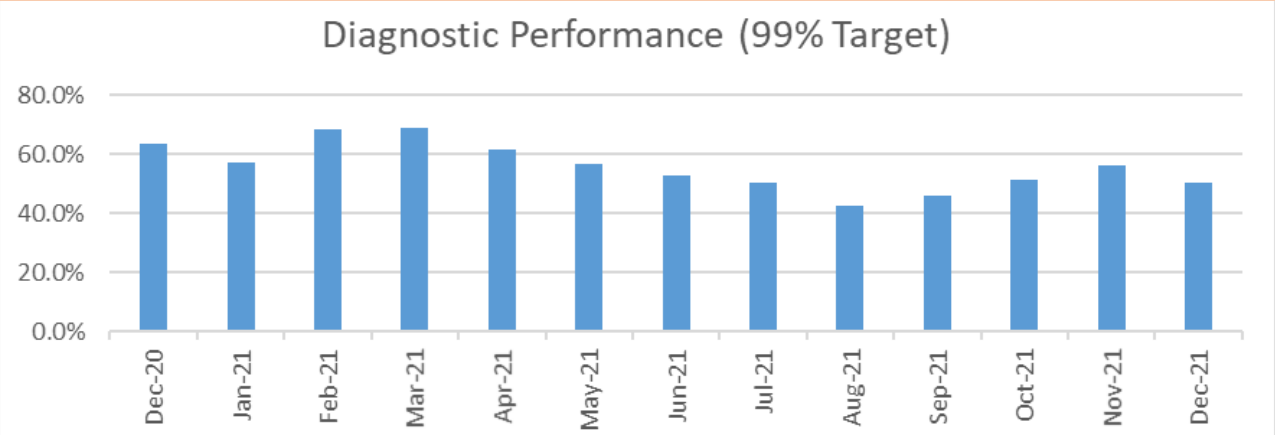
- For Outpatients the Trust delivered 87% of New Plan and 89% of Follow Up Plan. This was 80% (new) and 92% (f/up) of 19/20 activity
- Some activity stood down due to staffing absence – both internal and insourcing providers
- Patients cancelling due to C19
- Focus on capturing existing Advice and Guidance (A&G) and Patient Initiated Follow Up (PIFU) activity
- Revised IPC measures in clinical areas down to 1m (Nov 21) and implemented

Key actions:

- Revised Infection Control measures in clinical areas down to 1m
- Existing insourcing in place for endoscopy, Oral Surgery and Ophthalmology extended into second half of year
- Consultant time diverted to outpatient activity where surgical lists down (ongoing)
- Plans commenced re mutual aid across acute providers for eyes with community plan being developed
- 5 PIFU specialties launched, engagement commencing with 5 more
- Further focus on validating open appointments by specialty



8. Diagnostic waits



	Waiters <6W	Waiters >=6W	Total	Performance
Trust	7858	7703	15561	50.50%
NHS Doncaster	5271	5147	10418	50.60%
NHS Bassetlaw	1897	1837	3734	50.80%

Key issues:

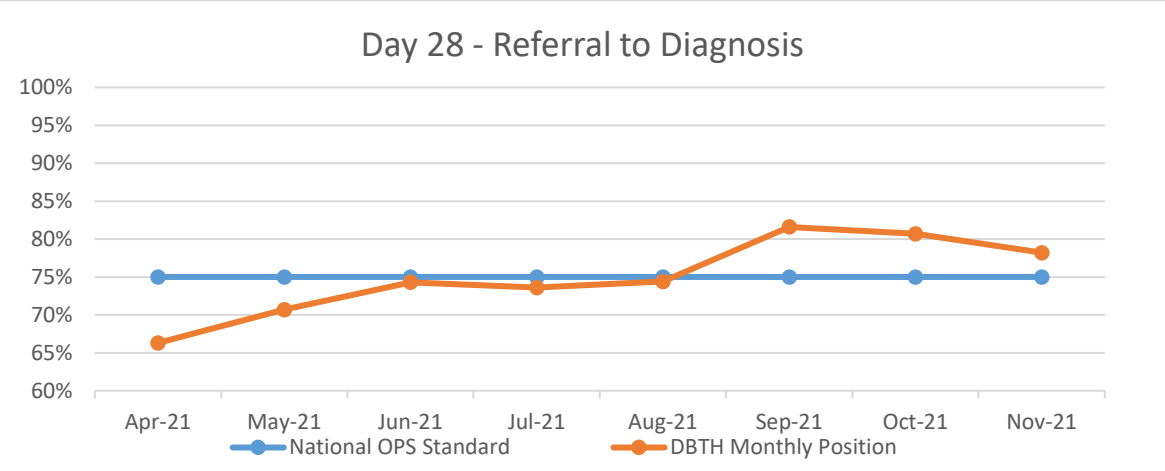
- Diagnostics waiting list size reduced from 16,920 to 15,561 (8%).
- Waiting list backlog reduction close to planned trajectories during December for CT & MRI. Non-obstetric ultrasound (NOUS) below trajectory .
- 4% Increase in 6-week breaches with a consequent deterioration in performance mainly in smaller modalities where staff absence exaggerated effect on delivery.
- Increased Covid related staff absence impacting on activity across most modalities. NOUS particularly affected with 30% absence rate resulting in temporary loss of most capacity - priority given to obstetric ultrasound.

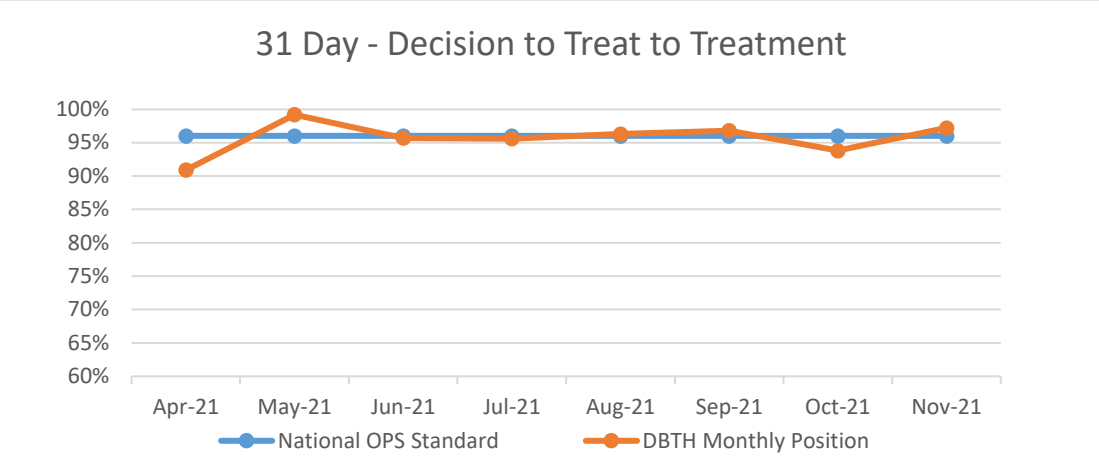
Key actions:

- Additional CT & MRI scanning capacity provided via mobile scanners as part of the Community Diagnostic Centre development (January/February 2022). Additional mobile MRI scanning capacity expected to deliver 775 scans (March 2022).
- Transfer of 284 shoulder ultrasound referrals to musculoskeletal physiotherapy in January 2022. & discussions on reform of soft tissue pathways to reduce unnecessary ultrasound referrals.
- Audiology capacity increased by 33% temporarily via extended operating hours, to address waiting list backlog (February/March 2022).
- Nerve conduction capacity increasing via use of a second outsourced provider (February/March 2022).
- Bone density (DEXA) scan capacity increasing temporarily to address backlog.
- Increase in-house NOUS sessions planned using agency sonographers and/or additional shifts.

Exam Type	<6W	>=6W	Total	Performance	Longest Waits
MRI	1186	1297	2483	47.76%	60
CT	1569	506	2075	75.61%	38
Non-Obstetric Ultrasound	2964	3750	6714	44.15%	65
Barium Enema	0	0	0	0	-
DEXA	311	860	1171	26.56%	25
Audiology	183	530	713	25.67%	98
Echo	423	220	643	65.79%	11
Nerve Conduction	141	441	582	24.23%	33
Sleep Study	18	0	18	100.00%	5
Urodynamic	48	13	61	78.69%	92
Colonoscopy	263	12	275	95.64%	15
Flexible Sigmoidoscopy	100	22	122	81.97%	22
Cystoscopy	283	9	292	96.92%	93
Gastroscopy	369	43	412	89.56%	16
Total	**7858**	**7703**	**15561**	**50.50%**	**98**

9. Cancer: Referral to Diagnosis (Faster Diagnosis Standard & Diagnostic)





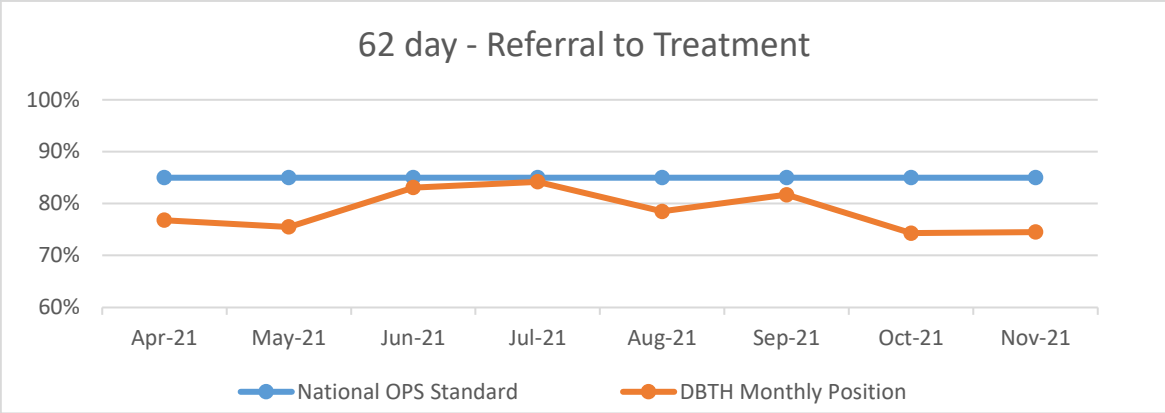
Key issues:

- Trust delivering faster diagnostic standard performance since September 2021
- Still issues in histopathology delays impacting pathway
- Breast position continues to be challenged for first seen appointment due to lack of staffing capacity to support 1 stop services
- The number of patients coming through the Lung Health Checks onto MDTs is continuing to impact on our Consultant Upgrade pathway delivery
- Capacity issues still challenging due to staffing resources

Key actions:

- Continue to review position for further 3 months to establish sustainable model for the FDS standard
- Further progression with the Breast Pain Community Clinic - potential to offer this service from Q4 21/22
- Funding bid successful for new specimen processer – to be commissioned from January 2022.
- Biomedical Scientist interviews planned January 2022
- Escalating work around pathway flows between Skin and ENT. New patient navigator in post from December 2021.
- Deep dive on individual patient pathways to establish bottlenecks with 31 day capacity for Dermatology to start February 2022

10. Cancer: Treatment



Nov-21	31 Day Classic	31 Day 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)***
Trust	97.2%	91.6%	0.0%	74.5%	89.2%	78.7%
Doncaster CCG	96.9%	100.0%	0.0%	75.4%	85.2%	74.5%
Bassetlaw CCG	97.1%	75.0%	0.0%	66.7%	100.0%	100.0%

Key issues:

- Continuing concerns on turnaround time for post operative pathology for onward oncology treatments
- Capacity issues still challenging due to staffing resources
- Increased presentation of complex patients and onward patient management resulting in delayed pathways for treatment

Key actions:

- Increased theatre capacity for all surgery (although risk of increasing COVID demand)
- Medical Imaging recovery plan in place (ongoing)
- Patient level tracking in place to support delivery (ongoing)

11. Performance – The Forward Look – December 2021

Urgent and Emergency Care

- Omicron super surge plans now implemented and being reviewed daily.
- Work continues with patients without criteria to reside with the continued implementation of red to green working with partners
- System Perfect week being planned to review patients with a long length of stay with system partners in January / February 2022
- Continue to focus on Urgent & Emergency care recovery, extending the frailty pilot until April 2022. Time and motion study to be carried out during February 2022 to review the patient journey in the Emergency Department.
- The Trust continues to experience significant operational challenges and will continue to focus on safety and sustainability and supporting its teams, people and patients.

Elective

- Delivering recovery trajectories for Medical Imaging to further improve performance and develop the medium-term service proposal, supported by external funding.
- Protecting and safeguarding the good progress on cancer recovery, through the forthcoming difficult months remains a priority.
- Focusing on safety and sustainability of urgent elective patients, and then long waiters, with clinical oversight, in the exceptionally challenged Omicron context. The elective plan will continue to be complemented by insourcing and outsourcing arrangements.
- Increase elective work at Bassetlaw hospital where possible.
- Focusing on key risks around long waiting patients, ensuring individual patient plans in place
- Focusing on some of the outpatient transformation metrics such as Patient Initiated Follow up, building on good progress in Advice and Guidance

Cancer

- The Trust will further focus on recovering its 62 day position and returning to pre-COVID performance

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

FINANCE AND PERFORMANCE COMMITTEE

Minutes of the meeting of the Finance and Performance Committee
Held on Tuesday 26th October 2021 at 09:00 via Microsoft Teams

Present:	Neil Rhodes, Non-Executive Director (Chair) Mark Bailey, Non- Executive Director Pat Drake, Non-Executive Director Jon Sargeant, Director of Finance
In attendance:	Fiona Dunn, Deputy Director Corporate Governance/Company Secretary Kirsty Edmondson-Jones, Director of Estates & Facilities Claudia Gammon, Secretarial Support Officer (Minutes) Gillian Marsden, Deputy Chief Operating Officer (Agenda item B1) James Nicholls, Project Manager for New Hospital (Agenda item D4) David Purdue, Chief Nurse Marie Purdue, Director of Strategy and Improvement Julie Thornton, Head of Performance Jane Tombleson, Deputy Chief Operating Officer (Agenda item B1) Abigail Trainer, Director of Nursing
To Observe:	Lynne Schuller, Public Governor Malcom Veigas, Associate Non-Executive Director
Apologies	Rebecca Joyce, Chief Operating Officer Kath Smart, Non-Executive Director

		ACTION
FP21/10/A1	**Welcome, Apologies for Absence and declarations of interest (Verbal)**	
	The Chair welcomed members and those in attendance. No declarations of interest were declared.	
FP21/10/A2	**Requests for any other business (Verbal)**	
	None.	
FP21/10/A3	**Action Notes from Previous Meeting (Enclosure A3)** Updates were provided on the below actions: Action 1 – Corporate Risk Detail – Closed Action 2 - Estates and Facilities Oversight Board – Closed	

	Action 3 – Alignment of Bed Plan and Nursing Budget – Closed Action 9 – Ophthalmology Update - Full report raised within QEC Action 10 – Risk Register – Closed as part of the agenda Action 12 – Integrated Performance Report - Closed as part of the agenda Action 13 – Deep Dive - Closed as part of the agenda Actions closed: 4-8, 11	
	The Committee: - ***Noted the updates and agreed, as above, which actions would be closed.***	
	Action: Claudia Gammon would update the Action Log.	
FP21/10/ B1	**Radiology Recovery Plan (Enclosure B1)** As further work was required it was agreed that the Radiology Recovery Plan was to be deferred until the next meeting.	
	The Committee: - **Noted that this item would be added to the next meeting**	
FP21/10/ C1	**Operational Update/ Including use of Nursing Resource (Bed Plan) (Enclosure C1)** **Situation Update** Gill Marsden gave an update on the situation within elective and non-elective surgery. It was noted that Covid-19 still had an impact. Added pressures were due to staff isolating and staff sickness. The rules had changed and the social distancing measures have had an increased impact on the delivery of non-elective. This was due to annual leave and the complexity of patients and the discharge of patients. Some theatre patients have had their operations cancelled due to bed pressures. Gill Marsden also mentioned the impact that Women and Children's had had due to reduced beds. The Chair queried the proportion of Covid-19 patients that were in the Intensive Care Unit and on the wards. Gill Marsden confirmed that there were 6-8 Covid-19 patients within ICU however the amount on wards was not confirmed. Following a comment from Pat Drake regarding the pressures in ICU and that patients who had respiratory issues were now being cared for on high dependency. Following a question from Pat Drake regarding how the independent sector was performing within elective surgery. It was confirmed that the pressures were the same. Parkhill Hospital had assisted with the difficulties by providing beds for patients as they had extra nurses on site.	

Jane Tombleson reported that ED attendance were now at pre Covid-19 levels. Although there were a number of patients that could have been seen within primary care, minors and GP recommendations. Gill Marsden then gave an overview of cancer patients and that surgeries were only cancelled and then rearranged the following day. They were never routinely cancelled.

Following a question by the Director of Finance it was confirmed that 1 cancer patient would have their surgery cancelled and this wasn't every week. Every option was investigated ahead of cancelling these surgeries.

Following a question from Pat Drake about the Patient Tracking List and that assurance had previously been given to the committee. Although some patients were still awaiting a first appointment. Gill Marsden confirmed that this was currently being raised and worked on by Julie Thornton and a report would be accessible to the GP's and patients. Currently Urology and Trauma Orthopaedics had a 40 week wait and Rheumatology had a 16 week wait where the patients were yet to be seen. Rotherham had been given mutual aid by DBTH as there wait time was 33 weeks some were duplicate referrals.

The Director of Finance commented that the 2100 on the Patient Tracking List were over 27 week wait and had a potential to go over the 52 week breach by the end of the year. These were patients that had not been seen by any Dr and would be required to go back to their Dr's for further clinical reviews.

Jane Tombelson went on to discuss the pressures within ED, the attendance levels were high with 330 patients via the Emergency Department within DRI and 140 at Bassetlaw. Monday, Tuesday and Sunday were the busiest days within Emergency Department and experienced a high volume of ambulances passing through with 100 at DRI and 30 at Bassetlaw.

Following a question from Pat Drake about the 72 day ward set up and when this would be live. It was confirmed that this would be from the 1st December 2021. AMU would transfer 12 beds to medicine where the consultants were already lined up and the remaining 30 beds would be for the 72 day ward. Clinical Decisions Unit and Emergency Assessment Unit would also be operational from the 1st December.

Nursing resource and bed plan

The Chief Nurse gave information regarding the Nursing Resource, Bed Plan and the challenges that were faced pre pandemic. Due to this weekly meetings had been set up with the Divisional Directors. A breakdown of the plan was:

- A consistent increase in additional opened beds across both DRI and Bassetlaw site to support patient flow. Currently have 24 additional beds opened but not funded in H1
- Increase in patient activity in key areas such as Critical Care, Respiratory, Orthopaedic trauma and paediatrics
- Currently have a pipeline of 50 international nurses for 2021 with further discussions taking place for a second cohort for 2022.
- Increase in sickness both Covid-19 and non Covid-19 in key areas such as Critical Care, Emergency Department, Maternity and Theatres

	Following a question from the Director of Finance asked about Health Care Assistants and enhanced care and the pressures. It was confirmed that pre-pandemic Health Care Assistants were recruited on a quarterly basis. Indeed were to start in November and to be used to assist with vacancies and would advertise on the trusts behalf. Flexible working was discussed as staff were usually put on to bank. There used to be a waiting list for staff on bank but this no longer exists. The Chief Nurse advised that sickness absence rates within Emergency Department stood at 12% and 11% in critical care, Kirsty Clarke and Marie Hardacre were to support this and manage it in order to bring the levels down. Malcom Veigas suggested that the trust trialled a QR code in order to advertise jobs as this had been a success in other trust. Malcom Veigas also mentioned about a clear pathway for Domestic Care Assistants who would be interested in becoming Health Care Assistants.	
	The Committee: - ***Noted and took assurance from the Operational update including use of Nursing Resource and the Bed Plan***	
FP21/10/ C2	**Integrated Performance Report (Enclosure C2)** Pat Drake referenced the massive pressures that the trust was currently under and whether the video conferencing was assisting. Including the new addition of Medisite within Ophthalmology for initial consultations. **Ophthalmology Update** Gill Marsden gave an update on the situation with Ophthalmology, the 2911 patients that didn't appear on any trust track list had now been RAG rated according to clinical criteria. Out of the 2911 patients 719 had been clinically reviewed. Any urgent patients were booked in and seen straight away. A report was to be produced every month with the figures updated, the last report was created on the 8th October. The Chair asked the progression of moving patients between two lists was, it was confirmed that good progress was being made.	
	The Committee: - ***Noted and took assurance from the Integrated Performance Report and the Ophthalmology update***	
FP21/10/ D1	**Financial Performance** There was nothing to add for this item	
	The Committee: - ***Noted from the Financial Performance Update***	
FP21/10/ D2	**Finance Plan/Forecast (Enclosure D2)** **H2 Update** The Director of Finance gave an update and that the cash was reduced and they had been a reduction in Covid-19 income and Critical Care. South Yorkshire and Bassetlaw couldn't spend	

	anything and there was to be a long term efficiency plan this would be checked monthly. After finding a £6million deficit there was a £3.6million Safety Improvement Programme which was in line with the ICS. Money had been negotiated with the CCG and 1-1.5 Safety Improvement Programme. The Clinical Commissioning Group had funded £2.5million ahead of the upcoming Winter pressures. The detailed plan would be issued at the end of November/December. There were more pressures from the ICS on the 52 week breaches. There was also separate money for urgent care. Pat Drake commended the lowering of the Elective Recovery Fund of 89% against the 95%. The Director of Finance confirmed that the ICS wouldn't receive any ERF back at the end of the year. The Director of Finance confirmed that a total bid had been put in for £5.8 million. £3million was used out of the £12million for the modular theatres and if approved this would be reinstated. The modular wards would be opening on the 1st December and had been knocked through to the Women and Children's for connection. It was also mentioned they would be laminar flow theatres with a high filtration rate.	
	The Committee: - ***Noted and took assurance from the Finance Plan/Forecast***	
FP21/10/ D3	**<u>Performance Framework (Enclosure D3)</u>** The Director of Finance gave a performance framework update that outlined the methodology and align the scores. It was mentioned that the Chief Executive would be part of the escalation process and that anything raised would be submitted via Executive Team formally then to the relevant sub-committees. Executive team would look at items within ED, Elective Care and Commissioning Support Service and spend half of the agenda on this item. The meetings have been sporadic due to hospital pressures. Following a question from Mark Bailey on if the structure would be aligned with the key measures. The Director of Finance answered that there were two ways of monitoring 1) data & 2) clear targets. Once rotas and nursing targets were implemented more effectively then the milestones would fit together. All work was to be monitored via this committee. Scoring system would be moving to online with almost live information. Julie Thornton gave a brief overview of the new dashboard project and that there were the following phases to the completion of this: - **Phase 1 –** (at the end of October) – ESR, Performance, Emergency Flow and length of stay - **Phase 2** – (early November) – Nerve Centre, Elective Planning, Out Patients, Diagnostics and Clinical Therapies. - **Phase 3** – (later in the year) Julie Thornton introduced Stanoje Krco, to provide a live presentation on the theatres dashboard. It was shown that it could be filtered down by speciality, consultant and list type. Individual theatres and consultants can also be filtered to. Date ranges were also available to make the search more defined. A listing of late theatre start times was displayed and then this could be displayed to allow a full view of each late theatre start time and why this had occurred.	

	It was discussed that other reports would be phased out and one would be used for everything as we currently have multiple systems that hold the data. Everything should then be produced from this base data. The Director of Finance confirmed that score cards would also be produced and be sent from these dashboards. Quality data and ESR data was also being investigated into if they can be merged into this. Gill Marsden confirmed that the Clinicians, Operational Managers, AHPs and Lead Practitioners had been involved and adding what they required to be included.	
	<u>The Committee:</u> - ***Noted and took assurance from the Performance Framework***	
FP21/10/ D4	**<u>Major Schemes & Estates & Facilities updates (Enclosure D4)</u>** **<u>Estates & Facilities Report</u>** The Director of Estates & Facilities explained that negotiations had started with Sodexo as the package was currently £46,000 per month. There was a meeting on the 29th June to discuss the pre Covid-19 position as the volumes were lower and Sodexo were paying us £295,000 per annum back. The package had been suggested to Sodexo but they had declined it and made a £1.1million loss. DAC Beachcroft had therefore been contacted for advice and to negotiate a sustainable position. As Sodexo hadn't agreed to the package alternative catering had been offered to staff and visitors on site. The Director of Estates & Facilities confirmed that the next steps would be to write to Sodexo and withdraw current support from the end of quarter 2. Sodexo proposed that we should close Mexborough restaurant only supplying a hot vending machine and to have a cart in ED at DRI. . A meeting was also planned with Sodexo to create a way forward. **<u>New Hospital Build</u>** James Nicholls gave the progress of the new build, the next 6 weeks were to be the busiest, then approvals and a phase route map. Analysis had been conducted on the growth of population, housing growth and how large the hospital was required to be. The Director of Finance confirmed with the Chair that the progress was acceptable and on track, working closely with the Doncaster council and stakeholders and would discuss separately if a deep dive was required at a later date. Assurance was given and further discussions would take place outside of the meeting. **<u>(W&C) Granger Report and Action Plan update</u>** The Director of Estates & Facilities gave a brief overview of the report and the actions that were discussed at Board on the 21st September. Formal responses by DRI were sent on the 5th October. There had also been issues with the lifts within Women & Children's however at present all four lifts were back in service. They were awaiting new or reconditioned lift drive for bed lift 2. An accelerated Lift Refurbishment Programme was to be developed to make up time lost due to Covid-19. **<u>(W&C) Modular Build update and Timeline</u>** The following items were being discussed with the modular build - Capital Works to East side of W&C building - Progress of New Ward and Theatre Blocks	

	- NHS Resolutions Insurance Claim - Top-up Insurance Procurement - Granger Incident Investigation Report & Action Plan - Recent Lift Incidents The ward started to be built on the 14th October and the handover had been set for 8th November for theatres and the 6th December for the ward block. The modular builds weren't temporary and had a life span of at least 60 years. At present there was issues with the power within the east. Power from the west side was being taken to support. Following a question from Mark Bailey about whether temporary power sources can be run off generators. The Director of Estates and Facilities confirmed that you can use temporary power sources but only for a short period of time from a generator.	
	The Committee: - ***Noted and took assurance from the Estates & Facilities Report*** - ***Noted and took assurance from the New Hospital Build*** - ***Noted and took assurance from the (W&C) Granger Report and Action Plan update*** - ***Noted and took assurance from the (W&C) Modular Build update and Timeline***	
FP21/10/ E1	**Board Assurance Framework SA1 and SA4 (Enclosure E1)** The Company Secretary confirmed this was the same update as previously mentioned	
	The Committee: - ***Noted and took assurance from the Board Assurance Framework***	
FP21/10/ E2	**Corporate Risk Register (Verbal)** The Company Secretary confirmed there were no new risks and everything was up to date.	
	The Committee: - ***Noted and took assurance from the Corporate Risk Register***	
FP21/10/ E3	**Assurance Summary (Verbal)** 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: - Matters discussed at this meeting, - Progress against committee associated Executive's objectives, - Divisional compliance with the Trust's risk management process.	
	The Committee were assured on behalf of the Board of Directors on: ***- Matters discussed at this meeting,***	

	- Progress against committee associated Executive's objectives, ***- Divisional compliance with the Trust's risk management process.***	
FP21/10/ F1	**<u>Governor Observations</u>** All acute providers under pressure; impact on staffing and performance due to rising figure of C19 – had led to cancellations due to staffing levels Non elective patient tracking system via ED impacting elective lists and elective lists increasing in complexity all have a direct correlation to patient tracking flow. System partners were being called on in regards domiciliary care and care packages. Routine reconfiguration of bays etc. and ward plans, high levels of high dependency beds onwards. There was use of outsourcing, this was limited due to staffing issues across. The remains pressure across the system re Children's care; had been some slight push back as expected. **<u>Non-Elective</u>** - 4 hr performance back to pre-Covid-19 levels - Pts being streamed to emergency GP - Some cancer pts cancelled, reappointed next day - Pathway in place re P2 and long waiters - Information team working on report re length of wait for 1st apt - Working with CCG wanting to understand queue position and prioritisation - General Manager in surgery working on deep dive of Patient Tracking List. - 2,100 27 week waits on PTL; would impact 52-week waiters by end of year **<u>Emergency Department (ED)</u>** - High numbers post weekend; Mon / Tuesday - Tracking and undertaking 3 system calls per week - Tracking pts not meeting criteria to reside - 72 hr ward becomes live 01.12.21 **<u>David Purdue</u>** - Work re ambulance service conveyance rates and decision-making process to transfer to ED - 2nd cohort overseas nurses due early 2022. Work re Midwives (MW) and Paediatric nurses to follow. Work to standardise enhancements across trusts to maintain staffing levels and a greater emphasis on growing our own to follow, with clarity of career paths. - Prioritisation of safe care and the perfect ward; needs to be greater skill mix, recruitment for HCSW (Health Care support worker) role.	

	Ophthalmology - Monthly reporting; last 08.10 - 2 consultants working to put trajectories and timelines in place - Will impact on the 52-week waiting list **Performance** - Maximising non face: face appts - PTL consolidation should highlight long waiters - May rise risk not previously identified - Will be changes to mapping of services across the hospital - Need to map against corporate objectives, identify as performance not recovery	
FP21/10/ G1	**Any Other Business** There were no items of any other business.	
FP21/10/ G2	**Reference Cost Report**	
	The Committee - ***Noted the Reference cost report***	
FP21/10/ G3	**IfRS 16 Paper/Leases (Enclosure)** No comments were given on this paper and was taken as read	
	The Committee - ***Noted the IFRS 16 Paper***	
FP21/10/ G4	**Minutes of the Sub – Committee Meetings (Enclosure)** ***The Committee noted:*** - ***Capital Monitoring Committee –26/08/21*** - ***Cash Committee –09/09/21***	
FP21/10/ G5	**Minutes of the meeting held on 26th October 2021** - ***The Committee approved the minutes of the meeting held on 26/10/21.***	
FP21/10/ G6	**Date and time of next meeting (Verbal)**	
	Date: Thursday 18th November 2021 **Time:** 12:00 **Venue:** Microsoft Teams	

	Meeting Close Meeting closed at 12:30pm	

FINAL

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

QUALITY AND EFFECTIVENESS COMMITTEE

Minutes of the meeting of the Quality and Effectiveness Committee
Held on Monday 5th October 2021 at 13:00 via Microsoft Teams

Present:	Mark Bailey, Non-Executive Director Pat Drake, Non-Executive Director (Chair) Sheena McDonnell, Non-Executive Director Dr T J Noble, Executive Medical Director David Purdue, Chief Nurse Jodie Roberts, Director of Allied Health Professionals
In attendance:	Kirsty Clarke - Divisional Director of Nursing (Surgery) (agenda item B1) Duncan Drury - Divisional Clinical Governance Lead (agenda items B1) Fiona Dunn, Deputy Director Corporate Governance/Company Secretary Samantha Fawkes – Quality Improvement Practitioner (agenda item B2) Nicola Holland – Quality Improvement Practitioner Rob Mason - Head of Quality Improvement (agenda item B2) Nicki Sherburn – Head of Nursing (agenda item B1) Cindy Storer, Deputy Director of Nursing (Patient Safety) Abigail Trainer, Director of Nursing Beccy Vallance – Clinical Lead Quality Improvement (agenda item B2)
To Observe:	Peter Abell, Public Governor Bassetlaw Lauren Ackroyd – General Manager, Children & Families Lynne Logan, Public Governor Doncaster
Apologies:	Stacey Nutt, Deputy Director of Nursing (Patient Experience)

		ACTION
QEC21/10/A1	**Welcome, apologies for absence and declarations of interest**	
	The Chair welcomed members, attendees and governor observers. The above apologies for absence were noted and no conflicts of interest were declared. Following recruitment to the Executive Medical Director's office the Chair informed the Committee that Juan Ballesteros, Associate Medical Director – Clinical Safety would join the Committee from December 2021 onwards.	
QEC21/10/A2	**Request for Any Other Business (Verbal)**	
	No items of any other business were received.	
QEC21/10/A3	**Action Notes from Previous Meeting (Enclosure A3)**	
	All actions were closed, and no updates were provided.	

	Action 1,2,3,4,6-15 & 17-23 were all closed Action 5 – Winter Plan – on the agenda Action 16 – the Chief Nurse would speak to Adam Tingle to establish if external support was required to update the maternity pages on the website. If so, would be progressed through the Charitable Funds Development Committee	
	Action: • ***the action log was updated and appropriate actions closed.***	
	The Committee: • ***reviewed the action log and agreed to close actions.***	
QEC21/10/B1	**Divisional Presentation: Cancer and Surgery (Presentation)**	
	Kirsty Clarke, Divisional Director of Nursing (Surgery) and Duncan Drury, Divisional Clinical Governance Lead shared with the Committee a presentation focusing on the surgical aspect of the division. The presentation provided an overview of the following topics: • Incidents, moderate and serious harms (identified themes & specialities) • Guidance, including Local Safety Standards for Invasive Procedures (LOCSSIPS) • NICE compliance – reported @ 90%, with progress on the one non-compliant guideline progressing via a business case • Involvement in national audits (100% compliance - mandated and recommended) • Compliance with regulatory bodies, Joint Advisory Group on GI endoscopy • SET compliance - 83.33% as at 31/8/2021 • Patient feedback - supporting actions and changes to procedure • Quality Improvement Initiatives • Risks and governance challenges The presentation had been shared with the papers, with further updates provided at the meeting. A number of issues were reported which the Committee members were able to offer assurance on, respond to or offer next steps. The top five risks on Datix had been summarised in the presentation and in addition to those the following wider risks were identified: • workforce capacity and resilience • emergency and elective bed capacity • outpatient Capacity • theatre capacity – risks to elective surgical provision • Datix programme and inadequate support for governance processes The Chair acknowledged the frustrations shared as part of the presentation, the last 18 months had been an incredibly challenging period, with pressures greater than ever seen before in the NHS. As the division's presentation had been recently received at the Clinical Governance Committee the Chair invited the Executive Medical Director and Chief Nurse to respond to the challenges raised.	

	The Chief Nurse confirmed that discussions had already taken place with the Director of Nursing in respect of the capacity of the Patient Safety Team, input had been sought from the Divisional Directors of Nursing and meetings with the Clinical Governance Leads were in diaries. A need to improve the resource was recognised, and a business case would be developed, but input from divisional colleagues was required to ensure the decision was well informed. The Chief Executive was sighted on the plans In respect of the challenges identified with the local risk management system, Datix, the Chief Nurse confirmed that discussions with the Chief Information Officer had taken place as soon as it was identified that the system was not supported by IT. The Deputy Director of Nursing (Patient Safety) and the Deputy Director of Corporate Governance had worked together to ensure necessary steps were taken to allow use of the system going forwards. Enclosure C4 from the Deputy Director of Nursing (Patient Safety) provided a more detailed update on this matter. Staffing shortages were recognised to have been challenging throughout the pandemic. A series of actions to increase staffing levels had been implemented, including the payment of enhanced rates, recruitment of Health Care Support Workers and an international nurse recruitment programme, these actions should result in an improved staffing position in the New Year. The impact of the Women's and Children's incident in April 2021 had also added to an already challenging situation. In response to a question from Duncan Drury in respect of delays and duplication to the vacancy control/recruitment process, the Chief Nurse confirmed that in the situation described where backword had been given by the successful candidate there would not normally be a requirement to recommence the process. An internal audit review of the recruitment process was due to be undertaken and the Chair confirmed the matter raised would be considered by the People Committee. The Chair reminded those in attendance of the health and well-being offers available to colleagues which provide a wide range of support, of particular help during these times of extreme pressures. The Executive Medical Director thanked colleagues for their presentation, which had been recently received at the Clinical Governance Committee, and it was partly due to some of the frustrations raised that a review of clinical governance arrangements had been commissioned. A streamlining of process would be helpful and the challenges faced by clinical governance leads within the divisions were recognised, as a former governance lead himself the Executive Medical Director was able to identify with the associated time pressures and competing demands. In respect of the unsupported software, TeraRecon, the Executive Medical Director confirmed his understanding that a reconditioned drive had been sourced and the kit was back in operation, supported by a procurement exercise to update the software. When he became aware this was not the case, he had discussed the matter with the Chief Information Officer and was appraised on some outstanding issues which he had been assured were not unsurmountable and steps would be taken to rectify the matter. The Chair sought assurance from the Chief Nurse and Executive Medical Director that the Executive Team were sighted on the issues raised and that if unable to resolve the matters	

	should be escalated to the Board. In response to a question from the Chair re the identification of these matters at the Trust Executive Group (TEG) the Chief Nurse confirmed the matters had not been heard there, nor at the accountability meetings but the opportunity would be taken to raise these at the meeting of TEG on 11 October 2021. Sheena McDonnell thanked the team for the presentation and acknowledged she had clearly heard the issues and challenges, with regards to the recruitment challenges the People Committee were already exploring this process and the mater raised today would be included in this. In respect of the concern shared in respect of a lack of action and voices not being heard, Sheena enquired if these were new or long-standing issues and what opportunities were under the divisions control to influence these. Kirsty reported positive steps had been taken over recent weeks with regards to engagement with the Executive Team. A need to work together to resolve matters was reinforced by the Chair, ensuring effective two-way communication. Mark Bailey assured colleagues that the matters raised would be addressed through the various sub-committees of Board structure. The Chair took the opportunity to recognise the positive work on LOCCSIPS, NICE and SET compliance. Colleagues were assured that the issue of theatre capacity was raised at the Finance and Performance Committee and there were plans for some of the newly appointed international nurses to work in this area. The Chair thanked the presenters, and their divisional colleagues for their hard work and for sharing their views today in an open and transparent manner.	**DP/TN**
	The Committee: • ***Noted the update and information provided***	
QEC21/10/B2	**<u>Quality Improvement Update (Enclosure B2)</u>**	
	The Chair welcomed colleagues from the Quality Improvement (Qi) Team to the meeting. Going forwards the Committee would receive a mid-year and annual Quality Improvement report to highlight the impact of Qi work on patient quality and safety matters, but for the purpose of today's meeting the paper and supporting presentation would summarise the activity during the period March 2020 to September 2021. The purpose of which was to provide assurance to the Committee of the work undertaken by the Qi team, which included a summary of 2020/2021's highlights. During the first and second waves of Covid-19 the team's efforts were focused on supporting staff swabbing, FIT mask testing, PCR process analysis and the roll out of the vaccine programme and in this respect the work of Qi Clinical Lead, Beccy Vallance should be recognised and acknowledged. Despite the impact of Covid, work on Qi coaching continued and both face to face and improvement events were converted to online sessions, with the benefits of virtual working being realised. In April 2021, to continue to drive forward adoption of Qi methodology two secondees from operations were recruited, and the Committee were able to watch a short video which summarised a day in the life of a Qi Practitioner. A refresh of the Qi strategy due for 2022 would ensure that we embed and sustain internal Qi, expand work across at place and system and an approach to a Qi academy.	

	Shenna McDonnell thanked colleagues for their presentation. The Board continued to be supportive of the Qi approach and methodology, but the results in the staff survey did not reflect the Qi opportunities available to staff, as such Sheena asked what mitigations could be put in place to address the risks and what support was required from the Board to embed the agenda? The Head of Qi confirmed that engagement with the workforce was key to success and the secondments had been a successful addition to that interaction. As both current secondees had secured permanent Qi posts at other organisations the intention was to go out to recruit to a permanent post as well as a secondment opportunity. The other challenge was to demystify Qi and enable colleagues to recognise the changes they make every day as quality improvements. Following a recent visit to the Pathology team Mark Bailey fed back the change in mindset from an initial reluctance to Qi involvement to recognition of the added value and suggested it may be helpful for the Qi Team to understand how and why this shift in had occurred. The Qi team could also assess the extensive change seen during the pandemic which may also inform a future approach to Qi. Finally, the idea of colleague's producing a short film, as seen today, to share their improvements would be a great opportunity to progress. The Chair thanked the Qi colleagues for the paper, excellent presentation style and their obvious passion.	
	Action: - ***interim and annual report to be added to the workplan for June and December 2022.***	**AO**
	The Committee: • ***Noted the update.***	
QEC21/10/B3	**Winter Plan (Enclosure B3)**	
	The Chief Nurse presented the Winter Plan, it was recognised this year would be challenging, particularly in view of the loss of bed capacity arising from the incident in the Women's & Children's Hospital. Six transformational workstreams would be implemented and the presentation provided an overview of the work contained within these: • Pre-hospital • Front door • Same day emergency care • Acute • Patient flow • Anticipate not react Over winter there remained an expectation that elective recovery would take place, in order to qualify for Elective Recovery Funding there was an expectation that waiting lists were no larger than 2019/20, no waiters over 104 weeks and no deterioration in cancer performance standards.	

	The Chief Nurse reported the Trust had seen its first two confirmed cases of flu this week. The Covid booster and flu vaccination programmes were ongoing and whether this was mandated for staff would be subject to consultation. The Chair recognised there were several deadlines during November and December and achievement of all of these would be challenging; it would be helpful to receive an update on the Winter Plan at the December meeting. In response to a question from the Chair the Chief Nurse confirmed that the 72-hr ward would be supported through a range of key protocols, and on the Emergency Assessment Unit there would consultant oversight each afternoon. With regards to plans to improve weekend discharges there was a separate flow group, chaired by the Chief Nurse, and funding would go into the winter plan to support this. Sheena McDonnell recognised the enormous amount of work that had gone into the plan and was encouraged to see the transformational approach. As there seemed to be many of the same people involved in the plan the question was asked if this was achievable and what Qi support would be received. The Chief Nurse confirmed there had been a significant amount of Qi work already undertaken in respect of patient flow from ED and surgical pathways, the Qi team were actively involved and best practice guidance from the Emergency Intensive Support Team had also been incorporated. In response to a question from Mark Bailey if there was proof of these plans being successful elsewhere, the Chief Nurse confirmed that some of the plans were national pieces of work, such as red to green but the key issue for success was how the plans were implemented.	**DP**
	Action: • ***An update on the Winter Plan to return to December's meeting***	
	The Committee: • ***Noted the information provided***	
QEC21/10/C1	**Board Assurance Framework (Enclosure C1)**	
	The Chief Nurse confirmed a review of the Board Assurance Framework for True North 1 had been undertaken and the following changes incorporated: • work on the Quality Framework • roll out of Perfect Ward (to commence Q3) • action plan for CQC Patient Survey, an update from the Emergency Department survey would be presented to the December meeting	**DP**
	Action: • ***To add the CQC Patient Survey (ED) to the agenda for December 2021***	
	The Committee: • ***Noted the Board Assurance Framework.***	

QEC21/10/C2	**<u>Quality Framework and Strategy update (Education Pilot) & Breakthrough Objective Status</u>**	
	The Chief Nurse confirmed that the Quality Strategy, including the Quality Framework would be shared at the December meeting. The launch of the Matron's handbook would also take place, which would include roles and responsibilities and standard work; ultimately this would be rolled out across the nursing workforce, including Healthcare Support Workers	**DP**
	<u>Action</u>: • ***To add to the agenda for 7 December 2021***	
	The Committee: • ***Noted the update provided on the Quality Framework Strategy.***	
QEC21/10/C3	**<u>Stabilisation and Recovery (Risk Stratification Assurance Body Report) (Enclosure C3)</u>**	
	The Committee received the Executive Medical Director's report which summarised the current levels of risk stratification within the Trust and the recommended approaches to patient prioritisation and management. The following headlines were reported: • achievement of 94% risk stratification of admitted patients • the number of Category 2 patients waiting more than 28 days had increased slightly • national guidance for risk stratification had been received and was currently being reviewed, an update would be provided to the Clinical Governance Committee • the Risk Stratification Assurance Body meetings would now take place monthly and as the Executive Medical Director's structure was now complete a new Chair would be determined and the terms of reference revised. It was noted that the Committee would receive this report by exception, but the agenda item would be retained for an update to be received where appropriate.	
	The Committee: • ***Noted the update on Stabilisation and Recovery (Risk Stratification Assurance Body Report).***	
QEC21/10/C4	**<u>Quality Assurance Report (Enclosure C4)</u>**	
	<u>Summary of Clinical Governance Committee Activity</u> The report summarised clinical governance activity for the period July and August 2021. The following items were escalated to the Committee:	

	• discharge issues in relation to the release from Critical Care to a ward and difficulties in achieving mix-sex compliance were noted. These issues have been risk assessed and placed on the Division's risk register and escalated to the Chief Operating Officer and Chief Nurse. • national issue of blood tube availability. The situation continues to be monitored closely and updates reported to the Clinical Governance Committee. For the purpose of this meeting, as the data in the report related to July and August, an updated position had been obtained from the Head of Pathology. Although stock levels remained relatively low, levels were reported to be manageable, with daily stock being received. Recovery of production capacity was expected and an update would be received early October. The Chair recognised the significant efforts with 76% of colleagues having been vaccinated against flu, further work was recognised in respect of hospital acquired pressure ulcers and it would be good to see aspects of learning incorporated in the next report. In response to a question from the Chair with regards to progress in establishing IT links with GPs for the Medical Examiners to complete community reviews it was confirmed that this would be in place from the beginning of November 2021. In view of the progress made with out of date policies the Chair confirmed she would be happy to remove this from the Committee's agenda and for this to be managed operationally. In respect of the earlier request to receive the Qi strategy, it was agreed that it would be more appropriate for this to be received by the People Committee as this related to adoption of the methodology and cultural changes within the organisation. The Committee's interest would remain but in relation to the outcomes of Qi which had impacted upon the quality of care and patient safety. <u>Clinical Governance Review update</u> To avoid duplication in reporting, improve effectiveness and respond to the launch of the National Patient Safety Strategy, a full review of the Trust's clinical governance processes had been undertaken. A revised reporting structure had been established and in line with national requirements, the Clinical Governance Committee would be renamed the Clinical Governance & Quality Board. Approval was sought for the clinical governance structure, the terms of reference and work plan for the Clinical Governance & Quality Board The Chair asked the Executive Medical Director to provide a timeline and proposed format for receipt of assurance reports to the Committee. In respect of the terms of reference it was suggested a reference to the Trust's quality strategy and the also the national patient strategy should be incorporated. <u>Patient Safety Learning Quarter 1 2021/22 Report</u>	**DP/CS** **TN**

	The Deputy Director of Nursing (Patient Safety) presented to the Committee the highlights of the Patient Safety report: • an update on delivery of the National Patient Safety Strategy, which looked at; involving patients in the own safety and the Patient Safety Partner involvement in organisational safety by the end of Q1 2022/23. In respect of the reference to national patient safety alerts, the Chair requested that the Clinical Governance Committee receive a report in order that they may escalate any issues to the Committee. Sheena McDonnell thanked the Deputy Director of Nursing (Patient Safety) for the work to date on the Trust's plans for adoption of the National Patient Safety Strategy, which would result in significant changes. The proposal to strengthen a central Patient Safety Team was noted, to ensure a non-biased view was maintained, whilst ensuring the necessary capacity for divisional input. • an update on the Datix-Web system The update was noted and confirmation provided that Datix was recorded on the corporate risk register. The measures taken in respect of Datix were not long-term solutions as there was a need to ensure that the Trusts local risk management system was compatible with the Learn from Patient Safety Events Service. Shenna Mc Donnell cautioned against single points of failure and agreed that any future system should be part of the IT/Information Team's portfolio, to ensure appropriate governance and management arrangements. The Chair asked the Company Secretary to bring the matter to the attention of the Chair of Finance and Performance Committee and for Mark Bailey to be sighted on this issue. • an update on the After-Action Review (AAR) process The Committee noted the update and proposed changes as part of the Trust Patient Safety Incident Response Plan (PSIRP). • an update on the progress to close down overdue incidents and serious incident action plans The Committee noted the update and plans to manage the reduction of overdue incidents as part of a weekly overdue panel meeting. In response to a question from the Chair with regards to the need for a Board Patient Safety session the Company Secretary confirmed this was likely to take place in early 2022 <u>Quality and Safety in Ophthalmology</u> The committee noted the update and the plan to review the cohort of patients who were currently not included on a tracker report. Updates would continue to be reported to the Clinical Governance Committee.	**TN** **FD** **TN**

	The Chair requested sight of the completed patient safety report when available. <u>Quality Performance Impact Assessment</u> The report was received and noted, there would be a requirement to receive this on a quarterly basis <u>Infection Prevention and Control and Testing Assurance Toolkit</u> The Chief Nurse confirmed there were no changes to report.	
	<u>Action:</u> • ***Policy update to be removed from work plan***	
	The Committee: • ***Noted the update for the Quality Assurance Report items.***	
QEC21/10/C5	**<u>Hospital COVID 19 Update</u>**	
	The report was received and noted, new guidance around management of coronavirus (COVID-19) Infection Prevention and Control (IPC) measures, with a focus on elective care were now in place. The Chief Nurse reported that the office of NHSE Chief Nurse would be closely monitoring nosocomial outbreaks. The Trust had now reported four outbreaks, the latest due to a Covid positive visitor, visiting arrangements would be kept under review. Where patients have been identified to have died from hospital acquired Covid-19 during wave one and two of the pandemic duty of candour letters have been sent, but as indicated in the report the response to these from families has been limited. In response to a question from the Chair with regards to current inpatients the Chief Nurse confirmed the Trust had 50 patients in total, seven of which required treatment on Intensive Care.	
	The Committee • ***Noted the Update for the Hospital COVID 19 Update***	
QEC21/10/C6	**<u>Safer Staffing (Enclosure C6)</u>**	
	The Director of Nursing's paper on safer staffing was received and noted, the Committee's attention was drawn to a decline in fill rates for registered nurses in July and August due to annual leave. More recently the return to school had resulted in an increase in household family members testing positive and a need for colleagues to self- isolate. The latest data for the safe nursing care tool audit was collected in June 2021, this data hadn't been presented to board as there were some issues with data validity. The data collection would be repeated in January 2022, the newly appointed Head of Nursing for Workforce and Ward Accreditation, Marie Hardacre would oversee this submission to	

	ensure data quality issues are reduced and ward staff are aware of how to score patient acuity. The Chair acknowledged the work undertaken to keep the wards safe and enquired if there were any additional contingencies for staffing or would the recruitment, including international nurses make the difference. The Director of Nursing confirmed when the new cohorts were in place this would make a positive improvement, but we also need to ensure that we use the intelligence available to us to make the best choices with regards to placement of colleagues. In addition, the Chief Nurse reported ongoing work with Universities with regards to the timing of programmes and placements. The introduction of Practice Development Nurses on AMU, ED and respiratory had worked well and would be introduced in maternity. The Director of Nursing and Kirsty Clarke, in her capacity as Workforce Lead, were actively engaged with the international nurses, ensuring an appropriate welcome and support was provided, great pastoral care from the recruitment team had also been received. The Chief Nurse advised that the staffing challenges were attributed to absence rather than high turnover and the Director of Nursing would be conducting a deep dive with the eRoster team to understand the impact of annual leave, study leave and rest days. Sheena McDonnell recognised the positive work with the new recruits and also the work with existing teams to minimise turnover, but encouraged thought on culture and teamwork which were proven to have a positive impact on staff retention. Mark Bailey asked about what conversations had gone on with regards to stripping back activities which took nursing colleagues away from caring for patients, the Chief Nurse confirmed that whilst some activities had been cancelled there was a balance to be found to ensure that staff were well supported and had opportunities to develop as part of their work. The perfect ward work would also help to streamline processes. It was important to note that the key message from newly qualified nurses as to why they had chosen the Trust was around the support and development opportunities provided.	
	The Committee: • ***Noted the update on safer staffing.***	
QEC21/10/C7	**<u>Perfect Ward Accreditation (Verbal)</u>**	
	Marie Hardacre, Head of Nursing for Workforce and Ward Accreditation would lead on this workstream, with the Director of Nursing's support. Funding for the Perfect Ward app and its application had been sourced and colleagues would work closely with the eRoster team to implement this. A presentation would be received at the December meeting of QEC and the Chair confirmed she would welcome Marie in attendance.	**AT**
	The Committee: • ***Noted the update on Perfect Ward Accreditation.***	
QEC21/10/C8	**<u>Ockenden Report Action Plan Update</u>**	

	The Committee received the Ockenden report, which was taken as read. The Chair made a request for a glossary of acronyms to be included in the report when next received at Board. Maternity Voices Partnerships (MVPs) – progress continued at a slow pace and difficulties in sourcing a Chair for the Doncaster MVP remained. Following a recent meeting with the Deputy Director of Midwifery a suggestion had been made that the members of the groups could be involved in producing ward-based patient information, which would be picked up the Clinical Commissioning Groups. Chief Midwife, Professor Jacqueline Dunkley-Bent would meet with the Board on 12 November 2021 to discuss maternity safety, the Trust expected to be asked about the Director of Midwifery role, their visibility and exposure at Board level.	**DP**
	Action: • ***To incorporate a glossary of acronyms within future reports***	**DP**
	The Committee: • ***Noted the Ockenden Report Action Plan update.***	
QEC21/10/C9	**Prevention of Future Deaths Report**	
	In respect of the case previously shared the Chief Nurse confirmed that the Trust had issued its response and supporting action plan to Her Majesty's Coroner (HMC) on 28 September 2021. The CQC were sighted on the matter. The Chief Nurse gave a verbal update on a PFDR which had been received this month where advice was being sought in respect of the learning identified. The Chief Nurse would meet with HMC to discuss further. A further PFDR was expected, but not yet received, and this related to confirmation bias learning. The Chair asked for a report to be brought to February 2022's meeting, to include the action plan referenced above and commentary related to the additional two cases reported at today's meeting.	**DP**
	Action: • ***Added to the workplan for February 2022 meeting***	
	The Committee: • ***Noted the update for Prevention of Future Deaths Report***	
QEC21/10/C10	**Introduction from the Director of Allied Health Professionals**	
	The Chair welcomed Jodie Roberts to the meeting. The Director of Allied Health Professionals welcomed the positive action taken to introduce the joint post across Doncaster & Bassetlaw Teaching Hospitals and Rotherham, Doncaster and South Humber NHS FT Trust. A strategy would be developed to include a	

	focus on workforce, career pathways, professional identify and the diverse leadership opportunities. As an Occupational Therapist by background, the Director of AHPs was incredibly honoured to represent the third largest staffing group within the NHS. In terms of challenges, the biggest was recognised to be staff retention, impacted by Covid and a movement of AHPs away from acute to community settings. The Chair welcomed Jodie to the team and suggested it would be appropriate to receive a presentation from her in December, along a similar approach to that seen earlier from the Surgery & Cancer division. Post meeting the date was revised to April 2022, at the Chair's request and was added to the workplan.	**JR**
	The Committee • ***Noted the Update on the introduction from the Director of Allied Health Professionals***	
QEC21/10/D1	**<u>Patient Experience Report (Enclosure D1)</u>**	
	The Patient Experience Report was received and noted.	
QEC21/10/D2	**<u>Maternity Voices Partnership Feedback and Actions (Enclosure D2)</u>**	
	Update incorporated into enclosure C8, agenda item QEC21/10/C8.	
QEC21/10/E1	**<u>Knowledge, Library and Information Services Annual Report (Presentation)</u>**	
	The Chair welcomed Katherine France, Health Libraries Strategic Manager to the meeting. The following key highlights were shared from the Knowledge, Library and Information Service Annual Report 2020/2021: • mobilisation of Covid 19 evidence via daily and weekly evidence alerts • delivery of services including online training, virtual library induction and usage levels maintained from pre-Covid. • Increase in provision of online journal and eBooks • In terms of next steps - a new service, known as knowledge share, would offer updates tailored to personal professional interests. Currently being piloted with 30 participants • launch of Health Education England's NHS knowledge and library hub for local and national resources • first baseline assessment for the Quality Improvement Outcome Framework, (quality assurance of library services) had been submitted September 2021 September, with results expected March 2022. The Director of Allied Healthcare Professionals shared her appreciation of the Covid 19 bulletins, at a time when there was a need to share a high level of high level of information in a timely manner. The Chair shared her appreciation of the library and knowledge service and the extensive resources available for evidence-based practice and welcomed the increased digital offer. The Committee would look forward to receiving 2021/2022 annual report next year.	**KF**

	The Committee: • ***Noted the information in the Knowledge Library and Information Services Annual Report.***	
QEC21/10/E2	**<u>Research and Innovation Assurance Report</u>**	
	In the Deputy Director of Education & Research's absence the paper was taken as read, no questions were posed to the Chief Nurse. The Chair acknowledged the content of the report and was pleased to see the work which had continued throughout Covid in support of the research portfolio, it was also encouraging to see that the Trust had a healthy pipeline of commercial studies. The Chief Nurse acknowledged the four studies being led by nursing, previous research had been focused on clinical trials whereas these were multi centre/national trials and the involvement of the Director of Midwifery and the Chief Nurse as Principal Investigators was a positive step forward for the Trust.	
	The Committee: • ***Noted the update for the Research and Innovation Report.***	
QEC21/10/F1	**<u>Corporate Risk Register (Enclosure F1)</u>**	
	The Deputy Director of Corporate Governance/Company Secretary confirmed no change had been made to the risk register since its last presentation to Board. The potential appointment of a Risk Manager was a positive suggestion to progress the work.	
	The Committee: • ***Noted the corporate risk register.***	
QEC21/08/F2	**<u>CQC and Regulatory Compliance Update</u>** The Chief Nurse confirmed that the Trust's CQC action plan was now complete, and there were no areas on Insights, where the Trust was flagged as an outlier. The Trust continued to have good relations with their Inspection Manager Head of Inspection. It was reported that a full inspection was currently taking place at a neighbouring trust, with a focus on maternity services, ED and surgery. A well-led inspection was planned for November 2021.	
	The Committee:	

	• ***Noted the update for the CQC and Regulatory Compliance Update.***	
QEC21/10/H1	**<u>Governor Observations (Verbal)</u>**	
	In response to a request for feedback on today's committee Lauren Ackroyd confirmed she had found the opportunity to observe useful in triangulating information with that seen in her role as General Manager. The Chair extended a welcome to future meetings or to have a conversation with her direct. Peter Abell, Public Governor Bassetlaw congratulated the Committee on their work. In respect of the observations of the Surgery & Cancer presentation he enquired of the level of contact the non-executive directors had with the division. In response the non-executive directors confirmed that although impacted by Covid as the initial advice was not to come on site, since the lifting of restrictions many of them had visited to show their appreciation of colleagues' efforts, check-in on their well-being and offer their time to listen to their experiences. Whilst there was a need to avoid becoming operational the non-executives through the buddying scheme and as part of the unitary board were well sighted on challenges within the organisation. From today's presentation, papers and through general awareness Peter expressed a view on the shortage of admin staff and the potential for this to impact on service delivery. As he would not expect a supply shortage he suggested, within reason, that gaps be filled to ensure routine administrative tasks did not fall to clinicians. Sheena McDonnell acknowledged that additional staff were not always the answer and working smarter, possibly through the automation of tasks may be a more appropriate solution. Focus on the entire workforce clinical and non-clinical was a key focus for the People Committee.	
QEC21/10/I1	**<u>Sub-Committee Meetings (Enclosure I1):</u>**	
	The Committee noted: • Clinical Governance Committee Minutes, 16 July and 20 August 2021 • Research and Innovation Committee Minutes – 22 July 2021 • Learning from Deaths Report – Quarter 1 2021/22	
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 3rd August 2021 (Enclosure J2)</u>**	
	The Committee: - ***Noted and approved the minutes from the meeting held on 3rd August 2021.***	
QEC21/08/J3	**<u>Assurance Summary</u>** 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: - Matters discussed at this meeting,	

	- Progress against committee associated Executive's objectives, - Divisional compliance with the Trust's risk management process The Chair wished to thank colleagues for their hard work.		
	<u>The Committee were assured on behalf of the Board of Directors on:</u> - ***Matters discussed at this meeting.*** - ***Progress against committee associated Executive's objectives,*** - ***Divisional compliance with the Trust's risk management process***		
QEC21/08/J4	**<u>Date and time of next meeting (Verbal)</u>**		
	Date: Time: Venue:	**Tuesday 7th December 2021** **13:00** **Microsoft Teams**	

FINAL

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

QUALITY AND EFFECTIVENESS COMMITTEE

Minutes of the meeting of the Quality and Effectiveness Committee
Held on Tuesday 7th December 2021 at 13.00 via Microsoft Teams Videoconferencing

Members:	Mark Bailey – Non-Executive Director Pat Drake – Non-Executive Director and Chair Sheena McDonnell – Non-Executive Director Dr T J Noble – Medical Director David Purdue – Chief Nurse/Deputy Chief Executive Jodie Roberts, Director of Allied Health Professionals	
In attendance:	Andrea Bliss, Divisional Director of Nursing for Children and Neonates Kirsty Clarke, Divisional Director of Nursing for Surgery Dr Eki Emovon, Divisional Director of Children and Families Claudia Gammon – Secretarial Support Officer (Minutes) (CG) Marie Hardacre, Head of Nursing Workforce and Ward Accreditation (B2) Hannah Lane, Speech & Language Therapist, NIHR/HEE Pre-Doctoral Clinical Academic Fellow (B3) Lois Mellor, Director of Midwifery Stacey Nutt, Deputy Director of Nursing (Patient Experience) Marie Purdue, Director of Strategy and Improvement (B1) Cindy Storer, Deputy Director of Nursing (Patient Safety) Abigail Trainer, Director of Nursing	
To Observe:	Peter Abell, Public Governor Bassetlaw Lynne Logan, Public Governor Doncaster Anthony Jones, Deputy Director of HR Karen Mcalpine, General Manager Jane Smith, Education Centre Business Manager	
Apologies:	Juan Ballesteros, Associate Medical Director for Clinical Safety Karen Barnard, Executive Director of People and Organisational Development Sam Debbage, Deputy Director of Education and Research Fiona Dunn, Deputy Director Corporate Governance/Company Secretary	
		ACTION
QEC21/10/A 1	**Welcome, apologies for absence and declarations of interest**	
	The Chair welcomed the members, attendees and governor observers. The Chair thanked Cindy Storer for all her input and hard work put into QEC and wished her the best of luck in her new role. The above apologies for absence were noted and no conflicts of interest were declared.	
QEC21/10/A 2	**Conflicts of Interest (Verbal)**	
	No conflicts of interest were declared.	

QEC21/10/A 3	**<u>Actions from previous meeting (Enclosure A3)</u>** Action 1 – Winter Plan – Within the agenda however a further update would be provided on 08/02/2022 Action 2 – Communications and Engagement Support – The Chief Nurse would pick this item up within Children and Families committee – Closed Action 3 – CQC Patient Survey Report – Emergency Department – Within the agenda - Closed Action 4 – Within the agenda – Closed Action 5 – Quality Assurance Report – Clinical Governance Review – Within the agenda – Closed Action 6 – Quality Assurance Report – Medical Ophthalmology Audit – Escalate back to the CGC as no serious harms, Finance and Performance were picking up the Patient Tracking List issues – Closed	
	The Committee: - ***Noted the updates and agreed, as above, which actions would be closed.***	
	Action: Claudia Gammon would update the Action Log.	**CG**
QEC21/12/B 1	**<u>Bassetlaw Children's Urgent & Emergency Care (UEC) Model Options (Presentation)</u>**	
	The Director of Strategy and Improvement gave an update on the Bassetlaw Emergency Village model and that the £17.6 million capital fund was to be used to deliver services and create a sustainable model. The plan had been presented to the Health Scrutiny Committee by the Medical Director and the Chief Nurse. It was agreed that a consultation with the public would be undertaken for 12 weeks from December 7th. It was noted that a Yorkshire and Humber Clinical Senate review would take place on the 16th December to map out clear pathways and look around the Bassetlaw site. The Chief Nurse confirmed to the committee that the Health and Scrutiny committee were very positive about the plan. The Chair invited the Divisional Director of Children and Families to share his comments on the proposal and he was supportive of the plan. The Divisional Director of Nursing for Children and Neonates added that medical cover would not change, and that more Paediatric recruitment was ongoing all be it very challenging. International for Paediatric nurses was also being looked into. Following a question from Mark Bailey as to whether a collaboration would take place with Nottingham, it was confirmed that they work together and have a link with staff rotation within community paediatric nurses. As the Trust works across two regions this allows for more opportunities for newly qualified nurses. Further to a question by Sheena McDonnell regarding if it was ideal that the 12 week consultation was over Christmas, it was confirmed that this had been extended. The Director of Strategy and Improvement confirmed that the more favourable third option	

	was for a dedicated Children's Assessment Unit (CAU) was built next to the Emergency Department, which would allow children to remain on Bassetlaw Hospital site when they require a short stay for observation, which can be overnight. The Divisional Director of Nursing for Children and Neonates explained that face to face consultations were commencing with the teams and that included medical staff. The Chair asked when the consultation would finish. It was confirmed this would be mid-February, with the feedback then being presented at the April Quality and Effectiveness meeting. It was also confirmed that the outcome of the senate would be within 4 days of this meeting with a full report being received at the end of December which would also go to NHSIE. This would then be brought back to QEC in February 2022.	
	Action: - ***Feedback from the 12 week consultation to be presented at April 2022 meeting***	**MP**
	Action: - ***Full report presented at February 2022 meeting***	**MP**
	The Committee: - ***The Committee noted the Bassetlaw Children's Urgent and Emergency Care Model Options***	
QEC21/12/B 2	**<u>Perfect Ward Accreditation (Enclosure B2)</u>**	
	The Head of Nursing Workforce and Ward Accreditation described the new Perfect Ward system as an Impatient Quality Assurance Tool that was to replace the old system. It was a digital solution that had been approved for funding by Charitable Funds and would take 12 weeks from the contract being signed to be fully operational. The next implementation meeting was on the 10th December with a finish date of March 2022. The first 4 weeks of use would be for training. The Director of Nursing added that photos could be taken, issues could be raised and reports could be run within this system. Staff friendly results were easy to access and was very efficient to use. The data was live to enable staff to use in a timely manner. Patient feedback was able to be pulled from the system. IT support and Senior Nurse support had been put in within the corporate nursing workforce. The Chair agreed that an update would be brought back to QEC in June. A brief progress report to be given at each meeting between now and June 2022 within the safe staffing report.	
	Action: - ***Full update brought back to QEC in June 2022***	**AT**
	The Committee: - ***Noted the Perfect Ward Accreditation***	
QEC21/12/B 3	**<u>AHP Research – Improvement & Impact (Presentation)</u>**	

	The Allied Healthcare Professionals were introduced by Jodie Roberts and the presentation by Hannah Lane and Julie Berry gave an outline of the HEE/NHR programme that showcases Clinical Skills and Practices. The pathway for this is: - Internship - Pre Doctoral Clinical Academic Fellowship - Clinical Doctoral Research Fellowship - Clinical Lectureship - Senior Clinical Lectureship This allows the AHP's to combine clinical and administrative roles. A number of projects run within the research for: - Power Assisted Exercise Equipment - Rehabilitation Project - Clinical Therapies Research - Project using Data from Large Dataset The AHP's were involved in different levels of research and opportunities for funding that have an impact on DBTH. A range of these are: - Conferences - Collaborations - Awards - Public - Research Culture - Clinical Practices - Portfolio Studies The Chair thanked the presenters for an excellent presentation and was good to see the hard work that was being undertaken in this area.	
	The Committee: - ***Noted the AHP Research – Improvement and Impact***	
QEC21/12/C 1	**<u>Board Assurance Framework (Enclosure C1)</u>**	
	No changes to the framework since Board Following a question from Sheena McDonnell regarding patient experience and was there enough information regarding this it was decided that this would be an action.	
	Action: - ***Further detail required on Patient Experience from the Board Assurance Framework***	**DP/TN**
	Action: - ***Review of the Board Assurance Framework required in April 2022***	**DP/TN**
	The Committee: - ***Noted the Board Assurance Framework***	

QEC21/12/C 2	**<u>Quality Strategy, Framework & Breakthrough Objectives</u>**	
	The Chief Nurse gave a verbal overview of the workshop for developing the Quality Strategy that had taken place. The Quality Strategy will incorporate Patient Safety, Patient Experience and Clinical Audit. This is now complete and will be presented at the next meeting. The Proposed Quality Framework for safe and outstanding work was within the four true north points and five areas: **Definition** - Vision and objectives - Good operational management - Specific projects and everyday improvement coaching - Meeting standards and trajectories internally and externally **Development of People** - Set OD and workforce strategies - Patient and public involvement strategies - Training needs analysis and development plan - Competency coaching training - QI training **Processes** - Breakthrough objectives, annual planning and business processes - Regular reports - Compliance with QI practice and research **Leadership and Culture** - Self-development role models, coaching working in partnership - Interprets own objectives - Ownership - Openness and transparency **Co-production** - Engagement with all stakeholders - Open to feedback - Patient and public involvement as default - Representation on assurance bodies The Chair requested that the framework was complete and ready for sign off in February 2022.	
	Action: - ***Final document of the Quality Framework proposed at QEC in February 2022***	**DP**
	Action: - ***Quality Strategy – final report to be presented in February 2022***	**DP**
	The Committee:	

	- ***Noted the*** **Quality Strategy, Framework & Breakthrough Objectives**	
QEC21/12/C 3	**<u>Stabilisation and Recovery (Risk Stratification Exception Report) (Enclosure C3)</u>**	
	Executive Medical Director explained that 97.4% of patients that had been admitted were previously on an active waiting list have been stratified. This percentage had gone up from 94% previously. National guidance stated that all priority 5 and 6 patients would be excluded from reporting. 374 priority 2 patients have been waiting for surgery for 4+weeks, 350 procedures were usually carried out a week. Primary care would have no access to scan shoulder issues, the patients would be required to be reviewed by a doctor follow the next steps as agreed. Following a question from the Chair regarding diagnostic issues within the Emergency Department pathway both internally and externally. It was noted that clinical requests follow standards, and any further training was given to ensure this was carried out correctly.	
	The Committee: - ***Noted the*** **Stabilisation and Recovery (Risk Stratification Exception Report) (Enclosure C3)**	
QEC21/12/C 4	**<u>Quality Assurance Report Items (Enclosure C4)</u>** **<u>Summary of Clinical Governance Committee Activity</u>** - The Executive Medical Director gave a summary of the Clinical Governance activity and that other committees fed into this including the Nutrition Committee. This was an area for improvement and staffing issues due to Covid-19 played a factor into this. - There was a reduction in impatient falls, serious incidents and 4 never events - The Divisional Quality Frameworks would be received at the CGC prior to being put on the QEC agenda, to enable guidance and support to be given to divisions. The Women and Children's presentation would now come to the February meeting and the QEC work plan would be changed to accommodate this. - The Structure chart for committees reporting to the Clinical Governance has been reviewed and agreed. From April the Clinical Governance committee will be called the Clinical Governance and Quality Board, and the reporting mechanism to QEC will change in accordance. - The Terms of Reference will be reviewed for January. - All Clinical Governance leads have been met with, and the new approach discussed. - An update would be brought back to QEC in February on progress	

- Key aspect were: Concern within Ophthalmology which was now reviewed via table top, clinical review and appointments given to patients where required. No serious harms however 3 were moderate

- Pressure within the Emergency Department continues and waits were being closely monitored.

- Public Health were promoting vaccines for pregnant women or women wishing to become pregnant. Covid-19 appears to be a contributing factor in the increase in the still births rate of unvaccinated women.

- Following a question from Pat Drake regarding the Ultrasound Scanners that aren't within the remit of Radiology and if this was an issue. The Chief Nurse agreed that the scanners would be maintained and serviced as and when required. CQC raised that the scanners in Maternity were out of contract, this had now been addressed and under one contract.

Patient Safety Learning Quarter 2 2021/22 Report

Incidents and Serious Incidents Report
The NRLS annual report reported a healthy rate and that most incidents reported in September 2021 as causing no harm (69.3%) and low harm (27.1%). An increase in harm could not be reported in the same way as previous for 2021 due to Covid-19 associated deaths in hospital.

The top ten categories for incidents were:
- Skin Integrity
- Falls
- Staffing
- Access, appointment, admission, discharge
- Implementation of ongoing care
- Medical Devices
- Abusive, violent or disruptive behaviour
- Clinical Assessment

Falls
Falls were the second most reported sub-category incident. Between the 1st April 2021 and 22 November 2021 the total number of falls was 932. 231 falls resulted in harm, this included 15 as moderate harm and 14 resulting in severe harm. The falls panel continues to meet every month to access the falls.

Hospital Acquired Pressure Ulcers Update (to Include learning)
The top incident reported for skin integrity was pressure ulcers on admission. At the end of October 2021 it was reported the sixth most reported sub-category affecting 447 patients. Preventatives were being looked into and extra staff had been brought in to support.
Following a question from the Chair as to whether patients were coming from home or care homes due to lack of community support. It was answered that Clinical Governance

	Committee had looked into this and the patients were mostly from their own homes and were known to the services. It was recognised that a lot were self-managing their own dressings etc. at home and that care homes appeared to be better. **Datix Update** Datix is a local electronic risk management system in which incidents were recorded and exported to NRLS if a patient incident. A new Risk Manager was to go to advert with a Patient Safety Officer, Patient Safety Co-ordinator and Patient Safety Administrator in place. Currently on DATIX, there were 90 dashboards in place with a new (fewer) dashboards system being built for governance leads and relevant staff having viewing rights. **Patient Safety Incident Response Plan (PSIRP)** This plan was to replace the Serious Incident Framework which provided structure and guidance on how to identify, report and investigate an incident resulting in severe harm or death. It was a learning and improvement framework. The plan was looked at in different Patient Safety Priority Areas these are: - Inpatient Falls - Medication - Responding well to clinically changing conditions - Pressure Ulcer - Discharge An incident report doesn't have to be written for every moderate harm as some incidents meet the statutory duty of candour. This would then be reviewed by a clinician. The plan would be supported by Trust Board, TEG, QEC, CQC and Divisional Clinical Governance. There was no date at present for the plan however it was required to go live by the 1st April 2022. It would also be raised at Board in February 2022. Following a question from Sheena McDonnell regarding the Patient Safety Partners and could this be a governor it was confirmed that it couldn't be a governor as they would require training. They could however attend the committee and observe supporting the selection and recruitment process. The Chief Nurse added that KPMG auditors were due to review this in September 2021 however, due to changes in contract this was now for April 2022. **<u>Infection Prevention and Control Board Assurance Framework</u>** The Chief Nurse commented that since the social distancing rule had changed to 1 metre this had changed since due to Omicron and would be reviewed. The framework would be escalated and delivered to Board in January 2022.	
	Action: - ***Update on the Maternity Scanners***	**DP**
	Action: - ***Provide a Datix update on the next meeting***	**DP/KA**

	The Committee: - ***Noted the Quality Assurance Report Items***	
QEC21/12/C 5	**<u>Learning from Deaths Report – Quarter 2 2021/22</u>**	
	Adult deaths were scrutinised with several processes used along with a separate process for child deaths. Within quarter 2 there had been no elective deaths and 5 deaths where patients had a learning disability. The standard for death certificates to be sent was 5 days however, DRI had a target of 3 days which 91% fell into. Bereavement team had expanded and now included weekend cover. The top 5 causes of death for the quarter were: - Pneumonia (68) - Sepsis (44) - Covid-19 (37) - Metastatic Cancer (35) - Cardiac related (33) Following a question from Sheena McDonnell regarding the rise in deaths of patients with learning disabilities and how the Trust could assist. It was confirmed documentation and working with the families was a key factor. The Chief Nurse explained that additional visitors for end-of-life patients and patients with learning disabilities was reviewed patient by patient. The Chair thanked Tim Noble for the usual good report from the team and the continuing good work from the Medical Examiners. It was noted that 100% of deaths are now being scrutinised.	
	The Committee: - ***Noted and accepted the recommendations on the Learning from Deaths Report***	
QEC21/12/C 6	**<u>PFDR Update (Verbal)</u>**	
	The Chief Nurse gave an update that there were 2 Preventing Future Death Reports (PFDR) within maternity; one on side breast feeding and the other on Confirmation Bias. Both have been submitted to the HM Coroner. Following national advice DRI followed the policy and it was reported that nothing more could have been done. Therefore the policy requires reviewing nationally. Both PFDR's were complete.	
	The Committee: - **Noted the PFDR Update**	
QEC21/12/C 7	**<u>Safer Staffing (Enclosure)</u>**	
	The Divisional Director of Nursing provided an overview and that there was a 10% deficit in staff with the exception of Maternity. With 10 wards falling below and 8 of these with a bed occupancy of above 80%. 70 band 2 vacancies across all clinical areas with band 3's currently filling band 2 roles. Risks to note at present were: - Nursing vacancies - International Nurses	

	- Newly Qualified Nurses An increased amount of agency staff were being used and a block booking of tier 1 nurses until march 2022 however enhanced rates were being used. ICS were involved in the investigation into this. Currently there are 38 International Nurses with a further 12 expected in January 2022. A bid had been submitted for 2022 for an additional 45 International nurses with 40 adult nurses and 5 paediatric. There was a suite of intervention to mitigate the risk they include: - 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, out patients and theatres as required - Utilisation of agency nurses in some areas, this was balanced against the quality metrics to ensure patient care isn't compromised - Supporting critical care around the Guidance for the Provision of Intensive Care Services around nurse to patient ratios and to aim to maintain 1:1 or 1:2 nurse to patient ratio - Cross site working to ensure staffing was 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 / isolation of Covid-19 patients to minimise outbreaks and reduce risk to patients and staff The Chair commented there were pressures on staffing across many areas due to Covid pressures and sickness and absence. Assurance was provided by the number of mitigations.	
	The Committee noted: - ***Noted the Safer Staffing update***	
QEC21/12/C 8	**<u>Winter Plan Update (Verbal)</u>**	

	Care homes are being used as a temporary option for patients whilst waiting care packages. Discharges continue to be challenging but multi-disciplinary calibration continues with partners to enough safe effective discharges for our patients. Bassetlaw was under pressure at the weekend with discharges. Acute Medical Unit were looking into a 1 hour admit to discharge route. A separate yellow pathway was being looked into with a separate ambulance entrance for Covid-19 and non-Covid-19 patients. The Trust had between 40 – 60 Covid-19 inpatients a week. The Chair commented that there are clearly significant challenges to the bed base throughout however patients were assured by the verbal report given.	
	The Committee: - ***Noted the Winter Plan Update***	
QEC21/12/C 9	**<u>Maternity Transformation & Ockenden Update (Enclosure)</u>**	
	The Director of Midwifery explained that the evidence for Ockenden had been submitted in June 2021 and feedback had been received by high level national auditors. Despite some anomalies the feedback was accepted and added to the action plan. One key area was a full review of the Trusts website particularly in relation to the Women's information. This is currently under review. Due to both MVP Chairs resigning the Deputy Director of Midwifery is working with both CCG's to ensure a consistent approach. A Chair will now be sought for a combined Doncaster and Bassetlaw MVP committee. Ockenden part 2 was due in December 2021 however, this had been delayed due to the complexity and that more evidence was required to provide assurance. The Chair noted there had been positive feedback from the Board meeting with the National Maternity Safety Team. Assurance was provided by the reports.	
	The Committee: - ***Noted the* Maternity Transformation & Ockenden Update**	
QEC21/12/D 1	**<u>Patient Experience Report incorporating Inpatient Survey Update (Enclosure)</u>**	
	Deputy Director of Nursing (Patient Experience) gave information that long waiting times within ED had been raised numerous times and a lack of refreshments. Ward 24 had been raised and were taking a proactive approach by starting a patient experience and improvement programme led by Kate Carville in order to raise concerns. Month on month the complaints were reducing. MP complaints were steady however, the response time was still an issue. 65 complaints were closed in November with 9 upheld, 35 partly upheld and 21 not held. 1 new inquest with 3 on going. 160 comments were received when asked if anything could be improved, themes were: - Food – quality, choice - Movement between multiple wards and late at night noise at night	

	- Communication – specifically between staff and families, between departments - Nurse staffing shortfalls (perceived) and length of time on shift - Staff attitudes and behaviours - uncaring, rude, - Discharge – lack of information about medication, where to go for help (GP), no chance to ask questions, waiting to go home- - Visiting, no Televisions 266 positive comments were received and grouped together into themes: - All staff – Caring, friendly, kind, polite, helpful - Excellent care and treatment - Recognition of the huge impact of Covid-19 – dedication, professionalism, going above and beyond. - The food was good, drinks plenty on request The Chair requested that this comes back to QEC with a further update in February 2022	
	The Committee: - ***Noted the Patient Experience Report***	
QEC21/12/D 2	**<u>CQC Patient Survey Report – Urgent & Emergency Care</u>**	
	Of those that took the survey the following from Doncaster and Bassetlaw submitted results: Doncaster - 28% of patients responded to the survey - 58% of respondents said they had a long term condition Bassetlaw - 31% of patients responded to the survey - 54% of respondents said they had a long term condition The Trust wasn't better than any other trust in zero questions however, was worse than most in four questions: - Were you given enough privacy and dignity when discussing your condition with the receptionist? - Do you think the hospital staff did everything they could to help control your pain? - Were you able to get food and drink when you were in A&E? - After leaving A&E, was the care and support you expected available when you needed it? Same as other trusts in 34 questions	

	Within the free text part of the survey 104 comments were made with a mixture of negative and positive. Covid-19 had an impact on patient experience. Reports had been shared with the Division of Medicine. Sessions had been arranged to develop an action plan for the four areas we were worse than most trusts. The Chair requested that this comes back to QEC with a further update in February 2022	
	The Committee: - ***Noted the CQC Patient Survey – Urgent &Emergency Care Update***	
QEC21/12/D 3	**Maternity Voices Partnership Feedback and Actions (Enclosure D2)**	
	No comments made in C9 on MVP	
	The Committee: - ***No update was given on this item***	
QEC21/10/E 1	**Presentation @ B3**	
	No update was given on this item	
	The Committee: - ***No update was given on this item***	
QEC21/12/F 1	**Corporate Risk Register (Enclosure F1)**	
	The Chief Nurse confirmed there was no changes to the 15+ risks	
	The Committee: - ***Noted the Corporate Risk Register***	
QEC21/12/F 2	**CQC and Regulatory Compliance Update**	
	The Chief Nurse confirmed that there was no changes and the meeting was held on the 7th December.	
	The Committee: - ***Noted the CQC and Regulatory Compliance Update***	
QEC21/12/G 1	**Gap Analysis for Patient Safety**	
	This needs to go to Audit and Risk Committee prior to be presented at QEC in February 2022.	
	The Committee: - ***Noted the request for the Gap Analysis for Patient Safety***	
QEC21/10/H 1	**Governor Observations (Verbal)**	
	Lynne Logan made reference to the appointment system and that she had tried to ring 25 times without success. Lynne asked of there was a most efficient way of contacting	

	appointments. The Chair requested that Lynne Logan raise this as a complaint via Patient Advice and Liaison Services. The Deputy Director of Nursing (Patient Experience) also confirmed that she would also investigate this. Peter Abell commented if the Patient Safety report could be briefed to the governors. The Chair agreed she would take this forward.	
	Sub-Committee Meetings (Enclosure I1):	
	- Clinical Governance Committee Minutes, 17 September and 15 October 2021 - Patient Experience and Engagement Committee Minutes – 11 August & 13 - October 2021 - Drug and Therapeutics Committees Report – September 2021	
QEC21/12/J1	**Any Other Business (Enclosure J1):**	
	There were no items of any other business.	
QEC21/12/J2	**Minutes of the meeting held on 5th October 2021 (Enclosure J2)**	
	The Committee: - ***Noted and approved the minutes from the meeting held on 5th October 2021.***	
QEC21/12/J3	***Issues escalated from/to:*** i) QEC Sub-Committees ii) Board Sub-Committees	
QEC21/12/J4	**Assurance Summary** 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: - Matters discussed at this meeting, - Progress against committee associated Executive's objectives, - Are there any emerging new risks identified The Chair wished to thank colleagues for their hard work.	
	The Committee were assured on behalf of the Board of Directors on: - ***Matters discussed at this meeting.*** - ***Progress against committee associated Executive's objectives,*** - ***No new emerging risks identified***	
QEC21/12/J5	**Date and time of next meeting (Verbal)**	
	Date: **Tuesday 8th February 2021** **Time:** **13:00** **Venue:** **Microsoft Teams**	

	Meeting End time	17:03pm	

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Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

CHARITABLE FUNDS COMMITTEE

Minutes of the meeting of the Charitable Funds Committee
Held on Thursday 16th September 2021 at 13.30 via Microsoft Teams Videoconferencing

Trustees:	Mark Bailey – Non-Executive Director (Chair) Suzy Brain England – Chair of the Board Dr T J Noble – Medical Director Richard Parker – Chief Executive Neil Rhodes - Non-Executive Director 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 Gair Brisbane – Aberdeen Standard (Item B5) Karen Barnard – Director of People and Organisational Development Ken Anderson – Chief Information Officer Matthew Handley – Business Manager (left after item B2) Marie Purdue – Director of Strategy and Transformation (Item B4) Claudia Gammon – Secretarial Support Officer (Minutes) (CG)	
To Observe:	No Governors present	
		ACTION
CFC21/09/A 1	**Welcome and Apologies for Absence (Verbal)** Pat Drake – Non-Executive Director Sheena McDonnell – Non-Executive Director David Purdue – Chief Nurse/Deputy Chief Executive Phil Beavers – Public Governor Susan McCreadie – Public Governor	
	The Chair welcomed the members and attendees, including Ken Anderson and Norma and Peter Brindley.	
CFC21/09/A 2	**Conflicts of Interest (Verbal)**	
	No conflicts of interest were declared.	
CFC21/09/A 3	**Actions from previous meeting (Enclosure A3)** Actions 1,2, 4, 5, 6, 8,9 10 – were closed	

	Action 7- Maternity and Paediatric Colleagues To discuss on the agenda, in the Chief Nurses absence if there were any questions they would be discussed after the meeting. Action 10- Trustees Update To discuss as part of item C1 on the agenda	
	Action: Claudia Gammon would update the Action Log.	
	The Committee: - ***Noted the updates and agreed as above, which actions would be closed.***	
CFC21/09/B1	**Review of Fund Balances** Head of Financial Control discussed that we had broken even in the 4 months up to July 2021 within both dividends, gain in stock market and market force. The total funds carried forward to the end of July 2021 were £9.799 Million. The balance anticipated potential support requests from candidate projects such as the Digital Innovation Hub, Orthodontic Intraoral Scanner and patient and staff experiences which would take the total to £9.193m. The Fred and Anne Legacy was also discussed and that there was £6.5m to spend. The Chair referred to the amount allocated to 'above and beyond' being £725,000 and that to date £201,155 had been spent.	
	The Committee: - ***Noted the approved update for Fund Balances.***	
CFC21/09/B2	**Approval of Expenditure** **Digitising of Orthodontic Intraoral Scanner** The Chair welcomed Matthew Handley to the meeting to discuss the Orthodontic Intraoral Scanner business case. Matthew Handley detailed that currently a horseshoe shaped mould with alginate was used on the top and bottom of the mouth. The alginate was very and smelly and not a pleasant experience for patients. Matthew explained that some of the patients were vulnerable, young paediatric patients, with learning or mental disabilities, along with children with a cleft lip, where this was very distressing experience for them. However, the Intraoral Scanner was much less distressing, as when the patients open their mouths the system would scan the teeth into a computer. It was also explained that the costing would either be £45,000 or £42,000 dependant on model of scanner chosen. Currently Mexborough were using the £42,000 model and have given positive feedback. Norma Brindley supported this and suggested that as this was a new, innovative and based at Mexborough that the Fred and Ann Green Legacy fund was used to support this case. Following a question from Kath Smart regarding the ongoing revenue costs and where this leaves the Trust, it was confirmed that it would be a one off capital investment of £35,000	

	from the Charitable Funds bid. It would also run with current computer equipment and nothing further would be required. Following a comment from the Chief Executive regarding the cleaning of the equipment between patients, it was agreed that the IPC requirements would be looked in to and further information sought re COVID-19 protection. Neil Rhodes raised that maintenance and replacement of the equipment would be a requirement to ensure that the package would be sufficient going forward. Matthew Handley gave an overview of the next steps for this bid; the IPC aspects would be to speak with Ken Agwuh; to follow on the replacement and maintenance of equipment. Then to submit the business case to the Director of Finance for sign off. The Medical Director gave assurance to the Committee that this had already been approved by the Trust Medical Equipment Group. **Digital Innovation Hub (Verbal)** The Chair welcomed Ken Anderson to discuss the Digital Innovation Hub. Within the past 18months DBTH had been using more digital technology. The Digital Innovation Hub would be used for the engagement of staff and patients. Showing care, quality and improving safety for patients. Ken Anderson advised that the idea behind the hub was to ensure that Doncaster became the 'Safest Trust in England and outstanding in all we do' ensuring that the Trust delivers exceptional care for all patients. Currently at Mexborough there was a physical and virtual approach to patient consultations. It was discussed further about virtual consultations that would take place from the patient's home and that a virtual care ward may also be an idea for the hub. A model 4 bed ward was also suggested to test new medical equipment. Ken Anderson also gave information that robotics and artificial intelligence systems could be used to produce real time data dashboards. £500,000 would be required to develop the running of physical space at Mexborough and online. Following a question from Neil Rhodes regarding what was required from the Committee for the hub, it was discussed that support was required to develop and put together a full business case. The Director of Finance explained the next steps of the process that this would be sent to CIG as a full business case then come back to Charitable Funds.	
	Action: ***Check information and procedure around sterilisation of the equipment in between patients***	MH
	The Committee: - ***Noted the update for Approval of Expenditure***	

CFC21/09/B3	**<u>Charitable Funds Development Committee (Above and Beyond Committee)</u>** In the Chief Nurses absence, the Chair asked if the Committee had read the paper and if there were any observations. Kath Smart referred to the process that had already taken place and that projects such as Active Birth, Aromatherapy and Maternity had come out of QI initiatives and were split between CIG and Above and Beyond funding. This was used out of the normal NHS expenditure rather than the core mainstream. Kath also mentioned that this applied to a few revenue ongoing posts for example Nutrition, Hydration, Dietician and Customer Care Service Practitioner. Following a question from Kath Smart regarding how this would satisfy the Above and Beyond Committee, the Chief Executive explained that the once the capital budgets had been exhausted that anything left would then go to the Above and Beyond Committee and the budgets can progress via Charitable Funds. The Committee receives the proposals, and any doubt was considered. If it was approved, then it was received by the Chief Nurse and Director of Finance. Kath Smart also mentioned the work that had been put in to give recognition to staff by having International Nurses Day, ODP day to maintain staff Health and Wellbeing. A bereavement suite was mentioned for Women's and Children's would be created from Charitable Funds. The Head of Communications and Engagement added that the idea to ensure all staff were included in staff incentives had already been looked into with the Big "T" event and Random Act of Kindness Day. The Chief Executive made the Chair aware that ***'The Charitable Funds Committee were requested to ring-fence £10,000 to support the Shared Governance Council.'***	
	The Committee: - ***Noted the Above and Beyond Committee Report.***	
	The Committee: - ***The Committee agreed that*** *'The Charitable Funds Committee were requested to ring-fence £10,000 to support the Shared Governance Council.'*	
CFC21/09/B4	**<u>Community Diagnostic Hub (Verbal)</u>** The Director of Strategy and Transformation gave a presentation on the Community Diagnostics Hub which was a key recommendation in the Sir Mike Richard's Diagnostic Review. It was explained that the aim was to improve population health, reduce health inequalities, increase diagnostic capacity and enable productivity and efficiency gains. It was explained that it had been difficult given the current issues with COVID-19 and the rapid diagnostics in Mexborough combined with the concepts of strategy. The funding at present had been identified with £23.28m capital allocated for potential use by North East Yorkshire 2021/22 and £105m nationally this was limited to this year. The Director of Strategy and Transformation went on to confirm that there were two phases to the bid.	

	Phase 1 The first had been submitted mid July 2021 Regional review of submission early August 2021 National review of submission 16th August 2021 Letter of agreement signed and returned 7th September 2021 Finance release expected shortly Mobilisation of phase 1 commenced to meet early October commencement **Phase 2** Submission date to be confirmed – end of 2021 expected This was for the proposal of 1002 MRI and 1602 CT scanner mobile units. One area had been to store the scanners however more were being investigated. At the end of year 1 21/22 CT and MRI mobile units would be staffed, booking administration and office space. Within year 2 an endoscopy unit would also be added along with a further for use by the ICS. This could also include ultrasound rooms and phlebotomy service. The Director of Strategy also referred to the risks including the timescales for mobilisation of phase 1 and availability of mobile components, staffing models, ICS arrangements, place and future planning, revenue implications, bandwidth of staff to contribute to planning at pace and governance – model and cross organisation working. The Chief Executive gave information that the capital was available nationally and we required access to it for a better specification. Taking into consideration where we were currently and where we wish to be next year. Neil Rhodes supported this and made reference to potential use of the Fred and Ann Green Legacy as this was to be situated at Mexborough. Following on from a question from Kath Smart regarding the cost implications, it was confirmed that there would be £200,000 capital and £800,000 revenue. There would be an income impact if taken on anything further, this was why the request was for mobile units. The Chair enquired when this would be ready to use and was given the information that the second-year bid had been submitted. Once approved it would then go to the executive team to approve before coming back to Charitable Funds. Norma Brindley asked if the bid was for the capital and not the revenue, this was confirmed as capital.	
	The Committee: - ***Noted the update for the Community Diagnostic Hub***	
CFC21/09/B5	**<u>Investment Update</u>** The Chair welcomed Gair Brisbane from Aberdeen Standard to discuss the Investment Update. Aberdeen Standard Capital hold minimum information in accordance with GDPR. Gair Brisbane gave information with regards to the bonds and that they were weak at the end of year 1, the cash was also weak however the equity was strong against both the bonds	

	and cash. COVID – 19 had impacted on the market especially the delta variant. Central bank policies and inflation affected the peak end which was up by 4%. It was mentioned about the 6 principals and public declaration that driving forward would mean more transparent reporting and better corporate behaviours. The portfolio value for DBTH was currently at £9,819.528 with an estimated annual income of £298.042. A third of the portfolio was spent every year, the portfolio was up 21.2% from the benchmark of 13.4%. DBTH had been valued at £9,109.864 on 31 March 2021, £9,510.198 on 30 June 2021 and £9,947.822 on the 31 August 2021. Following a question from Kath Smart it was mentioned that currently the internal risk was medium to high with 60-80% equity. This would be looked at in more detail year on year.	
	Action: - ***Review the 10 year plan and provide an update for the next meeting***	**JS**
	The Committee: - ***Noted the investment update.***	
CFC21/09/C1	**<u>Fundraising Strategy Update</u>** Due to time The Chair asked all trustees to read the paper and highlight anything after the meeting.	
	The Committee: - ***Noted the Fundraising Strategy Update.***	
CFC21/09/D 1	**<u>Charitable Funds Committee Annual Report</u>** Due to time The Chair asked all trustees to read the paper and highlight anything after the meeting.	
	The Committee: - ***Noted the update from the Charitable Funds Committee Annual Report***	
CFC21/09/D 2	**<u>Charitable Funds Committee Annual Accounts 2020/21</u>** The Director of Finance invited the trustees to read the paper and submit comments after the meeting. The Annual Accounts were awaiting the auditors review.	
	The Committee: - ***Noted the update from the charitable Funds Committee Annual Accounts 2020/21***	
CFC21/09/D 3	**<u>Charitable Funds Development Committee Terms of Reference (Above and Beyond Committee)</u>** The draft terms of reference for the Charitable funds development Committee were approved.	

	The Committee: - ***Approved the change in name to Charitable Funds Development Committee***	
	The Committee: - ***Approved the update from the Above and Beyond Committee***	
CFC21/09/E1	**Governor Observations (Verbal)** No Governors at meeting, The Chair would pick up with them after the meeting The Chair thanked Phil Beavers for his contributions on the Committee and explained that Phil's Governor term of office would end 21st September 2021.	
CFC21/09/F1	**Minutes of the Sub-Committee Meeting:** - Above and Beyond Committee – 9th April 2021, 5th July 2021, 2nd July 2021 and 2nd August 2021.	
	The Committee noted: - ***Noted the update for the minutes of the Above and Beyond Sub Committee***	
CFC21/09/F2	**Minutes of the Charitable Funds Committee Meeting held on 10th June 2021**	
	The Committee: - ***Approved the minutes from the Charitable Funds Committee on the 10th June 2021***	
CFC21/09/F3	**Any Other Business** **Improving Colleagues Health and Wellbeing** The Director of Strategy and Transformation gave an overview of her presentation. This included current plans, plans funded through ICS/Charitable Funds and future plans. Current plans • Vivup on site • ICS wellbeing hub • Various workshops • Physical activities with the army • Team building • How to check your BMI and blood pressure • Wellbeing champions • Dome at Bassetlaw. Plans (funded through the ICS/Charitable Funds) • 2x further Wellbeing posts in EDI • Employment of psychologist for critical care • Further complementary therapies e.g. Reiki • Onsite presence at Bassetlaw	

	Future plans – funding required • Garden room for complementary therapies • Talk, Listen, Care support linked with sickness • High five app in ED (Above and Beyond have confirmed 1 year to launch pilot • Pump priming of posts: • Personalised and responsive • Promotion and prevention • Protection and assurance • Performance and quality The Chief Executive made comment to look actively at the Trust funds and to work with the Head of Communications and Engagement and the Charitable Funds Development Committee ahead of Winter.		
	The Committee: - ***Noted the Improving Colleagues Health and Wellbeing***		
CFC21/09/F4	**Assurance Summary** The Committee was asked if it was assured, on behalf of the Trustees on the following matters. Any matters where assurance was not received, would be escalated to the Board of Directors: - Matters discussed at this meeting, - Progress against committee associated Executive's objectives,		
CFC21/09/F5	**Date and time of next meeting (Verbal)**		
	Date: **Time:** **Venue:**	Thursday 9th December 2021 13.30 Via Videoconferencing	
	Meeting End time	15:40	

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Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

TRUST EXECUTIVE GROUP

Minutes of the meeting of the Trust Executive Group
Held on Monday 8th November 2021 via Microsoft Teams

Present:	Ken Anderson - Chief Information Officer Karen Barnard - Director of People & Organisational Development Alex Crickmar - Acting Director of Finance Kirsty Edmondson Jones - Director of Estates & Facilities Rebecca Joyce - Chief Operating Officer Eki Emovon - Divisional Director - Children and Families Dr Tim Noble - Executive Medical Director Richard Parker - Chief Executive (Chair) David Purdue - Chief Nurse Dr Jochen Seidel - Divisional Director - Clinical Specialities Alasdair Strachan - Director of Education & Research	
In attendance:	Dr Anurag Agrawal - Acting Divisional Director - Medicine Richard Canetti - Deputy Director of Strategy & Improvement Dr Sudipto Ghosh - Acting Divisional Director of Medicine Bridget Harrison - Patient Access Manager Omar Hussain - Clinical Director, Surgery & Cancer Dr Joseph John - Medical Director for Operational Stability and Optimisation Angela O'Mara - PA to Chair & Chief Executive (Minutes)	
Apologies:	Fiona Dunn - Deputy Director Corporate Governance / Company Secretary Antonia Durham-Hall - Divisional Director - Surgery & Cancer Marie Purdue - Director of Strategy and Improvement Abigail Trainer - Director of Nursing	
		ACTION
TEG21/11/ A1	**Welcome and Apologies for Absence (Verbal)**	
	The Chief Executive welcomed the members and attendees to the meeting, extending a warm welcome to Dr Joseph John, Medical Director for Operational Stability and Optimisation, following his appointment on 1 November 2021. The above apologies for absence were noted.	
TEG21/11/ A2	**Matters Arising / Action Log**	
	Updates were received on actions: MB21/04/A2i Action 2 New Speciality Doctor – the action had been closed. The Executive Medical Director suggested that the wording of the minute be clarified, the Director of People & OD agreed to share the revised wording post meeting.	

	MB21/04/B3 Action 3 Division/Directorate Quality Framework – the framework would be taken to the meeting of the Quality & Effectiveness Committee on 7 December and an update would be provided to the Trust Executive Group at its December meeting.	
	The Committee: - ***Noted the updates.***	
TEG21/11/ A3	**Conflict of Interest (Verbal)** No conflicts of interest were declared.	
TEG21/11/ A4	**Requests for any other business (Verbal)** No items of AOB were raised.	
	The Committee: - ***Noted and agreed as above.***	
TEG21/11/ B1	**DBTH Strategy Development and Service Line Review**	
	In the absence of Marie Purdue, the Deputy Director of Strategy & Improvement provided an update on progress in respect of the Service Line Review (SLR). It was confirmed that all datasets had now been received, analysis was underway and completion of outline reports for tranche 1-3 was expected in December 2021. SLR timelines for the remaining tranches had been reassessed and completion was expected in January 2022. The paper identified the risks and mitigating actions. In response to questions from the Divisional Director of Clinical Specialities and the Interim Director of Finance it was confirmed both Healthcare Evaluation Data (HED) and the work commissioned with Four Eyes was utilised as a source for this review.	
	The Committee: - ***Noted the update on the DBTH Strategy Development and Service Line Review***	
TEG21/11/ C1	**Operational Update** The Chief Operating Officer presented the operational update, and the following headlines were noted: • Covid-19 infections rates had steadied in all but the over 60 age group which are falling • Total Covid-19 bed occupancy stood at 10.7%, with 8.6% active case occupancy • Public Health England predicted a rise in levels through December • Pressures in Critical Care continued, with some requirement for surge into ward 22 • Emergency Department attendances had eased from the peak in late August/September • Urgent & Emergency Care Transformation Programme was in place	

	• Restricted paediatric capacity continued to result in the need to transfer children • Elective activity for September stood at 54%, due to theatre staffing and bed challenges **H2 Submission** A significant amount of work was underway, co-ordinated by Paul Mapley, Efficiency Director and Gill Marsden, Deputy Chief Operating Officer (Elective). The deadline for submission to the ICS was 10 November 2021. Elective plan requirements for H2 were reported to be: • Zero 104 week waiters by March 2022 • Stabilise or reduce the number of 52 week waits from September 2021 levels • Stabilise waiting lists at September 2021 levels • Focus on outpatient transformation • Cancer standards – return the 62 day wait performance to March 2020 levels, delivering 75% against the faster diagnosis standard within 28 days In respect of risks to delivery, the Chief Operating Officer reported assumptions that the independent sector could deliver the volume of activity and that all patients were suitable for outsourcing. It was also acknowledged that the Trust had a high volume of outpatients who have not yet been seen and completion of pathways would be required within the next 20 weeks. **Winter Planning** The internal winter plan had been agreed and funded, a range of partner schemes had been developed and evaluated with impact assessment. Additional schemes to address the identified bed gap were being worked up. A continued focus on development of urgent and emergency care plans and ambulance handovers was noted. In response to a question from the Director of Education and Research regarding staff redeployment the Chief Executive confirmed that the intention would be to plan in advance, rather than short notice requests to ensure appropriate education and to support colleague's health and wellbeing. Dr Agrawal noted the need to consider the workforce requirements, moving into elective recovery from April 2022.	
	The Committee: - **Noted the Operational Update.**	
TEG21/11/ C2	**<u>UEC Standards & Next Steps</u>**	
	Andrea Squires, General Manger (Emergency) shared with the Trust Executive Group an overview of the Urgent & Emergency Care Clinical Review Standards (CRS). Specialities had been briefed on the revised standards by way of a roadshow approach and Dr Agrawal noted the importance of engagement to ensure wide ranging input.	

	The original intentions in respect of CRS had been announced in 2019 and piloted across a broad range of acute trust sites, which included rural and city centre sites and those performing well and in need of improvement. The change would see the removal of the four hour access standard as the measure of performance, to be replaced by a number of measures across the pathway to include pre-hospital, emergency department, other hospital and whole system. The revised focus would be on the period of time from arrival to admission, or discharge not exceeding a total of 12 hours. A standard operating procedure had been developed to support this, ensuring that all breaches would be escalated for completion of a clinical harm review. Analysis would also be completed on those patients who had been declared clinically ready to proceed but remained in the emergency department for more than 60 minutes after the decision. 14 new professional standards, which were currently noted to be in draft form, had been developed, feedback had already been received and incorporated and approval was sought from the Trust Executive Group in preparation for a go live date of 13 December 2021. The Executive Medical Director recognised the importance of understanding the impact of the delay and the clear need to ensure that patient flow was optimised, as a prolonged wait in ED increased the potential risk to patients. The Chief Operating Officer reinforced the message that these standards were not stand alone and improvements to length of stay and discharge processes would support improved patient care/experience. In response to a question from Sudipto Ghosh, Andrea Squires confirmed that the operational team would review the 12 hour breaches and share with the Business Manager for review with the clinician. Referrals would be made on an individual patient basis each day. It was acknowledged that careful management of the reviews would be required. The Director of Education & Research sought clarity on standard 8 - clinically ready to proceed, enquiring if there was a need for a process by specialty to support ST3 decision making. If a patient no longer received any value (i.e. treatment/investigation) then they should be deemed as clinically ready to proceed, but the question was asked if this was a consultant level decision, rather than a ST3. Where there was no overnight consultant the senior doctor would be required to make the decision and consideration should be given to this. In respect of the 60 minutes timeframe the Chief Executive suggested that the receiving ward could attend ED to support this. The Divisional Director of Clinical Specialities raised a concern with regards to the generation of clinical harm reviews as a result of this change and asked that the same level of interest be afforded to flow from critical care, stressing the need for appropriate quality standards to be in place in all areas. The Chief Executive offered assurance that sight of the pressures in Critical Care would not be lost and the Chief Operating Officer suggested that this issued should be included within the “anticipate not react” element of the Urgent & Emergency Care Plan. It was recognised that the standards should be the vision, with an end to end plan to ensure delivery of all quality standards, ensuring that patients receive the right care at the right time and by the right clinician. The Chief Executive sought colleagues agreement that the standards were reasonable.	

	The Trust Executive Group confirmed their agreement of the standards, in respect of patients leaving ED it was recommended this should be expanded to include that they go to the right ward, first time. Dr John agreed the standards were appropriate, however, considering the current operational pressures he shared a concern that the 15 minute assessment target would be very challenging. Implementation would take place and information collected to focus on improvements through to full delivery in April 2022. The Group shared their appreciation for the work undertaken and today's presentation.	
	The Committee - ***Noted and approved the UEC Standards & Next Steps***	
TEG21/11/ C3	**<u>Discharge Planning Update</u>**	
	The Chief Nurse shared his presentation "Why not home - Why not today? In August 2020 the Hospital Discharge Service operating model was introduced for all NHS trusts, providers and social care staff in England. This new policy replaced the Hospital Discharge Service Requirements, to support the expected demand on hospitals dealing with the Covid -19 pandemic. The policy set out clear criteria to support the flow of patients to go home, despite this the trust continued to see patients who did not have the right to reside remaining in hospital beds, often due to capacity and internal health and social care process issues. A key delay was reported to relate to domiciliary care packages. There was also a barrier in respect of discharge to care home as current arrangements prevented visitors for 14 days. The commissioning of six care home beds to support risk assessed visiting was currently being pursued, alongside the potential use of Hazel and Hawthorne wards at RDaSH. Introduction of a recent partner meeting to focus on supporting discharge had proved to be successful.	
	The Committee - ***Noted the Discharge Planning Update***	
TEG21/11/ C4	**<u>DBTH Electronic Patient Record</u>**	
	The Chief Information Officer (CIO) shared news that the trust's application for a cloud based Electronic Patient Record (EPR) system, an initiative led by NHS Digital, had been approved. This would allow the trust to deliver at pace an EPR that would act as a blueprint for others. Only 7 of the 70 trusts who had applied were successful, with DBTH being one of only two acute trusts to be awarded. As the EPR would be cloud based, funding had been moved from capital and the team were currently working through these arrangements with NHSX. In order to ensure the correct outcomes the CIO indicated that the trust may not be looking for a large enterprise system, work had already started in terms of establishing the	

	specification and the intention would be to procure in Summer 2022. There was an expectation that the contract would be awarded this time next year, with deployment likely over an 18 month period. The Chief Executive welcomed this positive news to be part of the national programme. In response to a question from the Executive Medical Director, the CIO recognised the importance of inclusion on the national programme, which would provide central support at each stage of the process. A number of success stories have been seen recently in digital transformation and the importance of building upon these foundations and incorporating lessons learnt was acknowledged.	
	The Committee - ***Noted the DBTH Patient Record update.***	
TEG21/11/ D1	**<u>Clinical Admin Training</u>**	
	The Patient Access Manager provided a progress update to the Trust Executive Group in respect of clinical administration training. The scope of the plan provided role specific training requirements for 14 roles which form the clinical administration structure across divisions and in patient administration support services. These roles span bands 2 to 6 and cover a total headcount of 784 staff. Training had now been developed and included new starters, existing staff and specific progression and development opportunities to provide career development pathways. A training matrix for core roles with supporting training modules had been established, approved across the divisions. It was accepted that there would be some nuances within each area, but where they exist, they should be documented. Flash cards, Standing Operating Procedures (SOPs) and quick reference guides had been developed, the largest gap related to CAMIS training which currently could only be provided face to face. The Chief Executive thanked the PASS Access Manager for this comprehensive piece of work the importance of which could not be underestimated. The Divisional Director of Clinical Specialities sought confirmation as to how non-clinical colleagues would be afforded the time for completion. Whilst colleagues would be released to undertake the training it was recognised that clarity on how this would be accommodated was required. A need to prioritise this around service delivery but ensuring a commitment to colleague's learning and development was noted. The benefits to be gained in terms of staff retention, development and demonstrating a commitment to new recruits were accepted. The Executive Medical Director recognised the importance of appropriately trained and skilled administrators and their impact in respect of quality and patient safety. The Trust Executive Group shared their appreciation of the work undertaken to date and for today's briefing.	

	The Committee - ***Noted the Clinical Admin Training Update***	
TEG21/11/ E1	**<u>Finance Update</u>**	
	The Acting Director of Finance provided a verbal update to the group, the following points were noted: • The Trust delivered a break-even plan for H1, an in-month deficit was reported in month six • Year to date capital expenditure stood at 13.7m, against the plan of 7.5m, impacted by the Women & Children's incident. Agreement had been reached across SY&B ICS that each trust would reduce its capital expenditure to absorb the costs pressure by £3m • A healthy cash position of 33.7m was reported • H1 and H2 were to be treated as one financial period, with block payment arrangements remaining in place. The hospital discharge programme and the national supply of PPE would remain in place until 31 March 2022 and reimbursement for testing and the vaccination programme would continue. The impact of carry over leave would be discussed later in the year • The financial plan for H2 was to deliver a breakeven position, an expected CIP of 3.7m would be required, currently 1.6m was to be identified • The national Targeted Investment Fund (TIF) of 700m had been allocated, SY&B had received 19.6m, with approx. 5.7m allocated to DBTH. The Interim Director of Finance thanked those colleagues who has supported the short notice bids, the outcomes of which were awaited • The following risks were identified: pay overspend and delivery of the capital programme. A need to ensure timely completion of business cases was noted, particularly for the Medical Equipment Group. Alex asked that should divisions be approached directly by the CCG to secure additional revenue funding they contact Claire Stewart in the contracting team. • The Group were informed of a significant H1 underspend by Sheffield, that had been returned to the system and passed back to place/commissioners. There was an expectation that a similar position may be seen in H2 • ERF had not been widely earnt at a national level and as a result it was likely that funding would be available for drawdown, plans were not yet agreed but this could equate to c18m for DBTH. The Director of Research & Education noted the challenge to spend within the current financial year and had discussed with the Chief Nurse the potential within education to support the workforce. The Acting Director of Finance suggested that an underspend from	

	Health Education England may also be seen, as in previous years, and consideration of appropriate plans would be helpful.	
	The Committee: - ***Noted the Finance Update***	
TEG21/11/ E2	**Consultant Vacancies**	
	No vacancies were reported.	
TEG21/11/ F1	**Items for escalation to the Corporate Risk Register (Enclosure G1)** i) Review of Risks rated 15+	
	Work to develop an improved understanding of risk management was in train; the Trust Executive Group would continue to consider those risks rated 15+ for inclusion in the Corporate Risk Register. Colleagues were encouraged to promote an ongoing review of risks within their service/divisions on Datix.	
TEG21/11/ G1	**Any other Business (Verbal)** The Chief Executive advised that correspondence had been received from Staff Side bodies confirming members would be balloted for strike action in respect of the AfC pay award. Reminders encouraging unvaccinated staff to come forward for both Covid-19 and flu vaccinations would be issued, in addition colleagues would be asked to declare vaccinations received outside of the Trust to ensure maintenance of accurate records. A proposal to mandate Covid-19 vaccinations for frontline healthcare staff were expected by April 2022. In response to a question from the Divisional Director of Clinical Specialities, Karen Barnard confirmed that approximately 92% of colleagues were vaccinated, feedback had been received from neighbouring trusts of staff refusing vaccinations and redeployment options. The Director of People & OD confirmed that roving teams of flu vaccinators would be around the site and should colleagues require both flu and Covid-19 boosters these could be accommodated at the same time. The Chief Executive recognised the enormous efforts of colleagues and continuing pressures and thanked everyone for all they continue to do each and every day.	
TEG21/11/ G2	**Sub-Committee Reports/Minutes (Enclosure G2)**	
	The Committee noted the: i) Children's and Families' Board – August & October 2021	
TEG21/11/ G3	**Minutes of the Trust Executive Group meeting dated Monday 11th October 2021 (Enclosure H3)**	
	Job titles for Dr Nick Mallaband and Dr Anu Agrawal should be amended to reflect their current roles of Medical Director for Workforce & Specialty Development and Acting Divisional Director of Medicine, respectively.	

	In respect of the update to the action 2 – new specialty doctor as noted above the Director of People & OD provided the following update to wording post meeting. MB21/04/A2i Action 2 New Speciality Doctor – 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).		
	The Committee: - ***Noted the amendments required to the minutes of the meeting dated 11th October 2021.***		
TEG21/11/ G4	**<u>Date and time of next meeting (Verbal)</u>**		
	Date: Time: Venue:	**Monday 13th December 2021** **14:00 – 17:00** **Via Microsoft Teams**	
	The meeting closed at 16:41		

DRAFT

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

BOARD OF DIRECTORS – PUBLIC MEETING

Minutes of the meeting of the Trust's Board of Directors held in Public on Tuesday 25 January 2022 at 09:30 via Star Leaf Video Conferencing

Present:	Suzy Brain England OBE - Chair of the Board (Chair) Mark Bailey - Non-Executive Director Karen Barnard - Director of People and Organisational Development Alex Crickmar – Acting Director of Finance Pat Drake - Non-Executive Director Sheena McDonnell - Non-Executive Director Dr Tim Noble - Executive Medical Director Richard Parker OBE - Chief Executive David Purdue - Deputy Chief Executive and Chief Nurse Neil Rhodes - Non-Executive Director and Deputy Chair Jon Sargeant – Interim Director of Recovery, Innovation & Transformation Kath Smart - Non-Executive Director	
In attendance:	Lois Mellor - Director of Midwifery James Nicholls - Programme Director Angela O'Mara - PA to Chair & Chief Executive (Minutes) Debbie Pook - Deputy Chief Operating Officer – Non-elective Marie Purdue - Director of Strategy & Improvement Jodie Roberts - Director of Allied Health Professionals Emma Shaheen - Head of Communications & Engagement Ian Stott - Speciality Medicine Clinical Director & Consultant Nephrologist Abigail Trainer - Director of Nursing	
Public in attendance:	Peter Abell - Public Governor Bassetlaw Dennis Atkin - Public Governor Doncaster Ann-Lousie Bayley - Public Governor Doncaster Hazel Brand - Public Governor Bassetlaw Geoffrey Johnson - Public Governor Doncaster Lynne Logan - Public Governor Doncaster Susan McCreadie - Public Governor Doncaster Mick Muddiman - Public Governor Doncaster Lynne Schuller - Public Governor Bassetlaw Pauline Riley - Public Governor Doncaster Sue Shaw - Public Governor Bassetlaw Clive Tattley - Partner Governor Mandy Tyrrell - Staff Governor Mike Waites - Member of the Public Sheila Walsh - Public Governor Bassetlaw	
Apologies:	Fiona Dunn - Deputy Director Corporate Governance/Company Secretary Rebecca Joyce - Chief Operating Officer	

P22/01/A1	**Welcome, apologies for absence and declaration of interest (Verbal)**	
	The Chair of the Board welcomed everyone to the virtual Board of Directors meeting, including governors and members of the public, via the audience functionality. The above apologies for absence were noted. No declarations of interest were noted, pursuant to Section 30 of the Standing Orders.	
P22/01/A2	**Actions from Previous Meetings (Enclosure A2)** Action 1 – Diagnostic Framework Self-Assessment – Board Leadership – an update was included within the Our People Update – action to be closed. Action 2 – Safeguarding Information to Board – this item would be included within the February's Chief Nurse report as a result of the reduced agenda in January 2022 due to the planning/response to Omicron.	**DP**
	The Board: - ***Noted the updates.***	
P22/01/B1	**Board Assurance Framework** The Board Assurance Framework, in respect of the True North Strategic Aim 1, had been updated to reflect the refreshed Infection, Prevention and Control Board Assurance Framework and NHSE/I Board Assurance Framework in respect of safer staffing.	
	The Board: - **Noted and took assurance from the Board Assurance Framework**	
P22/01/B2	**Maternity Update** The Director of Midwifery brought the following items within the report to the Board's attention: • Whilst an increase in still births had been seen in the perinatal mortality review, when those associated with Covid-19 were excluded, the underlying still birth rate remined static. Local and national studies linked to these outcomes continued, including those by the UK Obstetric Surveillance System (UKOSS). • Plans for the Bereavement Suite had now been drawn up and work was expected to commence in Spring, with an anticipated completion date of June 2022. • No Prevention of Future Deaths Reports had been received since the last report. • Clinical Negligence Scheme for Trusts (CNST) – further evidence had been provided in respect of the Trust's year 3 submission. Notification of a pause to year 4 standards had been received, due to Omicron, this was expected to be reviewed in March 2022.	

- Continuity of Carer remained on pause and was likely to remain on hold until Autumn 2022. The national team were aware of this and understood the position.

In response to a question from Pat Drake, the Director of Midwifery confirmed that Public Health and the Clinical Commissioning Groups were actively promoting the vaccination of pregnant women. All opportunities were being explored, including drop-in sessions and antenatal clinics.

As NED Safety Champion, Pat Drake acknowledged the merging of the Doncaster and Bassetlaw Maternity Voice Partnerships (MVP). The Director of Midwifery confirmed the combined groups were working well together. Comments on the Facebook page were responded to within 24 hours and concerns were addressed, or signposted, as appropriate. Visits for those raising concerns were arranged either on the ward, or at home, and feedback had been positive; subsequent engagement/involvement with the MVP was encouraged as part of this interaction. The Chief Nurse clarified that although the boundary changes would result in the Trust spanning two Integrated Care Systems, this would not impact on either the MVP or the Local Maternity & Neonatal System (LMNS).

In respect of the pause of the Continuity of Carer service, the Director of Midwifery confirmed this was due to the current vacancy levels, sickness absence and isolation requirements. The age profile of the Trust's midwives saw a split between those who had qualified within the last five years and a large cohort of midwives aged 50 years and over. Despite initiatives to increase uptake there remained a national shortage of midwives. International recruitment had taken place and a further recruitment campaign was planned for February 2022, opportunities to increase the initial plans to recruit four midwives to potentially twelve international midwives were being explored. Student midwives would also come on board in October 2022.

Further to the maternity safety meeting with the national team, there was a clear desire for the Director of Midwifery to be actively involved in Trust Board meetings. As clinical Non–executive Director and Maternity Safety Champion Pat Drake welcomed the opportunity to actively involve the Director of Midwifery at Board Meetings. The Chair of the Board supported this request and sought a view from the Board, which received unanimous agreement. The Director of Midwifery and the Chief Nurse worked together collaboratively and are held to account by both the Board and the Local Maternity & Neonatal System (LMNS) for the provision of Midwifery services.

The Executive Medical Director acknowledged the apparent impact of Covid-19 in pregnancy and encouraged vaccination, to limit the chance of a poor outcome. Adherence to the vaccination advice was also supported by the Head of Communications & Engagement.

The Chief Executive recognised that the Trust was the only organisation within South Yorkshire and Bassetlaw with a dual site maternity unit, which covered both town and rural locations and that this did add a further demand and dimension to staffing challenges. There was a need to address vacancies at pace, which included appropriate support for the health and well-being of colleagues. A renewed maternity improvement plan would be developed, which would be shared with Board in due course. Inclusion of the Director of Midwifery at the Board of Directors meeting would ensure that maternity safety remained front and central.

	In response to a question from Kath Smart with regards to the risks and mitigating actions associated with pausing the Continuity of Carer, the Director of Midwifery identified that the risks were greater to provide the service, than to pause. Without the required number of midwives, a disjointed and unstable service would be provided, it was envisaged that the service could be offered when vacancies reduced to approximately ten. Mark Bailey welcomed the improvement plans and enquired what attention would be paid to improving the attractiveness of the role and if there was a role for the Teaching Hospital Board to play. The Chief Nurse confirmed the Trust was already working closely with the universities, including opportunities to convert from general nursing to midwifery. There appeared to be a lack of long-term career aspiration for the role and the potential for apprenticeship opportunities to improve longevity may be an option to explore. In addition, as one of only eight trusts to be involved in the international midwife recruitment this provided excellent opportunities to attract increased numbers.	
	The Board: - **Noted and took assurance from the Maternity Update**	
P22/01/B3	**<u>Infection Prevention & Control Board Assurance Framework</u>**	
	An update to the NHSE/I Infection, Prevention and Control Board Assurance Framework had been made in December 2021, this incorporated updated guidance and learning from Covid-19. The assurance framework provided a tool against which organisational compliance could be measured, the outcome of which were reported at the Quality & Effectiveness Committee and Board of Directors meetings. There remained a reliance on FFP3 and GVS masks for staff working in high-risk areas. Fit mask testing continued for both new and existing users and was now supported by trained Band 2 Health Care Assistants. Support from the national team continued in respect of testing for disposable masks. The Director of Nursing confirmed that HEPA filtration air scrubbers had been purchased and more were on order, with the support of the Estates Team priority areas for use had been identified. Patient segregation in the Emergency Department was in place to manage cross infection, with the facility for on-site Abbott testing. Appropriate signage at entrances and in patient waiting areas would be standardised to set clear expectations in respect of mask wearing and presenting with symptoms. In response to a question from Pat Drake, the Director of Nursing confirmed that whilst some ward accreditation had been paused during the pandemic, compliance in respect of Infection, Prevention and Control standards had continued to be monitored. The introduction of Perfect Ward in Q1 2022 would result in a restart for the full suite of ward accreditation. The Director of Nursing also confirmed that whilst risk assessments in some non-clinical areas had seen the socially distanced measure reduce from two metres to one, all clinical areas continued to adhere to the two-metre rule, which had been preserved due to Omicron.	

	A reported increase in sepsis at the Clinical Governance Committee by the Director of Infection, Prevention and Control was being reviewed with the Executive Medical Director. It was confirmed that the pathway was subject to audit. In response to a question from Kath Smart with regards to the resourcing of the IPC team, the Director of Nursing confirmed that a reworking of the budget had allowed recruitment of a Band 2 and 3 to provide audit and administration support, which would release time from the clinical nurse role. The Director of Nursing confirmed that the potential for place-based IPC support was to be explored, to deliver consistency across all settings. Recognising the volume and pace of change to IPC messaging, Sheena McDonnell sought assurance in respect of clarity of staff's understanding. Messaging via social media platforms and the Trust's intranet was accessible and popular. Both the IPC and Communications & Engagement Team were extremely responsive, and messaging was supported via the Director of Public Health.	
	The Board: - ***Noted and took assurance from the Infection Prevention & Control Board Assurance Framework***	
P22/01/B4	**<u>Covid Response -</u> keeping patients and staff safe**	
	The Director of Nursing presented to the Board a summary of the steps taken throughout the pandemic to ensure the safety of our staff and patients, which included: • IPC Measures • Partnership working with Public Health • Management of Visiting Arrangements • Patient Flow • Vaccination Programme Neil Rhodes thanked the Director of Nursing for the comprehensive presentation. In response to managing challenges from members of the public the Director of Nursing confirmed the need to maintain professional, sensitive communication, appropriate to individual patient requirements. Front line colleagues were well informed and supported in these difficult conversations by senior colleagues. As the current relaxation on mask wearing did not affect healthcare settings in England, the Executive Medical Director confirmed the message had been reinforced across place and supported by the Director of Public Health. In respect of patient flow, the Director of Nursing confirmed that work to reduce the number of patients who were medically fit for discharge was underway, specifically for those pathways under the Trust's control (pathways 0/1). Pathways 2 and 3 were more difficult to influence, as they were reliant upon social care/care homes and with 34 and 30 closures across Doncaster and Bassetlaw respectively, this position remained challenging. Currently 69 patients do not meet the criteria to reside, only 7 of which were medical outliers. Bed occupancy remained high, at approximately 95%; currently there were 110 active Covid-19 patients and a total of 152 in-patients who had been admitted with Covid-19. Although	

	the numbers remained high this was not currently resulting in the need for intensive care, with just one Covid-19 patient currently on the Intensive Care Unit. In response to a question from Kath Smart, with regards to the management of the discharge position, the Chief Executive confirmed flow, bed occupancy and discharge was reviewed at the operations meeting, which took place 4 times throughout the day. Alongside this there were various pieces of work driving the required improvements, including red to green, weekly system ward rounds and bed capacity escalations. The Deputy Chief Operating Officer confirmed plans to run a system perfect week during w/c 31 January 2022, working closely with commissioners and partners with the intention to reduce the 14 day+ length of stays by 50%.	
	The Board: - ***Noted the measures taken and took assurance from the COVID-19 response***	
P22/01/B5	**<u>Winter/Covid Nursing Workforce Board Assurance Framework</u>**	
	In November 2021 NHSE/I published a Board Assurance Framework which identified best practice in ensuring safe staffing. The key elements of focus being: • Planning • Decision making and escalation • Staff training and well-being • Indemnity and regulation • Governance and Assurance actions are noted in The publication builds on previous guidance in relation to Covid-19 workforce models and the fundamental principles for the nursing and midwifery workforce set out in the National Quality Board Safe, Sustainable and Productive staffing guidance. The Director of Nursing acknowledged nursing and midwifery staffing remained a significant challenge. The framework identified the necessary actions, control mechanisms, means of assurance, next steps, and the required monitoring/review. The need to standardise risk processes across the divisions and implement the roll out of the SafeCare model and perfect ward were noted. In addition, work was ongoing with the senior nurses and Chief Nurse to determine Covid-19 risk appetite and the impact on staffing levels. Pat Drake offered assurance to the Board that safe staffing would continue to be monitored through the Quality & Effectiveness Committee. In answer to a question with regards to recovery of the elective position, the Director of Nursing confirmed there would be a need to consider the staff establishment and skill mix and SafeCare would support this through the provision of case mix/patient acuity information. Sheena McDonnell acknowledged the positive approach of the Board Assurance Framework and as Chair of the People Committee confirmed a commitment to consider these workforce challenges as part of the business of the meeting. The Chief Executive emphasised the importance of appropriate multidisciplinary staffing levels. In respect of elective recovery, the impact on staffing would be dependent upon the	

	model of choice, discussions in respect of the potential for elective hubs continued, such dedicated facilities would not face the same challenges arising from emergency/winter pressures. Discussions to date had identified two potential options, with DBTH, the Rotherham NHS FT and Barnsley Hospital working in partnership with Montagu as the hub location or the use of the Royal Hallamshire Hospital in Sheffield. Staffing in respect of an elective surgical hub would need a multi-disciplinary team approach with overnight cover being provided collaboratively from across the system. The Chief Executive agreed to keep the Board updated on this matter. The Chair of the Board thanked the Director of Nursing for their contribution.	
	The Board: - ***Approved and took assurance from the Winter/Covid Nursing Workforce Board Assurance Framework***	
P22/01/C1	**<u>Our People Update</u>** The Director of People & Organisational Development's update provided an overview of sickness absence, absence line reporting and staff testing and swabbing. A rapid rise in Covid-19 related absences had been seen in December 2021, related to Omicron. In respect of the vaccination programme, the reported position at 10 January 2022 identified 97% of staff had received the first dose, 94% had received the second dose and 82% the booster vaccination. The Trust's results were in line with the regional picture for the Northeast & Yorkshire. On 6 January 2022 the Department of Health & Social Care's confirmed a decision to mandate Covid-19 vaccination for all NHS workers who had face to face patient contact unless they were medically exempt. Significant work to validate staff vaccination records had been undertaken, followed by an assessment of those members of staff who were classed as being in scope for the mandated vaccination. Sessions for vaccine hesitant colleagues, were being arranged with the support of the Freedom to Speak Up Guardian, and a wealth of resources, regional and national webinars were available to support managers with difficult conversations. Where colleagues had not received their first vaccine by 3 February 2022 formal meetings would commence and options to explore redeployment opportunities would be considered during this period. However, in some cases serving notice would have to be considered. The Director of People & Organisational Development acknowledged the tight timescales being worked to and the demands of managers and the People Organisational Development team. The Health and Wellbeing update included a summary of the outcomes of the diagnostic exercise which assessed the Trust's approach against the best practice framework. A supporting action plan identified clear next step. Board had signalled a clear commitment to improve colleagues' health and well-being and an outline business case had been developed with the support of the finance team to validate funding streams and support from charitable funds. Regular updates would be received at Board from the Chief People Officer and Wellbeing Champion, Mark Bailey. Having reviewed the commitment and support of the Board, the Director of People & Organisational Development was satisfied that board leadership would increase to a 90% standard of achievement.	

	Sheena McDonnell was pleased to see the improvement in the assessment of Board leadership compliance and thanked the Director of People & Organisational Development and her team for their significant efforts in respect of the vaccination programme and vaccination as a condition of deployment work, at what was a challenging time operationally. In response to a question regarding the scale of unvaccinated colleagues, the Director of People & Organisational Development indicated that following initial work to update records there remained 200 unvaccinated colleagues and 170 who had only received their first vaccination. For pregnant members of staff vaccination was required 16 weeks post-delivery, or on return to work. In respect of determining those team members in scope it was clarified that national guidance had indicated that this was those staff who undertook CQC regulated activity. The guidance had been interpreted by Sheffield Teaching Hospitals and shared across SY&B ICS. Adjustments to the location of duties, for non-clinical staff may be necessary for example where a post was ward based but no face-to-face patient contact was required. Sheena McDonnell queried if the vaccination requirement for pregnant workers conflicted with the message received in the maternity update, which encouraged vaccination. It was confirmed that the medical exemption was only temporary, providing a post-natal option. The Royal College of Obstetricians and Gynaecologists recommendation remained to be vaccinated, but ultimately the decision was the individuals. Support and resources to inform that decision were available. The Chief Executive recognised the benefits of the vaccination programme. The work undertaken to date supported the required action in law, whilst ensuring well informed decisions and exploration of potential adjustments in minimising the impact on workforce challenges. Neil Rhodes recognised the challenging position and was encouraged by the approach, he suggested more challenge was likely, however, reinforced the need to follow the law and guidance, as well as fulfilling the responsibilities as an employer. In response to his question the Director of People & Organisational Development confirmed a local equality impact assessment was underway and this could be circulated under confidential cover before the next Board meeting. Divisions and directorates had risk assessed their service provision, with discussions taking place at the Focus and Delivery groups. Where a risk to service delivery was identified this was required to be escalated to NHSE/I. Some press coverage had indicated the potential for change to the mandate, but to date no formal notification had been received. In response to a question from Pat Drake with regards to the flu vaccination rate, it was confirmed that flu levels were extremely low across the country, hands, face, space, and ventilation measures had significantly reduced the incidence of flu and norovirus. The Chair of the Board advised Board members of a recent article co-authored by Mr Quraishi OBE, Consultant Ear, Nose and Throat Surgeon which highlighted a significant decrease of ENT admissions due to the interventions put in place to restrict the spread of Covid-19 and encouraged those in attendance to share this message widely.	

	The Board: - ***Noted and took assurance from the Our People Update***	
P22/01/D1	***<u>Ambulance Handovers</u>*** The Board received the mandated monthly report, the following highlights were brought to their attention: • Improved performance for 30–60-minute waits with Doncaster Royal Infirmary moving from the 4th highest reporting Trust to 6th , and Bassetlaw from 22nd to 29th • A small improvement in patients waiting for less than 15 minutes at Doncaster Royal Infirmary, increasing from 49.60% to 51.26% • Extension of the frailty pilot until 30 April 2022, initial positive feedback had been received • Implementation of Criteria to Reside, Red to Green and MDT Long Stay Wednesday walk-arounds to reduce length of stay and increase discharges • The use of an ambulance handover bay for the yellow pathway, which would allow some ambulance delays to be resolved • A time and motion study would be undertaken during w/c 7 February to review the entire process from arrival to discharge, identifying required tasks, the associated timeframes and areas of improvement. In response to a question from Pat Drake, it was confirmed that a clinical harm review was undertaken for any 12 hour waits. The Executive Medical Director was not aware of any serious incidents arising from such a wait/review. In response to a question from Mark Bailey re the pace of improvement, the Deputy Chief Operating Officer confirmed this had been impacted by Covid, both in respect of workforce challenges and the site's capacity. The Board could be assured that the right actions were in place to address areas of required improvement. The Chief Executive confirmed the impact of site capacity should not be underestimated, as had been seen at the time of the incident in the Women's and Children's Hospital. As the report was received on a monthly basis this would evidence the improvement journey. The Trust's medical team continued to work closely with ambulance staff to ensure that all medical emergencies were assessed, with the provision of bed, rather than trolley waits.	
	The Board: - ***Noted and took assurance from the Ambulance Handovers***	

P22/01/E1	**Strategic Outline Case – DRI New Build**	
	Dr Ian Stott, Specialty Medicine Clinical Director and Consultant Nephrologist and Jodie Roberts, Director of Allied Health Professionals were welcomed to the meeting to support the Executive Director of Recovery Innovation and Transformation's update on the DRI New Build and development of the strategic outline case. The comprehensive paper provided an executive summary and an extensive summary of the strategic outline case, the full strategic outline case had been subject to review at the Finance & Performance Committee and was available upon request. A summary of the background and work to date was shared with the Board, the strategic case was the first of a three-part process to seek investment for a new build. There were significant infrastructure challenges on the Doncaster Royal Infirmary site, as a result of the structure being at, or beyond its life span. The Trust had worked closely with NHSE/I to ensure appropriate contingency plans were in place to manage the current estate risk but a plan beyond that was required. The New Hospital Programme presented an opportunity for investment and the Trust had expressed an interest in the proposed next tranche of proposals. A range of options had been considered, the preferred option of a new build would provide modern co-located facilities to support improved outcomes and experience for patients and a better environment in which staff could deliver care. The new hospital would be future proofed, digitally enabled, adaptable and support the green agenda. The Trust had worked in partnership with Doncaster Metropolitan Borough Council (DMBC) and a site on the waterfront, the basin site, had been identified. Subject to approval in this financial year the preferred way forward would deliver a new hospital by 2029. As a clinician, Dr Ian Stott had been part of the project now for over 12 months, sense checking plans, developing options and considering the appropriate model of care, in line with the NHS Long Term Plan, the Trust's own vision, ICS and regional developments. It was recognised that the population's health care needs were changing and options for out of hospital care, interaction with primary care and new ways of personal care management had all been considered. Jodie Roberts, Director of Allied Health Professionals, confirmed the model of care was at the heart of the business case to ensure a fit for purpose model to meet the needs of the hospital's population. The infrastructure would provide care in the right place, support clinical alignment, improve flow and have a positive impact on outcomes and efficiencies. From a staff perspective, an improvement in respect of recruitment and staff retention was also anticipated. The Director of Recovery, Innovation and Transformation confirmed strong support from local MPs, the plan would contribute towards economic regeneration, promotion of the levelling up agenda and the town's ambition to be a University City. The expression of interest in the New Hospital Programme was recognised as a regional priority by NHSE. In terms of next steps, approval was sought from Board today for submission to NHSE/I by 31 January 2022. Should the Trust be shortlisted further consultation and engagement would be required.	

	Neil Rhodes, Chair of the Finance & Performance Committee confirmed the strategic outline case had been subject to scrutiny at the Committee, all of the options had been considered before arriving at the preferred option. An extra-ordinary meeting of the Committee had taken place on 19 January, an extensive discussion took place in order to offer the final assurance to the Board. Neil Rhodes supported the submission and encouraged others to keep the plans at the forefront of their own and other's minds. The strategic outline case was extremely well constructed, and the enormous efforts of the team were recognised and their ongoing work in this respect was vital. Mark Bailey acknowledged regional support and anticipated a keen level of interest from the population of Doncaster. The Chief Executive recognised the importance of working in partnership with DMBC, the positive impact on economic regeneration, levelling up and the Trust's role as a teaching hospital. The advantage of the Basin site was noted to be the co-location with Doncaster College from an education and research perspective. The Chief Executive shared his appreciation of the significant effort which had gone into development of the strategic outline case. The Chair of the Board signalled the Trust's clear commitment to the people of Doncaster and Bassetlaw in providing the best possible healthcare provision in a modern, future proof setting. Approval was sought form the Board and unanimously received for submission of the strategic outline case to NHSE/I.	
	The Board: - ***Approved and took assurance from the Strategic Outline Case – DRI New Build***	
P22/01/F1	**Minutes of the meeting held on 21 December 2021**	
	The Board: - **Approved the minutes of the meeting held on the 21 December 2021**	
P22/01/F2	**Any other business (to be agreed with the Chair prior to the meeting)** No items of other business were raised.	
P22/01/F3	**Governor questions regarding business of the meeting (10 minutes)** **Is there a breakdown of the reasons that colleagues are not receiving the Covid-19 vaccine?** The Director of People & Organisational Development confirmed there was no central record, although reasons may become apparent through the conversations with the Freedom to Speak-up Guardian. **What action is being taken to deter the incidence of physical violence?** The Chief Nurse confirmed the presence of on-site Saba security. In addition, colleagues undertook conflict resolution training. An update in this respect could be provided to the People Committee. Pat Drake raised awareness that some incidents where violence was reported had the potential to be linked to dementia or patients with behavioural issues and suggested there was a difference between such events and intended violence.	

	<u>In respect of the new build, please can Bassetlaw be considered/referenced as residents may live closer or equidistant to Doncaster Royal Infirmary.</u> The Director of Recovery, Innovation & Transformation confirmed that any future consultation would involve the residents of Bassetlaw. **<u>In respect of transport between Doncaster and Bassetlaw is the provision of transport included within appointment letters, including details of how to book?</u>** This matter had been raised previously and it was understood this was included in the letters, but a further check would be made.	
P22/01/F4	**<u>Date and time of next meeting (Verbal)</u>** **Date:** Tuesday 22 February 2022. **Time:** 09:30am **Venue:** MS Teams	
P21/12/E5	**<u>Withdrawal of Press and Public (Verbal)</u>**	
	The Board: - *Resolved that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.*	
P21/12/F	**<u>Close of meeting (Verbal)</u>**	
	The meeting closed at 12.07	