

**Board of Directors Meeting Held in Public  
To be held on Tuesday 29 March 2022 at 09:30  
Via MS Teams**

Enc		Purpose	Page	Time
<b>A</b>	<b>MEETING BUSINESS</b>			<b>09:30</b>
<b>A1</b>	<p>Welcome, apologies for absence and declarations of interest <i>Suzy Brain England OBE, Chair</i> <i>Members of the Board and others present are reminded that they are required to declare any pecuniary or other interests which they have in relation to any business under consideration at the meeting and to withdraw at the appropriate time. Such a declaration may be made under this item or at such time when the interest becomes known</i></p> <p><i>Members of the public and governor observers will have both their camera and microphone disabled for the duration of the meeting</i></p>			10
<b>A2</b>	<p>Actions from previous meeting <i>Suzy Brain England OBE, Chair</i></p>	<i>Review</i>		
<b>B</b>	<b>PRESENTATION</b>			<b>09:40</b>
<b>B1</b>	<p>Safeguarding Update <i>Abigail Trainer, Director of Nursing</i> <i>Gill Wood, Safeguarding Lead</i></p>	<i>Note</i>		20
<b>C</b>	<b>True North SA1 - QUALITY AND EFFECTIVENESS</b>			<b>10:00</b>
<b>C1</b>	<p>Board Assurance Framework <i>Abigail Trainer, Director of Nursing/Dr Joseph John, Medical Director for Operational Stability and Optimisation</i></p>	<i>Assurance</i>		5
<b>C2</b>	<p>Chief Nurse Update <i>Abigail Trainer, Director of Nursing</i></p>	<i>Assurance</i>		10
<b>C3</b>	<p>Maternity Update <i>Lois Mellor, Director of Midwifery</i></p>	<i>Assurance</i>		10
<b>C4</b>	<p>Executive Medical Director Update <i>Dr Joseph John, Medical Director for Operational Stability and Optimisation</i></p>	<i>Assurance</i>		10
<b>D</b>	<b>True North SA2 &amp; 3- PEOPLE AND ORGANISATIONAL DEVELOPMENT</b>			<b>10:35</b>
<b>D1</b>	<p>Board Assurance Framework <i>Jayne Collingwood, Acting Deputy Director of People and Organisational Development</i></p>	<i>Assurance</i>		5
<b>D2</b>	<p>Our People Update <i>Jayne Collingwood, Acting Deputy Director of People and Organisational Development</i></p>	<i>Assurance</i>		10

	<b>BREAK - 10:50-11:00</b>			
<b>E</b>	<b>True North SA4 - FINANCE AND PERFORMANCE</b>			<b>11:00</b>
<b>E1</b>	Board Assurance Framework <i>Alex Crickmar, Acting Director of Finance</i> <i>Gill Marsden &amp; Debbie Pook, Deputy Chief Operating Officers</i>	<i>Assurance</i>		5
<b>E2</b>	Finance Update <i>Alex Crickmar, Acting Director of Finance</i>	<i>Note</i>		10
<b>E3</b>	Operational Update – Looking Forward <i>Gill Marsden &amp; Debbie Pook, Deputy Chief Operating Officers</i>	<i>Assurance</i>		10
<b>E4</b>	Performance Update <i>Gill Marsden &amp; Debbie Pook, Deputy Chief Operating Officers</i>	<i>Assurance</i>		10
<b>E5</b>	Ambulance Handover Delays <i>Gill Marsden &amp; Debbie Pook, Deputy Chief Operating Officers</i>	<i>Assurance</i>		10
<b>E6</b>	Wholly Owned Subsidiary Update <i>Jon Sargeant, Interim Director of Recovery, Innovation &amp; Transformation</i>	<i>Note</i>		10
<b>E7</b>	Restoration, Innovation & Transformation Update <i>Jon Sargeant, Interim Director of Restoration, Innovation &amp; Transformation</i>	<i>Note</i>		10
	<b>BREAK 12:05 – 12:15</b>			
<b>F</b>	<b>STRATEGY</b>			<b>12:15</b>
<b>F1</b>	Principles for 2022/23 <i>Richard Parker OBE, Chief Executive</i>	<i>Approve</i>		10
<b>G</b>	<b>GOVERNANCE AND ASSURANCE</b>			<b>12:25</b>
<b>G1</b>	Corporate Risk Register <i>Fiona Dunn, Deputy Director Corporate Governance/Company Secretary</i>	<i>Review</i>		5
<b>H</b>	<b>INFORMATION ITEMS (To be taken as read)</b>			<b>12:30</b>
<b>H1</b>	Chair and NEDs Report <i>Suzy Brain England OBE, Chair</i>	<i>Information</i>		
<b>H2</b>	Chief Executives Report <i>Richard Parker OBE, Chief Executive</i>	<i>Information</i>		

<b>H3</b>	Performance Update Appendices <i>Gill Marsden &amp; Debbie Pook, Deputy Chief Operating Officers</i>	Information		
<b>H4</b>	Minutes of the Finance and Performance Committee – 18 November & 17 December 2021 <i>Neil Rhodes, Non-Executive Director</i>	Information		
<b>H5</b>	Minutes of the People Committee – 2 November 2021 <i>Sheena McDonnell, Non-Executive Director</i>	Information		
<b>H6</b>	Minutes of the Audit & Risk Committee – 12 October 2021 <i>Kath Smart, Non-Executive Director</i>	Information		
<b>H7</b>	Minutes of the Trust Executive Group – 13 December 2021 & 14 February 2022 <i>Richard Parker OBE, Chief Executive</i>	Information		
<b>I</b>	<b>OTHER ITEMS</b>			<b>12:30</b>
<b>I1</b>	Minutes of the meeting held on 22 February 2022 <i>Suzy Brain England OBE, Chair</i>	<i>Approval</i>		5
<b>I2</b>	Any other business (to be agreed with the Chair prior to the meeting) <i>Suzy Brain England OBE, Chair</i>	<i>Discussion</i>		
<b>I3</b>	Governor questions regarding the business of the meeting (10 minutes)* <i>Suzy Brain England OBE, Chair</i>	<i>Discussion</i>		10
<b>I4</b>	<b>Date and time of next meeting:</b> <b>Date:</b> Tuesday 26 April 2022 <b>Time:</b> 9:30 <b>Venue:</b> MS Teams	<i>Information</i>		
<b>I5</b>	<b>Withdrawal of Press and Public</b> Board to resolve: That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest. <i>Suzy Brain England OBE, Chair</i>	<i>Note</i>		
<b>J</b>	<b>MEETING CLOSE</b>			<b>12:45</b>

## \*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:  
Updated:

Angela O'Mara  
22 February 2022



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

## Action Log

<b>Meeting:</b>	Public Board of Directors	<b>KEY</b>	
<b>Date of latest meeting:</b>	22 February 2022	<b>Completed</b>	<b>On Track</b>
		<b>In progress, some issues</b>	<b>Issues causing progress to stall/stop</b>

No.	Minute No.	Action	Lead	Target Date	Update
1.	QEC21/08/C4i	<p><b><u>Safeguarding Information to Board</u></b></p> <p>Following a discussion regarding the lack of safeguarding information received at Board, a decision would be made on whether a presentation update be provided to Board, or if regular information would be provided as part of the Chief Nurse report.</p>	DP	<p><del>November-2021</del></p> <p><del>January 2022</del></p> <p><del>February 2022</del></p> <p>March 2022</p>	<p>To be included in the Chief Nurse Update</p> <p>Full Board agenda postponed to February 2022 due to planning/response to Omicron</p> <p><b>Safeguarding Update on the agenda – item B1</b></p>

# Board Assurance Framework – Risks to achievement of Strategic Aims

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

True North Strategic Aim 1	True North Strategic Aim 2	True North Strategic Aim 3	True North Strategic Aim 4
<b>To provide outstanding care and improve patient experience</b>	<b>Everybody knows their role in achieving the vision</b>	<b>Team DBTH feel valued and feedback from staff and learners in top 10% in UK</b>	<b>In recurrent surplus to invest in improving patient care.</b>
<b>Breakthrough Objective:</b> Achieve measurable improvements in our quality standards & patient experience	<b>Breakthrough Objective:</b> 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.	<b>Breakthrough Objective:</b> Team DBTH feel valued and the Trust is within the top 25% for staff & learner feedback	<b>Breakthrough Objective:</b> 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 Feb/Mar 2022 and by the Strategic aim sponsors in Mar 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 February 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 March 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					
Possible 3				2 , F&P5, Q&E1	1 F&P11,
Likely 4			1 F&P12	6 Q&E9, F&P1, F&P3, F&P6, F&P8, , PEO3, PEO2	4 F&P4, F&P20, Q&E12, F&P12,
Certain 5					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	↔

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

## True North Strategic Aim 1 – To provide outstanding care &amp; 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 : March 2022	
<p><b>Strategic Objective</b> To deliver safe &amp; effective service to patients and staff during a World-wide pandemic of Coronavirus which will infect the population of Doncaster and Bassetlaw (including staff) resulting in reduced staffing, increased workload due to COVID-19 and shortage of beds, ventilators.</p> <p><b>Comments: points to consider</b></p> <ul style="list-style-type: none"> <li>• Temporary Site Reconfiguration</li> <li>• Reduction in Planned Care – Outpatients &amp; Surgery</li> <li>• Vulnerable Patients</li> <li>• Emergency Pathways (Adult)</li> <li>• Increasing Critical Care Capacity</li> <li>• Consolidation of maternity and Delivery of Children’s Services</li> <li>• Trauma Consolidation</li> <li>• Diagnostics and Pharmacy</li> <li>• Care of Deceased Patient</li> <li>• People Planning, Education and Research</li> <li>• Ethical Decision Making</li> <li>• Infection Control and Prevention Support</li> <li>• IT and Digital, Estates, Finance &amp; Procurement</li> <li>• Partnerships, Communication and Engagement</li> <li>• Potential risk to elective recovery programme due to rising case numbers</li> <li>• Visitor restriction reintroduced in March 2022 due to rising case numbers</li> </ul> <p><b>Comments:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">See evidence of plans in link (Overall Plan)</a></li> <li>• <a href="#">Risk log (see link)</a></li> <li>• <a href="#">High Level COVID Narrative</a></li> <li>• <a href="#">Post implementation review</a></li> </ul>	<p><b>Risk Appetite:</b> The Trust has a <b>high appetite</b> for risks that impact on patients and staff during a worldwide pandemic.</p> <p><b>Risks:</b></p> <ul style="list-style-type: none"> <li>• Impact on safety of patients</li> <li>• Impact on patient experience</li> <li>• Potential delays to treatment</li> <li>• Impact on patient harm</li> <li>• Impact on reputation</li> <li>• Adverse impact on Trust's financial position – <ul style="list-style-type: none"> <li>○ 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.</li> </ul> </li> <li>• Impact on staff &amp; Inability to provide viable service</li> <li>• 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</li> <li>• Risks on staffing numbers in relation to vaccination awaiting final decision nationally.</li> <li>• Risks to patient flow due to external availability of care provision, which adversely affects patient experience</li> </ul>	<p><b>Initial Risk Rating</b> <b>Current Risk Rating</b> <b>Target Risk Rating</b></p>	<p>5(C) x 5(L) = 25 extr 5(C) x 4(L) = 20 extr 3(C) x 3(L) = 9 low</p>	<p>Risk Trend</p> 	
<p><b>Controls (mitigation to lead to evidence of making impact):</b></p>	<p><b>Last Review date</b></p>	<p><b>Next review date</b></p>	<p><b>Reviewed by</b></p>	<p><b>Gaps in Control</b></p>	
<p>Pandemic incident management plan implemented.</p> <ul style="list-style-type: none"> <li>• National reporting &amp; monitoring eg PHE, NHSI/E, WHO etc</li> </ul>	<p>Feb 2022</p>	<p>March 2022</p>	<p>DP</p>	<p>No unexpected identified</p>	
<p>Accountability Framework &amp; Quality framework process</p> <ul style="list-style-type: none"> <li>○ Securitization of pt pathways</li> <li>○ Winter plan implementation</li> </ul>	<p>Feb 2022</p>	<p>March 2022</p>	<p>DP/TN/RJ</p>	<p>Action plans in place</p>	
<p>Full projections of C19 demand &amp; other emergency flow modelled with partners, &amp; supporting bed modelling. This informs week to week operational plans &amp; winter planning.</p>	<p>Feb 2022</p>	<p>March 2022</p>	<p>DP/TN/COO</p>	<p>Workplans in place to support flow internally and externally</p>	
<p>Urgent and Emergency Care Improvement Programme</p>	<p>Feb 2022</p>	<p>ongoing</p>	<p>DP/RJ</p>	<p>Focused work on ED medical staffing</p>	
<p>Ongoing daily operational reviews to allocate or redeploy staff to maintain safe care, or mitigate risks in a particular service</p>	<p>Feb 2022</p>	<p>March 2022</p>	<p>DP/RJ/TN</p>	<p>Ongoing rota management</p>	

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	<b>Weekly</b> enhanced operational meetings in place as cross Trust ongoing incident management arrangements	<b>March 22</b>	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 14 <sup>th</sup> July 2021, to be reassessed with latest guidance. Updated BAF shared with Board on the 25 <sup>th</sup> January 2022	Jan 22	Board	Full			
L2,L3	KPMG Internal Audit reviews on quality outcomes: <ul style="list-style-type: none"> <li>o Covid-19: Business Continuity, Pandemic Response Plan and Remote Working - October 2020 -</li> <li>o COVID-19 Financial Governance and Controls - October 2020 -</li> </ul>	Oct 2020	Board	- Significant assurance with minor improvement opportunities	Actions complete		
<b>Corrective Actions required</b>				<b>Action due date</b>	<b>Action status</b>	<b>Action owner</b>	<b>Forecast completion date</b>

**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.

Areas in **yellow highlight indicate** change from last version



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

## True North Strategic Aim 1 – To provide outstanding care &amp; improve patient experience.

Risk Owner: Trust Board – Medical Director/Chief Nurse Committee: QEC		People, Partners, Performance, Patients, Prevention			Date last reviewed : March 2022			
<b>Strategic Objective</b> To provide outstanding care and improve patient experience  <b>Breakthrough Objective</b> Achieve measurable improvements in our quality standards & patient experience  <b>Measures:</b> <ul style="list-style-type: none"> <li>Ward/department quality assessment scores, recommencement of quality frameworks. Work on the roll out of the Perfect ward to commence in quarter 3.</li> <li>Evidence of “closing the loop”, through sharing of learning from incidents and follow up from QI processes</li> <li>Focus on key safety risks – IPC Outbreaks - waits, falls, milestones set through business planning for each division aligned to the division’s breakthrough objectives</li> <li>Clinical effectiveness, processes to include the following of NICE guidance</li> <li>IQPR measures</li> <li>Feedback from patients via compliments and complaints.</li> <li>Patient survey outputs and effectiveness of action plans</li> <li>Co-production of changes with patients</li> <li>Insights profiles from CQC</li> <li>Board Assurance Frameworks</li> <li>External review of patient safety and clinical governance which will incorporate patient experience</li> </ul>		<b>Risk Appetite:</b> The Trust has a <b>low appetite</b> for risks  <b>Risks:</b> <ul style="list-style-type: none"> <li>Risk of patient harm if we do not listen to feedback and fail to learn</li> <li>Risk of not using available quality assurance data to best effect in order to identify areas to improve or manage patient care.</li> <li>Risk to safety and poor patient experience as a result of failure to improve the estate and infrastructure.</li> <li>Risk of non-delivery of national performance standards that support timely, high quality care</li> <li>Risk to safety and poor patient experience if we do not improve emergency flow in our capacity constrained environment</li> <li>Current gaps in registered workforce whilst new registrants and international nurse’s complete preceptorship with increased reliance on agency staff.</li> <li>Risks to patient both in terms of flow and communication as a result of the pathways relating to Infection, Prevention and Control measures</li> </ul>			<b>Initial Risk Rating</b> <b>Current Risk Rating</b> <b>Target Risk Rating</b>		4(C) x 5(L) = 20 extr 4(C) x 4(L) = 16 extr 3(C) x 3(L) = 9 low	<b>Risk Trend</b> 
		<b>Risk references:</b> Q&E9, F&P 6 and F&P 8.  <b>Opportunities:</b> <ul style="list-style-type: none"> <li>Change in practices, new ways of working</li> <li>Advent of more digital care</li> <li>Greater opportunity for collaboration at place / system level</li> <li>Implementation of National Safety Strategy</li> <li>Restructure to focus on patient experience</li> <li>Quality improvement processes focused on Falls in the 10 high risk areas</li> <li>Workforce development plan</li> <li>Review of quality processes within the ICS</li> </ul>			<b>Rationale for risk current score:</b> Impact: <ul style="list-style-type: none"> <li>Impact on performance</li> <li>Impact on Trust reputation</li> <li>Impact on safety of patients</li> <li>Impact on patient experience</li> <li>Potential delays to treatment</li> <li>Possible Regulatory action</li> </ul>			
		<b>Future risks:</b> <ul style="list-style-type: none"> <li>Impact of COVID on elective restoration</li> <li>Staff engagement post covid</li> <li>Patient expectations following Covid</li> <li>Staff working in separate areas following the incident in the women’s hospital.</li> <li>Uncertainty re COVID recovery outcomes</li> <li>Uncertainty re SYB ICS changes</li> </ul>			<b>Comments:</b> <ul style="list-style-type: none"> <li>Need to ensure Trust Values are effective</li> <li>Need to develop quality/patient safety strategy</li> <li>Need to sustain improvements in QI initiatives</li> <li>Need to widen the focus on patient and user feedback</li> </ul>			
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 <ul style="list-style-type: none"> <li>Securitization of pt pathways</li> <li>Winter plan implementation</li> </ul>		Jan 2022	Feb 2022	DP/TN/RJ	Action plans in place			
Clinical Governance review		Jan 2022	Feb 2022	DP/TN	None identified			
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 – will form part of the patient safety workplan review			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			

Appendix Level1

L2,L3	SNCT undertaken to ensure safe staffing completed in June 2021. Nurse Staffing Assurance Framework shared at Board on the 25 <sup>th</sup> 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 14 <sup>th</sup> July 2021, to be reassessed with latest guidance. Updated BAF shared with Board on the 25 <sup>th</sup> January 2022	Jan 22	Board	Full				
L2	Nurse Staffing Assurance Framework shared at Board on the 25 <sup>th</sup> of January 2022	Jan 22	Board	Full				
<b>Corrective Actions required</b>				<b>Action due date</b>	<b>Action status</b>	<b>Action owner</b>	<b>Forecast completion date</b>	

**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.

Areas in **yellow highlight indicate** change from last version

Report Cover Page					
<b>Meeting Title:</b>	Board of Directors				
<b>Meeting Date:</b>	29 March 2022	<b>Agenda Reference:</b>	C2		
<b>Report Title:</b>	Chief Nurse Update				
<b>Sponsor:</b>	David Purdue – Chief Nurse and Deputy Chief Executive				
<b>Author:</b>	Kirsty Clarke, Workforce Lead Stacey Nutt, DDoN Patient Experience Marie Hardacre, Head of Corporate Nursing Abigail Trainer, Director of Nursing David Purdue, Chief Nurse				
<b>Appendices:</b>	None				
Report Summary					
<b>Purpose of report:</b>	The Board are asked to approve the ongoing work to improve patient quality against the True North Objectives				
<b>Summary of key issues/positive highlights:</b>	<p>The paper outlines the February 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.</p> <p>The paper highlights patient experiences in February. Focused on the effectiveness of the complaints procedures, themes of complaints and how we evidence learning.</p> <p>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.</p>				
<b>Recommendation:</b>	To approve				
<b>Action Require:</b>	Approve	Information	Discussion	Assurance	Review
<b>Link to True North Objectives:</b>	<b>TN SA1:</b>	<b>TN SA2:</b>	<b>TN SA3:</b>	<b>TN SA4:</b>	
	<i>To provide outstanding care for our patients</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>	
Implications					
<b>Board assurance framework:</b>	None				
<b>Corporate risk register:</b>	None				
<b>Regulation:</b>	CQC – Safe Care and Treatment and Patient Centred Care. Achievement of Outstanding.				
<b>Legal:</b>	Trusts licence to operate				
<b>Resources:</b>	Nil				
Assurance Route					

<b>Previously considered by:</b>	Board of Directors, Quality and Effectiveness Committee		
<b>Date:</b>	March 2022	<b>Decision:</b>	Regular updates required to QEC
<b>Next Steps:</b>	Update progress to QEC		
<b>Previously circulated reports to supplement this paper:</b>	None		

## **BIR March 2022 (February 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 is progressing plans to gradually introduce the patient safety incident response framework. The Trust awaits guidance on the implementation timeframe.

## **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.

## **Insight**

### **Serious Incidents**

There were three Serious Incidents in February 2022;

- one incident relates to the management of a Patient who required an Aspen collar.
- one incident relates to a missed opportunities to provide optimal care (including management of high potassium levels) from initial attendance in ED to Ward G5.
- one incident relates to a baby born in poor condition and has been accepted by HSIB.

There has been a total of 35 Serious Incidents reported, year to date. Of these, 24 were for care issues, six are HSIB investigations and four are due to falls with severe harm.

Shared learning from incidents is currently shared at the Patient Safety Review Group (PSRG). The new Patient Safety Committee terms of reference are going for approval to the March CGC. This is to enable the Trust to continue with the advancement towards PSIRF implementation.

### **HSIB Investigations**

There have been six 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. 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 for Patient Safety and Quality) and Ms Nicola Severein-Kirk (Lead Nurse for Patient Safety and Quality).

### **Falls**

There have been 120 falls in February 2022. Of these, 87 resulted in no harm of which nine were non-inpatient. 28 falls have resulted in low harm and five of these were non-inpatient. There have been three moderate harms (Ward Respiratory 21, Ward A4 and Ward S12) and there has been one severe harm on St Leger ward. In comparison to January 2022 data this is a reduction in month of 30 falls.

By the end of February 2022 there has been 1,339 falls. Of these, 376 falls have resulted in harm (24%). This includes 28 resulting in moderate harm (2%) and 23 resulting in severe harm (1.7%).

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 65 HAPU's in February 2022 affecting 51 patients. Of these patients, four were category three HAPU's, seven are unstageable HAPU's, zero are category four HAPU's, one Mucosal Pressure Ulcer and one was Uncategorisable. In comparison to January 2022 data this demonstrates a reduction in month of 25 HAPU's

By the end of February 2022, there had been 831, affecting 669 patients. Of these patients, there were 31 category three HAPU's and three category four HAPU's.

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 data to evaluate the impact of these interventions shows the Trust has already achieved a 13% reduction (number of patients) based on 2020/2021 April to March 2022.

### **Infection Prevention and Control**

The total number of cases of **Clostridioides difficile** year to date is 44 against a trajectory of 48 (28 HOHA and 17 COHA). We finished the year last March 2021 12 over trajectory.

**E-Coli Bacteraemia**; The total number of cases, year to date is 41 against a trajectory of 115. However, due to a change to the reporting of infections and how they are categorised as HOHA, COHA, COIA and COCA in line with the categorisation of Clostridioides cases. This figure jumps to a total of 88 against the trajectory of 115, with 47 classed as COHA E.coli infections.

**MRSA;** There were zero MRSA bacteraemia reported in February 2022. On the 26 February 2022 the Trust exceeded a full year of zero MRSA bacteraemia. There were two reported MRSA colonisations in February 2022, with a year-to-date total at 13 cases.

We are overall in a better position this year to date through work that has been ongoing. Including the trial of Peracide Wipes to improve the cleanliness of patient equipment. The new UV and HPV machines are now in use to decontaminate environments following cleaning.

Improvement work surrounding the launch of a new cleaning RAG rating is being rolled out. The company have confirmed that they are now supporting with this and hope to have the finalised document rolled out by the end of April 2022. The IPC team continue surveillance in clinical areas regularly auditing standards in relation to patients with infectious organisms.

## **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/>

The Trust is not currently in a position to recruit PSPs and the ambition is to have the PSPs in place by the end of Q3 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. Workforce pressures due to the Omicron variant has delayed the full roll out of the syllabus although it remains available on ESR for all employees to access. After collaboration with the Education Department a focus and relaunch of the syllabus is planned for World Patient Safety Day in September 2022.

## **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 30<sup>th</sup> edition. This was temporarily suspended and work is underway to revisit the content and ensure wider MDT learning following patient safety incidents.

The Trust is undergoing a restructure of its Clinical Governance Committees and the current Patient Safety Review Group will become the Patient Safety Committee where all operational issues can be discussed and learning shared Trust wide.

An external review has been commissioned to review the patient safety team and processes, clinical governance, patient complaints and patient experience. This workstream

will report directly into the Director of Recovery, Innovation and Transformation as part of the wider improvement plans that are in place across the organisation.

## **COMPLAINTS**

In February the number of complaints received was of 66, consisting of 64 40/60 WD and 2 MP complaints, giving a year to date (YTD) there have been 587\* compared to 663 for the same point in time in 2020/21 (11.5%) reduction. Of the 68 complaints 50 were allocated a timeframe of 40wd, 14 as 60wd and 2 were MP complaints that are allocated 20wd.

When split by Division Medicine had 30, Surgery and Cancer 22, Childrens and Families 7, Clinical Specialties 5, COO 1 and Estates & Facilities 1.

The number of concerns logged this month was 38 which is a decrease from January (42). Compliance with acknowledging complaints within 3 working days continues to improve in February to 97% which is above the Trust target of 95%.

The number of complaints due to be closed in February was 50, but there were only 24 closed which is 48% closed within timeframe compared to 44% in January and 15% in December. Although there is still a long way to go it does demonstrate improvement for the last 3 months running. The total number of complaints closed in February was 63 of which 27 were not upheld, 19 partly upheld and 17 upheld. Compliance with recording an outcome was 100% and of those that were upheld or partly upheld 83% had learning recorded which is a slight reduction from January (88%).

The top 5 themes of subjects for February's complaints are Patient Care (including hydration, nutrition and maternity) with 21 complaints, Diagnosis (including tests, delays and missed) (19), Values and Behaviours (10), Communication (10) and Admissions, discharge and transfer (7).

In February there has been one contact from the PHSO informing of their intent to investigate a complaint following the receipt of the information pack. This case is in Respiratory medicine and the original complaint was received in July 2020. One case in surgery has been closed following a successful 'Early Dispute Resolution' meeting with the complainant, the Trust and the PHSO. We received confirmation on the 25 February that the complaint has been successfully resolved and has now been closed by the PHSO.

Due to operational reasons the planned workshop to develop an action plan for the urgent and emergency care picker survey had to be stepped down. Although a formal action plan hasn't been agreed yet, work is taking place led by the Matron and Divisional Director of Operations. The team have also used key themes from complaints and concerns to inform their improvement work.

Values and Behaviours: Working alongside P&OD colleagues the ED have developed pledges that have been agreed by all staff and are prominent within the department.



Nutrition and hydration: Led by Steph Long (Team Lead Dietician) there is now a drinks trolley and meal service three times a day. They are now looking at introducing a nutrition assistant to support the provision of nutrition and hydration and nutritional management. This will involve an application to the charitable funds committee to fund the post as a pilot.

As part of the elective recovery programme the 'My Planned Care' patient platform was launched in February with the purpose of enabling patients to be kept better informed about how long they may be waiting for procedures. PALS is the designated contact point and a dedicated email inbox has been set up. One of the main themes of complaints in surgery and cancer is waiting times for appointments and treatments. It is therefore anticipated that this new platform will provide patients with a realistic expectation.

Work has been undertaken with outpatient sisters to review FFT codes and locations in order to ensure the correct forms are available. They will also have a QR code on the form in order to offer other accessible ways to complete. Ward volunteer roles have been reviewed to encompass them sitting with patients to encourage completion. We are also working with Doncaster College to look at schemes to offer business and administrative students placements in order to enter comments on the FFT forms onto DATIX so that the qualitative feedback can be used and shared.

We have now established good links with North Notts College, Doncaster College, Royal Voluntary Service, and the St. John Cadets and coordinating a placement programme with the support of Kelly Turkhood in order to develop volunteering experience as part of a career pathway.

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

There were currently 39-40 established inpatient wards open at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust during this reporting period. For this reporting period, January and February have been reflected:

### January & February 2022

Ward distribution of planned versus actual rate	January 2022		February 2022	
	No.	%	No	%
Within 5%	11	28.2%	17	42.5%
5% under planned versus actual	12	30.7%	6	15%
5% over planned versus actual	1	5%	1	2.5%
10% under planned versus actual	15	38.4%	16	40%
Surplus over 10%	0	0%	0	0%
Total IP wards	39		40	
Number of wards closed	0		0	

The on-going Covid 19 pandemic has created additional workforce challenges across the breath of the organisation, these pressures are now being seen across general surgical, orthopaedic and medical areas along with an increase in patient acuity and enhanced care needs. This has been reflected in the safe staffing data throughout the winter period 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 detail 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.

#### **January narrative**

39 inpatient wards were open throughout January 2022.

11 (28.2%) were on green for planned v actual staffing, 12 (30.7%) wards were on amber for being 5% under planned v actual staffing (B5, 1&3 27, 26, S10, S11, C1, ATC, AMU, 22, 18/CCU, Gresley). There was 1 (2.6%) ward (St Leger) that was amber for being 5% over planned v actual staffing during January.

15 (38.4%) wards were red for being 10% under planned v actual staffing (A4, A5, B6, Haematology, 17, CCU/C2, CDS, M1, G5, 24, 21, DCC, ITU, 32, 20). There were no wards red for January for being over 10% of their planned v actual staffing.

#### **CHPPD January 2022**

CHPPD (January 2022)					
Site Name	RN/M	HCA	REG NA	NON REG NA	TOTAL
BH	5.07↑	3.21↑	0.00	0.12↑	8.40↑
DRI	4.41↓	3.40↓	0.13↑	0.15↓	8.08↓
MMH	2.26↓	3.39↓	0.07↑	0.17↑	5.89↓
Total	4.39↓	3.36↓	0.10↑	0.14↓	8.00↓

**January 2022 bed occupancy data - for the wards in Red 10% planned below actual**  
 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	10.4	40%
CDS	14	4.2	30%
ITU Bassetlaw	6	6	100%
DCC	22	13.8	62.7%
B6	8	1.3	16%
G5	21 +2	14.8	70.47%
Ward 32	18	13.9	77.22%
Ward 18 (Heam)	12	10.2	85%
Ward 17	24	25.5	106%
Ward 20	27	26.5	98.1%
Ward 21	27	22.2	82.2%
Ward 24	30	25.3	84.33%
Ward A4	20	21.6	104%
Ward A5	16	17.3	108%
C2/CCU	18	17.1	95%

**February narrative**

40 inpatient wards were open throughout February 2022.

17 (42.5%) were on green for planned v actual staffing, 6 (15%) wards were on amber for being 5% under planned v actual staffing (27, C1, ATC, AMU, ITU, B6/ESSU). There was 1 (2.5%) ward (Rehab 1) that was amber for being 5% over planned v actual staffing during February.

16 (40%) wards were red for being 10% under planned v actual staffing (A4, A5, 17, CCU/C2, CDS, M1, 24, 21, 32, 20, A2L, DCC, S10, S11, 22, 25). There were no wards rated red for being over 10% of their planned v actual staffing during February.

**CHPPD February 2022**

CHPPD (February 2022)					
Site Name	RN/M	HCA	REG NA	NON REG NA	TOTAL
BH	4.92↓	3.06↓	0.02↑	0.14↑	8.14↓
DRI	4.08↓	3.16↓	0.12↓	0.09↓	7.45↓
MMH	2.21↓	3.17↓	0.09↑	0.07↓	5.54↓
Total	4.11↓	3.14↓	0.1	0.10↓	7.44↓

## February 2022 bed occupancy data - wards with 10% deficit

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	15.7	60.38%
CDS	14	3.3	23.57%
A2L	6	2.1	35%
DCC	22	9.7	45%
A5	18	17.3	96.11%
Ward 32	18	13.9	77.2%
A4	20	18.3	91.5%
CCU/C2	18	14.1	78.33%
Ward 24	30	25.3	84.33%
Ward 22	16	13.7	85.63%
Ward 21	27	25.9	95.93%
S10	20	17.7	88.5%
S11	19	14.3	75.26%
Ward 25	23	20.8	90.4%

The number of areas reporting 10% reduction against planned versus actual has increased again during January and February 2022, beyond the increase seen in November and December. The data for January / February 2022 demonstrates a continued deteriorating position as in November / December due to a number of factors including increased sickness absence and difficulty recruiting to all vacancies (including increased HPS rotas introduced in H2 across a number of wards) and utilisation of additional closed beds for the winter period. All areas continue to be 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 five of these areas had less than 60% (average) of patients occupying beds at midnight - these included maternity wards, DCC (who can adjust bed based against staff available) 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 continue to be identified in advance are reviewed and shifts are sent to bank and registered nurse gaps and HCA are 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 January and February. This is closely monitored with NHSP colleagues and the senior nursing team.

There continues to be areas of risk across all the divisions. This is having a direct impact on timely and effective patient care, patient safety harms are monitored via datix and speciality / Divisional Clinical Governance processes. The requirement for staff to take annual leave spread across the year has continued throughout November / December / January and February and many staff opted to use annual leave oppose to selling it. 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 (including those in H2 and Winter plans) which increased vacancies, 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). Surgery and Medicine are currently utilising a daily / weekly RAG process to support effective use of staffing resource and assess movement of staff.

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. Gynaecology services remain on the main site and this has put some pressure on nurse staffing and medical staffing due to services not being co-located (G5 is on Ward 19 and Obstetrics and Gynaecology SDEC is in the women's hospital). Work is ongoing to ensure the estate is fit for purpose and the senior nursing leadership team and Divisional Director in Women's and Surgical Division are continually risk assessing staffing to ensure patient demand is met as effectively as possible. 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 initial 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. The children's ward relocated into the original children's ward mid-February 2022. Ward G5 was planned to move end of April 2022, however due to increasing medical staff challenges this has been planned to be moved to March 2022 to maintain an effective registrar rota.

The pool ward NHSP incentive and General Ward Registered Nurse incentive was extended in January 2022 to at top of band plus 20% until end of March 2022. The senior nursing team reviewed the cost of agency for HCA given the significant shortfall, due to a combination of existing vacancy, additional vacancy added by increased budgets in H2 and opening of winter wards and sickness absence and agreed to increase HCA ward incentive to match the Registered Nurse incentive. The reason for this was that this was still slightly lower than the enhanced rate being offered to the Trust by agency partners. Agency uptake for HCA assistants is minimal at less than 2% of vacant shifts filled via agency. The agency cascade remains in place to ensure all vacant registered nurse & HCA shifts are shared earlier with the agencies to improve fill rates. Utilisation of Tier 1 and Tier 2 agencies has increased during January and February. Pre booking of agency staff to provide continuity has continued in areas with higher demand including S11, Orthopaedics, Respiratory, Gastro Medicine areas. Agency release to Tier 2 and to any HCA agency shift is via a golden key escalation process and is monitored closely by the senior nursing teams. NHSP incentives were extended to end of March 2022 in agreement with the Chief Nurse.

Some of the barriers to effective rostering of substantive staff continue including 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 entered 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. A majority 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.

All five cohorts of international nurses planned for 2021/2022 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 will be recruiting 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 to 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 across Surgery and Medicine have been reviewed and a paper-based RAG process piloted, with plans to move to the RAG being available at Ops meetings during March 2022 (and until Safe Care is rolled out). Nurse staffing is also reported monthly via the 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 out of hours / weekends 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 - using the RAG / Actual V Planned process
- Incentivised pay rates for registered and unregistered nurses working additional bank hours now at Top of Band plus 20% - making pay for registered and unregistered equitable
- Golden key in place for RN and HCA agency shift cascade
- 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, outpatients 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 GPCs 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.

The Trust workforce lead, recruitment team and senior divisional nursing team are working closely with Indeed recruitment agency as part of the NHS England zero clinical support work vacancy initiative. This includes utilizing Indeed for the front-end recruitment campaign support. The pace of inhouse onboarding processes are improving and during March 2022 over 5 separate recruitment dates have taken place in an effort to reduce vacancies.

Challenges to improving HCA vacancies remains challenging as the actual vacancy position is difficult to establish at budget lines at Bands 2 & 3. These are not always reflective of actual vacancies (Some band 2 posts are used to appoint Band 3 TNAs but the funding is not always moved to the correct line - meaning PWR returns are not a true reflection of the HCA vacancies). Other challenges include increased Band 2 budgets during H2 (to support opening of all closed /escalation beds across Medicine and Gynecology), opening of additional ward during winter (16 beds which was funded via winter funding). These both add to increased challenges as the high vacancy position was further increased and as such reports negatively on the Trust PWR. March has also been compounded by the recruitment of 16 TNA's - which were predominantly from internal Band 2 posts. Divisional Director of Nursing for Surgery is working with all Divisions to ensure the Band 2 budget is reflective of the Band 2 position which will include movement of budget to the appropriate Band 3 line as needed.

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 drivers 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. The senior nursing team have led on the development of standardized recruitment across the ICS for NQ, which provides each organization with equity in approach and an easier process for the NQ nurse.

Workforce challenges remain a significant area of focus for the senior nursing team - both Divisionally and Corporately.

### 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.

### Nurse Bank usage

Month	Registered nurse	Year to date %	Unregistered nurse	Year to date %
November	5.87%↑	4.90%↑	5.82%↓	5.75%↓
December	8.99%↑	5.39%↓	5.31%↓	5.70%↓
January	9.58%↑	5.63%↑	5.63%↑	5.72%↑
February	14.36%↑	5.91%↑	6.31%↑	5.80%↑

### Nurse Agency usage

Month	Registered nurse	Year to date %	Unregistered nurse	Year to date %
November	4.12%↑	1.93%	0.18%↑	0.16%↑
December	5.65%	2.37%	-0.03%	0.14%
January	4.09%	2.47%	0.0%	0.12%
February	1.85%*	2.44%	0.03%	0.11%

\*This figure is being queried as doesn't seem reflective of shifts released.

The percentage of requested shifts filled by NHSP are detailed below;

#### N&M Registered

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan
<b>Target 65%</b>	62%	62.7%	61%	56%	57%	50.9%	48.3%	49.1%	48.6%	44.7%	49.4%	39.3%	47.7%

#### N&M Non-registered

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan
<b>Target 85%</b>	65%	67.9%	70%	71%	76%	68.2%	63.4%	66.7%	65.6%	66.4%	66%	61.4%	62.3%



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 benefitted 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 mid-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 and all 50 are now in place. 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 put in place with the appointment of a temporary Pastoral Care Officer and a temporary Practice Educator who will oversee this staff group to ensure integration and support.

To support the continued integration and retention of the international nurses a five-month pilot stay & thrive matron post has now been recruited to, with the post holder commencing mid-February 2022. This was progressed in recognition of learning from other organisations to maintain effective retention of this valuable nursing resource. Progression of this as a substantive post will be supported by an impact evaluation and via a business case process during May 2022. 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.

The Trust was successful in a bid via NHSEI for an additional 55 international nurses (50 adult nurses, 5 paediatric nurses) for 2022 / 2023 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 Surgical capacity, Endoscopy and Theatre services. Funding received as part of this successful 2022 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 be attributed to Divisions that will benefit when the staff are in post as registered nurses.

It is important to note that whilst the additional funding has supported recruitment to a dedicated clinical educator, the education team are channelling a significant resource into the front-end induction and OSCE preparation and consideration of a business case to support this is being prepared. The additional resource being focused on the international nurses is having a direct impact on availability of the education team to support clinical based education and some mandatory training. A bid to the charitable funds "above and beyond" fund was supported and will enable a second international nurse clinical educator to be appointed for a 6-month period.

Health care assistant recruitment remains a focus for the nursing teams and the Trust are continuing to work with Indeed as part of the national zero HCSW programme. Whilst recruitment to this work stream was negatively impacted during 2020 and 2021 due to Covid-19, since October this has grown momentum however there are some bottle necks in the recruitment process including resource within the central recruitment team, delays in funding from the national HCSW stream being agreed - which in turn delayed increased resource in the central recruitment team and increased demand on Trust Occupational Health team - particularly where specialist review / OH consultant is required. There has also been a noticeable lack of interest in health care assistant posts locally and nationally. However, the senior nursing team supporting HCA recruitment is working closely with the Trust comms team to develop a range of recruitment resources to reach out and engage our local community to recognise this vital and rewarding role, the trust as an employer of choice, development opportunities and the career pathways that these posts can lead to. Additional funding that should be released through the National HCSW zero vacancy campaign is planned to be used 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. This funding is dependent on decreasing the HCA vacancy position and therefore the work being undertaken to cleanse HCA budgets is vital to this work before the end of March 2022.

Further work with Doncaster College, DBTH recruitment, nursing and vocational education teams is underway to secure a feeder stream of Level 2 / 3 health & social care students into the Trust in preparation for winter 2022. This will be set up similar to the feeder streams we already utilise for NQ nurse recruitment.

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 midwives 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 / Midwives ratio by 2024. To support this the Trust has been successful in supporting a 12 month a lead PNA 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. Initial progress is promising with the likelihood the Trust will achieve the 1 RN to 60 nurses required by the end of 2022/2023.

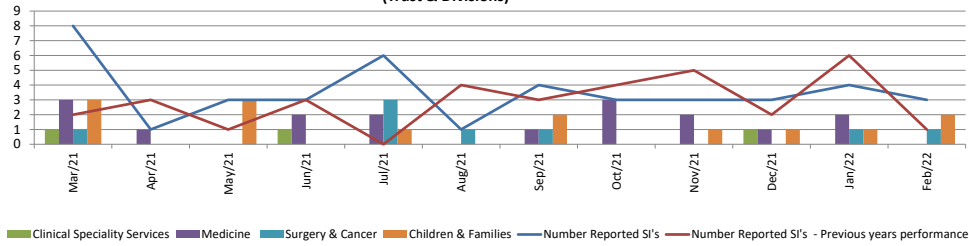
## Serious Incidents - February 2022 (Month 11)

(Data accurate as at 16/02/2022)

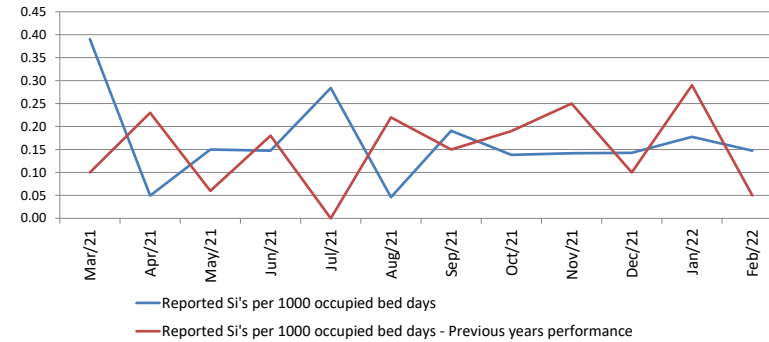
Please note: At the time of producing this report the number of serious incidents reported are prior to the RCA process being completed.

### Overall Serious Incidents

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



**Serious Incidents per 1000 occupied bed days**



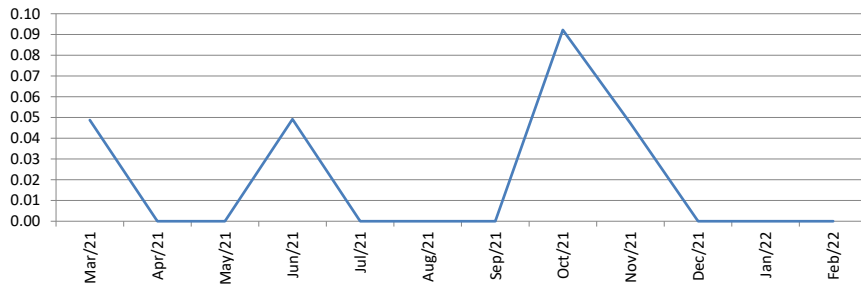
Current YTD reported SI's (April 21 - February 22)	34	Number reported SI's (Apr 20 - October 20)	33
Current YTD delogged SI's (April 21 - February 22)	0	Number delogged SI's (Apr 20 - October 20)	1

### Maternity Serious Incidents

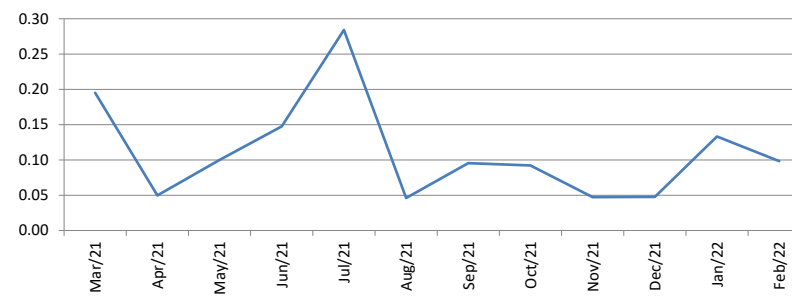
There have been no Serious Incidents in Maternity during February

### Serious Incident Themes

**Serious Falls per 1000 occupied bed days**



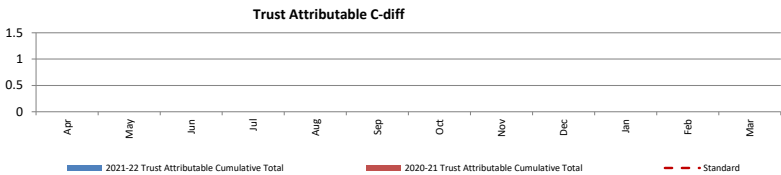
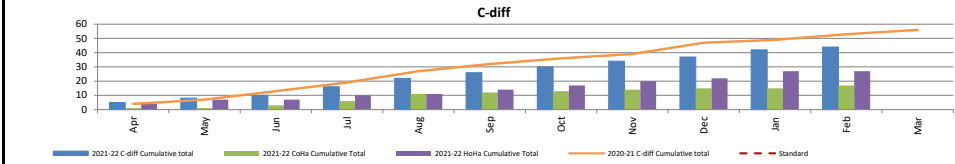
**Care Issues per 1000 occupied bed days**



**Infection Control C.Diff - February 2022 (Month 11)**  
(Data accurate as at 18/03/2022)

	Standard	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
2021-22 Infection Control - C-diff	44 Full Year	5	3	2	6	6	4	4	4	3	5	2	44
2020-21 Infection Control - C-diff	39 Full Year	4	3	6	6	8	5	4	3	8	2	4	53
2021-22 Trust Attributable	12	0	0	0	0	0	0	0	0	0	0	0	0
2020-21 Trust Attributable	12	0	0	0	0	0	0	0	0	0	0	0	0

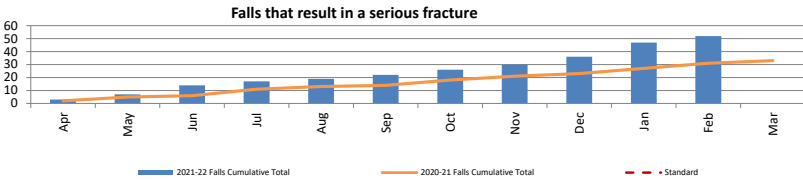
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
2021-22 - HOHA	4	3	0	3	1	3	3	3	2	5	0	27
2020-21 - HOHA	3	2	5	4	7	3	2	2	6	0	2	36
2021-22 COHA	1	0	2	3	5	1	1	1	1	0	2	17
2020-21 COHA	1	1	1	2	1	2	2	1	2	2	2	17



**Pressure Ulcers & Falls (Moderate/Severe Harm) - February 2022 (Month 11)**  
(Data accurate as at 03/03/2022)

	Standard	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
2021-22 Serious Falls (moderate/severe harm)	TBC	3	4	7	3	2	3	4	4	6	11	5	52
2020-21 Serious Falls (moderate/severe harm)	40	2	3	1	5	2	1	4	3	2	4	4	31

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



	Standard	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
2021-22 Pressure Ulcers	TBC	83	70	80	75	106	67	71	68	64	87	65	836
2021-22 Pressure Ulcers (Cat 4)		0	0	0	1	0	2	0	0	0	0	1	3
2021-22 Pressure Ulcers (Cat 3)		4	3	0	0	7	0	4	7	7	4	4	18
2021-22 Pressure Ulcers (DTI Low Harm/Cat 2)		77	67	80	74	98	65	66	60	52	75	51	527
Mucosal Pressure Ulcer (reported as of October 2021 as per guidance)								1	1	1	0	1	1
2021-22 Pressure Ulcers (UNS)		2	0	0	0	1	0	0	0	4	8	8	3

	Standard	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
2021-22 Number of patients with Pressure Ulcers	TBC	66	60	63	62	85	54	54	58	49	69	51	671
2021-22 Number of patients - Pressure Ulcers (Cat 4)		0	0	0	1	0	1	0	0	0	0	0	2
2021-22 Number of patients - Pressure Ulcers (Cat 3)		3	3	0	0	6	0	3	7	5	4	4	35
2021-22 Number of patients - Pressure Ulcers (DTI/low Harm/Cat 2)		61	57	63	61	78	53	50	50	41	61	39	614
Mucosal Pressure Ulcer (reported as of October 2021 as per guidance)								1	1	1	0	1	4
2021-22 Number of patients - Pressure Ulcers (UNS)		2	0	0	0	1	0	0	0	2	4	7	16

Report Cover Page					
<b>Meeting Title:</b>	Board of Directors				
<b>Meeting Date:</b>	29 March 2022	<b>Agenda Reference:</b>	C3		
<b>Report Title:</b>	Maternity Update				
<b>Sponsor:</b>	David Purdue – Board Level Safety Champion for Maternity				
<b>Author:</b>	Lois Mellor – Director of Midwifery				
<b>Appendices:</b>	Perinatal Surveillance Dashboard				
Report Summary					
<b>Purpose of report:</b>	To update the Board on the progress in the Maternity Service				
<b>Summary of key issues/positive highlights:</b>	<ul style="list-style-type: none"> <li>• Update on current PMRT reviews for the month</li> <li>• Stillbirth rates over the last four years</li> <li>• Update on current and complete HSIB reports</li> <li>• Current training compliance position and plans</li> <li>• User feedback</li> <li>• Partial compliance with Year 3 CNST standards, action plan submitted to the maternity incentive scheme team.</li> <li>• Monthly Perinatal surveillance dashboard of all key metrics</li> </ul>				
<b>Recommendation:</b>	None				
<b>Action Require:</b>	Approval	Information X	Discussion X	Assurance X	Review
<b>Link to True North Objectives:</b>	<b>TN SA1:</b> <i>To provide outstanding care for our patients</i>	<b>TN SA2:</b> <i>Everybody knows their role in achieving the vision</i>	<b>TN SA3:</b> <i>Feedback from staff and learners is in the top 10% in the UK</i>	<b>TN SA4:</b> <i>The Trust is in recurrent surplus to invest in improving patient care</i>	
Implications					
<b>Board assurance framework:</b>					
<b>Corporate risk register:</b>					
<b>Regulation:</b>					
<b>Legal:</b>					
<b>Resources:</b>					
Assurance Route					
<b>Previously considered by:</b>	All parts of this report have been discussed at all levels in the C & F Division.				
<b>Date:</b>		<b>Decision:</b>			

<b>Next Steps:</b>	Support to continue with improvements in maternity service, and achieve full compliance with CNST Year 4 standards and the Ockenden Part 1 immediate actions
<b>Previously circulated reports to supplement this paper:</b>	

## Monthly Board Report

February 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		Grading
33+1	Stillbirth - Coroner's Inquest as presented as a NND. A letter being typed	Graded A
28 +	COVID Placentitis, not vaccinated.	Awaiting grading
23+5	Abruption. Mum went into DIC (bleeding disorder). Required Hysterostomy.	Awaiting Grading
28+	Pre Eclampsia , learning difficulties.	Awaiting Grading
22+3	Attempted 1 <sup>st</sup> stage Medical TOP but then didn't continue (social). Amniotic band.	
40+5	40+5 Decreased fetal movements	Discussing in March
22+3	Abruption ended in neonatal death following resus in A&E. Coroner's inquest closed	Discussing in April

#### Stillbirths (excluding lethal abnormalities)

	18/19	19/20	20/21	21/22 (to date)	Y & Humber Range	Y & H Interquartile
<b>Total Number</b>	16	21	24	14		11-31
<b>Term SB</b>	2	3	4	1	0-8	1-5
<b>Rate per 1000 births</b>	3.0	2.8	3.2	2.6	0- 6.4	0-3.1

The data above is taken from the Trust maternity dashboard, and the Yorkshire & Humber Maternity Dashboard. As previously reported we are seeing fibrinogen change in placenta currently that we believe are related to covid 19. The service has been working with the CCG's, public health, local and national teams to promote vaccination for all childbearing and pregnant women. This is believed to be the best protection for the mother and unborn fetus.

Together with increased surveillance on pregnant women who have been Covid positive it appears that the stillbirth rate in 21/22 has settled and will remain lower than in 19/20 and 20/21.

The service will continue to implement national recommendations, and any local learning with the aim to continue to reduce stillbirth rates.

22<sup>nd</sup> March 2022

Version 1

Lois Mellor – Director of Midwifery



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

Cases to date	
Total referrals	20
Referrals / cases rejected	4
Total investigations to date	16
Total investigations completed	13
Current active cases	3
Exception reporting	0

### 2.1 Reports Received since last report

**HSIB case number:** MI-004107

**HSIB criteria:** Stillbirth

One complete report with no recommendations

### 2.2 Current investigations

**HSIB case number:** MI-004981

**HSIB criteria:** HIE/ Cooling

**Trust site:** Doncaster

**Incident date:** 16.11..2021

**Referral date:** 23.11.2021

**Consent date:** 29.11.2021

**Six-month deadline:** 23.05.2022

**Lead MI** Rebecca Doyle

**Support MI** Audra Muxlow

Smart 2 (second clinical panel) completed 3 March

Report panel booked for 28<sup>th</sup> March 2022

**HSIB case number:** MI-006029

**HSIB criteria:** HIE/ Cooling

**Trust site:** Doncaster

22<sup>nd</sup> March 2022

Version 1

Lois Mellor – Director of Midwifery

**Incident date:** 13.01.22  
**Referral date:** 18.01.22  
**Consent date:** 25.01.22  
**Six-month deadline:** 18.07.22

**Lead MI** Diane Addison  
**Support MI** Rebecca Doyle

Chronology completed  
 Family are not ready for family interview  
 SMART 1 (first clinical panel) booked on 24<sup>th</sup> March 2022

**HSIB case number:** MI-006325  
**HSIB criteria:** HIE/ Cooling  
**Trust site:** Doncaster  
**Incident date:** 25.01.22  
**Referral date:** 28.01.22  
**Consent date:** 28.01.22  
**Six-month deadline:** 28.07.22

**Lead MI** Vicki Freeman  
**Support MI** Joyce Ayre

Chronology in progress – awaiting neonatal records  
 Family interview booked  
 First clinical panel (SMART1 ) scheduled for 17<sup>th</sup> March 2022

### 3. Training Compliance

Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21
85.23%	83.84%	84.11%	85.45%	86.16%	86.52%	84.01%	83.16%	83.77%	83.68%	82.81%	81.66%
Jan 22											
81.43%											

The current vacant education lead post has been recruited to, and a start date for this candidate is under discussion. Meanwhile interim plans are in place to continue education and training in the service.

Currently the faculty are working hard to ensure that the PROMPT training and CTG day training continues.

The support CTG training there is the K2 CTG training package in place which has 92 % compliance. Obstetric case review (OCR) meetings occur weekly, and the perinatal mortality meeting on a monthly basis where care delivers and CTG interpretation is discussed.

An interim trajectory has been set to achieve 90% compliance as soon as possible, and this will be reviewed once the Education lead commences in post.

22<sup>nd</sup> March 2022

Version 1

Lois Mellor – Director of Midwifery

#### **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.

We have received feedback from a family via HSIB about the fetal movement leaflet we use and this is currently under review. As the family felt that it was not clear enough about the importance of reporting and attending the hospital for reduced movements.

The refurbishment of CDS, and creation of the bereavement suite out to tender, and we are actively looking for MVP feedback about these.

#### **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 20<sup>th</sup> 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 have supplied further evidence to the MIS team.

Verbal feedback and an email has been received, and the service has been assessed as partially with Year 3 standards 3,5,6,and 8. An action plan was submitted on the 21<sup>st</sup> March 2022 asking for support to employ and Audit Midwife to support all the standards and an admin support for CNST compliance. This has been agreed, and funded by the MIS team to support compliance with Year 4 standards. Immediate recruitment will be undertaken.

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.

# NE&Y Regional Perinatal Quality Oversight Group Highlight Report

MW to birth ratio :  
BR+ recommendation  
**1::28.25**

Vacancy  
rate (MW)

LW co-ordinator  
supernumerary  
(%)



LMNS: South Yorkshire and Bassetlaw

Reporting period: January 2022-March 2022

Overall System RAG:

(Please refer to key next slide)

Jan			
Feb	1:31.4	22.1%	
Mar			

Maternity unit **DBTH – Doncaster**

KPI (see slide 4)	Measurement / Target	Doncaster Rate		
		Jan	Feb	March
Caesarean Section rate	Elective	<13.2 %	13.5%	15.9%
	Emergency	<15.2 %	21.7%	21.4%
Preterm birth rate	≤26+6 weeks	0	0	2
	≤36+6 weeks	<6%	7.8%	9%
Massive Obstetric Haemorrhage	≥1.5l	<2.9%	2.05%	3.6%
Term admissions to NICU		<6%	2.67%	2.5%
3rd & 4th degree tear	SVD (unassist'd)	<2.8%	2.2%	0
	Instrumental (assisted)	<6.05 %	4.2%	0
Right place of birth		95%	100%	99%
Smoking at time of delivery		<11%	15.3%	14.7
Percentage of women placed on CoC pathway		35%	0%	0%
Percentage of women on CoC pathway: BAME / areas of deprivation	BAME	75%	0%	0%
	Areas of		0%	0%

Month/Quarter	Red flag alert	Open > 30 days	Unactioned Datix	Maternity Serious Incidents	Maternity Newer Events	HSIB cases	Still Births (All / Term / Intrapartum)			HIE cases (2 or 3)	Neonatal Deaths Early	Neonatal Deaths Late	Notification to ENS	Maternal Mortality (direct / Indirect)
2021/2022	Jan	7	13	0	1	0	1	0	0	0	0	0	0	0
	Feb	63	21	0	0	0	1	1	1	0	0	0	1	0
	Mar													
	Q4													

## Maternity Red Flags (NICE 2015)

		Jan	Feb	March
1	Delay in commencing/continuing IOL process	2	50	
2	Delay in elective work	0	0	
3	Unable to give 1-1 care in labour	0	0	
4	Missed/delayed care for > 60 minutes	5	13	
5	Delay of 30 minutes or more between presentation and triage (LWAU)	0	0	

# NE&Y Regional Perinatal Quality Oversight Group Highlight Report

MW to birth ratio :  
BR+ recommendation  
**1::28.25**

Vacancy  
rate (MW)

LW co-ordinator  
supernumerary  
(%)



LMNS: South Yorkshire and Bassetlaw

Reporting period: January 2022-March 2022

Overall System RAG:

(Please refer to key next slide)

Jan		
Feb	1:27.43	18.1%
Mar		

## Maternity unit DBTH – Bassetlaw

KPI (see slide 4)3.9%	Measurement / Target	Bassetlaw Rate		
		Oct	Nov	Dec
Caesarean Section rate	Elective	<13.2 %	7.6%	10.2%
	Emergency	<16.9 %	31.9%	17.3%
Preterm birth rate	≤26+6 weeks	0	1	0
	≤36+6 weeks	<6%	13.5%	6%
Massive Obstetric Haemorrhage	≥1.5l	<2.9%	4.2%	6.1%
Term admissions to NICU		<6%	3.9%	3.3%
3 <sup>rd</sup> & 4 <sup>th</sup> degree tear	SVD (unassist'd)	<2.8%	0%	3.4
	Instrumental (assisted)	<6.06 %	0%	20%
Right place of birth		95%	99%	100%
Smoking at time of delivery		<11%	11.2%	10.2%
Percentage of women placed on CoC pathway		35%	0%	0%
Percentage of women on CoC pathway: BAME / areas of deprivation	BAME	75%	0%	0%
	Area of deprivation		0%	0%

Month/Quarter	Red flag alert	Open > 30 days	Unactioned Datix	Maternity Serious Incidents	Maternity Never Events	HSIB cases	Still Births (All / Term / Intrapartum)	HIE cases (2 or3)	Neonatal Deaths (Early / Late)	Notification to ENS	Maternal Mortality (direct / Indirect)
2020/2021	Jan	14	4	0	0	0	0 0 0	0	0 0	0	0 0
	Feb	2	7	0	0	0	0 0 0	0	0 0	0	0 0
	Mar										
	Q4										

## Maternity Red Flags (NICE 2015)

		Jan	Feb	March
1	Delay in commencing/continuing IOL process	9	1	
2	Delay in elective work	0	1	
3	Unable to give 1-1 care in labour	0	0	
4	Missed/delayed care for > 60 minutes	5	0	
5	Delay of 30 minutes or more between presentation and triage (LWAU)	0	0	

## Assessed compliance with 10 Steps-to-Safety

		Oct	Nov	Dec
1	Perinatal review tool	On Track	On Track	
2	MSDS	On Track	On Track	
3	ATAIN	On Track	On Track	
4	Medical Workforce	At Risk	At Risk	
5	Midwifery Workforce	At Risk	At Risk	
6	SBLCB V2	On Track	On Track	
7	Patient Feedback	On Track	On Track	
8	Multi-professional training	At Risk	At Risk	
9	Safety Champions	On Track	On Track	
10	Early notification scheme (HSIB)	On Track	On Track	

## Key

Complete	The Trust has completed the activity with the specified timeframe – No support is required
On Track	The Trust is currently on track to deliver within specified timeframe – No support is required
At Risk	The Trust is currently at risk of not being deliver within specified timeframe – Some support is required
Will not be met	The Trust will currently not deliver within specified timeframe – Support is required



## Evidence of SBLCB V2 Compliance

		Oct	Nov	Dec
1	Reducing smoking	On Track	On Track	
2	Fetal Growth Restriction	On Track	On Track	
3	Reduced Fetal Movements	On Track	On Track	
4	Fetal monitoring during labour	On Track	On Track	
5	Reducing pre-term birth	On Track	On Track	

## Assessment against Ockenden Immediate and Essential Action (IEA)

	Oct	Nov	Dec
Audit of consultant led labour ward rounds twice daily	On Track	On Track	
Audit of Named Consultant lead for complex pregnancies	On Track	On Track	
Audit of risk assessment at each antenatal visit	On Track	On Track	
Lead CTG Midwife and Obstetrician in post	On Track	On Track	
Non Exec and Exec Director identified for Perinatal Safety	On Track	On Track	
Multidisciplinary training – PROMPT, CTG, Obstetric Emergencies (90% of Staff)	At Risk	At Risk	
Plan in place to meet birth rate plus standard (please include target date for compliance)	At Risk	On Track	
Flowing accurate data to MSDS	On Track	On Track	
Maternity SIs shared with trust Board	On Track	On Track	

Please include narrative (brief bullet points) relating to each of the elements:

Maternity unit	January	February	March
Freedom to speak up / Whistle blowing themes	None	None	
Themes from Datix (to include top 5 reported incidents/ frequently occurring )	Weight unexpectedly below the 10 <sup>th</sup> centile Midwifery Staffing Born before arrival PPH 3 <sup>rd</sup> 4 <sup>th</sup> degree tear	Weight unexpectedly below the 10 <sup>th</sup> centile PPH 3 <sup>rd</sup> 4 <sup>th</sup> degree tear Treatment failed	
Themes from Maternity Serious Incidents (Sis)	HSIB incident which meets SI criteria, missed opportunity to escalate for further review prior to discharge, on re-admission baby PAWS elevated and sepsis IPOC not commenced discharged home to await bloods – bloods abnormal on re-admission baby comatose and fitting	(incident occurred in January however reviewed and STEIS notified on the 3 <sup>rd</sup> Feb) HSIB incident which meets SI criteria, cooled baby no issues identified on initial review of care – SI as HSIB accepted the investigation due to abnormal MRI. Also referred to ENS	
Themes arising from Perinatal Mortality Review Tool	January meeting care graded for 1 NND which was re-categorised as a stillbirth following PM Graded B and A	February meeting care graded for 1 stillbirth Graded A and A	
Themes / main areas from complaints	Communication / staff attitudes Covid related access restrictions		
Listening to women (sources, engagement / activities undertaken) CQC Women's Experience		MLU/ Bereavement suite/ CDS upgrades – MVP to be involved in the work when it commences in May  Fetal movement leaflet reviewed after feedback from family.	
Evidence of co-production		MVP working to produce an information file for all the bedsides in maternity	
Listening to staff (eg activities undertaken, surveys and actions taken as a result)	Live drills for obstetric emergencies due to the lack of face to face PROMPT study days ongoing over both sites OCR recommenced for DRI site	Several staff focus groups hosted by the deputy HoM DoM email update Focus on civility in the midwifery workforce.	
Embedding learning (changes made as a result of incidents / activities / shared learning/ national reports)	WHATS HOT – released in December January edition delayed Ward briefs and emails Face to face discussions with staff	No whats hot in February due to work capacity	



## KPIs: Targets & Thresholds

Ref	KPI	Measurement	Target		Green Range		Amber Range	Red Range		Source
			EL	EM						
S1	<b>Caesarean section rate</b> (Caesarean section targets are based on England HES data for 2019/20)	% Caesarean sections: elective & emergency	29%	EL 13% EM 17%	<30%	<13.2% <17%	NA	> 33%	> 15% > 19%	Trust / MSDSv2
S2	<b>Preterm birth rate</b> (Denominator = all births over 24 weeks gestation)	% Preterm birthrate: <27 weeks & <36 weeks	<6%		< 6% achieved in 12 months		N/A	> 6 achieved in 12 months		Trust
S3	<b>Massive obstetric haemorrhage</b> (Based on NMPA data for 2017/17 for women who give birth vaginally to a singleton baby in the cephalic position between 37+0 and 42+6 weeks )	Massive obstetric Haemorrhage >1500mls (denominator = total singleton cephalic births )	<2.9%		<2.9%		<3.5%	>=3.5%		Trust / MSDSv2
S4	<b>Term admissions to NICU</b> ((from all sources eg Labour ward, postnatal ward / community but not transitional care babies )	% Terms admissions to NICU	<6%		<6%		NA	>6%		Trust / Badgernet
S5	<b>3<sup>rd</sup> &amp; 4<sup>th</sup> degree tear</b> (3 <sup>rd</sup> / 4 <sup>th</sup> degree tears are based on NMPA data for 2017/17 for women who give birth vaginally to a singleton baby in the cephalic position between 37+0 and 42+6)	% 3 <sup>rd</sup> & 4 <sup>th</sup> degree tear: NMPA SVD & Instrumental 3 <sup>rd</sup> & 4 <sup>th</sup> degree tear (denominator total singleton cephalic SVD / total Instrumental births / total vaginal births )	NMPA SVD: 2.8% Instrumental: 6.8% Overall: 3.5%		< 3.5%		NA	>5%		Trust / MSDSv2
S6	<b>Right Place of Birth</b> (denominator = no of women birthing under 27, 28 with multiple or <800g )	% Right Place of Birth: <27 weeks or <28 weeks multiple & EFW <800g born in tertiary centre	95%		>90%		80% – 90%	<80%		Trust / Badgernet
S7	<b>Smoking at time of delivery</b>	% women smoking at time of delivery	6%		<11%			>11%		Trust / MSDSv2
S8	<b>Percentage of women placed on Continuity of Carer pathway</b> denominator = all women reaching 29 weeks gestation within the month	% women placed on continuity of carer pathway at 29 weeks gestation	35%		25% - 35%		15%-25%	<15%		Trust / MSDSv2
S9	<b>Percentage of BAME women or from areas of deprivation placed on Continuity of Carer pathway</b> (denominator as above)	% BAME women placed on continuity of carer pathway at 29 weeks gestation	75%		65% - 75%		55% - 65%	<55%		Trust / MSDSv2
	Red Flags									







**South Yorkshire & Bassetlaw Integrated Care System**  
**722 Prince of Wales Road**  
**Sheffield**  
**S9 4EU**  
**Programme Office: 0114 3051905**

22<sup>nd</sup> March 2022

Richard Parker, Chief Executive, DBTH  
David Purdue, Chief Nurse, DBTH

Dear Richard & David

### **Progress against Ockenden Immediate and Essential Actions**

Thank you to your team for meeting with the Local Maternity & Neonatal System (LMNS) Programme Management Office (PMO) on Monday 7<sup>th</sup> March 2022 to discuss progress against the IEAs as set out in the Ockenden Report (Dec 2020) Thank you to the team for the open and transparent approach, and for the hard work that has been undertaken in response to Ockenden, with demonstrable progress.

### **LMNS Context**

The role of Local Maternity and Neonatal Systems (LMNSs) has evolved and developed in response to national requirements. The LMNS role in quality oversight has been enhanced by the [revised perinatal quality surveillance model](#), published in December 2020.

LMNSs are asked to take responsibility – with accountability to ICSs – for ensuring universal implementation of the maternity transformation programme (MTP) initiatives; the Immediate and Essential Actions (IEAs) as highlighted by the Ockenden report alongside overseeing quality in line with the revised perinatal quality surveillance model.

Aligned to the model; the LMNS PMO has undertaken multi-disciplinary senior meetings with each of the provider Trusts across the LMNS to:

- (i) Understand the initial evidence submission (June 2021) and variation between this and the NHS England assessment (December 2021)
- (ii) Understand and assure progress between June – present
- (iii) Identify gaps and plan how these will be addressed either at individual provider or system level

We agreed that we would write to Trusts, following this, to confirm the output, next steps, financial allocation associated with Ockenden and to provide consistent evidence of Ockenden progress for reporting to Trust Boards.



The meeting was attended by:

**Present**

Jodie Deadman	<b>JD</b>	Programme Lead, SYB LMNS
Karen Selby	<b>KS</b>	Obstetric Clinical Lead, SYB LMNS
Tracy Hoggarth	<b>TH</b>	Midwifery Clinical Lead, SYB LMNS
Lois Mellor	<b>LM</b>	Director of Midwifery
Eki Monoven	<b>EM</b>	Obstetric Lead
Manju Singh	<b>MS</b>	Obstetric Lead
Mandira Hazra	<b>MH</b>	Obstetrician, Maternal Medicine and Labour Ward Lead, DBTH
Sneha		
Vimalamna	<b>SV</b>	Obstetrician / Fetal Wellbeing Lead
Phyllis Cole	<b>PH</b>	Deputy Director of Nursing for South Yorkshire/NHS England

**Summary of Ockenden Compliance Assessments**

Various assessments of Ockenden compliance have been undertaken since the report was published in December 2020. Progress can be noted across all 7 IEAs and The LMNS PMO have confidence in the evidence available to support the self-assessment. There is also confidence that sufficient plans are in place to address areas of non or partial compliance.

Doncaster and Bassetlaw Teaching Hospitals NHS Trust						
IEA	SYB LMNS (NHSE Assessment Dec 21)	SYB LMNS (Trust Assessment March 2022)	NHS E Assessment Dec based on June 2021	Trust Board Submission (February 2022)	Trust Self Assessment March 2022	LMNS weighted assessment (Mitigations)
IEA1 Total	65%	91%	75%		100%	
IEA2 Total	60%	85%	59%		97%	
IEA3 Total	54%	89%	61%		94%	
IEA4 Total	39%	73%	36%		78%	
IEA5 Total	50%	82%	13%		90%	
IEA6 Total	43%	89%	22%		94%	
IEA7 Total	50%	74%	57%		81%	
WF Total	65%	82%	60%		98%	
<b>ALL TOTAL</b>	<b>54%</b>	<b>84%</b>	<b>48%</b>		<b>92%</b>	

Some variation can be noted in assessments due to variable methodology used to assess.

It should be noted that the methodology used to aggregate compliance by the NHS E is based on averages – and so whilst indicates a high percentage of compliance across IEAs, does indicate partial, rather than full compliance.

Across the LMNS a pragmatic approach has been taken and where there are plans in place to address / progress in Q4 and there is confidence in these plans; overall compliance has been indicated above. This relates specifically to IEA 3 and IEA 6 and questions regarding delivery of MDT training to +90% of staff groups. Training has been impacted by pressures linked to the Covid 19 pandemic and whilst 90% compliance cannot yet be evidence, there are robust Training Needs Analysis, plans and trajectories in place to reach 90%.



## Areas of Challenge Ongoing work

### 1. IEA 3 (Q21) IEA 6(Q37) – Evidence of 90% of maternity staff attending ‘in house’ MDT training

At initial evidence submission, the Trust were able to demonstrate at least 90% of all maternity staff receiving in house MDT training. LMNS review of training compliance data (Q3 2021/22) indicates compliance less than 90%. However, there is a training needs analysis in place and a trajectory and action plan in place to ensure delivery of this on an ongoing basis.

### 2. IEA 5 (Q31) and IEA 7 (Q42): Risk Assessment Throughout Pregnancy

The Trust have confidence that women are risk assessed throughout pregnancy, and that there are Personalised Care and Support Plans developed with individual women; accounting for women’s choice. The maternity information system allows this to be audited; and there is a forward planned audit schedule to ensure ongoing audit of compliance. The Trust recognise ongoing work is required to formally establish a birth choices clinic. Once this is established and embedded as a core service office the Trust will be compliant against IEA5.

### 3. IEA 7 (Q39 and Q44): Informed Consent

The Trust have undertaken a review of available information for women and have developed a website based on the best practice site suggested. Actions outstanding relate to publication of the website that has been developed; this is currently under review and due to be published in March 2022.

## Areas of support / working together across the LMNS

### 1. IEA 2 (Q11) Job description for NED

Role profile was documented by the Chairman to the NED; however this was not accepted as a formal Job Description. Job Description to be developed consistently across the LMNS using the national role descriptor.

### 2. IEA 4 – Managing Complex Pregnancy

Actions relate to development of the Yorkshire & Humber wide Networked Maternal Medicine Service, which is being led regionally. The Trust are committed to implementing the networked solution, and the service is now progressing at pace.

Advice from NHS England was to report compliance as the service is progressing, however, some actions such as audit cannot be complied until the service is operational and so a consistent and pragmatic approach to reporting against this element has been taken across the LMNS. The Trust are able to demonstrate compliance across elements of managing complex pregnancy that are applicable to the individual Trust.

### 3. Workforce Planning (Q49) Approach to NICE Guidelines

The Trust can demonstrate compliance with and audit of NICE guidelines. A new guideline published in December 2021 is under review and so partial compliance has been indicated. It is



suggested that the review of the Early Pregnancy (relating to miscarriage) NICE guideline is undertaken consistently across the LMNS, to be led by the LMNS Obstetric Clinical Lead.

### Ockenden Financial Allocation 2022/23

In addition to core allocation; a further £2,128m allocated to SYB (within ICS/LMNS baseline) to deliver against the Ockenden requirements.

21/22 funding allocated to Trusts in response to a bidding process, with priority given to Trusts under the Maternity Support Programme (MSP).

22/23 allocation split to be determined with ICS Finance, Provider DoFs and approved at LMNS Board – based on the following principles:

- (i) Trusts do not receive less than allocation in 21/22
- (ii) That funding is split proportionately to deliver equity of service

### Ockenden Allocation – Basis of Allocation

1. All providers receive funding that was received in 21/22
2. Apportion the remainder over all Trusts except STH based on maternity weightings
3. Rationale for STH as exception is that funding allocated is already proportionately higher than maternity weightings and considering underspend in 21/22
4. Move £40k from BHFT to TRFT to level up remaining split – to maternity weightings (which takes into account the larger % allocation BNHFT received in 21/22)

### Final Allocations

Based on the above methodology, the allocation for DBTH 2022/23 is **£409,000**.

		BHFT	DBHFT	TRFT	STHFT
No less than last year's allocation	1,657	125	221	55	1,256
Split remainder out on maternity weightings	471	96	189	186	0
<b>Total Ockenden Allocation 22/23</b>	<b>2,128</b>	<b>221</b>	<b>409</b>	<b>241</b>	<b>1,256</b>
		10%	19%	11%	59%

### Next Steps

Providers and the core LMNS PMO will continue to work collaboratively to ensure the delivery of high quality and safe services for the people of South Yorkshire and Bassetlaw.

The second part of the Ockenden review is expected to be published on **30<sup>th</sup> March 2022**.

NHS England led Ockenden Assurance / Support visits will be undertaken in conjunction with the LMNS core PMO. NHS England will communicate dates directly with the Director/Head of Midwifery alongside the format of the visits and suggested Trust attendees. The LMNS PMO will work with teams directly to collate the LMNS wide evidence requirements.



---

We hope that this is helpful. If you have any queries regarding the content of this letter, please do not hesitate to contact us, or Jodie Deadman, Maternity Programme Lead (jodiedeadman@nhs.net)

Yours sincerely

Chris Edwards & Laura Rumsey  
**Joint LMNS Senior Responsible Officers**

Copy: Lois Mellor, Director of Maternity

## Glossary of Terms for Maternity

CTG	<b>Cardiotocography</b> is a technique used to monitor the fetal heartbeat and the uterine contractions during pregnancy and labour.
FH	<b>Fetal Heartbeat</b>
FMU	<b>Fetal Medicine Unit</b> , specialist tertiary centre for complex pregnancy
MTOP	<b>Medical Termination of Pregnancy</b>
HSIB	<b>Healthcare Services Investigation Branch</b> carry out maternity investigations as a national and independent investigating body to: <ul style="list-style-type: none"><li>• Use a standardised approach to maternity investigations without attributing blame or liability.</li><li>• Work with families to make sure we understand from their perspective what has happened when an incident has occurred.</li><li>• Work with NHS staff and support local trust teams to improve maternity safety investigations.</li><li>• Bring together the findings of our reports to identify themes and influence change across the national maternity healthcare system.</li></ul>
MBRACE	<b>Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries</b> National body working with the NHS to reduce risks
PET	<b>Pre-eclampsia</b>
DIC	<b>Disseminated Intravascular coagulation</b>

Report Cover Page				
<b>Meeting Title:</b>	Board of Directors			
<b>Meeting Date:</b>	29 <sup>th</sup> March 2022	<b>Agenda Reference:</b>	C4	
<b>Report Title:</b>	Medical Director Update			
<b>Sponsor:</b>	Dr Timothy Noble, Executive Medical Director & Responsible Officer			
<b>Author:</b>	Dr Timothy Noble, Executive Medical Director & Responsible Officer			
<b>Appendices:</b>	n/a			
Report Summary				
<b>Purpose of report:</b>	To update the Board on work led by the Executive Medical Director's Office			
<b>Summary of key issues/positive highlights:</b>	The Executive Medical Director's report provides information and updates on: <ul style="list-style-type: none"> <li>• Medical Advisory Committee summary</li> <li>• Medical Appraisal Compliance update</li> <li>• Mortality summary</li> </ul>			
<b>Recommendation:</b>	The Board is asked to note the update.			
<b>Action Required:</b>	Approval	Information √	<u>Discussion</u>	Assurance √
<b>Link to True North Objectives:</b>	<b>TN SA1:</b>	<b>TN SA2:</b>	<b>TN SA3:</b>	<b>TN SA4:</b>
	<i>To provide outstanding care for our patients</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>
Implications				
<b>Board assurance framework:</b>	No change			
<b>Corporate risk register:</b>	No risk identified			
<b>Regulation:</b>				
<b>Legal:</b>	n/a			
<b>Resources:</b>	n/a			
Assurance Route				
<b>Previously considered by:</b>	<ul style="list-style-type: none"> <li>• Clinical Governance Committee –               <ul style="list-style-type: none"> <li>○ Mortality Report (reported to March 2022 Committee)</li> </ul> </li> </ul>			
<b>Date:</b>	As above	<b>Decision:</b>	For Information and Assurance	
<b>Next Steps:</b>				
<b>Previously circulated reports to supplement this paper:</b>				

## **EXECUTIVE SUMMARY**

The Board is asked to note the update on work led by the Executive Medical Director's office with this month's report summarising:

- a) Medical Advisory Committee,
- b) the senior medical workforce appraisal compliance, and
- c) Mortality update

## **MEDICAL ADVISORY COMMITTEE**

The Medical Advisory Committee (MAC) is a mechanism for engagement and communication with the wider senior medical workforce across the Trust. Following a recent review of the Committee's structure and purpose, including surveying the senior medical workforce for their opinion, a change to the way the Committee is organised is being implemented.

The Executive Medical Director will continue to Chair the MAC, with collaborative planning sessions held (monthly or bi-monthly) to form the agenda for the coming 12 months. These planning sessions will comprise of a cross-section of doctors within senior roles across the organisation who will co-produce agendas and meeting structure, with wider medical staff engagement suggesting the subject matter/topics for discussion.

The aim is to provide an open forum that encourages expert input from the senior medical workforce, at the front line of service delivery, to inform both strategic planning and the ongoing implementation of safe and efficient patient services, creating a culture of mutual trust and respect.

## **MEDICAL APPRAISAL COMPLIANCE**

### The Appraisal Process

Medical appraisal is a process of facilitated self-review supported by information gathered from the full scope of a doctor's practice. It is expected annually for each doctor to focus, with a trained colleague, on their scope of work. This includes:

- looking back at achievements and challenges and lessons learnt, including reviewing the previous year's personal development plan objectives
- looking forwards to their aspirations, learning needs and the recording of new personal development plan objectives.

The medical appraisal is undertaken between a doctor and a colleague trained in appraisal whose skills and competencies are described in the document Quality Assurance of Medical Appraisers (NHS Revalidation Support Team, 2013).

There are three stages in the medical appraisal process, see fig.1:

1. Inputs to appraisal, including a record of the doctor's scope and nature of work and relevant supporting information
2. The confidential appraisal discussion
3. Outputs of appraisal, including the doctor's personal development plan and a summary of the appraiser discussion and the appraiser's statements



**MEDICAL APPRAISAL**



**Fig.1 Essential components of the medical appraisal process**

Medical appraisal in the context of revalidation

Revalidation is the process by which licensed doctors demonstrate that they remain up to date and fit to practise, and is based both on local clinical governance and the appraisal processes. The GMC has defined the principles and values on which doctors, as professionals, should base their practice in Good Medical Practice.

Effective medical appraisal and subsequent revalidation will satisfy the requirements of Good Medical Practice and support the doctor’s professional development, and this process is supervised by a responsible officer.

Where indicated, the responsible officer will inform the GMC of any concerns about a doctor’s fitness to practice or reluctance to engage in the processes that inform the revalidation decision.

Appraisal Compliance

The annual audit of compliance for medical appraisal is paused for a second year because of the pandemic. We intend to still report our performance in the autumn as we did last year. Our appraisal rate is remarkably good at 72% achieved so far. This is despite a formal reduction in the expectation to conduct the medical appraisal in light of the covid pandemic.

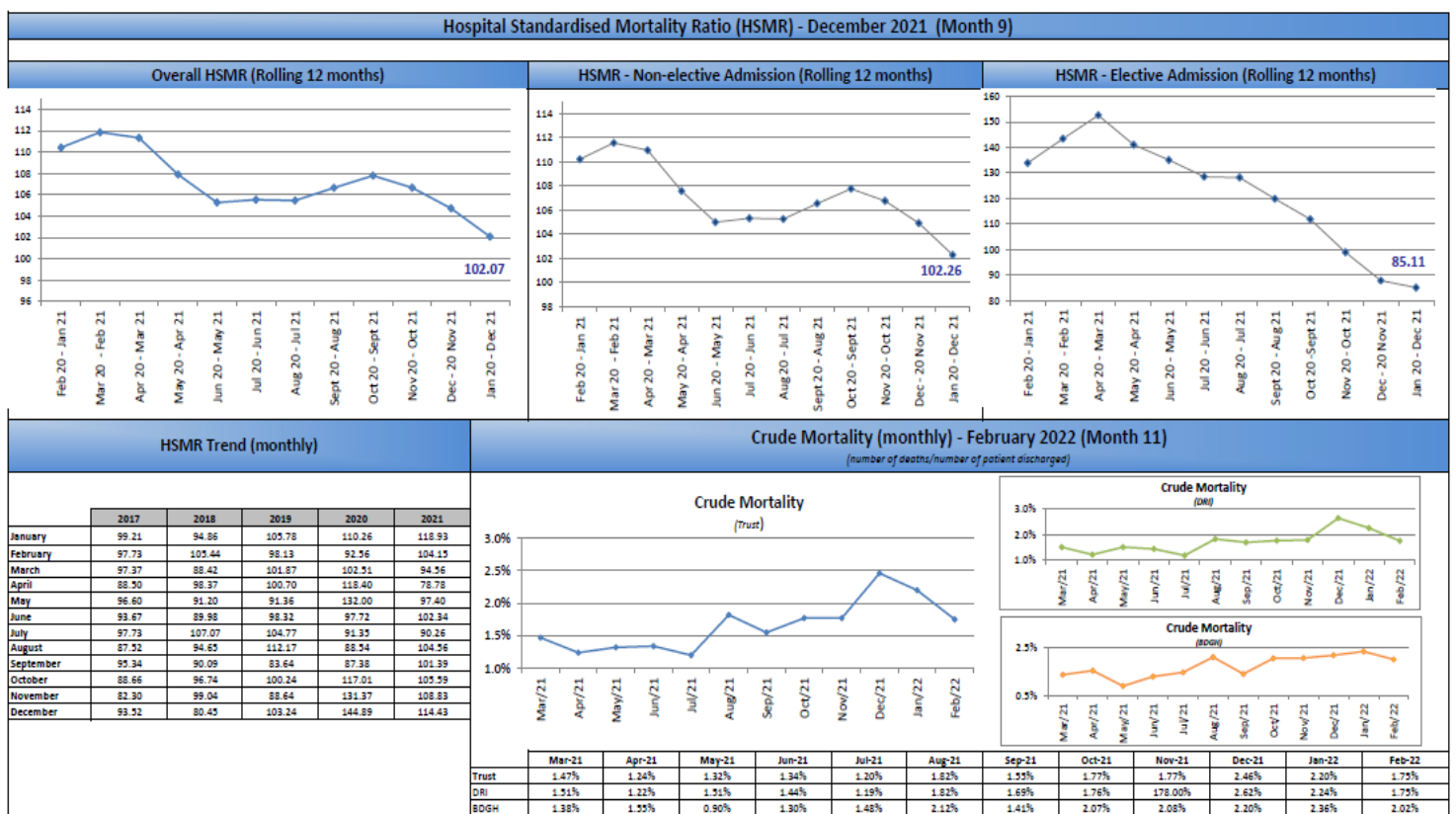
### MORTALITY SUMMARY

The mortality picture continues to be encouraging with the **overall** HSMR continuing to fall (102) and reflecting the low monthly figures between September and November 2021. The decline is seen in both the non-elective as well as the elective figures.

The **monthly** figure for December has risen slightly (114) compared to November and reflects the peak in deaths in December in the crude figures, these have since begun to decrease.


The crude mortality continues to fall at both sites.

The global position is fairly good, although a slight deterioration in the **overall** figure is anticipated to occur in about 3 months' time due to the lag period, though the extent of that deterioration is difficult to predict at this stage given the multiple factors that influence HSMR.



**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 : March 2022		
<b>Strategic Objective</b> Everybody knows their role in achieving our vision  <b>Breakthrough Objective</b> 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.  <b>Measures:</b> <ul style="list-style-type: none"> <li>At least 90% of colleagues have an appraisal linked to the Trust's objectives and values</li> <li>5% improvement in colleagues reporting they are able to make suggestions to improve the work of their team/department.</li> <li>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.</li> <li>90% of the Divisional and Directorate leaders will have undertaken QI training as part of leadership development programme.</li> </ul>		<b>Risk Appetite:</b> The Trust has a <b>low appetite</b> for risks  <b>Risks:</b> <ul style="list-style-type: none"> <li>Risk of disconnect between ward and Board leading to negative impact on staff morale and patient care</li> <li>Failure of people across the Trust to meet the need for rapid innovation and change</li> <li>Ongoing impact of restoration of services post Covid</li> <li>Capacity of teams to undertake appraisals in a timely manner</li> <li>Colleagues being redeployed from their teams in order to meet operational pressures</li> <li>Increase in number of staff retiring</li> <li>Reliance on international recruitment whilst increase in education places come to fruition</li> <li>Levels of sickness absence impacting on staffing levels</li> </ul>			<b>Initial Risk Rating</b> <b>Current Risk Rating</b> <b>Target Risk Rating</b>	4(C) x 5(L) = 20 extr 4(C) x 4(L) = 16 extr 3(C) x 3(L) = 9 low	<b>Risk Trend</b> 
		<b>Risk references:</b> PEO1 & PEO2  <b>Opportunities:</b> <ul style="list-style-type: none"> <li>Change in practices, new ways of working</li> <li>Increase skill set learning</li> </ul>			<b>Rationale for risk current score:</b> Impact: <ul style="list-style-type: none"> <li>Impact on performance</li> <li>Impact on Trust reputation</li> <li>Impact on safety of patients &amp; their experience</li> <li>Possible Regulatory action</li> <li>Recruitment and retention issues</li> <li>Increased staff sickness levels</li> <li>Deterioration in management-colleague/team relationships</li> </ul>		
		<b>Future risks:</b> Morale and resilience of colleagues as we move into recovery phase			<b>Comments:</b> <ul style="list-style-type: none"> <li>Considerations – capacity &amp; capability of workforce including our leaders</li> </ul>		
		<b>Controls (mitigation to lead to evidence of making impact):</b>		<b>Last Review date</b>	<b>Next review date</b>	<b>Reviewed by</b>	<b>Gaps in Control</b>
Monitoring progress of appraisal completion through central regular reporting within P&OD indicating compliance		Mar 2022	Jun 2022	AJ	Gaps – Appraisal Season launch date delayed due to operational pressures created by the pandemic		
Staff survey and focus groups – positive feedback on staff knowing Trust vision		Mar 2022	Apr 2022	JC	No gaps identified		
Staff survey action plans to ensure appraisal conversations are meaningful as defined by the staff survey		Mar 2022	May 2022	JC	Plans not developed at this stage due to embargo on staff survey results		
Communication – Staff Brief, Listening Events, Facebook		Mar 2022	Apr 2022	AJ	None – ongoing communication process		
Leadership Development Programme to include QI		Mar 2022	May 2022	JC	None identified – Prospectus of Leadership Programme Training & Development launched Mar 2022		
<b>Assurances received (L1 – Operational L2-Board Oversight L3 External) **</b>		<b>Last received</b>	<b>Received By</b>	<b>Assurance Rating</b>	<b>Gaps in Assurance</b>		
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		

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
Executive Team supported proposal to delay the start of the appraisal season from April to June	Mar 22	Amber – ongoing	AJ	Sep 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.

Areas in **yellow highlight indicate** change from last version

## 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 : March 2022		
<b>Strategic Objective</b> Team DBTH feel valued and feedback from staff and learners in top 10% in UK  <b>Breakthrough Objective</b> Team DBTH feel valued and the Trust is within the top 25% for staff & learner feedback  <b>Measures:</b> <ul style="list-style-type: none"> <li>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.</li> <li>Delivery of a 5% improvement in how valued colleagues feel by managers and the Trust in the 2021/ 2022 staff survey results</li> <li>Delivery of 5% improvement in health and wellbeing feedback in the 2021/2022 staff survey results</li> <li>Delivery of 5% improvement in WRES and WDES feedback in the 2021/2022 staff survey results</li> </ul>		<b>Risk Appetite:</b> The Trust has a <b>low appetite</b> for risks  <b>Risks:</b> <ul style="list-style-type: none"> <li>Failure to provide appropriate learner environment that meets the needs of staff and patients</li> <li>Failure to enable staff in self actualization</li> <li>Failure to deliver an organizational development strategy that allows implementation of trust values</li> <li>Low response rate for staff survey</li> <li>Low response rate in learner feedback</li> <li>Staffing levels impacting on how colleagues feel</li> </ul>			<b>Initial Risk Rating</b> <b>Current Risk Rating</b> <b>Target Risk Rating</b>	4(C) x 5(L) = 20 extr 4(C) x 4(L) = 16 extr 3(C) x 3(L) = 9 low	<b>Risk Trend</b> 
		<b>Risk references:</b> PEO1 & PEO2  <b>Opportunities:</b> <ul style="list-style-type: none"> <li>Change in practices, new ways of working incl agile working</li> <li>Future new build</li> <li>Focus on wellbeing and EDI across the Trust</li> <li>Focus on opportunities for flexible working</li> </ul>			<b>Rationale for risk current score:</b> Impact: <ul style="list-style-type: none"> <li>Impact on Trust reputation</li> <li>Impact on safety of patients &amp; their experience</li> <li>Possible Regulatory action</li> <li>Recruitment and retention issues</li> <li>Increased staff sickness levels</li> <li>Deterioration in management-staff relationships</li> <li>Financial impact for the Trust if increased levels of absence and gaps</li> </ul>		
					<b>Future risks:</b> Morale and resilience of colleagues as we move into recovery phase		
					<b>Comments:</b> <ul style="list-style-type: none"> <li>Requires good OD plan “fit for purpose”</li> <li>Staff survey impact</li> <li>Need good data</li> <li>Recruitment &amp; retention – refresh of workforce plan</li> <li>Involvement in regional retention programme of work</li> </ul>		
Controls (mitigation to lead to evidence of making impact):		Last Review date	Next review date	Reviewed by	Gaps in Control		
Support introduction of Freedom to Speak Up Champions		Mar 2022	Jun 2022	PH	No gaps identified		
Improvement in payroll KPIs – to include survey of staff re their experience		Mar 2022	Apr 2022	MB	Survey complete data under analysis		
Staff survey action plans to ensure improvement		Mar 2022	Apr 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		Mar 2022	Sep 2022	AJ	No gaps in assurance		
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	Feb 2022	People, Board	Full	None		
L2	Guardian for Safe Working Annual Report	Feb 2022	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		
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		

Appendix Level1

<b>L3</b>	<b>HEE Monitoring and Learning Environment Report</b>	<b>Mar 2022</b>	<b>People Committee</b>	<b>Full</b>	<b>Non identified</b>		
<b>Corrective Actions required</b>				<b>Action due date</b>	<b>Action status</b>	<b>Action owner</b>	<b>Forecast completion date</b>
<b>Active monitoring on KPMG Job Planning audit to ensure all actions completed</b>				<b>Ongoing – 12 month from audit date</b>	<b>Amber -ongoing</b>	<b>TN</b>	<b>Summer 2022</b>

**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.

Areas in **yellow highlight indicate** change from last version

Report Cover Page				
<b>Meeting Title:</b>	<b>Board of Directors</b>			
<b>Meeting Date:</b>	29 March 2022	<b>Agenda Reference:</b>	D2	
<b>Report Title:</b>	<b>Our People Update</b>			
<b>Sponsor:</b>	Anthony Jones, Acting Director of People & OD			
<b>Author:</b>	Anthony Jones, Acting Director of People & OD			
<b>Appendices:</b>	None			
Executive Summary				
<b>Purpose of report:</b>	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 to support the organisation in the achievement of its strategic aims.			
<b>Summary of key issues:</b>	<p>The report this month provides an update to the Board in relation to:</p> <ul style="list-style-type: none"> <li>• Staff Absence, in particular: <ul style="list-style-type: none"> <li>○ Sickness</li> <li>○ Staff testing and swabbing</li> </ul> </li> </ul> <p>Covid absence continues to be a significant challenge. We had seen a reduction in covid related absence levels, however at the time of writing the paper we are now seeing an increase again. In this respect the Trust are on a par with levels within South Yorkshire.</p> <ul style="list-style-type: none"> <li>• Vaccine Programme and Vaccination as a Condition of Deployment</li> <li>• Health &amp; Wellbeing of our People</li> </ul>			
<b>Recommendation:</b>	Members are asked to receive this report.			
<b>Action Require:</b>	Approval	<b>Information</b>	Discussion	<b>Assurance</b> Review
<b>Link to True North Objectives:</b>	<b>TN SA1:</b>	<b>TN SA2:</b>	<b>TN SA3:</b>	<b>TN SA4:</b>
	<i>To provide outstanding care for our patients</i>	<b><i>Everybody knows their role in achieving the vision</i></b>	<b><i>Feedback from staff and learners is in the top 10% in the UK</i></b>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>
Implications				
<b>Board assurance framework:</b>	SA2 & 3 – future risks in relation to morale and resilience of colleagues as we move into the recovery phase			
<b>Corporate risk register:</b>	<p>PEO1 – Failure to engage and communicate with staff and representatives in relation to immediate challenges and strategic development</p> <p>PEO2 – Inability to recruit right staff and have staff with right skills leading to:</p> <ul style="list-style-type: none"> <li>(i) Increase in temporary expenditure</li> <li>(ii) Inability to meet and Trust strategy</li> <li>(iii) Inability to provide viable services.</li> </ul>			

**Report Title:** Our People Update

**Author:** Anthony Jones

**Report Date:** March 2022

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

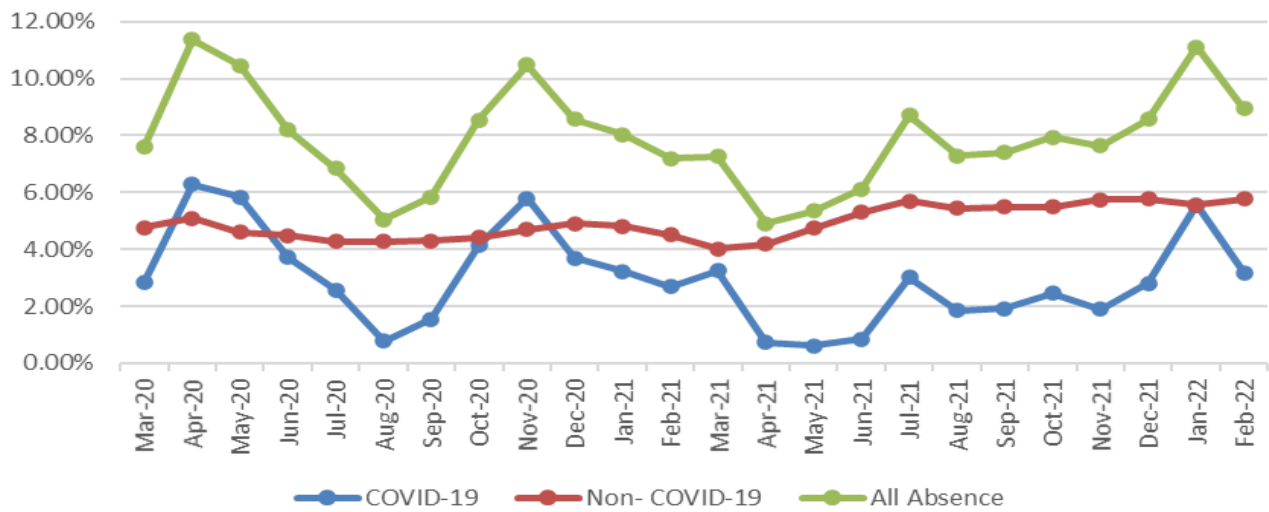


# 1. Absence

## Sickness and related absence

The organisation saw a significant increase in absence levels associated with the Omicron wave in January this year, hitting 13.5% mid-month. More recently rates had steadily declined to 7.5% in early March. However, the last 2 weeks has seen a rise again in covid related absences. It should be noted that non covid related sickness absence has continued at a similar rate to previous years with a recent peak in January falling back to more usual figures in February. The increase we have seen in the current covid infection rate is reflected at a national level, attributed to the withdrawal of restriction and testing requirements recently relaxed by the Government.

Figure 1 – Absence Graph, March 2020 – February 2022



The table below provides a trend line of covid related absences in month, demonstrating the steady reduction in covid related absences that we are seeing across the Trust.

Figure 2 – Covid Absences, February 2022

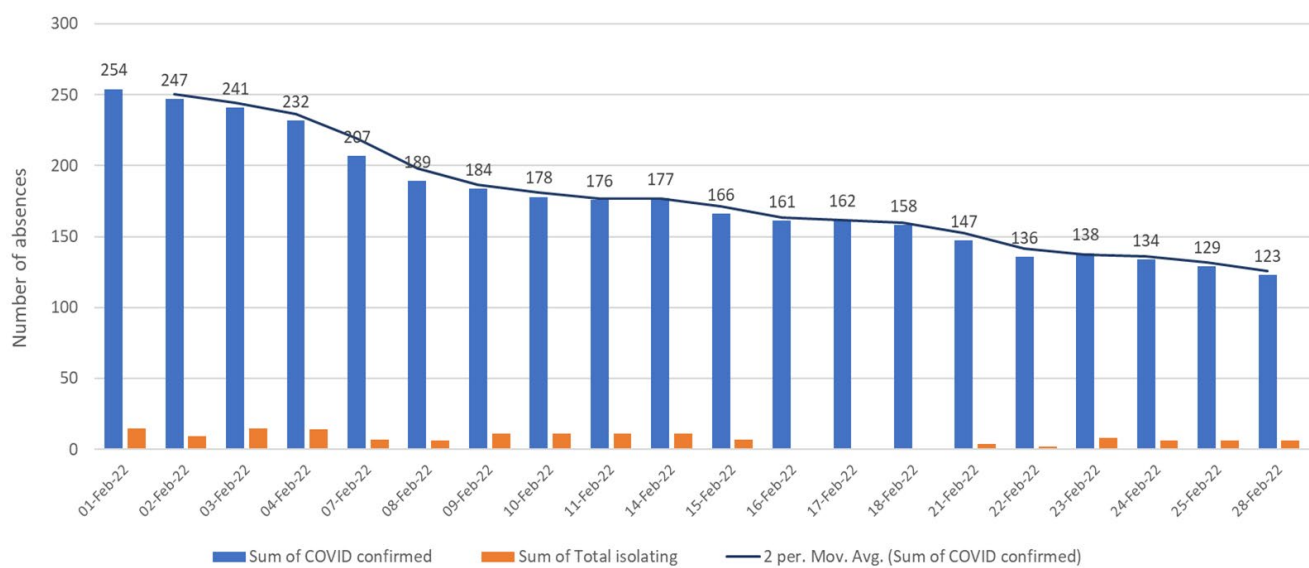


Table 1 – Daily Absence Snapshot, 4<sup>th</sup> March 2022

COVID Absence Reason	Volume Yesterday	Volume Today	Change +/-	% of total Heads
COVID confirmed	121	140	+19	2.09%
Medical exclusion with symptoms	2	4	+2	0.06%
Medical exclusion without symptoms	1	1	0	0.01%
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%
<b>Total sick absence (Covid &amp; Non-Covid)</b>	<b>481</b>	<b>510</b>	<b>+29</b>	<b>7.60%</b>
<b>Total isolating</b>	<b>3</b>	<b>5</b>	<b>+2</b>	<b>0.07%</b>

Table 2 – Daily Absence Snapshot, 11<sup>th</sup> March 2022

COVID Absence Reason	Volume Yesterday	Volume Today	Change +/-	% of total Heads
COVID confirmed	169	188	+19	2.80%
Medical exclusion with symptoms	2	1	-1	0.01%
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%
<b>Total sick absence (Covid &amp; Non-Covid)</b>	<b>532</b>	<b>551</b>	<b>+19</b>	<b>8.21%</b>
<b>Total isolating</b>	<b>4</b>	<b>3</b>	<b>-1</b>	<b>0.04%</b>

Table 3 – Daily Absence Snapshot, 18<sup>th</sup> March 2022

COVID Absence Reason	Volume Yesterday	Volume Today	Change +/-	% of total Heads
COVID confirmed	230	253	23	3.77%
Medical exclusion with symptoms	8	6	-2	0.09%
Medical exclusion without symptoms	3	4	1	0.06%
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%
<b>Total sick absence (Covid &amp; Non-Covid)</b>	<b>583</b>	<b>604</b>	<b>21</b>	<b>9.00%</b>
<b>Total isolating</b>	<b>12</b>	<b>11</b>	<b>-1</b>	<b>0.16%</b>

The above three tables illustrate the daily figures tracking the increase in levels of covid absences in March 2022 with a significant increase in staff isolating in the week from 11<sup>th</sup> March.

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

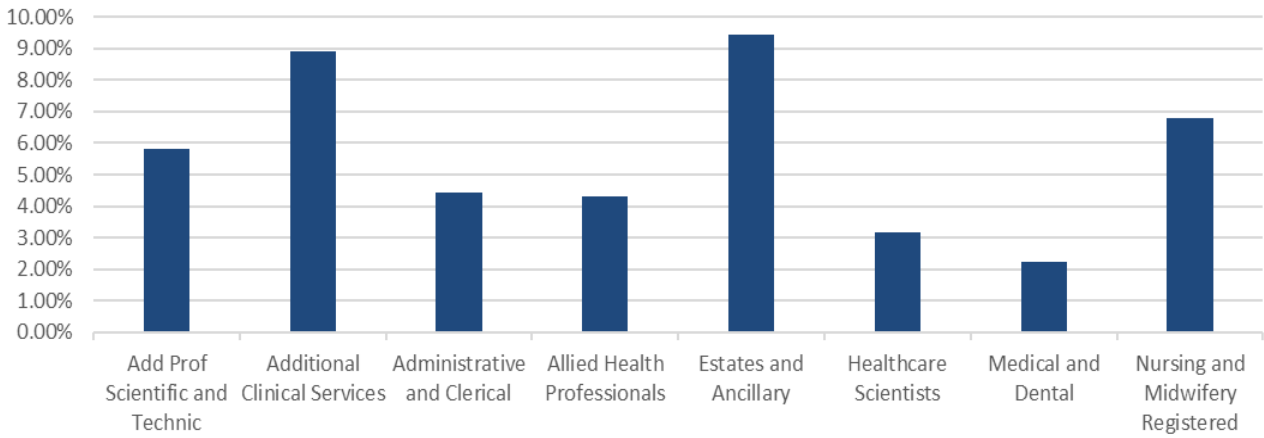
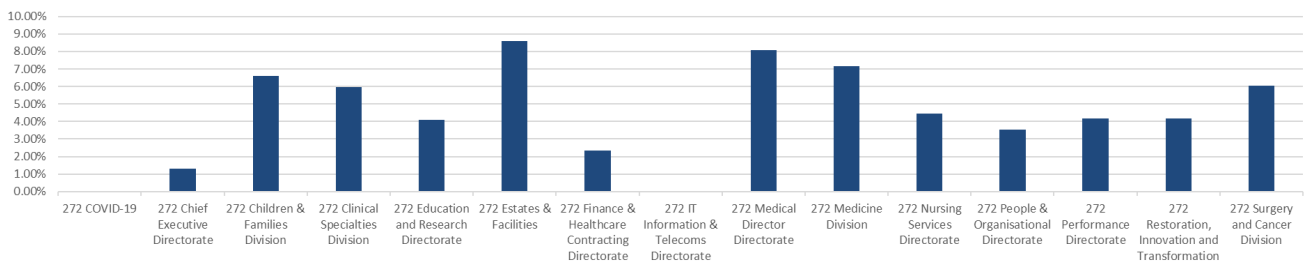
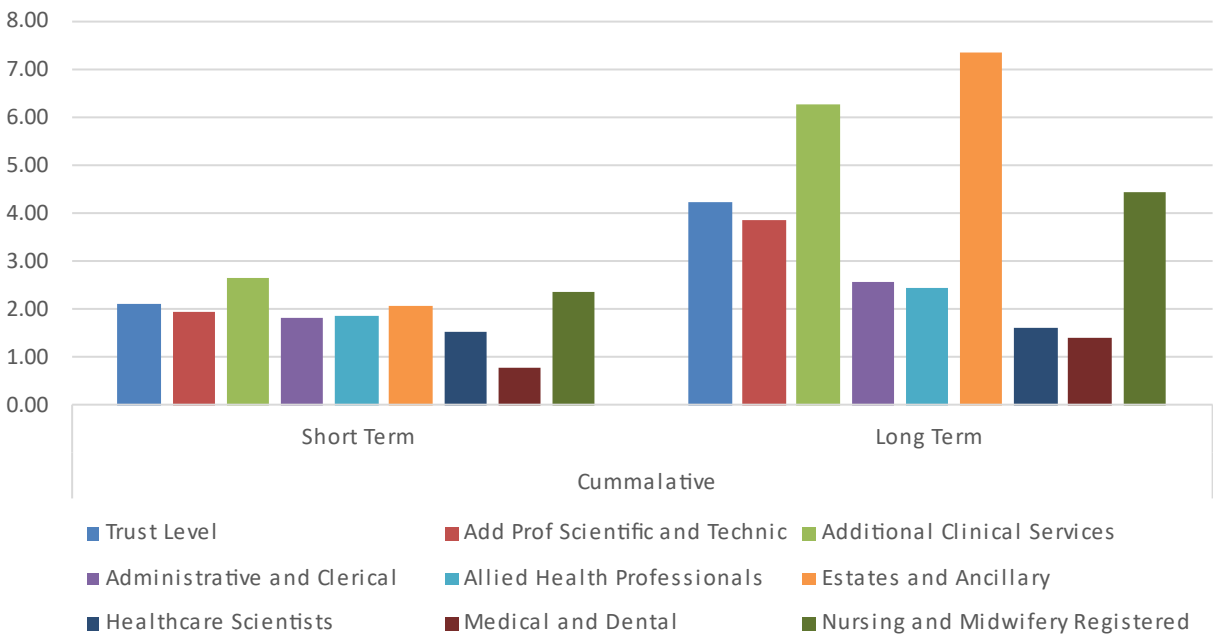


Figure 4 –Absence % rate by division/directorate, February 2022



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, February 2022



### 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 6– Swabbing data, March 2020 to March 2022

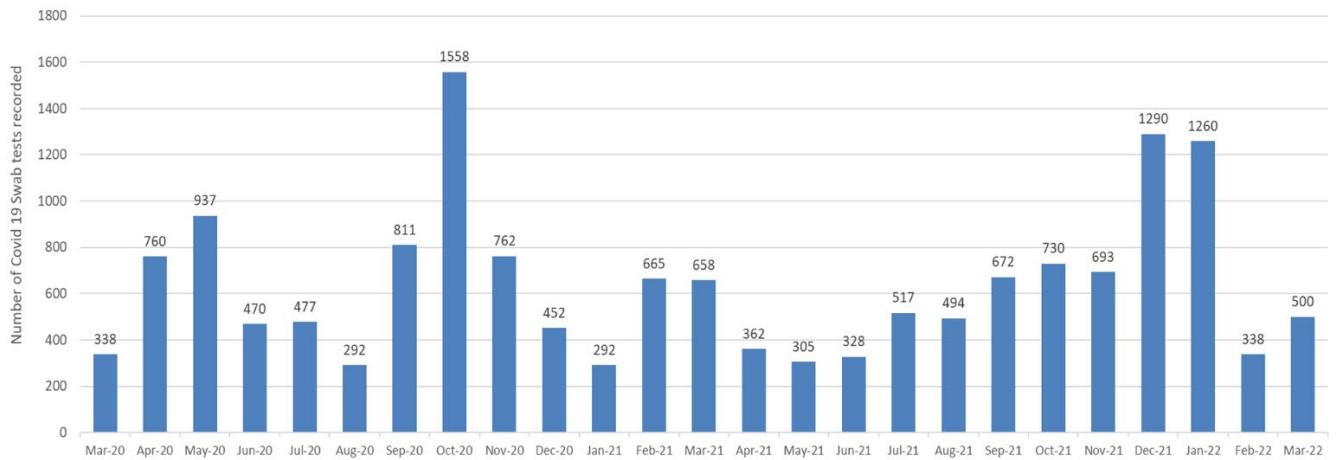
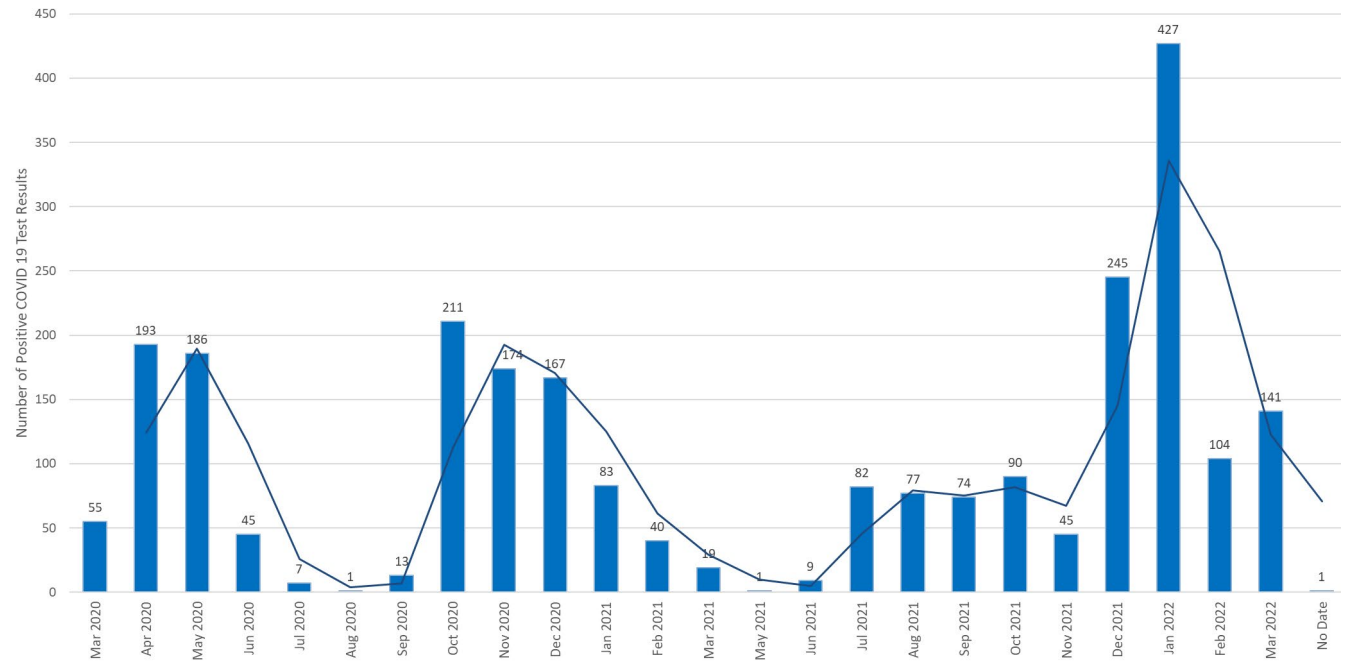


Figure 7 - Positive test data, March 2020 – March 2022



We continue to support at pace testing facilities on both Doncaster and Bassetlaw Sites. Colleagues will recall we introduced the provision of testing (Abbott Test) for people who are fully vaccinated, who are asymptomatic and testing negative on lateral flow which facilitates a return to work following the test if negative, resulting in a significant impact on available workforce for deployment. In correlation with the rise in numbers of our people being absent due to covid, the demand on the Abbott Testing facility has increased significantly at the time of drafting this report.

## 2. Vaccine Programme

### Current Position – Covid vaccine

Although the programme has had multiple challenges, it is proving to be a success story and 94% of staff have now received both doses of the vaccine with a further. Work continues as per the national guidance to continue to encourage people to access the vaccine.

### 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 14<sup>th</sup> March indicates an update of 97% and 94% respectively for DBTH.

**Table 4 – Covid vaccine & booster uptake, as at 14<sup>th</sup> March 2022**

NHS Organisations	1 <sup>st</sup> Dose	2 <sup>nd</sup> Dose	Booster (Total ESR Population)	Booster (Eligible Population)
<b>North East and Yorkshire</b>	<b>97%</b>	<b>95%</b>	<b>81%</b>	<b>87%</b>
<i>DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST</i>	<i>97%</i>	<i>94%</i>	<i>83%</i>	<i>89%</i>

### Flu Vaccinations

**Table 5 – Flu vaccine uptake, as at 14<sup>th</sup> March 2022**

NHS Organisations	Vaccinated	Eligible Population (ESR)	Uptake
<b>North East and Yorkshire</b>	<b>172,342</b>	<b>267,043</b>	<b>65%</b>
<i>DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST</i>	<i>4,767</i>	<i>7,082</i>	<i>67%</i>

## 3. Mandatory vaccines as a condition of deployment

The Department of Health and Social Care legislated that with effect of 6<sup>th</sup> January 2022, all NHS workers who have face-to-face contact with patients were required to be vaccinated against covid as a condition of deployment.

Subsequently, on 31 January 2022 the Government announced a review of the legislation following which on 11 March 2022 the government announced they would be revoking the vaccination as a condition of deployment across all health and social care with effect from 15 March 2022.

In doing so the Government made clear the importance of receiving a full course of vaccination, particularly the booster dose, as crucial in ensuring the levels of protection that individuals receive against covid. The Government have reiterated previous points with regard to the professional duty healthcare workers have in relation to protecting patients from risks posed by their health. The Government has set out its intention to consult on the Code of Practice on the prevention and control of infections to strengthen requirements in relation to COVID-19 and bring it in line with updated infection prevention and control (IPC) guidance for registered providers of health and social care. Future updates will be provided as and when confirmed.

## 4. Health and Wellbeing of Our People

### Supporting Staff from Ukraine and Russia

Colleagues will no doubt be aware of the very challenging situation currently escalating in the Ukraine. In light of the worrying developments, we have ensured that our staff members from both the Ukraine and Russia have been contacted directly and offered support and assistance from the Trusts Health and Wellbeing Team.

Where support is required for people with family members fleeing the Ukraine, the Trust has supported the use of existing policies and procedures to enable colleagues to take time off to travel overseas to collect relatives to support them returning to the UK.

In conjunction with colleagues across the ICS to ensure consistency of approach across organisations, short term special leave is also available for those of our people who have put their names forward to home refugees from the Ukraine.


### Face to Face Staff Counselling Services

To further strengthen the Trusts health and wellbeing suite of supportive services in the organisation we have introduced a new face to face counsellor on the Doncaster site. Ensuring appropriate infection prevention control measures are adhered to we are able to offer people access to a fully trained counsellor with a range of specific experience in Oncology, Trauma and Orthopaedic services.

The service will operate on a weekly basis and offers drop in sessions and clinics. The service, provided in conjunction with the Trust Health and Wellbeing provider VIVUP, is developed in line with feedback received from colleagues who indicate a preference to face to face sessions and an ability to access rapid support when needed rather than through a referral process.

**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 : March 2022		
<p><b>Strategic Objective</b> In recurrent surplus to invest in improving patient care</p> <p><b>Breakthrough Objective</b> Every team achieves their financial plan for the year</p> <p><b>Measures:</b></p> <ul style="list-style-type: none"> <li>• Delivery of in year financial plan/budgets</li> <li>• Underlying/recurrent financial position of the Trust</li> <li>• Trust Cash Balances</li> <li>• External and Internal Audit outcome</li> </ul>	<p><b>Risk Appetite:</b> The Trust has a <b>low appetite</b> for risks</p> <p><b>Risks:</b></p> <ul style="list-style-type: none"> <li>• Forecast to deliver at least a I&amp;E break even position for 21/22. I&amp;E risks now pertain to 22/23 and beyond.</li> <li>• Very significant financial challenge in 22/23, with draft plan showing a deficit after c3% CIPs of c£34m. Income allocations have been significantly reduced from pandemic levels, including Commissioners proposing removal of previously provided non-recurrent funding. Therefore, focus on efficiency and productivity (see below) and cost reduction moving into 22/23 is paramount.</li> <li>• Whilst cash is currently in a healthy position if such a significant deficit was to arise in 22/23, this will cause cash flow issues in 22/23 impacting on the ability for the Trust to meet its financial obligations, without NHSE/I intervention.</li> <li>• 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.</li> <li>• Trust’s underlying deficit financial position has worsened during the pandemic. There is increasing focus nationally on underlying positions entering 22/23.</li> <li>• Limited capital funding especially for significant builds given the Trust’s estates risks.</li> <li>• Uncertainty with regards to the future of Commissioning arrangements with the move to ICB.</li> <li>• Culture Risk – Impact of COVID on re-engaging Divisions with financial processes and controls (by 22/23 will have been two years) and refocus on efficiency.</li> <li>• 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.</li> <li>• Significantly increased efficiency requirement in 22/23 due to reductions in income allocations.</li> <li>• Impact of major incident at W&amp;C. The incident highlights significant risks concerning the funding route for and delivery of backlog maintenance costs.</li> </ul>			<p><b>Initial Risk Rating</b> <b>Current Risk Rating</b> <b>Target Risk Rating</b></p>	<p>4(C) x 5(L) = 20 extr 4(C) x 4(L) = 16 extr 3(C) x 3(L) = 9 low</p>	<p align="center">Risk Trend</p> <p align="center"></p>
	<p><b>Risk references:</b> F&amp;P 1, F&amp;P 2, F&amp;P 3</p> <p><b>Opportunities:</b></p> <ul style="list-style-type: none"> <li>• Change in practices, new ways of working</li> <li>• The Trust is looking at opportunities for funding to support elective recovery and operational requirements, including capital bids.</li> <li>• Implementation of new Directorate to support improvements in productivity and efficiency.</li> </ul>			<p><b>Rationale for risk current score:</b> Impact:</p> <ul style="list-style-type: none"> <li>• Currently the Trust is in a significant underlying deficit position with significant uncertainty regarding the future financial regime. This impacts on: <ul style="list-style-type: none"> <li>○ Trust’s ability to invest in its services and infrastructure and maintain a sustainable site as its asset base ages further.</li> <li>○ Delivery of safe and sustainable services for patients including any backlogs in activity due to COVID.</li> <li>○ Ensuring the sustainability and safety of the Doncaster site.</li> <li>○ Impacts on Trust reputation with potential regulatory action</li> <li>○ Impacts on level of input and influence with regards to local commissioning.</li> </ul> </li> </ul> <p><b>Future risks:</b></p> <ul style="list-style-type: none"> <li>• NHS financial landscape, regulatory intervention</li> <li>• Impact of reduced revenue funding allocations for 22/23 and beyond.</li> <li>• Change in financial regimes in relation to ICS and Place budgets</li> <li>• Return to control totals and trajectories in future years including agency caps.</li> <li>• Increasing costs relating to old and poorly maintained buildings</li> </ul>		
	<p><b>Comments:</b></p> <ul style="list-style-type: none"> <li>• Forecast to deliver at least a break even position for 21/22. Risks pertain to 22/23 and beyond.</li> </ul>					
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.	March 2022	April 2022	AC	No unexpected exceptions identified		
Budget Setting and Business Planning	March 2022	April 2022	AC/JS	No unexpected exceptions identified		
Internal & External Audit programme design & compliance outcomes	March 2022	April 2022	AC			
Establishment of new Directorate: Recovery, Innovation and Transformation.	March 2022	Ongoing	JS			
Working with the ICS through CEO’s and DoFs regarding funding arrangements. Reporting back through F&P and Board.	March 2022	ongoing	AC/JS	Ongoing monitoring		

Appendix Level1

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 NHSI/E on statutory returns	Ongoing	F&P, Board	Full	None outstanding		
L2	LCFS Annual Report	July 21	ARC	Full	None outstanding		
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 outstanding		
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.

Areas in **yellow highlight indicate change from last version**



Report Cover Page			
<b>Meeting Title:</b>	<b>Board of Directors</b>		
<b>Meeting Date:</b>	29 March 2022	<b>Agenda Reference:</b>	E2
<b>Report Title:</b>	<b>Financial Performance – Month 11 (February 2022)</b>		
<b>Sponsor:</b>	Alex Crickmar – Acting Director of Finance		
<b>Author:</b>	Alex Crickmar – Acting Director of Finance Finance Team		
<b>Appendices:</b>	N/A		
Executive Summary			
<b>Purpose of report:</b>	To report the Month 11 financial position to the Trust Board including any risks to the delivery of the Trust’s financial plan.		
<b>Summary of key issues</b>	<p>The Trust’s reported financial position for month 11 was a surplus of £792k (£827k surplus in month 10), which was £630k favourable to plan and £0.1m adverse to forecast. Year to Date (YTD) the Trust is reporting a £2.5m surplus which was £2.4m favourable to plan. The surplus financial position continues to be driven by accelerator, winter and ERF monies being underspent (in month - £0.7m underspend on accelerator and £0.36m on winter) against plan. The Trust’s in month favourable position against plan was mainly driven by:</p> <ul style="list-style-type: none"> <li>• <b>Clinical Income:</b> £0.9m favourable variance to plan on clinical income, due to: <ul style="list-style-type: none"> <li>○ As reported to the Board previously, £1.5m of additional income was 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 11 financial position (£1,125k YTD).</li> <li>○ £0.4m of income relating to the release of accelerator/ERF plus monies from previous months underperformance against plan (Divisions are not expected to catch up this spend in Month 12).</li> </ul> </li> <li>• <b>Non-Clinical Income:</b> £0.6m adverse variance to plan, which is mainly driven by £0.3m of insurance monies relating to the W&amp;C incident which won’t be resolved until the next financial year, under achievement on recharges £0.2m (mainly associated with the WOS) which is offset with expenditure, along with an under recovery of £0.2m income within Private Patient, Overseas and RTA income which were all below planned levels in month.</li> <li>• <b>Pay:</b> the £0.3m adverse variance on pay in month is mainly driven by the underspend on winter plans continuing (£0.4m) and the underspend on accelerator schemes (£0.3m), offset by the assumed underspends against Division budgets in reserves in the plan. Agency spend remains historically high (c£0.4m more than pre-pandemic levels).</li> <li>• <b>Non Pay:</b> £0.6m favourable to plan in month, mainly due to a £0.6m favourable variance on drugs and £0.4m underspend on accelerator schemes, offset by overspends on clinical supplies of £0.2m mainly in pathology and other non-pay</li> </ul>		

	<p>cost pressures of £0.4m (of which £0.3m relate to utilities pressures due to price rises).</p> <p><b>Year End Forecast</b> The Trust is expecting to deliver at least a break-even financial position at year end. Previously the Trust undertook a detailed forecast 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 was reported to the ICS and also to NHSI/E and is in line with other Trust's across the SY&amp;B ICS.</p> <p>As we enter month 12 there are a number of key variables to the year end position which include:</p> <ul style="list-style-type: none"> <li>• Annual Leave accrual – the annual exercise is still ongoing to determine the level of potential movement in the accrual.</li> <li>• CNST – we are still awaiting notification of the maternity rebate (c£600k) from NHS Resolution.</li> <li>• Any impact from the agreement of balances process</li> <li>• Impact of any central NHSE/I or other central bodies notifications (e.g. NHS Resolution, HEE).</li> <li>• Any further income changes e.g. any late income allocations from the ICS or NHSI/E or HEE.</li> </ul> <p><b>Capital</b> Capital expenditure in month 11 was £2.7m. YTD capital expenditure is £27.2m against the current plan of £24.7m. YTD capital expenditure is £2.5m ahead of the revised plan, driven by the Women's &amp; Children's modular costs (£2.9m) and Donated Assets (£0.4m) offset with underspends in Medical Equipment (£0.8m). The Trust is expecting to deliver at year end its capital plan in full.</p> <p><b>Cash</b> The cash balance at the end of February was £51.8m (January: £42.9m). Cash has increased by c £8.9m compared to month 10 largely as a result of PDC Dividend capital receipts of £5.6m, as well as NHS Receivables falling by £3m. The year end cash forecast is expected to be c. £45m by year end, with the reduction in cash to Month 12 driven by the significant capital programme.</p>				
<b>Recommendation:</b>	<p>The Board is asked to note:</p> <ul style="list-style-type: none"> <li>• The Trust's surplus for month 11 (February 2022) was £792k, which was favourable to plan by £630k. The YTD position is a £2,533k surplus, which is £2,424k favourable to plan.</li> <li>• The Trust is forecasting to deliver at least a break even financial position at year end and deliver its capital programme.</li> </ul>				
<b>Action Require:</b>	Approval	Information X	Discussion	Assurance	Review
<b>Link to True North Objectives:</b>	<b>TN SA1:</b> <i>To provide outstanding care for our patients</i>	<b>TN SA2:</b> <i>Everybody knows their role in achieving the vision</i>	<b>TN SA3:</b> <i>Feedback from staff and learners is in the top 10% in the UK</i>	<b>TN SA4:</b> <b><u>The Trust is in recurrent surplus to invest in improving patient care</u></b>	

Implications	
<b>Board assurance framework:</b>	This report relates to strategic aims 2 and 4 and the revised BAF risk F&P1.
<b>Corporate risk register:</b>	See above
<b>Regulation:</b>	No issues
<b>Legal:</b>	No issues
<b>Resources:</b>	No issues
Assurance Route	
<b>Previously considered by:</b>	N/A
<b>Date:</b>	<b>Decision:</b>
<b>Next Steps:</b>	
<b>Previously circulated reports to supplement this paper:</b>	

**FINANCIAL PERFORMANCE**

**Month 11 – February 2022**

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

P11 February 2022

1. Income and Expenditure vs. Plan					2. CIPs					
Performance Indicator	Monthly Performance		YTD Performance		Performance Indicator	Monthly Performance		YTD Performance		H2 Plan £'000
	Actual £'000	Variance to budget £'000	Actual £'000	Variance to budget £'000		Actual £'000	Variance to budget £'000	Actual £'000	Variance to budget £'000	
Income	(42,521)	(291) F	(452,124)	(2,119) F	Local	158	496 A	1,086	(1,736) F	3,477
Operating Expenditure	41,217	(342) F	443,657	(427) F	Procurement & Commercial	19	(4) F	84	9 A	90
Pay	26,726	267 A	287,229	2,515 A	Nursing and AHP Workforce	26	(10) F	112	67 A	46
Non Pay & Reserves	14,491	(609) F	156,428	(2,942) F	Outstanding Outpatients	1	8 A	8	(34) F	51
Financing costs	553	1 A	6,085	8 A	Medical Workforce	3	(3) F	27	24 A	4
<b>I&amp;E Performance excluding Donated Asset adjustment</b>	<b>(751)</b>	<b>(632) F</b>	<b>(2,382)</b>	<b>(2,538) F</b>						
Donated Asset adjustment	(41)	2 A	(151)	114 A						
<b>I&amp;E Performance including Donated Asset Adjustment</b>	<b>(792)</b>	<b>(630) F</b>	<b>(2,533)</b>	<b>(2,424) F</b>	<b>Total</b>	<b>207</b>	<b>487 A</b>	<b>1,316</b>	<b>(1,670) F</b>	<b>3,668</b>
F = Favourable A = Adverse					4. Other					
3. Statement of Financial Position					Monthly Performance		YTD Performance		Annual Plan	
					Plan £'000	Actual £'000	Plan £'000	Actual £'000	£'000	
All figures £m					Cash Balance	978	42,937	24,684	42,937	21,259
					Capital Expenditure		2,718		27,181	35,224
					5. Workforce					
						Funded WTE	Actual WTE	Bank WTE	Agency WTE	Total in Post WTE
<b>Non Current Assets</b>										
	Opening Balance	Closing balance	Current Balance	Movement in year	Current Month	6,241	5,707	258	300	6,265
<i>Current Assets</i>	73,882	80,485	80,485	6,603	Previous Month	6,240	5,766	160	106	6,032
<i>Current Liabilities</i>	-70,775	-87,974	-87,974	-17,199	Movement	-1	59	-98	-194	-233
<i>Non Current liabilities</i>	-14,788	-12,832	-12,832	1,956						
<b>Total Assets Employed</b>	<b>224,659</b>	<b>232,638</b>	<b>232,638</b>	<b>7,979</b>						
<b>Total Tax Payers Equity</b>	<b>-224,659</b>	<b>-232,638</b>	<b>-232,638</b>	<b>-7,979</b>						

Key

Income

Over-achieved F

Under-achievement A

Expenditure

Overspent A

Underspent F

## 1. Month 11 Financial Position Highlights

### Executive Summary Income and Expenditure – Month 11

	Mth 11			YTD	
	Plan	Actual	Variance	Actual	Variance
	£000	£000	£000	£000	£000
<b>Income</b>	<b>-42,230</b>	<b>-42,521</b>	<b>-291</b>	<b>-452,124</b>	<b>-2,119</b>
<b>Pay</b>					
Substantive Pay	25,711	23,236	-2,475	252,559	-17,440
Bank	43	1,468	1,425	12,768	8,986
Agency	845	1,324	479	12,941	4,470
Recharges and Reserves	-141	697	839	8,960	6,499
<b>Total pay</b>	<b>26,459</b>	<b>26,726</b>	<b>267</b>	<b>287,229</b>	<b>2,515</b>
<b>Non-Pay</b>					
Drugs	1,343	810	-534	9,721	-450
Non-PbR Drugs	1,804	1,717	-87	20,150	1,336
Clinical Supplies & Services	3,029	3,198	168	33,188	1,403
Depreciation and Amortisation	989	1,122	133	10,935	567
Other Costs (including reserves)	6,678	6,402	-276	66,078	-5,784
Recharges	1,257	1,243	-14	16,356	-14
<b>Total Non-pay</b>	<b>15,100</b>	<b>14,491</b>	<b>-609</b>	<b>156,428</b>	<b>-2,942</b>
<b>Financing costs &amp; donated assets</b>	<b>509</b>	<b>512</b>	<b>3</b>	<b>5,935</b>	<b>122</b>
<b>(Surplus) / Deficit Position as at month 11</b>	<b>-162</b>	<b>-792</b>	<b>-630</b>	<b>-2,533</b>	<b>-2,424</b>

The Trust's reported financial position for month 11 was a surplus of £792k (£827k surplus in month 10), which was £630k favourable to plan and £0.1m adverse to forecast. Year to Date (YTD) the Trust is reporting a £2.5m surplus which was £2.4m favourable to plan. The Trust's in month favourable position against plan was mainly driven by:

- **Clinical Income:** £0.9m favourable variance to plan on clinical income, due to:
  - As reported to the Board previously, £1.5m of additional income was 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 11 financial position (£1,125k YTD).
  - £0.4m of income relating to the release of accelerator/ERF plus monies from previous months underperformance against plan (Divisions are not expected to catch up this spend in Month 12).
- **Non-Clinical Income:** £0.6m adverse variance to plan, which is mainly driven by £0.3m of insurance monies relating to the W&C incident which won't be resolved until the next financial year, under achievement on recharges £0.2m (mainly associated with the WOS) which is offset with expenditure, along with an under recovery of £0.2m income within Private Patient, Overseas and RTA income which were all below planned levels in month.
- **Pay:** the £0.3m adverse variance on pay in month is mainly driven by the underspend on winter plans continuing (£0.4m) and the underspend on accelerator schemes (£0.3m), offset by the assumed underspends against Division budgets in reserves in the plan. Agency spend remains historically high (c£0.4m more than pre-pandemic levels).
- **Non Pay:** £0.6m favourable to plan in month, mainly due to a £0.6m favourable variance on drugs and £0.4m underspend on accelerator schemes, offset by overspends on clinical supplies of £0.2m mainly in pathology and other non-pay cost pressures of £0.4m (of which £0.3m relate to utilities pressures due to price rises).

## Further detail

### Income

The vast majority of month 11 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 £37.86m which is an increase of £0.445m compared to previous month of £37.4m mainly due to additional non-recurrent funding received from commissioners including Lung Health Checks plus there was a release of accelerator/ERF plus monies from previous months underperformance against plan. The position also includes a c£161k risk on CDF drugs whilst the Trust is waiting for NHS England to confirm the Trusts year

Non-clinical income was £0.6m adverse to plan in month, mainly due to:

- £0.3m insurance monies relating to W&C incident not assumed are recovered which was assumed in the plan.
- £0.2m under achievement on recharges (mainly associated with WOS) which is offset with expenditure.
- £0.2m under recovery on income within Private Patient, Overseas and RTA income which were all below planned levels in month £0.2m.
- To note there is c£1.1m of education income deferred to month 12 mainly relating to CPD elements of HEE funding and GP recharges. We are awaiting a final position from HEE regarding the month 12 position.

### Pay

The £0.3m adverse variance on pay in month is mainly driven by the underspend on winter plans continuing (£0.4m) and the underspend on accelerator schemes (£0.3m), offset by the assumed underspends against Division budgets in reserves in the plan. Overall pay in month has decreased by £1.3m compared to month 10, however £1.5m of this is due to the £200 thank you payment made to all employees last month.

Excluding this pay increased by c.£0.3m in month due to:

- An increase in medical staff costs due to catch up on invoices relating to lead unit arrangements (c. £90k)
- An increase in nursing on medical imaging due to recruitment (£85k)
- An increase in medical staff spend in surgery (£162k)

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 underlying agency position is still historically high at over £400k per month for nursing and total agency spend of c£1.3m for the Trust in month (£0.4m 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	Jan-21	Feb-22	YTD Total
Children & Families Division							2	1		2	3	7
Clinical Support Services Division	18	27	69	87	52	111	86	115	133	78	86	861
Corporate	4	10	19	-2	29	35	78	103	90	5	30	401
Medical Division	25	29	30	20	18	138	251	193	314	244	223	1,485
Surgical Division		1	3	4	3	13	31	24	51	43	68	241
Winter Division									4	8	8	20
<b>Grand Total</b>	<b>47</b>	<b>67</b>	<b>122</b>	<b>109</b>	<b>101</b>	<b>298</b>	<b>448</b>	<b>434</b>	<b>592</b>	<b>380</b>	<b>418</b>	<b>3,015</b>

## **Non-pay**

Non-pay (excluding reserves) was £0.1m favourable to plan and was a small increase in spend compared to month 10 of c£74k. Key variances include:

- Clinical supplies are £0.2m adverse to budget in month, there was a reduction in spend of £400k compared to the previous month due to the donated PPE accounted for last month (offset with income).
- Drugs spend was £0.6m favourable to budget in month and £0.1m favourable to prior month.
- Other points to note:
  - c. £0.3m overspend on utility costs as start to see pressure on prices.
  - £0.1m on interview expenses for international recruitment (£0.3m overspend YTD)
  - £0.4m underspend on accelerator, although there was an increase on last month's spend of £400k
  - £0.6m of costs relating to projects in transformation (offset by release of reserves).

## **CIPs**

The Trust has delivered £207k of savings in Month 11 versus the plan submitted to NHSI of £695k, an under-delivery of £487k. This is mainly due to unidentified CIPs in the plan of c £0.5m in month.

## **Capital**

Capital expenditure in month 11 was £2.7m. YTD capital expenditure is £27.2m against the current plan of £24.7m. YTD capital expenditure is £2.5m ahead of the revised plan, driven by the Women's & Children's modular costs (£2.9m) and Donated Assets (£0.4m) offset with underspends in Medical Equipment (£0.8m). The Trust is expecting to deliver at year end its capital plan in full.

## **Cash**

The cash balance at the end of February was £51.8m (January: £42.9m). Cash has increased by c £8.9m compared to month 10 largely as a result of PDC Dividend capital receipts of £5.6m, as well as NHS Receivables falling by £3m. The year end cash forecast is expected to be c. £45m by year end, with the reduction in cash to Month 12 driven by the significant capital programme.

## 2. Recommendations

The Board is asked to note:

- The Trust's surplus for month 11 (February 2022) was £792k, which was favourable to plan by £630k. The YTD position is a £2,533k surplus, which is £2,424k favourable to plan.
- The Trust is forecasting to deliver at least a break even financial position at year end and deliver its capital programme.



Report Cover Page				
<b>Meeting Title:</b>	Board of Directors			
<b>Meeting Date:</b>	29 March 2022	<b>Agenda Reference:</b>	E3	
<b>Report Title:</b>	Performance Report as at 15 March 2022			
<b>Sponsor:</b>				
<b>Author:</b>	Debbie Pook – Deputy Chief Operating Officer (Non Elective)			
<b>Appendices:</b>				
Executive Summary				
<b>Purpose of report:</b>	The Operational Plan Update (Performance Update) aims to: <ul style="list-style-type: none"> <li>• Outline the Operational trends</li> <li>• Outline the Key Planning Expectations for the second half of the year</li> <li>• Provide a Progress Update on Winter Plans</li> <li>• Outline key next steps on the operational plan</li> </ul>			
<b>Summary of key issues:</b>	The Trust has continued to experience sustained ongoing pressure caused by high levels of emergency demand. This has caused challenges on elective activity due to emergency demand and staffing pressures. We continue to perform well against the cancer indicators. Significant planning and implementation of programmes of work has taken place 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. Significant planning and implementation of a programme of Elective recovery work is on-going. The report outlines next steps over the coming weeks and months			
	The Committee is asked to note and comment as appropriate on the attached.			
<b>Action Require:</b>	Approval	Information	Discussion	Assurance X
<b>Link to True North Objectives:</b>	<b>TN SA1:</b>	<b>TN SA2:</b>	<b>TN SA3:</b>	<b>TN SA4:</b>
	<i>To provide outstanding care for our patients</i>  X	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>
Implications				
<b>Board assurance framework:</b>	<i>Changes made to SA1 and COVID 19 addition to SA1 to reflect risk and related to winter planning &amp; also planning mitigation</i>			
<b>Corporate risk register:</b>	Report regards Risks ID 6 and 2349 on the Risk Register - F&P 6 and F&P 8. <ul style="list-style-type: none"> <li>• Failure to achieve compliance with performance and delivery aspects of the SOF, CQC and other regulatory standards</li> </ul>			

	<ul style="list-style-type: none"> <li>Failure to specifically achieve RTT 92% standard</li> </ul> Report outlines actions plan to make progress, no change to risks on CRR		
<b>Regulation:</b>	Report links to national quality and access standards. Performance against the standards contributes to the CQC regulatory framework.		
<b>Legal:</b>	Report outlines performance against standards, published annually by NHS England, some of which are outlined in the NHS Constitution.		
<b>Resources:</b>	Impact on resources of delivering activity taken account of in Trust plans		
<b>Assurance Route</b>			
<b>Previously considered by:</b>			
<b>Date:</b>		<b>Decision:</b>	
<b>Next Steps:</b>	Continued monitoring of recovery & associated action plans at Finance & Performance Committee with the addition of H2 reporting requirements.		
<b>Previously circulated reports to supplement this paper:</b>			



Doncaster and Bassetlaw  
Teaching Hospitals  
NHS Foundation Trust



**Operational Plan Update- data as at 15 March 2022**

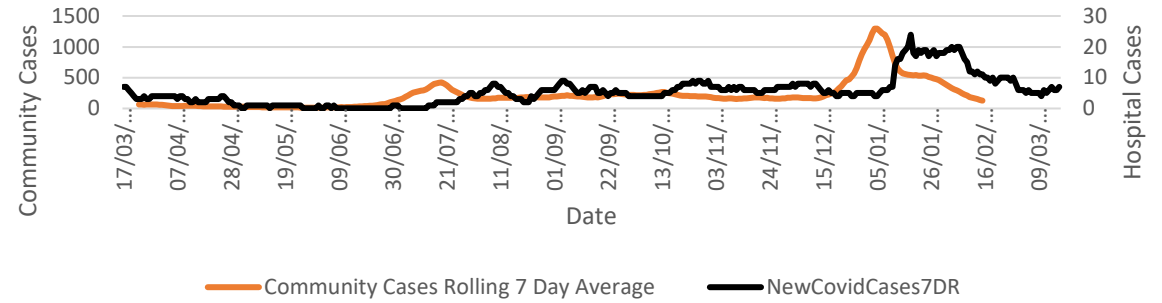
# Today

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

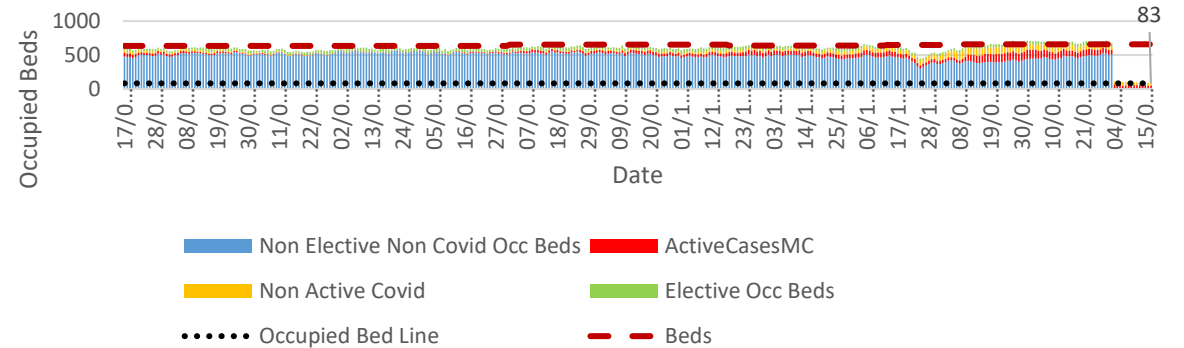
# C19 Infection & Admission

- COVID numbers reduced from mid Jan 22
- Total COVID occupancy 115
- Active case occupancy 87
- Threat from COVID rising again through March.
- High overall occupancy c 96%. Running at particularly high level of occupancy

Covid 19 New Cases Rolling 7 Day Average - Hospital & Community

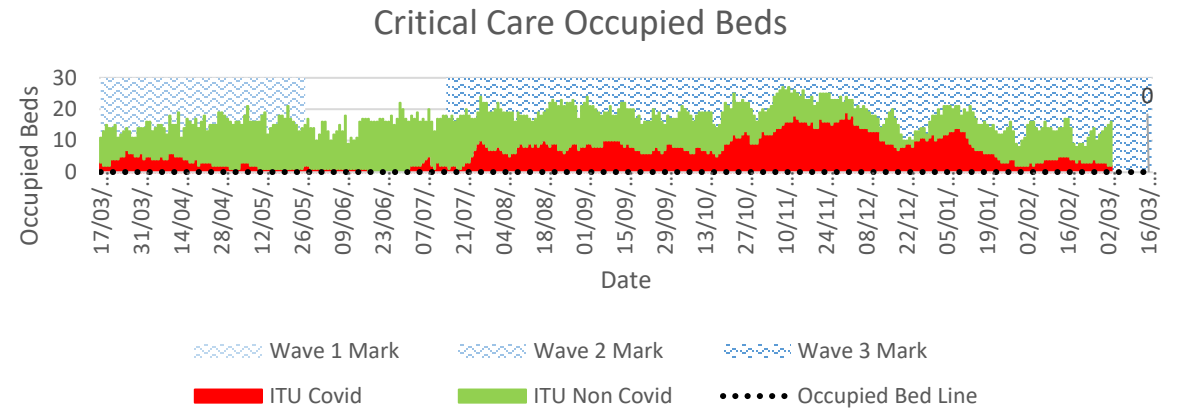


Occupied Beds



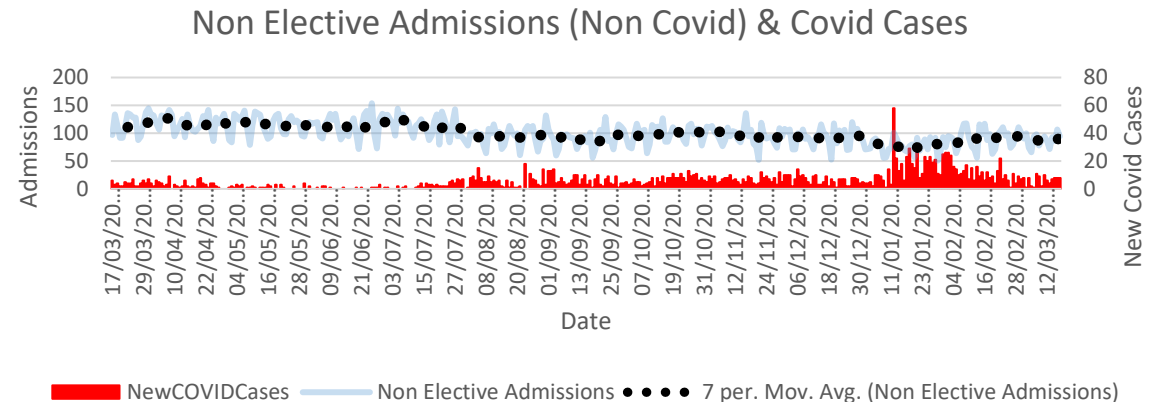
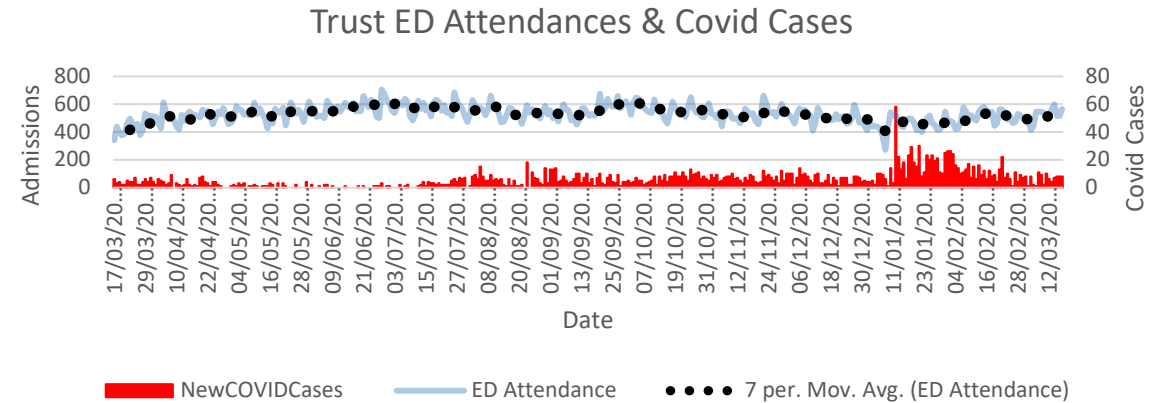
# Critical Care

- Critical care occupancy reduced. COVID causing less critical care admissions.
- Elective activity able to access Critical Care.
- Ward 22 used for additional medical beds as per winter plan.



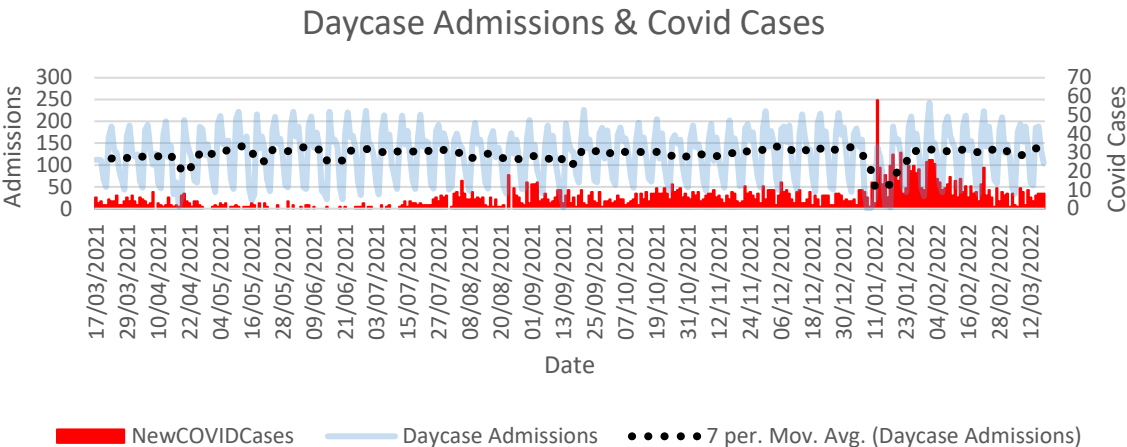
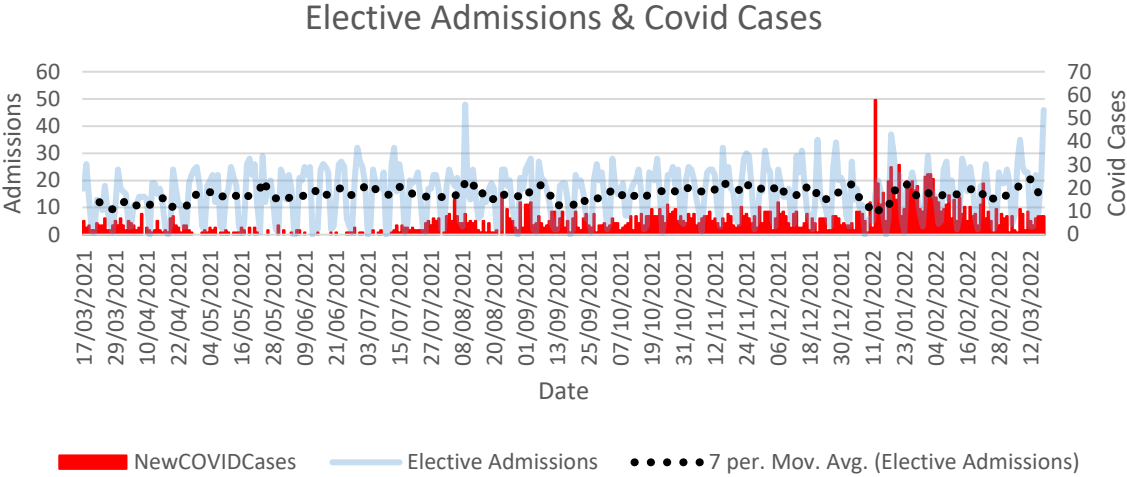
# Emergency Flow

- Increased ED attendance both walk in and Ambulance conveniences.
- Acute Medical Delivery Unit (AMDU) open at the front door staffed by Acute Physicians. Focus on increasing avoiding admission.
- Continue to work with Real World to support Emergency Flow, Ambulance Handover & SAFER, R2G implementation on wards.
- Focus on Ambulance Handovers with partners, especially at Doncaster.
- Ambulances ability to refer straight to SDEC being expanded.



# Elective

- Listing all categories of patients with focus on long waiters
- PTL has increased by 204 since last month but is still on target
- RTT Incomplete Performance was 70% at beginning of Dec, currently 67.3% and continually improving
- 52 week breaches 1229 (target is <1259 by end March)
- Good performance against cancer standards, 62 Day Waits 3 behind national target of 21
- Zero 104 ww patients by end March with 6 to TCI before 31.03.22
- Listing patients below 60 weeks in some surgical specialties
- Weekly monitoring of all patients waiting 80 weeks and above with individual pathway plans for >90%
- Return to full theatre timetable from 1 April across all 3 sites with patients being listed 6 weeks in advance





# Radiology

## MRI

- 3540 examinations imaged in February (data from RIS)
- 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

- 10,458 examinations imaged in February (data from RIS)
- Additional sessions in March (from AQPs, sonographers and radiologists/agency) to create additional capacity
- Waiting list will be circa 4000 at year end (50% reduction from its highest level)

## CT

- 8466 examinations imaged in January (data from RIS)
- 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

- Finalising Business Plans to maximise elective delivery to increase 22/23 activity to 104%+ of 19/20 activity
- Draft plans submitted to achieve 100% of 19/20 with further work to highlight stretch targets/opportunities to achieve 104%+
- Detailed planning taking place to work up issues related to increasing elective beds on Ward 19 and on the Modular Ward to enable an increased bed base to support the elective programme
- Develop work-streams to implement the opportunities identified by KPMG in both outpatients and theatres
- Streamline the Outstanding Outpatient Programme Board and re-introduce the Outstanding Theatres Programme Board to concentrate on 22/23 delivery
- Introduce the 6-4-2 process into the Outpatient setting and strengthen in Theatres
- Continue to identify opportunities for an Elective Hub and incorporate Single Site Trauma programme into single workstream
- Continue to utilise KPMG to support delivery of the 22/23 targets, strengthening both governance and operational delivery going forwards

# Winter Plan / Omicron Surge Plan

- COVID related staffing issues causing impact on community & hospital capacity.
- DCOO meetings shore up partner actions especially
  - additional home care capacity in place
  - additional 5 beds on Hazel / Hawthorne
  - Improved hospice pathways
- OPEL Escalation framework & partnership arrangements in place.
- Super Surge Plan for COVID worked up with triggers developed for exceptional actions.
- Enhanced Operational meeting going back in place to manage current COVID demand.

# Overall Operational Plan – Next Steps

- Continue to 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

Report Cover Page			
<b>Meeting Title:</b>	Board of Directors		
<b>Meeting Date:</b>	29 March 2022	<b>Agenda Reference:</b>	E4
<b>Report Title:</b>	INTEGRATED QUALITY & PERFORMANCE REPORT (IQPR) / Performance Exception Report (January 2022)		
<b>Sponsor:</b>	Gill Marsden, Deputy Chief Operating Officer (Elective) Debbie Pook, Deputy Chief Operating Officer (Non-Elective)		
<b>Author:</b>	Julie Thornton – Head of Performance		
<b>Appendices:</b>			
Executive Summary			
<b>Purpose of report:</b>	<p>The overall integrated performance report aims to:</p> <ul style="list-style-type: none"> <li>Deliver an executive summary – summarising the operational context, performance headlines and the forward plan.</li> <li>Share the full performance metrics through the at a glance charts.</li> <li>Provide the full Performance Exception report for the headline metrics.</li> </ul>		
<b>Summary of key issues:</b>	<p><b>1. Operational Context – Headlines of Data Trend Analysis</b></p> <ol style="list-style-type: none"> <li>The Trust continued to see growing COVID numbers through January 2022 with the peak in mid-January caused by the Omicron surge. Critical care demand has abated, however demand has continued to reduce for this cohort of patients.</li> <li>Staff absence due to the Omicron variant continued to cause significant pressure during January 2022 which has impacted on service delivery in all areas.</li> <li>ED attendance reduced compared to peaks over summer months, but still higher than last 4 years.</li> <li>In common with all Trusts, emergency demand and staffing pressures have impacted on elective delivery, however, the Trust maintained a programme of elective work through January 2022.</li> <li>Additional super surge planning for Omicron and associated triggers took place internally and with partners.</li> <li>The performance report for January 2022 is presented in this operational context.</li> </ol> <p><b>2. Headlines from Integrated Performance Report (January 2022)</b></p> <p><i>Emergency</i></p> <ol style="list-style-type: none"> <li><b>4 Hour Access</b> – in January 2022 the Trust delivered 68% 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.</li> <li><b>12 Hour Waits:</b> The Trust are reporting 78 12-hour trolley breaches in January 2022. The Trust continues to experience patient flow challenges. However, the introduction of the front door frailty assessment and Acute Medicine Decision Unit during December 2021 continues to support this.</li> <li><b>Ambulance Delays</b> - 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 &amp; the Trust remains an outlier.</li> </ol>		

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 both elective and non-elective patients increased during January 2022. A partnership patient focused Wednesday Walkaround continues with focus on patients with a 7 day + length of stay. Red to Green roll out will continue throughout February & March

*Elective*

g. **Activity** - Overall, the Trust is slightly below plan and continues to be below 19/20 levels (82% of 19/20 day case activity, 79% of IP activity, 83% of new outpatients and 82% of 1920 follow ups).

a. **52 Week Breaches** – in January 2022 the Trust reported 1173 breaches due to Covid 19 delays, a slight increase 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 were a small number of patients who waited over 104 weeks & are being managed on an individual pathway basis.

c. **Referral To Treatment (RTT)** - in January 2022 the Trust delivered 66.8% 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 41310 patients, this continues to be ahead of plan.

e. **Diagnostics** – in January 2022 the Trust achieved 53.5 % against a target of 99%. This is an improvement from last month. Performance continues to be well below the national and peer benchmark.

*Cancer*

a. **Faster Diagnosis Standard** – In December 2021 the Trust achieved 79.6% against the performance target of 75%.

b. **31 Day Standard** – in December 2021 3 out of 3 nationally reported measures were achieved.

c. **62 Day Standard** – in December 2021 0 out of 2 nationally reported measures were achieved.

d. The Trust is off track with all recovery trajectories to reach the required reduction in over 62-day open pathways improvement on cancer pathways.

e. **Open Pathways over 104 Days** – in December 2021 the number of open pathways are yet to be confirmed.

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. Good progress on elective new standards and focus on key risk areas

b. Increase elective surgical bed base and create ring-fenced orthopaedic hub and theatre on the DRI site

c. Front load 22/23 outsourcing programme April to September to enable increase in plan should funding allow in second half of year

d. Explore option to “rent” a theatre to a private provider to provide DBTH with additional operating capacity

e. Deep dive into T&O, ENT and Ophthalmology models of care to maximise available capacity

	f. Return to full theatre timetable from 1 April 2022 <b>From an emergency perspective, the key next steps are:</b>				
	a. Work continues with patients without criteria to reside with the continued implementation of red to green working with partners b. System Perfect week being planned to review patients with a long length of stay with system partners in January / February 2022 c. 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. d. 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.				
<b>Action Require:</b>	Approval	Information	Discussion	Assurance X	Review
<b>Link to True North Objectives:</b>	<b>TN SA1:</b>	<b>TN SA2:</b>	<b>TN SA3:</b>	<b>TN SA4:</b>	
	<i>To provide outstanding care for our patients</i>  X	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>	
<b>Implications</b>					
<b>Board assurance framework:</b>	<i>Changes made to SA1 and COVID 19 addition to SA1 to reflect risk and related to winter planning &amp; also planning mitigation</i>				
<b>Corporate risk register:</b>	<i>Report regards Risks ID 6 and 2349 on the Risk Register - F&amp;P 6 and F&amp;P 8.</i> <ul style="list-style-type: none"> <li><i>Failure to achieve compliance with performance and delivery aspects of the SOF, CQC and other regulatory standards</i></li> <li><i>Failure to specifically achieve RTT 92% standard</i></li> </ul> <i>Report outlines actions plan to make progress, no change to risks on CRR</i>				
<b>Regulation:</b>	<i>Report links to national quality and access standards. Performance against the standards contributes to the CQC regulatory framework.</i>				
<b>Legal:</b>	<i>Report outlines performance against standards, published annually by NHS England, some of which are outlined in the NHS Constitution.</i>				
<b>Resources:</b>	<i>Impact on resources of delivering activity taken account of in Trust plans</i>				
<b>Assurance Route</b>					
<b>Previously considered by:</b>	Finance & Performance Committee				
<b>Date:</b>	February 2022	<b>Decision:</b>			
<b>Next Steps:</b>	Continued monitoring of recovery & associated action plans at Finance & Performance Committee with the addition of H2 reporting requirements.				
<b>Previously circulated reports to supplement this paper:</b>					

Report Cover Page					
<b>Meeting Title:</b>	Board of Directors				
<b>Meeting Date:</b>	29 March 2022	<b>Agenda Reference:</b>	E5		
<b>Report Title:</b>	<b>Patients waiting less than 15 minutes for ambulance handover from time of arrival</b>				
<b>Sponsor:</b>	Debbie Pook, Deputy Chief Operating officer				
<b>Author:</b>	Andrea Squires, Divisional Director of Operations for Urgent & Emergency Care				
<b>Appendices:</b>	N/A				
Report Summary					
<b>Purpose of report:</b>	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				
<b>Summary of key issues/positive highlights:</b>	<ul style="list-style-type: none"> <li>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</li> <li>The current national standards state that all patients should be handed over within 15 minutes with none waiting over 30 minutes for handover</li> <li>Doncaster &amp; Bassetlaw Teaching Hospitals NHS Foundation Trusts (DBTH) February performance for patients waiting less than 15 minutes for ambulance handover was 40.38%, with 11.28% of patients waiting over 60 minutes. There was a notable decrease from 49.13% to 47.47% at Doncaster Royal Infirmary for patients waiting less than 15 minutes for ambulance handover in February, primarily due to bed occupancy and reduction in community beds due to Covid outbreaks resulting in exit block across Trust</li> <li>Doncaster Royal Infirmary (DRI) in February remains the 4<sup>th</sup> highest reporting Trust for 60 minute ambulance handover breaches in Yorkshire, whilst Bassetlaw District General (BDGH) Hospital is position 29</li> <li>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</li> <li>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</li> <li>The month of February has seen further improvement in the number of patients waiting more than 60 minutes for ambulance handover from 16.53% to 11.28% as a result of this work</li> <li>This paper will provide a monthly update against national standards and highlight improvements moving forwards</li> </ul>				
<b>Recommendation:</b>	For information/assurance purposes only				
<b>Action Required:</b>	Approval	Information	Discussion	Assurance	Review
	TN SA1: ✓	TN SA2: ✓	TN SA3:	TN SA4:	



<b>Link to True North Objectives:</b>	<i>To provide outstanding care for our patients</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>
<b>Implications</b>				
<b>Board assurance framework:</b>	<i>Changes made to SA1 and COVID 19 addition to SA1 to reflect risk and related to winter planning &amp; also planning mitigation</i>			
<b>Corporate risk register:</b>	<i>Report regards Risks ID 6 and 2349 on the Risk Register - F&amp;P 6</i> <ul style="list-style-type: none"> <li><i>Failure to achieve compliance with performance and delivery aspects of the SOF, CQC and other regulatory standards</i></li> </ul> <i>Report outlines actions plan to make progress on this specific requirement related to ambulance handovers, no change to risks on CRR</i>			
<b>Regulation:</b>	NHS England (2020) Reducing Ambulance Handover Delays: key lines of enquiry			
<b>Legal:</b>	N/A			
<b>Resources:</b>	N/A			
<b>Assurance Route</b>				
<b>Previously considered by:</b>	Divisional Management Board for Medicine			
<b>Date:</b>	23/03/22	<b>Decision:</b>	TBC	
<b>Next Steps:</b>	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.			
<b>Previously circulated reports to supplement this paper:</b>	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 47.47% for Doncaster.

**Current Trend:** Performance against the Ambulance handover within 15 minutes declined over the month of February with 117 fewer patients handed over within 15 minutes of arrival compared to January.

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

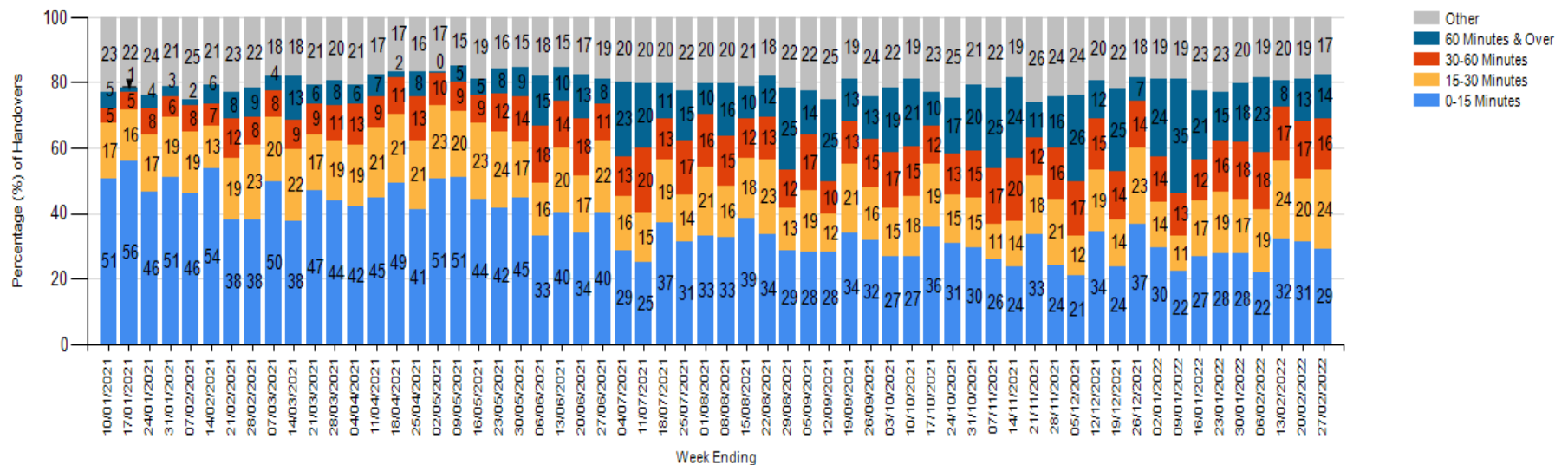
**Metric:** Ambulance Handover Time: Ambulance handover within 15 minutes – with none over 30 minutes

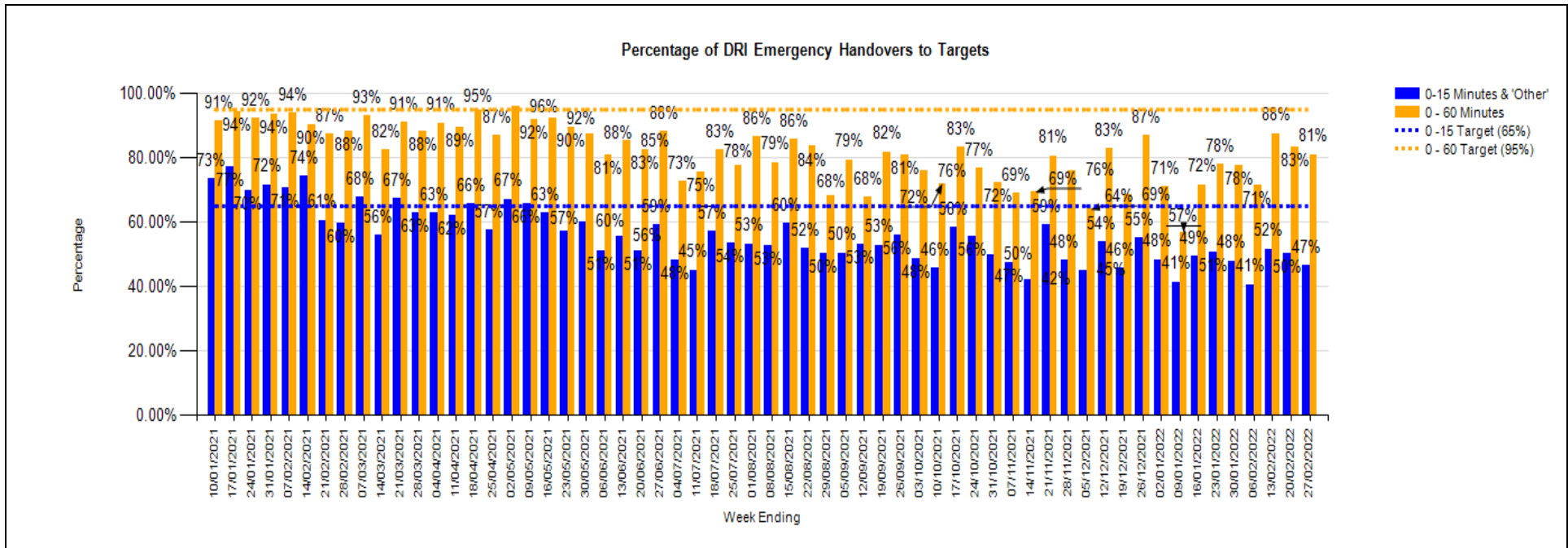
**Desired Trend:**

**December Performance:**

Month	Hospital	No of Arrivals	% less than 15 minutes	% between 15 & 30 minutes	% over 60 minutes	Longest Wait (hrs & minutes)
Feb 2022	Doncaster	1837	47.47%	21.94%	13.88%	04:10
	Bassetlaw	727	22.45%	53.58%	4.68%	03:28
	Trust	2563	40.38%	30.90%	11.28%	N/A

DRI Emergency Weekly Handover Breaches





**Key associated metrics that also support the standard:**

<p>&gt;15 minutes Time To Initial Assessment (TTIA)</p>	<p>February performance was 36.85% against the 5% target. This is a slight increase from the 34.57% reported in January. Delays are expected over the winter period and a UEC recovery action plan is in place to improve delays at the ED front door.</p>
<p>Average Length of Stay (LoS) in ED</p>	<p>Average time in department for February was 207 minutes against the 240 minute target. This is an improvement from 223 minutes reported in January. The Patient Flow Steering Group continue to focus on reducing LoS.</p>
<p>&gt;12 hours in ED from Arrival</p>	<p>February performance was 3.48% which remains slightly above the national standard of 5% target. This is an improvement from 5.75% reported in January. Delays continue to be impacted by a current Trust bed occupancy of 96%. The Patient Flow Steering Group continue to focus on reducing LoS.</p>

**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 22.45% for Bassetlaw.

**Current Trend:** Performance against the Ambulance handover within 15 minutes has seen a decline over the month of February with 17 fewer patients handed over within 15 minutes of arrivals compared to January.

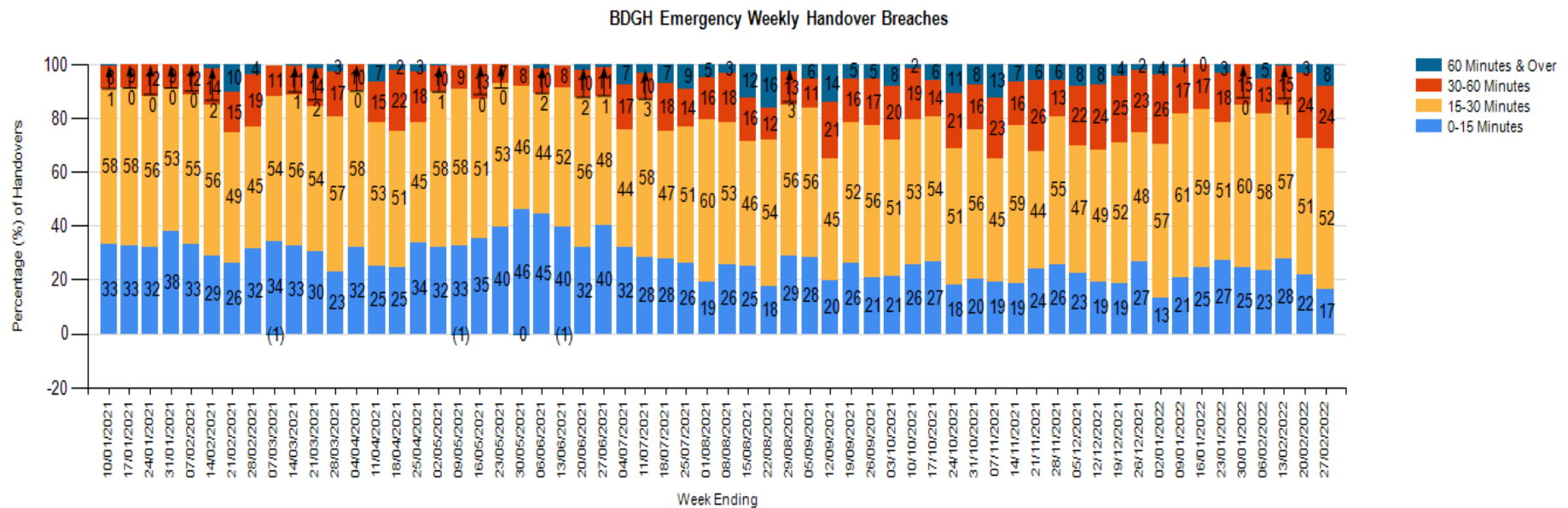
**Metric Owner:** Divisional Director of Operations (DDO) for Urgent & Emergency Care

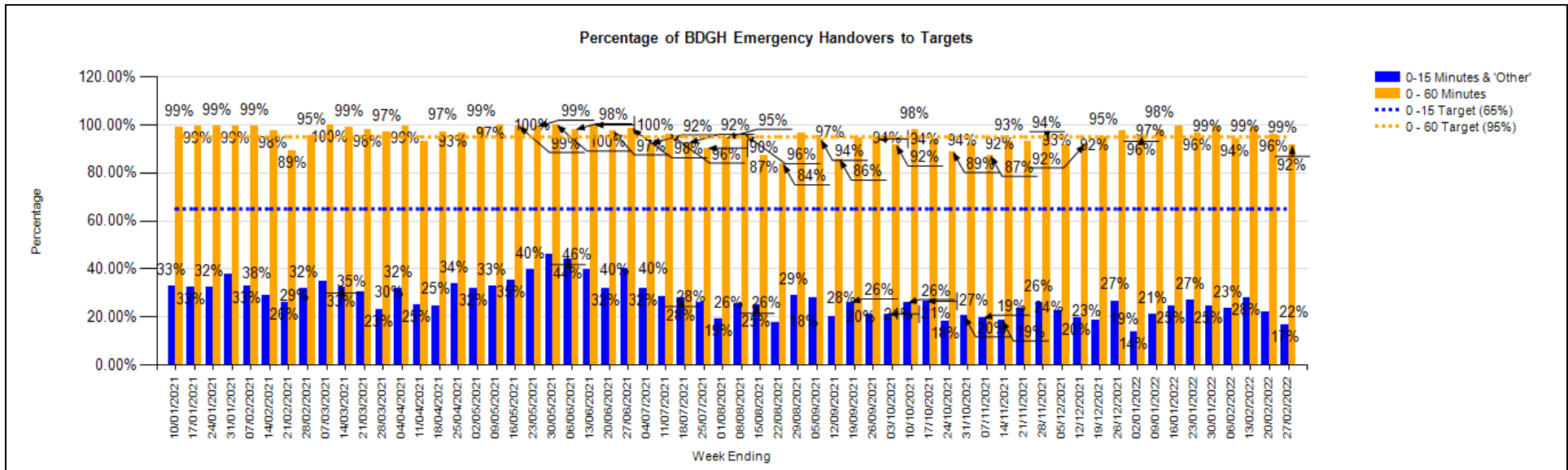
**Metric:** Ambulance Handover Time: Ambulance handover within 15 minutes – with none over 30 minutes

**Desired Trend:**

**December Performance:**

Month	Hospital	No of Arrivals	% less than 15 minutes	% between 15 & 30 minutes	% over 30 minutes	Longest Wait (hrs & minutes)
Feb 2022	Doncaster	1837	47.47%	21.94%	13.88%	04:10
	Bassetlaw	727	22.45%	53.58%	4.68%	03:28
	Trust	2563	40.38%	30.90%	11.28%	N/A





Key associated metrics that also support the standard:	
>15 minutes Time To Initial Assessment (TTIA)	February performance was 33.06% against the 5% target. This is an improvement from the 33.71% reported in January. 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 163 minutes against the 240 minute target. This is slight decrease from the 160 minutes reported in January, yet remains above the national standard.
>12 hours in ED from Arrival	February performance was 1.61% which is better than the national standard of 5% target. This is a slight decrease from the 1.59% reported in January. Delays continue to be impacted by a current Trust bed occupancy of 96%. 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	<ul style="list-style-type: none"> <li>• Difficulty accessing primary care services for advice and guidance</li> <li>• Difficulty accessing assessment services for advice and guidance</li> <li>• Difficulty accessing community response services</li> </ul>	• Additional GP hours in urgent primary care to support ambulance crews where discussion needed with GP	Fylde Coast Medical Services (FCMS)	Completed
		• Extend Same Day Health Centre offer to YAS and South Yorkshire Police for patients that need minor injuries support	FCMS	Completed
		• Extended pilot with new geriatrician at DRI to support conveyance avoidance particularly around frailty	DDO for UEC / Care of the Elderly Consultant	Apr-22
		• Work underway to promote the Rapid Response service with ambulance crews	CCG	Completed
		• YAS direct pathway to medical and surgical same day emergency care services now implemented, to be duplicated at Bassetlaw	DDO for UEC / Clinical Director (CD)	Mar-22
		• Single point of access for GPs to facilitate direct admission to medical and surgical same day emergency care services	DDO for UEC / CD	Completed
		• Early senior review in ambulance bay to identify patients suitable for medical and surgical same day emergency care services and fit to sit	DDO for UEC / CD	Completed
		• Implement Screening and Redirection tool, supported by signposting away and early senior review	DDO for UEC / CD	Completed
Patient Flow issues	<ul style="list-style-type: none"> <li>• Current Trust bed occupancy of 98% resulting in lack of available beds to move patients into from ED</li> <li>• Increased LoS across the Trust (7, 14 and 21 days)</li> <li>• Lack of available beds in</li> </ul>	• 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	DDO for UEC / CD	Completed
		• Additional 10 beds to be opened on Ward 22 for respiratory patients	DDO for UEC / CD	Completed

	community	<ul style="list-style-type: none"> <li>• A full review of the Discharge Lounge to increase capacity to support decompression of ED in a morning has been completed</li> <li>• Implementation of Criteria to Reside, Red to Green, and MDT Long Stay Wednesday walk-arounds aim to reduce LoS and increase discharges</li> <li>• Mutual aid is also in aid at Place and across SYB</li> <li>• Partnership winter plans to identify additional community bedded capacity and increased care homes and domiciliary care capacity</li> </ul>	<p>DDN for Medicine</p> <p>DDNO (new post)</p> <p>Chief Operating Officer (COO)</p> <p>COO</p>	<p>Completed</p> <p>Ongoing</p> <p>Completed</p> <p>Completed</p>
Operational Grip and Escalation	<ul style="list-style-type: none"> <li>• Lack of awareness of new clinical national standards for emergency care</li> <li>• Lack of awareness of Trust position for ED and on call teams</li> <li>• Delays in escalation process within and outside of ED</li> <li>• Process delay issues impacting on handover efficiency</li> </ul>	<ul style="list-style-type: none"> <li>• Trust wide roadshow to share new clinical standards for emergency care</li> <li>• Development of new Inter-professional standards for emergency care</li> <li>• Development of Clinical Harm Review for patients waiting longer than 60 minutes for ambulance handover</li> <li>• Fully revised Emergency Care Escalation Protocol incorporating an Ambulance Handover Escalation Protocol</li> <li>• Fully revised Trust OPEL policy</li> <li>• Development of guidance and training for all on call managers</li> <li>• Time In Motion Study to be support by QI Team to identify any delay in handover processes</li> </ul>	<p>DDO for UEC</p> <p>DDO for UEC</p> <p>DDO for UEC</p> <p>DDO for UEC</p> <p>COO</p> <p>COO</p> <p>DDO for UEC</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>
Improving accuracy of handover data between YAS / DBTH	<ul style="list-style-type: none"> <li>• Delays in entering handover pin to confirm handover has been completed due to competing other tasks</li> <li>• Previous 'double pinning' system</li> </ul>	<ul style="list-style-type: none"> <li>• Daily validation of ambulance handovers to re-commence with a monthly report to highlight any difference in handover time recorded</li> <li>• 'Double pinning' system to be re-commenced to ensure crews pin out prior to leaving the</li> </ul>	<p>DDO for UEC</p> <p>YAS/DDO</p>	<p>Completed</p> <p>Completed</p>

	<p>stopped pre-Covid as automatic system was being trialed. This was never implemented due to Covid-19 pandemic</p> <ul style="list-style-type: none"> <li>Internal daily validation was stood down as a result of the above</li> </ul>	<p>department and DBTH staff also pin out to confirm handover time. Supporting Protocol to be developed</p> <ul style="list-style-type: none"> <li>YAS to share data and investigate why the time stamp is no longer visible on the Electronic Patient Record Form (EPRF)</li> <li>Monthly meetings to be held with YAS/DBTH operational teams</li> <li>NHS England and Emergency Care Intensive Support Team to undertake site visits across South Yorkshire and Bassetlaw to ensure consistent approach</li> </ul>	<p>DDO for UEC</p> <p>YAS</p> <p>DDO for UEC</p>	<p>Feb-22</p> <p>Completed</p> <p>Mar-22</p>
--	---	--	--	--



Report Cover Page					
<b>Meeting Title:</b>	Board of Directors				
<b>Meeting Date:</b>	29 March 2022	<b>Agenda Reference:</b>	E6		
<b>Report Title:</b>	Wholly Owned Subsidiary Update				
<b>Sponsor:</b>	Jon Sargeant, Interim Director of Restoration, Innovation & Transformation				
<b>Author:</b>	Mark Olliver, Managing Director				
<b>Appendices:</b>	N/A				
Report Summary					
<b>Purpose of report:</b>	<p>This report provides the annual trading update for Doncaster and Bassetlaw Healthcare Services Limited (WOS)</p> <p>The report aims to highlight the financial performance of the subsidiary (April 2021 – March 2022 inclusive). Furthermore, the report also highlights some insights into business operation and strategic development.</p>				
<b>Summary of key issues/positive highlights:</b>	<ul style="list-style-type: none"> <li>• Despite a challenging market, the subsidiary delivered against budget</li> <li>• The QIMET programme has now been incorporated into the business and a strategic plan is being developed. This plan will involve the expansion of the QIMET programme internationally and the development of commercial placements within the UK.</li> <li>• The subsidiary is about to purchase shares/equity in Healthcare Engineering Limited, to explore and develop the Smart ER application. This application aims to improve admissions efficiencies within A@E departments, as well as further enhancing the over-arching patient experience through improved patient outcomes</li> <li>• Through good networking and engagement, good contacts have been made with a number of Trusts within the region. These relationships may provide commercial opportunities within the medium and long term.</li> <li>• The subsidiary has fulfilled its obligation to support the development of an electronic prescribing solution. This is now in place and ready to expand, supported by a delivery solution obtained through Royal Mail.</li> </ul>				
<b>Recommendation:</b>					
<b>Action Require:</b>	Approval	Information X	Discussion	Assurance	Review X
<b>Link to True North Objectives:</b>	<b>TN SA1:</b> <i>To provide outstanding care for our patients</i>	<b>TN SA2:</b> <i>Everybody knows their role in achieving the vision</i>	<b>TN SA3:</b> <i>Feedback from staff and learners is in the top 10% in the UK</i>	<b>TN SA4:</b> <i>The Trust is in recurrent surplus to invest in improving patient care</i>	

	X			X
<b>Implications</b>				
<b>Board assurance framework:</b>				
<b>Corporate risk register:</b>				
<b>Regulation:</b>				
<b>Legal:</b>				
<b>Resources:</b>				
<b>Assurance Route</b>				
<b>Previously considered by:</b>		Full visibility has been given to the WOS board, prior to Trust submission		
<b>Date:</b>		<b>Decision:</b>		
<b>Next Steps:</b>				
<b>Previously circulated reports to supplement this paper:</b>				

**EXECUTIVE SUMMARY**

This briefing document aims to provide the Trust Board of Directors with an update on the performance of Doncaster and Bassetlaw Healthcare Services Limited (WOS).

The WOS continues to trade effectively, showing strong performance throughout 2021/22. The board are asked to note that the financial performance does not include any 'COVID19' supplementary payments for loss of business. Subsequently, the results achieved are encouraging, despite the failure of dispensing numbers to revert back to pre-COVID levels.

The report has been divided into the following sections:

1. Financial performance for 2021/22
2. Business Highlights
  - a. VIVUP Registration
  - b. QIMET Program
  - c. Smart ER Program
  - d. Stakeholder development and tender applications
3. Future Development
  - a. Bassetlaw Pharmacy
  - b. E Prescribing
4. Conclusion

**FINANCIAL PERFORMANCE 2021/22**

The tables below highlights the finance performance for the WOS. The data includes year to date information and a subsequent forecast for period M12.

Income and Expenditure					
All figures £'000	M12 Forecast				Revised Budget Vs Actual
	Original Budget	Revised Budget	Forecast		
Income	8,140	8,510	8,960	450	F
Cost of Sales	7,439	7,874	8,340	- 466	A
Pay	371	374	357	17	F
Non Pay	268	206	195	11	F
<b>I&amp;E Performance</b>	<b>62</b>	<b>56</b>	<b>68</b>	<b>12</b>	<b>F</b>

<b>Statement of Financial Position</b>			
<i>All figures £'000</i>	<b>Opening Balance 01/04/2021</b>	<b>Forecast Closing Balance 31/03/2022</b>	<b>Movement In Year</b>
Non-Current Assets	0	0	0
Current Assets	2,571	2,500	-71
Current Liabilities	1,881	1,704	-177
<b>Total Net Assets</b>	<b>690</b>	<b>796</b>	<b>106</b>
<b>Total Equity</b>	<b>690</b>	<b>796</b>	<b>106</b>

The board are asked to note the following:

The income position was delivered to budget. Dispensing levels have still not fully recovered (pre-COVID) and dispensing output has been maintained at circa 75%.

The 'cost of sales' number was adverse to budget, predominantly caused by an increase in drug costs.

The overall profit position was favourable to budget and all other costs were controlled effectively.

Due to increases in the national living wage, pay differentials have been maintained, through annual salary reviews. This has represented an additional 6% pay burden.

## **BUSINESS HIGHLIGHTS**

The following section provides a summary of key activities undertaken throughout the financial year.

### **Vivup Registration**

As a precursor for efficient recruitment and increased employee morale, an exercise has been undertaken to allow for business registration onto the Vivup portal. This is now in operation and the contract has been formalised and signed. The WOS is now able to offer the full suite of benefits to all employees (as a separate entity). The benefits offered align with those provided at Trust level, therefore allowing for consistency.

### **QIMET Program**

The board will be aware of the QIMET program and its affiliation with the Trust. Over the last 12 months, efforts have been made to incorporate the program into the WOS. This decision was driven by the need to develop the wider commercial offer at pace.

To strengthen this process, the project manager (at the Trust) for the QIMET program has recently transferred over to the WOS under a TUPE arrangement. The transfer was successful and the incumbent project manager is engaged and focused.

The legal team are currently working through a detailed 3 way commercial agreement, which is now in second draft form. The expectation is that this contract will be signed by all parties by the end of March 2022.

The board are asked to note the following:

- The WOS budget for 2022/23 now includes numbers for the QIMET program. These numbers represent both revenue and costs. It is expected that revenue will exceed 100k within 2022/23.
- Commercial placements have already been formalized for 2022/23, with 2 candidates being placed at Huddersfield and 2 candidates attending St Peters Ashford. These Trusts have also committed to taking another 2 candidates in 2023/24.
- The commercial fee has been set at 10k per candidate per annum, covering the full 4 year placement. Therefore, for commercial partners one candidate will cost 40k over the 4 year cycle.
- Whilst Nepal has been the initial source of candidates, further developments have taken place within other countries.
- A strategic plan has been created, outlining potential candidate numbers over the next 5-6 years.

From a commercial perspective, a successful QIMET program will deliver a number of benefits to the Trust. The recruitment of good candidates should positively impact agency spend. A share of the subsequent commercial fee will be more significant as and when the candidate numbers increase.

The team are currently building a KPI database, to identify specific 'target' Integrated Care Systems and Trusts. These KPIs are based on both financial and social measures i.e. agency spend, complaints and compliments, colleague survey data, vacancy numbers. Once analyzed, the information will allow for efficient 'target' Trust focus and a subsequent higher commercial conversion rate.

The table below highlights the updated growth model, in terms of future candidate placements

Programme	Originating Country	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
DBTH - HIEM	Nepal	6	6	6	6	6	6
DBTH - Sir Lanka	Sir Lanka	1	0	1	0	1	0
DBTH - HiGastro	Nepal	2	2	3	3	3	3
Commercial - HIEM	Nepal	4	4	4	4	4	4
Commercial - HIEM	India	0	10	20	20	30	30
Commercial - HIEM	Pakistan	0	0	10	10	10	10
Commercial - HiGastro	Nepal	0	0	2	2	7	7
Other Speciality	Nepal	0	1	1	5	10	10
Other Speciality	Nepal	0	0	1	1	5	10
Other Speciality	Nepal	0	0	1	1	5	10
<b>Total</b>		<b>13</b>	<b>23</b>	<b>49</b>	<b>52</b>	<b>81</b>	<b>90</b>

## Smart ER Programme

### Background

Smart ER introduces a digital application into the ER environment, creating a 2-way communication platform between patient and clinician. Patients are able to use either a kiosk (installed in ER) or their own device to record their story via the Smart ER platform. This process ensures the patient feels valued and that the clinician receives the relevant patient history directly, in a truly time efficient manner.

### Patient Benefit

- Values the patient waiting time, putting the patient at the centre of own care
- Creates a patient-centred process and sees the patient as solution not problem
- Converts a patient into a contributor

- System can engage in any programmes language, for regional alignment e.g. Wales
- Improved alignment with primary care, through active signposting and follow-up advice

#### Clinician Benefit

- Time saved and reduced repetition i.e. information recorded from source
- Improved information and documentation for the clinician
- Improved quality of time with patient, less administration and more time to care

The board are asked to note that this application does partly compete against the process being piloted under the 111 urgent care model. However, the potential additional benefits offered by the Smart ER application suggest the risks are mitigated somewhat.

#### Commercial Opportunity

Commercial and legal negotiations have taken place and agreement has been made between the CEO of Healthcare Engineering Limited and the WOS. The WOS has agreed to invest up to 40k into Healthcare Engineering Limited, to support with resourcing and business strategy.

In return, Healthcare Engineering Limited have agreed to the following terms:

- The WOS will receive a 15% equity share in Healthcare Engineering Limited
- The 15% share will be fixed and prevented from any future dilution. Further rounds of investment will occur, through share dilution of the other existing shareholders
- DBTH to receive 5% of all yearly licensing fees, should the commercial model prove successful
- DBTH to be offered any future Smart ER pack at a cost of 33% of the market rate

Through its legal team, the WOS has drafted a shareholder agreement which has now been agreed by Healthcare Engineering Limited. Some delays have occurred, primarily due to some irregularities with Healthcare Engineering's business records at Companies House.

The WOS legal team are now supporting Healthcare Engineering Limited in drawing up amended articles of association. Once completed, the final commercial agreement will be signed.

#### **Stakeholder development and tender applications**

Throughout 2021, the Managing Director has been in close contact with Sheffield Teaching Hospitals Trust and also Hull University Teaching Hospitals Trust. These conversations have evolved around outpatient pharmacy delivery, exploring options for future collaboration.

A formal tender application was made to Sheffield Teaching Hospitals Trust, to aid them in setting up their own subsidiary. Unfortunately, this application was not successful, primarily due to the pressures on costings for a small scale business.

Communication channels remain open and it is hopeful that future business opportunities will materialise in due course.

#### **FUTURE DEVELOPMENT**

##### **Bassetlaw Pharmacy**

An outpatient pharmacy located at Bassetlaw Hospital would be highly beneficial to patients. Furthermore, such an offer would allow for a more efficient service, enabling patients to get their medication quickly and effectively.

The Managing Director and Superintendent Pharmacist have visited Bassetlaw Hospital, to investigate potential options for a localised outpatient pharmacy. Whilst space is limited, a few options have been highlighted. The Managing Director has contacted the estates team, with a view to initiating discussions and identifying options.

Once space has been identified, the WOS can build a business case and present accordingly. A localised pharmacy at Bassetlaw is not expected to make huge commercial gain. However, a planned service would provide a number of social gains that the Trust and WOS should consider jointly.

## **E Prescribing**

Following the Trust's operational response to the coronavirus pandemic, the introduction and implementation of virtual clinics impacted negatively on the performance of the outpatient pharmacy department situated at DRI.

During the peak of the first wave, the outpatient pharmacy operated at circa 40% of normal output. This pattern continued for a number of weeks/months. Through discussions with other Trusts, this situation was consistent with other 'like for like' arrangements across the NHS.

The E-prescribing application has now been completed. This process allows for clinicians to prescribe remotely, with the electronic prescription being sent directly to the outpatient pharmacy.

The application has been supported by a robust delivery process operating out of the WOS outpatient pharmacy. Royal Mail are now in place to provide a 24/48 hour tracking service, a system used extensively within community pharmacy. Furthermore, a solution has also been sort for cold chain delivery.

Should the Trust decide to roll out the e-prescribing application, the WOS is able to support accordingly. The process was piloted within one specialty setting and the feedback was positive.

For successful expansion and roll out, the Trust still need to consider the following:

1. Training program to upskill the relevant clinicians (A concise training video has been completed)
2. A detailed and phased operational roll out plan
3. Consideration of cost i.e. the balance of delivery charges versus Trust savings and patient benefit

## **CONCLUSION**

It is hoped that this briefing paper highlights the current financial and operational position at Doncaster and Bassetlaw Healthcare Services Limited.

The QIMET and Smart ER programmes represent good commercial opportunity. Whilst both projects highlight some elements of risk, the discussions and arrangements to date have mitigated these risks accordingly.

The E Prescribing tool is ready for extensive implementation, should the Trust decide to activate on a wider scale. The ability to prescribe remotely, coupled with a delivery service, would provide many benefits to operations.

The WOS continues to support the Trust in delivery operational excellence through financial control. By way of example, the WOS is currently undertaking a pilot with rheumatology, involving the application of a

Report Title: WOS Briefing

Author: Mark Olliver

Report Date: March 2022

homecare service for Methotrexate injection supply. Should this pilot prove successful, the board will be notified as appropriate.

Financial performance has been very encouraging, despite the ongoing challenges that Covid 19 presents. The WOS expects continued success in 2022/23.

Mark Olliver

Managing Director

16/03/2021



Report Cover Page					
<b>Meeting Title:</b>	Board of Directors				
<b>Meeting Date:</b>	29 March 2022	<b>Agenda Reference:</b>	E7		
<b>Report Title:</b>	Restoration, Transformation & Innovation Update				
<b>Sponsor:</b>	Jon Sargeant, Interim Director of Restoration, Transformation & Innovation				
<b>Author:</b>	Jon Sargeant, Interim Director of Restoration, Recovery, Transformation & Innovation				
<b>Appendices:</b>	None				
Report Summary					
<b>Purpose of report:</b>	Update on progress with the set up and workload within the Directorate of Restoration, Innovation & Transformation				
<b>Summary of key issues/positive highlights:</b>	This paper outlines key programmes of work being set up within the Directorate.				
<b>Recommendation:</b>	The Board are asked to note the content of the report				
<b>Action Require:</b>	Approval of next steps	Information	Discussion	Assurance	Review
<b>Link to True North Objectives:</b>  <i>Links to all TN objectives</i>	<b>TN SA1:</b>	<b>TN SA2:</b>	<b>TN SA3:</b>	<b>TN SA4:</b>	
	<i>To provide outstanding care for our patients</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>	
Implications					
<b>Board assurance framework:</b>	<i>None</i>				
<b>Corporate risk register:</b>	<i>None</i>				
<b>Regulation:</b>	<i>No</i>				
<b>Legal:</b>	<i>None</i>				
<b>Resources:</b>	<i>None</i>				
Assurance Route					
<b>Previously considered by:</b>					
<b>Next Steps:</b>					
<b>Previously circulated reports to supplement this paper:</b>					

## **DRIT Update to the Trust Board**

### **Introduction**

This report outlines current progress with projects being managed within the Restoration, Innovation and Transformation Directorate.

Currently the directorate is working on 7 main programmes as follows:

- Urgent and Emergency Care
- Elective Care and Outpatients
- Clinical Governance and Risk
- Strategy update and Service Line Reviews
- Major Capital Schemes
  - Doncaster DRI rebuild
  - Bassetlaw Emergency Village
  - Mexborough Elective Centre
- Recruitment
- Management Structure/Scheme of Delegation

In addition, the PMO is leading the trust annual plan work and will now also need to return to cost improvement work.

### **Urgent and Emergency Care**

Real World health have been engaged to support deliver of the Urgent and Emergency Care Boards workload. The team started on site early in January. Their initial findings are as follows:

- Governance of and the prioritisation of plans needed strengthening with greater transparency between directorates and corporate teams.
- A consistent theme from operational teams is that they lacked visibility of key real time operational metrics. After a review the newly developed ED and bed stay dashboards, created in Power BI by the Trust performance team, are fit for purpose, however some data feeds need tweaking.
- Greater clinical engagement with the project structure is required.
- There is some development work to be done on the way the organisation uses and interprets information. For example, the daily bed meeting observations identified that much of the time was spent collating bed availability / discharge / staff shortage figures and inputting into a spread sheet. The use of predictive insights (e.g. scale of bed pressures later in the day) to enable timely mitigating actions would significantly improve flow and the pressure on the system.
- The programme management of projects does not appear to be functioning effectively. Despite input from the PMO and some of the discipline from the financial turnaround needs adopting across wider improvement and operational projects.
- Observations in the ED department have identified and confirmed:
  - shortfalls in medical staffing and rotas are having a detrimental impact on achievement of performance targets in rapid assessment, times to be seen and ambulance handovers.
  - The triage processes require remodelling.
  - Training is needed to improve effectiveness of day-to-day flow management and Emergency Practitioner in charge focus.

- ED pressures could be mitigated through increased use of SDEC and UTC facilities.

A programme based around existing plans but with greater focus and clearer governance, including smart objectives is being finalised.

## **Elective and Outpatients**

KPMG have been commissioned to carry out a similar role with the Elective and Outpatient improvement programmes, including the outstanding outpatient programme starting in mid-January the team have been on site, they have identified the following issues:

### **Governance**

The Outstanding Outpatient Programme when it was first defined, included a governance structure, 5 main workstreams, 17 sub-workstreams\projects and plan.

- There was no prioritisation of the projects
- The Covid pandemic has hampered progress and resulted in elements of the programme stalling.
  - Governance meetings have been postponed
  - Greater clinical leadership and engagement is needed.

### **Data**

- Power BI is being used to develop dashboards that will provide excellent visibility of data. Whilst Divisions have been engaged with defining the dashboards they have raised concerns about the dashboard outputs
- There is a lack of confidence in the quality of data in certain operational areas. To mitigate this, the Performance Team is introducing a data quality kite mark following a thorough investigation of all data. This is due to be in place later this year, with some areas now piloting this process.

### **Processes**

- The sample of SOPs that have been shared look easy to understand and span all processes. Work has also been completed around the definition of roles & responsibilities
- Currently processes are not being followed and although there is an opportunity for staff to be trained, there is a poor uptake for this training

### **Quality Improvement**

- There is limited opportunity currently for frontline staff to share their ideas for improvement or support with implementing improvements

These issues have a considerable overlap to the Urgent Care diagnostic and map to:

Lack of understanding at an operational level of capacity and demand work despite the work carried out with Foresight in the early summer to prepare for H2.

Availability of tactical and strategic information and the use of this data. It is worth noting that real health has reached the view that the new score cards are 'fit for purpose'. KPMG have reported the same sort of concerns around data as Real Health from the organisation.

Governance issues around the running of projects/programmes and the interface between the PMO role/the QI role and the operational teams, including who has responsibility for what.

Lack of good processes and local grip of these processes including focus on local team performance.

Programme mandates are being drawn up to address the above issues, which will be signed off as part of the annual planning process with this work embedded in that plan.

### Clinical Governance/Risk Management

Following a series of meetings with the acting Director of Nursing and the Company Secretary the following specification has been outlined for this programme. The review will look at process from informal complaints through to the processes around coroner's inquests and serious incident reporting.

Resource has been identified to work on the project via the Trust solicitors and a start date is just being finalised, but will be into the new financial year.

The KPMG have been engaged for the Risk Management element of this work and anticipate a work programme of around 6 weeks to complete the review, this programme started on 7 March.

The workstream will be led by the Acting Director of Nursing:

	Critical	Urgent
<b>Area 1:</b> Patient Safety and Experience	<ul style="list-style-type: none"> <li>• Patient Safety processes               <ul style="list-style-type: none"> <li>○ The Serious Incident processes</li> <li>○ The Inquest processes</li> <li>○ Claims and how these are managed</li> <li>○ Legal services – Advice, Training etc.</li> <li>○ Divisional Clinical Governance / Senior Management Teams – Clarity on their roles and responsibilities in the risk management/ patient safety agenda</li> </ul> </li> <li>• Triangulation between the Complaints, Patient Safety processes and relationship with Divisions</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation of the Patient Safety Incident Response Framework (PSIRF) and Patient Safety Partners</li> <li>• The PALS/Complaints processes:               <ul style="list-style-type: none"> <li>○ Patient Experience</li> <li>○ Patient Engagement</li> </ul> </li> </ul>
<b>Area 2:</b> Risk Management	<ul style="list-style-type: none"> <li>• Risk management &amp; Training               <ul style="list-style-type: none"> <li>○ Electronic Risk Management System (Datix) - Review of system with a view on upgrading or replacement</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Role of a risk manager</li> <li>• Governance around set up and change requests</li> </ul>

	<ul style="list-style-type: none"> <li>○ Training trust wide for all modules</li> </ul>	
<b>Area 3:</b> Compliance/Accreditation and Clinical Effectiveness	<ul style="list-style-type: none"> <li>● Review of Clinical Audit &amp; Effectiveness process (current Clinical Audit Team) and the oversight of; <ul style="list-style-type: none"> <li>○ NICE</li> <li>○ National Audits</li> <li>○ Audits for compliance e.g., CQC and other action plans such as Serious Incidents (SI) and Prevention or Future Death Reports (PFDR)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● External accreditation / Peer reviews that take place e.g., Joint Advisory Group Accreditation (JAG), UCAS, HTA, CQC.</li> <li>● Document control Trust Level – policies, guidelines, IPOCs, patient information, APD group</li> <li>● Health and Safety Processes – Divisional to Corporate</li> </ul>

### **Clinical Strategy and Service Line Reporting**

Additional resource has been provided to the Strategy team to complete this work, including providing draft clinical and site strategies. The revised timeline to complete this work is now for a paper to trust board at the end of quarter 1 2022/23.

### **Major Capital Schemes**

#### **Doncaster Royal Infirmary Rebuild**

The Trust's SOC was signed off at the January Trust Board and was submitted to NHSE at the end of January. Letters of support were received post the board meeting from both Doncaster CCG and the ICS. The Trust now awaits the outcome of the Expression of Interest (EOI) bid to join the National Hospital Programme. It is not clear when this will be announced, but it is expected shortly. An outline budget for the next stage of the project is currently being reviewed and will be presented to F&P. The programme director's time has been secured until September 2022 in the first instance and they are being tasked with some other projects until we are clear on the outcome of the EOI.

#### **Bassetlaw Emergency Village**

Further support has been procured for this project and the governance of the project has been reviewed and updated with a slimmed down steering group and more focused programme board has been set up. The programme board is chaired by Marie Purdue as SRO. Regular reports will come to F&P from the project until submission of the OBC, which programmed to be at the end of June 2022.

The external support is providing project management and health planning services. They are currently reviewing the activity analysis/clinical model and schedules of accommodation that result. Early analysis suggests that the original plans will need to be revisited and the size and therefore cost of the building maybe larger than originally estimated. This work is being carried out with trust estates team and advisors, once this position is understood fully it will be reported back to F&P.

## **Mexborough Elective Hub**

Work has just started on a potential bid via the TIF monies to build a modular theatre and ward at Mexborough to provide Orthopaedic capacity for DBTH, Rotherham and Barnsley hospitals. Initial documentation has been submitted via the ICS (17/02/22), and the DRI New Build project team are leading on the project with colleagues from the other trusts. The bid was agreed as the top priority TIF bid for the SYB ICS. The final case and bid need to be produced over the next month.

## **Recruitment and Management Structure/Scheme of Delegation**

Whilst both these schemes have been identified, final scopes and resources to proceed are still being clarified. The acting Director of POD is drafting the recruitment specification and this work should start relatively quickly.

The need for the 'scheme of delegation' work has partly come from the diagnostics from Real World, KPMG, some of my discussions with colleagues and my own observations. Throughout covid as an organisation we have worked in a very different manner with the tactical cells taking responsibility for most of the operational decision making. This has led to a change in how the clinical divisions and corporate directorates are functioning. The Trust has also seen a significant turnover in senior operational staff. Both these events have led to an inconsistency of decision making and a loss of focus on routine operational details. During the pandemic this has not been too obvious as operational priorities have been different to normal, but now as we need to move back to BAU it is apparent the tactical cells have increasingly been holding services together, dealing with items such as staffing pressures. This is now taking a substantial amount of senior management time, meaning that resource is not looking at for instance, elective recovery.

## **Next Steps**

A large amount of work has been undertaken since Christmas, and the main projects are largely underway or about to start. I have deliberately got as many programmes as possible running in parallel with the annual planning process so that they can inform each other and to ensure as much work can happen before March 2022 as possible.

Currently the Executive team are discussing the overarching governance process around these programmes and general performance. This will be presented to the Board via F&P once agreed.

A standardised approach to project management is being pulled together and the Trust has procured a site license for a project management system that has been trialled in the Urgent and Emergency Care workstream called Monday. This will ensure that each project has clear KPI's and transparent reporting to enable proper process and delivery monitoring.

Jon Sargeant

21 March 2022

Report Cover Page			
<b>Meeting Title:</b>	<b>Public Board Meeting</b>		
<b>Meeting Date:</b>	29 March 2022	<b>Agenda Reference:</b>	<b>G1</b>
<b>Report Title:</b>	<b>Corporate Risk Register</b>		
<b>Sponsor:</b>	David Purdue, Chief Nurse / Deputy Chief Executive		
<b>Author:</b>	Fiona Dunn, Deputy Director Corporate Governance/Company Secretary		
<b>Appendices:</b>	CRR MAR 2022		
Executive Summary			
<b>Purpose of report:</b>	For assurance that the Trust risk management process is being followed; new risks identified and current risks reviewed and updated in a timely way.		
<b>Summary of key issues:</b>	<p><u>Key changes to the CRR this period:</u></p> <ul style="list-style-type: none"> <li>• No new corporate risks added or escalated from Management Board</li> <li>• Currently there are 16 risk logged rated 15+ across the Trust and were tabled at the March 14th Trust Executive Group (TEG) for review.</li> <li>• 11 of these risks are currently monitored via Corporate Risk register (CRR)</li> </ul> <p><u>Action required</u></p> <ul style="list-style-type: none"> <li>• Continuous review of existing risks and identification of new or altering risks through improving processes.</li> <li>• Ensure link to key strategic objectives indicated within the Board Assurance Framework.</li> <li>• To help identify further management actions to improve the current risk management processes, the Trust has commissioned, and external review of the risk management processes which is in progress now.</li> <li>• Review areas will consider: <ul style="list-style-type: none"> <li>○ an assessment of design of the current Risk Identification, Assessment and Management policy</li> <li>○ an assessment of the operating effectiveness of the Trust's current Risk Identification, Assessment and Management policy in relation to Local-level risks</li> <li>○ an assessment of the operating effectiveness of the Trust's current Risk Identification, Assessment and Management policy in relation to Directorate/Care Group-level risks</li> <li>○ an assessment of the operating effectiveness of the Trust's current Risk Identification, Assessment and Management policy in relation to Corporate-level risks</li> <li>○ Assessment of risk appetite</li> </ul> </li> <li>• Outcome of the review will take the form of an interactive Board workshop.</li> </ul>		
<b>Recommendation:</b>	The Committee is asked to note the Corporate Risk Register information and the acknowledgement of the further review being undertaken which should improve and strengthen the Trusts risk management processes.		

<b>Action Require:</b>	Approval	Information	Discussion	Assurance	Review
<b>Link to True North Objectives:</b>	<b>TN SA1:</b>	<b>TN SA2:</b>	<b>TN SA3:</b>	<b>TN SA4:</b>	
	<i>To provide outstanding care for our patients</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>	
<b>Implications</b>					
<b>Board assurance framework:</b>	The entire BAF has been reviewed alongside the CRR. The corresponding TN SA's have been linked to the corporate risks.				
<b>Corporate risk register:</b>	This document				
<b>Regulation:</b>	All NHSF trust are required to have a corporate risk register and systems in place to identify & manage risk effectively.				
<b>Legal:</b>	Compliance with regulated activities and requirements in Health and Social Care Act 2008.				
<b>Resources:</b>	Actions required are currently being delivered within existing trust Resources highlighted in individual risks				
<b>Assurance Route</b>					
<b>Previously considered by:</b>	QEC , TEG Executive Team – (15+ risks)				
<b>Date:</b>	TEG 13 <sup>th</sup> March 2022	<b>Decision:</b>	Reviewed and updated		
<b>Next Steps:</b>	Continuous review of individual risk by owners on DATIX risk management system				
<b>Previously circulated reports to supplement this paper:</b>	Risks rated 15+ Detail & Overview papers discussed at TEG 13/3/2022				



ID	Ref	Review date	Division / Corporate(s)	Speciality(ies)	Title	Description	Risk Owner	Existing Controls	Risk level (current)	Rating (current)	Risk level (Target)	Last Reviewed	Movement since last review
1517	Q&E9	28/04/2022	Clinical Specialist Services	Pharmacy (Outpatient), Pharmacy (Inpatient)	Availability and Supplies of Medicines	<p>There are extraordinary stresses on the medicine supply chain which are leading to unavailability of medicines in the hospital. This could have an impact on patient care, potentially delaying the delivery of treatment, non-optimisation of treatment and decrease in patient satisfaction. It could also increase the chance of error and harm occurring</p> <p>The issues is causing significant disruption and increased workload of the pharmacy procurement and logistics team which compounds the problem. Disruption of work by other professionals involved in supply and administration of medicines is possible as well.</p> <p>There a number of issues causing it:  - Manufacturing issues  - Central rationing of supplies by CMU  - Wholesaler and supply chain issues  - Unpaid invoices  - Knock on disruption of procurement and logistics teams sometimes delaying response  Updated: 18/12/2020  The reason there has been no local action on review id that we have been explicitly instructed by NHS E &amp; 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</p>	Barker, Andrew	There is an national mechanism for managing medicines shortages which has been used during the COVID-19 pandemic and will be used if required to manage any issues as a result of EUexit.	Extreme Risk	15	High Risk	Dec-21	↔
2664	PEO3	01/03/2022	Clinical Specialist Services	Critical Care	Staff shortage - Consultant Intensive Care	<p>Severe shortage of consultants in intensive care medicine (especially DRI site), caused by inability to recruit for past 6 years and two recent resignations from existing staff.  Now high risk of burnout of remaining consultant staff with subsequent sick leave and possible further resignations. Negative impact on quality of patient care, team work on DCC and training of other staff, especially doctors.</p>	Noble, Timothy / Jochen Seidel	<p>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.</p>	Extreme Risk	16	High Risk	Nov-21	↔
2472	COVID1	20/06/2022	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	<p>17/5/21 Mutual from Sheffield commenced (covers approx. 5 shifts per 20/5/22 existing controls in place and recovery plans monitored via COO and delivered to F&amp;P &amp; 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&amp;P &amp; Board17/5/21: Operational Update / Delivery of Elective Restoration Update (Presentation)given to F&amp;P Committee on monthly basis. Covers risk areas of Theatre staffing, Be Plan, Risk to patients &amp; Oversight &amp; Governance. Mitigation via high level actions from COO led Performance &amp; Access Board.  High level actions from Performance and Access Board.</p>	Extreme Risk	20	High Risk	Mar-22	↔
11	F&P1	24/05/2022	Directorate of Finance, Information and Procurement	Not Applicable (Non-clinical Directorate)	Failure to achieve compliance with financial performance and achieve financial plan	<p>Failure to achieve compliance with financial performance and achieve financial plan leading to :  (i) Adverse impact on Trust's financial position  (ii) Adverse impact on operational performance  (iii) Impact on reputation  (iv) Regulatory action</p>	Alex Crickmar	<p>24/3/22 full discussionre new plans to F&amp;P 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</p>	Extreme Risk	16	High Risk	Mar-22	↔
7	F&P6	31/05/2022	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	<p>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</p>	Joyce, Rebecca	<p>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 &amp; performance meetings &amp; wider governance framework.  Accountability framework also in place at Organisational level.  CQC regular engagement meetings &amp; CQC action plan complete (Feb</p>	Extreme Risk	16	High Risk	Mar-22	↔

ID	Ref	Review date	Division / Corporate(s)	Speciality(ies)	Title	Description	Risk Owner	Existing Controls	Risk level (current)	Rating (current)	Risk level (Target)	Last Reviewed	Movement since last review
19	PEO1 (Q&E1)	02/05/2022	Directorate of People and Organisational Development	Not Applicable (Non-clinical Directorate)	<b>Failure to engage and communicate with staff and representatives in relation to immediate challenges and strategic development</b>	Failure to engage and communicate with staff and representatives in relation to immediate challenges and strategic development	Barnard, Karen	<b>2/12/21</b> - 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)	<b>Failure to ensure that estates infrastructure is adequately maintained and upgraded in line with current legislation</b>	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)	<b>Failure to protect against cyber attack</b>	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	<del>17/12/21</del> - 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 ongoing, 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 completion 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)	<b>Inability to recruit right staff and ensure staff have the right skills to meet operational needs</b>	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	<b>02/12/2021</b> - 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 update where appropriate.	Extreme Risk	16	High Risk	Feb-22	↔

ID	Ref	Review date	Division / Corporate(s)	Speciality(ies)	Title	Description	Risk Owner	Existing Controls	Risk level (current)	Rating (current)	Risk level (Target)	Last Reviewed	Movement since last review
1807	F&P20 / Q&E12	08/11/2021	Estates and Facilities	Not Applicable (Non-clinical Directorate)	<b>Risk of critical lift failure</b>	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)	<b>Risk of fire</b>	Failure to ensure that estates infrastructure is adequately maintained and upgraded in accordance with the Regulatory Reform (Fire Safety) Order 2005 and other current legislation standards and guidance. Note: a number of different distinct risks are contained within this overarching entry. For further details please consult the EF risk register. leading to : (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	↔

Report Cover Page					
Meeting Title:	Board of Directors				
Meeting Date:	29 March 2022	Agenda Reference:	H1		
Report Title:	Chair & NEDs Report to Board				
Sponsor:	Suzy Brain England OBE				
Author:	Suzy Brain England OBE				
Appendices:	None				
Executive Summary					
Purpose of report:	To update the Board of Directors on the Chair and NED activities since February 2022's board meeting.				
Summary of key issues:	This report is for information only.				
Recommendation:	The Board is asked to <b>note</b> the contents of this report				
Action Require:	Approval	Information	Discussion	Assurance	Review
Link to True North Objectives:	<b>TN SA1:</b>	<b>TN SA2:</b>	<b>TN SA3:</b>	<b>TN SA4:</b>	
	<i>To provide outstanding care for our patients</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>	
Implications					
Board assurance framework:	None				
Corporate risk register:	None				
Regulation:	None				
Legal:	None				
Resources:	None				
Assurance Route					
Previously considered by:	N/A				
Date:		Decision:			
Next Steps:	N/A				
Previously circulated reports to supplement this paper:					

## **Chair's Report**

### **NHS Providers**

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 February, trustees also received a strategy update and a revised financial plan and headline budget for 2022-2025.



The virtual meeting of the Chair and Chief Executive Network took place on 10 March. Following an initial welcome and introduction from the Chair, Sir Ron Kerr, the group were updated on the work undertaken by NHS Providers to support members, and their board on their journey towards racial equality. A panel including Amanda Pritchard, NHSE/I Chief Executive and Jenni Douglas-Todd, NHSE/I Director of Equality and Inclusion was led by Chris Hopson and Saffron Cordery. Members heard about the importance of the work and the background to its development. To close there was a presentation on strategic policy issues and developments, sharing analysis on what they may mean for the provider sector.

As a Chair representative on the Governor Advisory Committee (GAC), I attended an extraordinary meeting to review the results of the recent governor support impact survey

### **Governors**

Since my last Board report the governors have had the opportunity to attend two governor development and briefing session on the Trust's Green Plan and Cyber Security.

The Governor election process, administered by Civica Election Services, is underway and nominations have been received for all seats. Voting will close on 7 April and results will be announced the next day.

Special thanks were shared at February's Council of Governors meeting with both Hazel Brand and Mike Addenbrooke who complete the maximum nine-year term of office on 31 March, today will be their last Board meeting as governors and I know you will all join me in thanking them for their loyal and dedicated service. I would also like to thank Clive Tattley, Partner Governor, for his commitment and support. Clive has also just completed his nine-year term of office.

### **1:1s 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 the Deputy Chief Executive.

## **Recruitment**

Recruitment for two non-executive director posts took place on 22 February and 3 March. A successful candidate was identified for the non-clinical post and the decision will be taken to an extra-ordinary meeting of the Council of Governors on 28 March for ratification. On this occasion, an appointment was not made for the clinical NED and this post will be re-advertised shortly.

## **Other meetings and events**

On 28 February, along with fellow SY&B Chairs and Chief Executives I attended an Acute Federation development session, the session was externally facilitated and is part of a programme of work looking at the future roles, responsibilities and governance arrangements as part of the journey towards statutory Integrated Care Boards. A further session to include a much wider audience of executive, non-executive and clinical leads is expected.

The Trust continues to actively participate in South Yorkshire & Bassetlaw Integrated Care System meetings and a regular monthly meeting of Chairs now takes place with Pearse Butler, Independent Chair and Chair Designate of the South Yorkshire Integrated Care Board.

Along with Richard Parker and Jon Sargeant I met virtually with Doncaster MPs and Doncaster Metropolitan Borough Council to continue to raise the profile of the Trust's pursuit of a new hospital.

South Yorkshire & Bassetlaw ICS Health and Wellbeing hub has a commitment to develop a more cohesive and targeted strategy for improved Health and Wellbeing for all colleagues. A range of free health and wellbeing programmes, workshops and courses are available to all colleagues within our ICS and this month I joined a session by Professor Michael West, entitled Caring for Staff, Caring for the Community: Transforming Health and Care for the Future. If you haven't had the opportunity to join any sessions, please take a look on their website <https://sybhealthandwellbeinghub.tercltd.co.uk/>

I attended Opportunities Doncaster Live this month, both in my capacity as the Chair of the Board and as a Board member of Doncaster Chamber. An annual event, the roadshow provides students with an amazing opportunity to meet professionals from a variety of roles and industries, where they can receive firsthand advice on career and learning opportunities. As you would expect the Trust was well represented at the event and I was able to hear Dr Lee Cutler share his passion and enthusiasm for working in healthcare and the difference a role in the NHS can make to people's lives each and every day.

I was delighted to be asked to speak at the Women in Healthcare Leadership Summit by Andrea Johnson, Summit Chair 2022 and the Orthodontic & Maxillofacial Laboratory Manager for the Trust. I was asked to share my experience of developing change and pushing boundaries. My speech was skillfully recorded and pieced together by the Trust's Photographer, Nick Exley.

Finally, this month I have observed the Audit and Risk Committee, met with 360 Assurance to review proposals for the Internal Audit Plan 2022-23 and attended the Charitable Trust Committee.

To close my report, personally and on behalf of the Board, I would like to wish Pat Drake a long and very happy retirement. As many of you know Pat has made a lifetime contribution to the NHS, in many different roles and organisations. Her passion to deliver the highest standards in patient care, constantly seeking improvements and championing our workforce has shone through during her time at the Trust. Pat always goes above and beyond, and she will be very much missed by Team DBTH. Enjoy your newfound freedom Pat, you certainly deserve it!

## **NED Reports**

### ***Mark Bailey***

Since the last Board, Mark has participated in the Board Committees for Finance & Performance, People and Audit & Risk and chaired the meeting of the Charitable Funds Committee and the Teaching Hospital Board.

On-site visits to DRI and Bassetlaw in-conjunction with Deputy Chair, Neil Rhodes and Clinical Non-executive Director, Pat Drake have included familiarisation and assurance discussions with members of the Emergency Department, Children & Families, Surgery and Cancer and Out-Patient areas.

Mark also appreciated spending time with our latest cohort of International Nurses at their OSCE graduation celebratory evening and being introduced to participants in the NHS Cadet training programme.

Most recently, Mark supported our Vocational Education & Training team at the Opportunities Doncaster Live careers event for young people at Doncaster Racecourse, hosted by Doncaster Chamber.

Mark has supported the Children & Families Division in the appointment of an Obstetrics and Gynaecology Consultant and acted as chair of the advisory panel in the current recruitment process for new Non-executive Directors.

Regular catch-up calls with our 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. In addition, individual 'buddy' calls with Governors continue including the hosting of the Governor briefing and development session on our Trust's Green Plan.

### ***Kath Smart***

During February and March Kath has carried out her Audit Committee Chair duties, liaising with Internal Audit (360 Assurance) on progress, and has met with them and DBTH management to discuss the Stage 1 Head of Internal Audit opinion.

She observed the Trust's Quality and Effectiveness Committee and met with the Deputy Chief Operating Officer to discuss non-elective plans, and the Deputy Medical Director to discuss clinical audit.

Kath has also attended her corporate meetings of Board, People Committee and Finance & Performance Committee.

Kath also attended February's Council of Governors, and the Cyber Security briefing for Governors. She is still undertaking online meetings but is unable to come on site following her ankle surgery and subsequent lack of mobility.

### **Pat Drake**

Pat has attended a number of meetings since the last Board report, including two Finance and Performance Committees and the People Committee.

She has chaired both the Quality & Effectiveness Committee Planning Group and the Organ Donation Committee.

It was a privilege for Pat to attend the International Nurses Celebratory evening and support the presentation of certificates with the Chief Nurse. She also took the opportunity to meet with the cadets undergoing their educational session that same evening.

Pat was a member of the advisory panel undertaking NED interviews and attended a Nominations and Remunerations Committee.

Along with Mark Bailey, Pat met with Kirsty Clarke and her Matron for surgery at Bassetlaw and visited all the surgical and outpatient areas.

She had a meeting with the Chair and NEDs plus a formal one to one handover meeting with the Chair.

In terms of NED Maternity Champion role, Pat has visited Maternity at DRI twice and Bassetlaw once.

Pat has attended the Children and Families Board, the Maternity Safety Meeting and met with the Director of Midwifery on two occasions and similarly with the Chief Nurse. She has also had a 1:1 with the Director of Nursing.

### **Sheena McDonnell**

Sheena has been involved in a series of interviews this month for consultants in paediatrics and stroke medicine.

Sheena has also chaired the People Committee, when there was an extensive agenda including a deep dive into the new workforce monitoring tool and brief oversight of the staff survey headlines which are still embargoed until the end of March. She has also been involved in the planning for the next People Committee.

Along with NED colleagues, Sheena has attended Audit and Risk and Charitable Funds Committees, as well as attending a governor briefing on Cyber Security.

On International Women's Day Sheena attended a workshop hosted by NHS Providers which was very informative.

Sheena wishes her trusted NED colleague Pat Drake a happy retirement, recognising her significant contribution to the NHS over many years. She will be missed.



## Chief Executive's Report March 2022

### An update on COVID-19 activity and visitor restrictions

Unfortunately since the last update to Board we have once again seen a rise in COVID-19 related activity. At the time of writing there are more than 140 active COVID-19 patients being treated within the Trust. This is in line with high and rising transmission rates within the local community, however it does impact on overall activity at the Trust.

Due to the rising number of confirmed COVID-19 cases amongst the workforce, face-to-face meetings, events and training have been temporarily stood down, unless absolutely necessary to reduce the numbers of staff testing positive. Where possible, meetings should be held over teams.

It continues to be really important that Trust colleagues keep in mind that this pandemic is still far from over, and we all need to continue to do the right thing, adhering to our guidance and, crucially, wearing a mask at all times and taking every opportunity to wash hands.

We continue to work closely with our Public Health colleagues at place to share important messages and advice to our local communities.

On 16 March, due to a spike in COVID-19 transmission, visiting at the Trust has been restricted again.

Until further notice, there is no visiting for adult inpatients unless in extenuating circumstances such as for patients receiving end-of-life care or those with complex needs. Maternity and paediatrics services are not currently affected by this change and local residents are advised to check the Trust's website for further updates: <https://www.dbth.nhs.uk/patients-visitors/>

The change comes following a review by senior health professionals as active cases of coronavirus amongst inpatients at the Trust reached 100 and community rates continued to increase.

Restrictions apply as follows:

- **All Adult inpatients** – No routine visitors, families and loved ones are encouraged to keep in touch via electronic means.
- **Compassionate Visiting** – Allowed for patients with complex needs, those on palliative care, have Learning Disabilities, Dementia, Autism or a Mental Health Need. Please call ahead to arrange this.
- **End of Life** – Open visiting is still available for patients receiving End of Life care but this is restricted to two people at a time – family and loved ones are to refrain from congregating in waiting areas/entrances.
- **Outpatients** – For those attending for an appointment, it is encouraged that you attend alone unless prior arrangement has been made. Please call ahead if you have specific access requirements.
- **Emergency Department (A&E)** – No visitors are permitted in ED apart from in exceptional circumstances. Please discuss with Nurse in charge for adult patients if they fall into the categories listed above.
- **Paediatric care** – No further restrictions in place.
- **Maternity services** – No further restrictions in place.

Full guidance is on the Trust website and will continue to be updated in line with any further changes.

### **Chief Operating Officer, Rebecca Joyce steps down**

It is with sadness I announce that our Chief Operating Officer (COO), Rebecca Joyce, has left her role at the Trust as a result of family illness.

Since joining DBTH in 2019, Rebecca has been instrumental in supporting the Trust through some of our most difficult challenges and has demonstrated what a talented and committed NHS leader she is, and I have no doubt that when the time is right she will do so again in the future.

Whilst it is a sad loss to DBTH, we whole heartedly support Rebecca's decision and send her all of our best wishes.

Interim plans are in place to support the operational team in the short-term and the recruitment process for a replacement COO is already underway.

### **Serenity Appeal launched**

At the end of last month DBTH Charity announced the launch of the Serenity Appeal to help improve local maternity bereavement services.

The campaign supports the creation of the 'Serenity Suite' within the Women's and Children's Ward at Doncaster Royal Infirmary (DRI), whilst also funding improvements at Bassetlaw Hospital.

The 'Serenity Suite' will be a designated space for families to go if they have experienced a bereavement, allowing them to spend time with, and mourn, the loss of their new-born. It will be a self-contained and sound-proofed environment, equipped with a kitchen and bathroom, as well as having soft furnishings and lightings, all of which, it is hoped, will help support families during a highly sensitive time.

The appeal hopes to raise £150,000 to fund the project, much of which will be achieved through a variety of smaller fundraising activities and some larger challenges. The funding will not only allow the creation of the suite itself, but also be used to enhance the support given at all stages of baby loss, right from early pregnancy to postnatal. This will be accomplished through the purchasing of a new scanning machine for Bassetlaw Hospital's Early Pregnancy Assessment Unit (EPAU), as well as by renovating the counselling rooms both at DRI and Bassetlaw.

Colleagues within the EPAU service want to improve overall patient experience and together will be using the funding given through the Serenity Appeal to replicate their service across both Worksop and Doncaster, enabling the Bassetlaw site to offer an in-house scanning service as well. This would significantly improve the service and quality of care offered to those who require it, whilst also having the added benefit of enabling the Bassetlaw ultrasound department to provide extra scanning appointments each day.

Some fund raising has already gotten underway for the appeal, and the Trust has already received a significant sum from local families, sponsors and organisations.

There are a number of ways to donate to the Serenity Appeal, whether you want to make a one-off donation, take part in a sponsored event or create your own fundraising project – please head to <https://dbthcharity.co.uk/serenity-appeal/> for more details.

### **Drive to recruit over 50 newly qualified nurses**

Newly-qualified practitioners are integral to the Trust's ability to deliver high quality patient care and as such the organisation is looking to recruit its next generation of NHS workers as it seeks to move on from the pandemic and the challenges of the past two years.

In total, there will be more than 50 vacancies available for graduates, across surgical, medical and paediatric wards as well as urgent and emergency services.

To support appointees, all newly qualified nurses employed at the Trust take part in a 'Preceptorship Programme', a scheme to provide support to nurses in their first year in post to help develop skills, maximise potential and empower them to make a real difference to patient care. Recognised for its innovative and pioneering approach, this platform was nominated for a Nursing Times award in 2019.

To help promote the Trust as a place to work, all final-year nursing students have been invited throughout the past month to attend a virtual meeting or face-to-face sessions to find out more about career opportunities across DBTH and what vacancies are currently available.

### **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 on Tuesday 15 February to meet with trust staff and local communities to discuss future plans for the NHS.

The Secretary of State, along with Dame Rosie Winterton, MP for Doncaster Central toured a newly developed extension to the site's Women's and Children's Hospital which opened in December 2021. We took the opportunity to discuss the organisation's plans to increase diagnostic capacity, to help reduce the backlog caused by the pandemic.

Speaking about the visit, the Sajid Javid said: "It was excellent to end day two of my Road to Recovery tour at Doncaster Royal Infirmary – specifically seeing the newly developed extension to the site's women's and children's hospital.

"Their Montagu Hospital site has also been chosen to host one of two community diagnostic centres within South Yorkshire as part of our plans to roll out at least 100 across the country to help millions of patients get earlier access to tests, diagnoses and treatment – helping us to tackle the COVID-19 backlog.

"The Trust is doing excellent work to improve the lives of patients in the region – with a new Urgent and Emergency Care Village in Worksop planned and the separate work it is doing to expand capacity cancer diagnosis, which is a vital part of our national war on cancer."

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

### **Temporary location change for Breast oncology face-to-face outpatient appointments**

Sheffield Teaching Hospitals (STH) are making some temporary changes to the location of face-to-face breast oncology outpatient appointments for patients across South Yorkshire, Bassetlaw and North

Derbyshire. Currently breast oncology face-to-face outpatient appointments are delivered from three locations (Doncaster Royal Infirmary, Chesterfield and Weston Park Cancer Centre). These centres serve Sheffield, North Derbyshire, Barnsley, Rotherham, Doncaster and Bassetlaw patients. Clinical Oncologists from Weston Park Cancer Centre provide the breast oncology outpatient Consultant element of this care at all of the current sites.

There are ongoing challenges with having enough trained oncology specialists and in particular Consultant Oncologists to deliver care across our region and indeed nationally.

The Oncologists supporting breast cancer services across our areas are from Weston Park Cancer Centre and regrettably despite ongoing efforts to recruit, the number of Oncologists has reduced in the past few months from 15 to eight. As you can imagine this has put further pressure on oncology services and there is now a significant risk that if some temporary changes are not made, that patients will not be able to access the care they need in a timely manner.

There have been discussions between South Yorkshire and Bassetlaw Cancer Alliance, all the Acute Trusts (Rotherham, Doncaster and Bassetlaw, Chesterfield, Barnsley and Weston Park Cancer Centre) who provide oncology outpatient services and the Clinical Commissioning Groups in South Yorkshire, Bassetlaw and North Derbyshire regarding the most appropriate actions to address the immediate problem.

After looking at several options it is proposed that from the end of March 2022 face-to-face breast cancer outpatient appointments for patients living in Barnsley, Rotherham, Bassetlaw and Doncaster will be held at one location which will be Breathing Space, Badsley Moor Ln, East Dene, Rotherham. This modern facility with lots of free parking is run by The Rotherham NHS Foundation Trust.

It has also been agreed to temporarily consolidate breast cancer clinics for those living in Chesterfield/NE Derbyshire and Sheffield into one hub at Weston Park Cancer Centre from the end of April 2022.

By having fewer locations for face-to-face appointments, the clinical time available can be maximised. It also ensures cross cover is in place for absences and ensure patients' treatment is not interrupted. As approximately 45% of all outpatient activity is now delivered virtually any appointments that a patient is due to have by video or phone will not be affected.

Treatment appointments or locations for radiotherapy and systemic anti-cancer therapy (SACT), delivered in the hospitals closest to where patients live, are not affected by this change. Bloods tests will still be undertaken in the same places (i.e., local hospital) when most appropriate/convenient for patients.

Additional transport options for patients attending Breathing Space, who do not attend their appointment by car, are also being explored.

Weston Park Cancer Centre will be contacting all patients who will be affected to explain the reason for the change in location of their appointment, and everything will be done to keep the date and time of the appointment the same to limit disruption to arrangements already made.

These temporary changes will provide stability for the breast service while STH work through recruitment, training, and the full range of options for a longer-term model with partner hospitals, the Cancer Alliance, NHS England, Clinical Commissioning Groups, patients, public and wider stakeholders.

Once any draft proposals are developed these would of course be subject to the appropriate public, patient and staff engagement and consultation processes required.

The changes do not involve any loss of staff in any of the Trusts and staff and Staff Side representatives have been engaged to ensure there is a mutually agreed way forward.

Category	Indicator	Benchmarking Month Reported	Peer Benchmark	National Benchmark	Latest Month Reported	CURRENT MONTH			YEAR-TO-DATE			Trend Graph (Feb-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 green
						Local Target	Actual	Variance	Local Target	Actual	Variance	
Performance (NHSI Compliance Framework)	A&E: Max wait four hours from arrival/admission/transfer/discharge (Type 1 benchmarking only)	Jan-22	73.0%	62.3%	Jan-22	93%	68.0%	-25.0%	93%	73.7%	-19.3%	
	ED Attendances (For Monitoring Only)	-	-	-	Jan-22	-	14818	-	-	163443	-	
4 Hour Access - Trust Boarding Times	Average Wait Time (from clinically ready to proceed to admission) - Medicine	-	-	-	Jan-22	<1 Hour	-	-	<1 Hour	-	-	
	Average Wait Time (from clinically ready to proceed to admission) - Surgery	-	-	-	Jan-22	<1 Hour	-	-	<1 Hour	-	-	
	Average Wait Time (from clinically ready to proceed to admission) - Gynaecology	-	-	-	Jan-22	<1 Hour	-	-	<1 Hour	-	-	
	Average Wait Time (from clinically ready to proceed to admission) - Paediatrics	-	-	-	Jan-22	<1 Hour	-	-	<1 Hour	-	-	
Performance (NHSI Compliance Framework - Elective Care)	Max time of 18 weeks from point of referral to treatment-incomplete pathway	Dec-21	74.0%	63.8%	Jan-22	TBC	66.8%	-	TBC	69.6%	-	
	RTT 52 Week Breaches to date	-	-	-	Jan-22	1226	1172	54	1226	1172	54	
	Waiting list size - 18 Weeks referral to treatment -Incomplete Pathways	-	-	-	Jan-22	-	41310	-	-	41310	-	
	% waiting less than 6 weeks from referral for a diagnostics test	Dec-21	77.7%	71.0%	Jan-22	TBC	53.5%	-	TBC	53.4%	-	
Performance (Cancer)	Maximum 2 week wait to see a specialist for all patients referred with suspected cancer symptoms	-	-	-	Dec-21	93%	-	-	93%	-	-	
	Maximum 2 week wait to see a specialist for breast symptoms, even if cancer not suspected	-	-	-	Dec-21	93%	-	-	93%	-	-	
	Day 28 Standard (patients received diagnosis or exclusion of cancer within 28 days)	-	-	-	Dec-21	75%	-	-	75%	-	-	
	Maximum 31 day wait from decision to treat to first definitive treatment for all cancers	-	-	-	Dec-21	96%	97.4%	1%	96%	95.8%	0%	
	Maximum 31 day wait for subsequent treatment - Surgery	-	-	-	Dec-21	94%	100.0%	6%	94%	96.1%	2%	
	Maximum 31 day wait for subsequent treatment - Drugs	-	-	-	Dec-21	98%	100.0%	2%	98%	100.0%	2%	
	Maximum 62 day wait for patients on 2ww pathway to first definitive treatment	-	-	-	Dec-21	85%	72.2%	-13%	85%	77.9%	-7%	
	Maximum 62 wait from referral from NHS cancer screening service to first definitive treatment	-	-	-	Dec-21	90%	70.0%	-20%	90%	74.5%	-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)	-	-	-	Dec-21	TBC	-	-	TBC	-	-	
Cancer Waiting Times Open Suspected Cancer Pathways 104 Days +	-	-	-	Dec-21	0	0	0	0	56	56		
Non Elective Activity - Discharges	Non Elective Activity - Discharges	-	-	-	Jan-22	-	4107	-	-	45651	-	
	TOTAL Activity (against plan - numbers)	-	-	-	Jan-22	41576	41463	-113	423126	416639	-6487	
	Day Case Theatre Activity (against plan - numbers)	-	-	-	Jan-22	3983	627	-3356	20333	6897	-13436	
	In Patient Elective Theatre Activity (against plan - numbers)	-	-	-	Jan-22	245	220	-25	2642	3190	548	
	Endoscopy Activity (against plan - numbers)	-	-	-	Jan-22	1427	1275	-152	14783	13121	-1662	

Activity Against Plan	Non-Theatre Elective Activity -excluding Endoscopy (against plan - numbers)	-	-	-	Jan-22	166	335	169	2293	2710	417	
	Elective Patient Activity - Independent Sector	-	-	-	Jan-22	-	42	-	-	399	-	
	Outpatient New Activity - face to face (Including Procedures against plan - numbers)	-	-	-	Jan-22	0	9767	9767	91068	99181	8113	
	Outpatient New Activity - telephone (against plan - numbers)	-	-	-	Jan-22	2704	2905	201	27860	28725	865	
	Outpatient New Activity - video (against plan - numbers)	-	-	-	Jan-22	103	49	-54	1082	543	-539	
	Outpatient Follow Up Activity - face to face (Including Procedures against plan - numbers)	-	-	-	Jan-22	16274	18136	1862	164702	184427	19725	
	Outpatient Follow Up Activity - telephone (against plan - numbers)	-	-	-	Jan-22	6935	6116	-819	72317	57550	-14767	
	Outpatient Follow Up Activity - video (against plan - numbers)	-	-	-	Jan-22	495	55	-440	5160	990	-4170	
	Outpatient Procedures (For Monitoring Only)	-	-	-	Jan-22	-	5898	-	-	63139	-	
	Outpatient Activity - Independent Sector	-	-	-	Jan-22	0	305	305	0	2471	2471	
Activity Against Value (19/20) - Elective Recovery Fund National Submission	TOTAL Activity Value (%19/20)	-	-	-	Jan-22	95%	80%	-14.8%	95.0%	83%	-12%	
	Day Case Theatre Activity Value (% 19/20)	-	-	-	Jan-22	95%	84%	-11.1%	95.0%	86%	-8.5%	
	In Patient Elective Theatre Activity Value (%19/20)	-	-	-	Jan-22	95%	62%	-32.6%	95%	70%	-24.6%	
	Outpatient New Activity Value (%19/20)	-	-	-	Jan-22	95%	87%	-7.8%	95%	85%	-9.9%	
	Outpatient Follow Up Activity Value (%19/20)	-	-	-	Jan-22	95%	84%	-10.6%	95%	87%	-7.8%	
Addressing Health Inequalities	TBC	-	-	-	-	-	-	-	-	-	-	
	TBC	-	-	-	-	-	-	-	-	-	-	
	TBC	-	-	-	-	-	-	-	-	-	-	
	TBC	-	-	-	-	-	-	-	-	-	-	
	TBC	-	-	-	-	-	-	-	-	-	-	
Performance Ambulance Handover Times	Ambulance Handovers Breaches -Number waited <= 15 Minutes	-	-	-	Jan-22	79%	42%	-37%	79%	47%	-32%	
	Ambulance Handovers Breaches -Number waited >15 & <30 Minutes	-	-	-	Jan-22	21%	26%	-5%	21%	27%	-6%	
	Ambulance Handovers Breaches-Number waited >30 Minutes	-	-	-	Jan-22	0%	31%	-31%	0%	27%	-27%	
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)	-	-	-	Jan-22	-	1:1.91	-	-	1:1.89	-	
	Out Patients: DNA Rate (first appointment)	-	-	-	Jan-22	-	11.35%	-	-	11.04%	-	
	Out Patients: DNA Rate (Follow up appointment)	-	-	-	Jan-22	-	10.51%	-	-	10.30%	-	
	Out Patients: DNA Rate (Combined) (For Monitoring Only Target Set At Specialty Level)	-	-	-	Jan-22	-	10.78%	-	-	10.54%	-	
	Out Patients: Hospital Cancellation Rate (under 6 weeks)	-	-	-	Jan-22	-	8.82%	-	-	9.19%	-	
	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)	-	-	-	Jan-22	7WD	62WD	55WD	7WD	59WD	52WD	
	Out Patient Clinic Utilisation - Booked 2 weeks Prior	-	-	-	Jan-22	95%	62.36%	-32.64%	95%	58.83%	-36.17%	
	Out Patient Clinic Utilisation (attended)	-	-	-	Dec-21	90%	81.10%	-8.90%	90%	83.33%	-6.67%	
	Registered Referrals not Appointed	-	-	-	Jan-22	0	23775	23775	0	229205	229205	
	Unreconciled Appointments 14 days + E-Reconciliation	-	-	-	-	-	-	-	-	-	-	
	Unreconciled 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)	-	-	-	Jan-22	25%	24.58%	-0.42%	25%	23.59%	-1.41%		
Performance - Theatres	Theatre Booking - 4 weeks prior -Lists Populated	-	-	-	Jan-22	50%	28.54%	-21.46%	50%	16.74%	-33.26%	
	Theatre Booking - 2 weeks prior -Lists Populated	-	-	-	Jan-22	75%	66.04%	-8.96%	75%	71.51%	-3.49%	
	Theatre Booking - 1 week prior -Lists Populated	-	-	-	Jan-22	95%	87.50%	-7.50%	95%	89.92%	-5.08%	
	Theatre Utilisation	-	-	-	Jan-22	87%	76.74%	-10.26%	87%	81.81%	-5.19%	
	Number of Priority 2 Patients waiting 28 days + for surgery from date of listing/P2 Categorisation	-	-	-	Jan-22	0	415	415	0	2230	2230	
	% Cancelled Operations on the day (non-clinical reasons)	-	-	-	Jan-22	1%	0.58%	0.42%	1%	1.17%	-0.17%	
	% Cancelled Operations on the day (clinical reasons) (For Monitoring Only)	-	-	-	Jan-22	-	-	-	-	-	-	
	Cancelled Operations Not Rebooked within 28 Days	-	-	-	Jan-22	0	4	4	0	31	31	



	EBI (TBC)	-	-	-	Jan-22	-	-	-	-	-	-	
	Validation (TBC)	-	-	-	Jan-22	-	-	-	-	-	-	
Patients (National Requirements)	Infection Control Hospital Onset C.Diff (Medicine & Surgery Only)	-	-	-	Jan-22	2	5	-3	23	27	-25	
	Infection Control Community Onset C.Diff (Medicine & Surgery Only)	-	-	-	Jan-22	1	0	1	10	13	-12	
	Infection Control Combined Onset C.Diff (Medicine & Surgery Only)	-	-	-	Jan-22	3	5	-2	33	40	-37	
	MRSA Cases Reported	-	-	-	Dec-21	0	0	0	0	0	0	
	HSMR (rolling 12 Months - Combined)	-	-	-	Jan-22	100	103.66	-3.66	100	103.66	-3.66	
	HSMR : Non-Elective (rolling 12 Months)	-	-	-	Jan-22	100	103.82	-3.82	100	103.82	-3.82	
	HSMR : Elective (rolling 12 Months)	-	-	-	Jan-22	100	88.52	11.48	100	88.52	11.48	
	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	-	-	-	Jan-22	100%	-	-	100%	-	-	
	All open incidents on Datix to be closed within 3 months of reporting (excluding patient experience)	-	-	-	Jan-22	100%	-	-	100%	-	-	
	Pressure Ulcers - Category 4	-	-	-	Jan-22	0	0	0	0	2	-2	
	Pressure Ulcers - Category 3	-	-	-	Jan-22	4	1	3	44	33	11	
	Pressure Ulcers - Category 2 / UNS / DTI	-	-	-	Jan-22	61	82	-21	614	725	-111	
	Falls with Severe Harm / Lapse in Care / SI	-	-	-	Jan-22	-	0	-	-	2	-	
	Falls with Moderate or Severe Harm	-	-	-	Jan-22	1	0	1	13	19	-6	
	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)	-	-	-	Jan-22	-	0	-	-	0	-	
	Claims LTPS - staff	-	-	-	Jan-22	-	0	-	-	0	-	
	Friends & Family Response Rates (ED)	-	-	-	Jan-22	15%	0.01%	-15%	15%	0.04%	-15%	
	Friends & Family Response Rates (Inpatients)	-	-	-	Jan-22	30%	6.44%	-24%	30%	6.82%	-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	-	-	-	Jan-22	0	2	-2	0	2	-2	
	Sepsis Screening - % of appropriate patients screened	-	-	-	-	90%	-	-	90%	-	-	

	Sepsis Prescribing - Antibiotics within 1 Hour	-	-	-	-	90%	-	-	90%	-	-	
	Deaths Screened as part of Mortality Review Process	-	-	-	-	100%	-	-	100%	-	-	
	NICE Guidance Response Rate Compliance	-	-	-	Jan-22	95%	94%	-0.67%	95%	98%	3.40%	
	NICE Guidance % Non & Partial Compliance (For Monitoring Only)	-	-	-	Jan-22	-	-	-	-	-	-	
	% Patients Asked for Smoking Status	-	-	-	-	50%	-	-	50%	-	-	
People	Staff Flu Vaccinations (1.9.21 - 28.2.22)	-	-	-	-	-	-	-	-	-	-	
	Agenda for Change Appraisals (rolling 12 months)	-	-	-	Jan-22	90%	-	#VALUE!	90%	58%	-32%	
	Non-Medical Appraisals - in season (April - July)	-	-	-	Jan-22	90%	-	-	90%	60%	30%	
	Sickness (rolling 12 months)	-	-	-	Jan-22	4%	10%	-7%	4%	7%	-3%	
	Job Planning (TBC)	-	-	-	Jan-22	TBC	-	-	TBC	-	-	
	SET Training	-	-	-	Jan-22	90%	85%	-5%	90%	85%	-5%	
	Vacancies	-	-	-	-	5%	-	-	5%	-	-	
	Turnover (rolling 12 months)	-	-	-	Jan-22	10%	13%	-3%	10%	12%	-2%	
	Casework - number of grievances opened in month	-	-	-	Jan-22	-	9	-	-	56	-	
	Casework - number of conduct cases opened in month	-	-	-	Jan-22	-	241	-	-	1009	-	
	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	-	-	

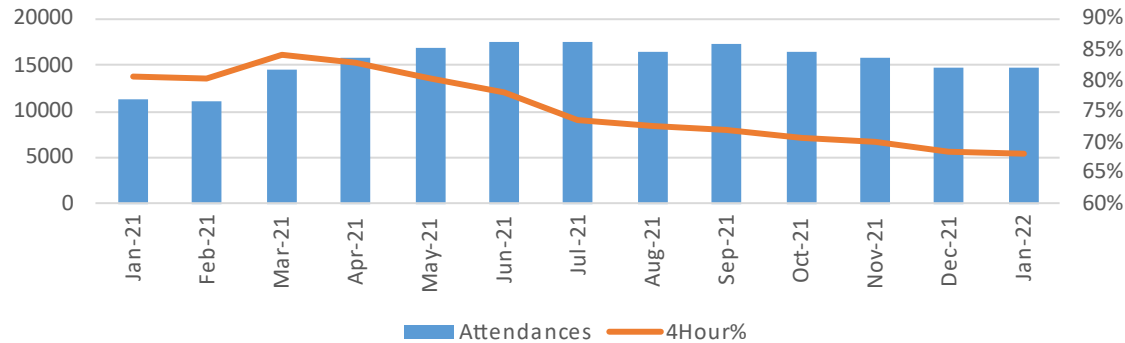
# Trust Integrated Exception Performance Report – January 2022

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. Health Inequalities
12. Performance – The Forward View

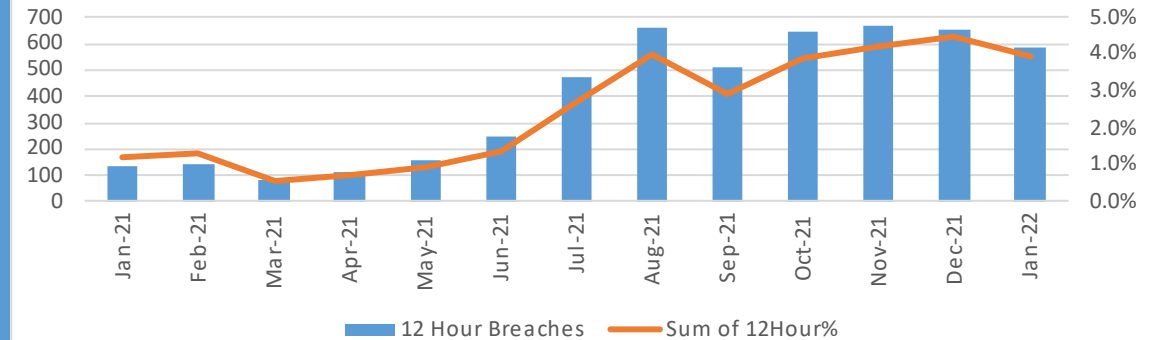


# 1. Urgent and Emergency Care: 4 hour performance and 12-hour standards

4 Hour Performance & Attendances



Numbers of Patients Waiting Over 12 Hours



## Key issues:

- 4 hour performance 68.19% for Trust. Main breach reasons continue to be doctor and bed waits
- Peak 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
- Significant sickness and staff absence due to Covid isolation

## Key actions:

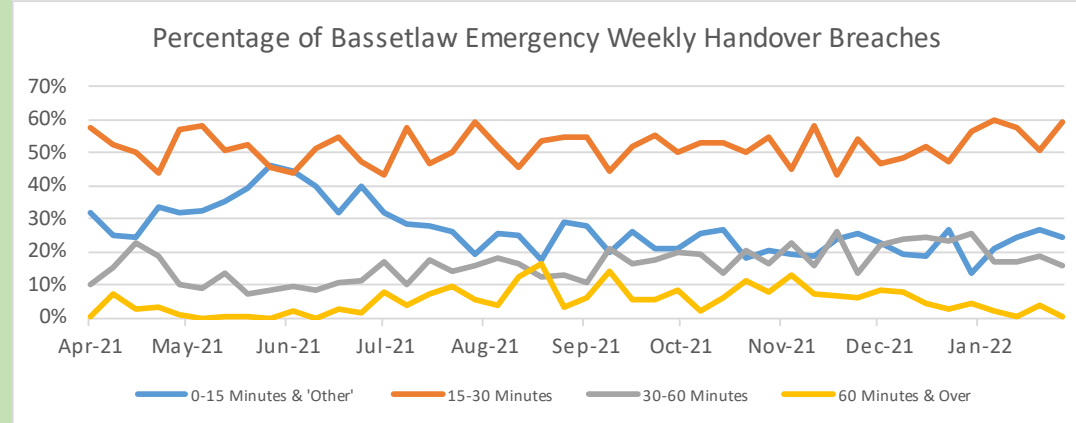
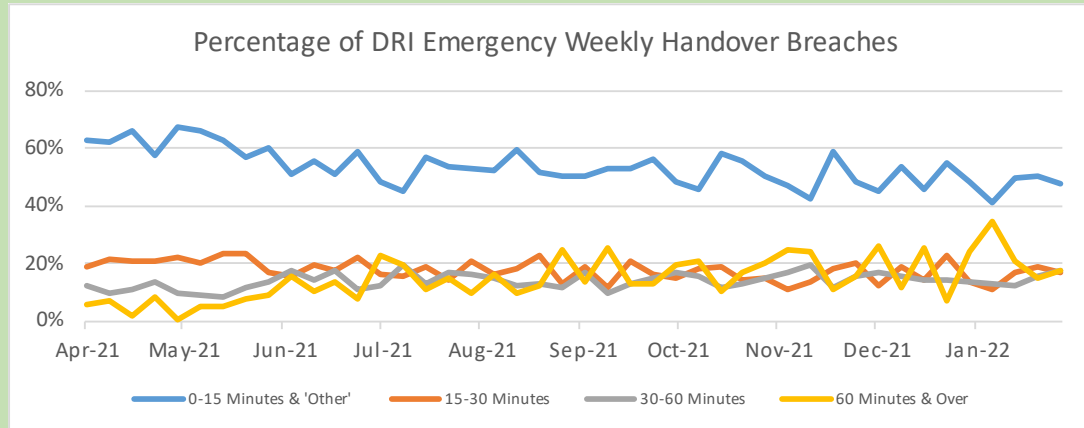
- Acute Medical Unit re-located to ED, focused on admission avoidance and short turnaround at front door (Dec 2021)
- Additional ED Yellow ambulance capacity being developed in Out Patient Department 2 (Feb 2022)
- Frailty In-reach pilot extended to Apr-22
- Focus on Length of Stay, Flow and Discharge (Ongoing) - to be supported by Real World Health Consultancy
- Further work on “operational escalation and grip”
- Daily assurance template training and implementation through Feb 22.
- Refresh of training and implementation of 2 hourly huddles Feb 22.
- Review of staffing models Feb - March 22.

## January 2022 Performance

Hospital	4 Hour % Achieved	Attendances	Breaches	%Streamed From FDASS
Bassetlaw	80.54%	4405	857	6.36%
Doncaster	57.13%	8994	3856	16.21%
Montagu	100.00%	1415	0	0.00%
Trust	68.19%	14814	4713	11.73%



## 2. Urgent and Emergency Care: Ambulance Waits



### Key issues:

- Ambulance handover performance position worsened overall in Jan 22.
- High levels of ambulances continue in the Doncaster & Bassetlaw area.
- Increase in COVID patients in Jan caused an ongoing exit block from ED increasing challenges to flow of ambulances coming into and the receiving of handovers.
- Issues relate to flow into ED & wider trust continue to cause delays.

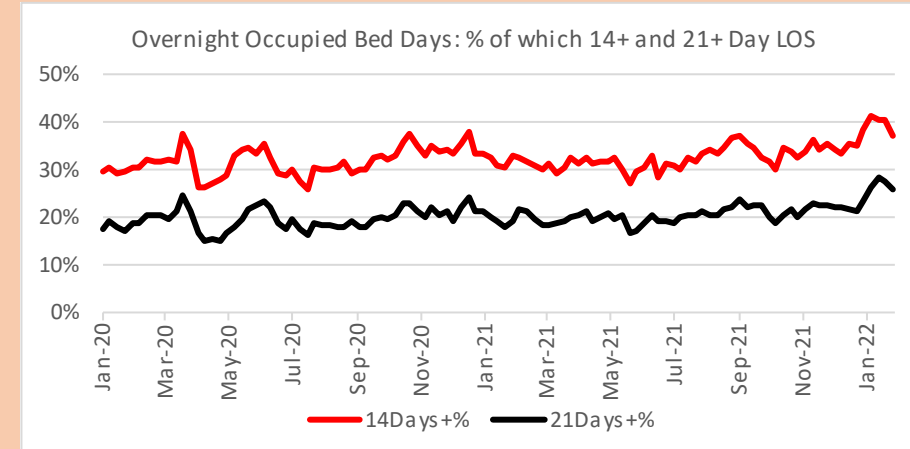
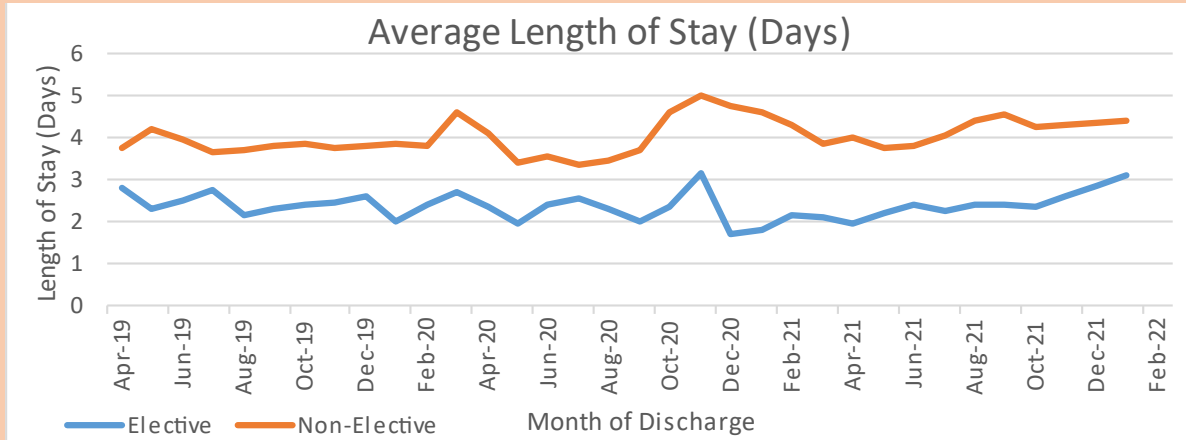
### Key actions:

- 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 complete
- Length of Stay work stream key enabler
- Improvements to handover process to improve accuracy of data now complete
- See full Board Deep Dive Report for January 2022

Month	Hospital	Total Arrivals	% <15 Minutes	% 15-30 Minutes	% >30 Minutes	Longest Wait
Jan-22	Bassetlaw Hospital	751	23.97%	57.12%	18.91%	02:09
Jan-22	Doncaster Royal Infirmary	2013	49.13%	14.70%	36.16%	05:07
Jan-22	Trust	2764	42.29%	26.23%	31.48%	05:07



# 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
- SAFER, Red 2 Green & 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, however fast-track pathways improving
- High numbers of COVID positive patients & high acuity throughout Trust

## Key actions:

- Walkaround Wednesdays” with partners continue currently focussing on patients with a length of stay over 7 days
- Excellent results from frailty input to front door, focused on admission avoidance. Ongoing evaluation
- Red 2 Green/ SAFER team to support implementation recruited and started Jan 22. Support from Real World Health Consultancy Improved escalation meetings continue with partners on both sites
- Improved LOS and discharge metrics – dashboards finalised
- Site Management Improvement Workstream – business case in development.
- Urgent and Emergency Care Programme fully moving forward with the support from Real World Health.
- ‘Home First’ working model agreed with partners



# 4. Urgent and Emergency Care: Length of Stay (Same Day Emergency Care - SDEC)

## Discharges by Time of Day (Excluding Daycase)

Discharge Time	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Before Noon	15.5%	13.8%	14.9%	14.2%	13.1%	14.9%	15.5%	14.1%
Before 4PM	47.9%	45.7%	46.8%	46.2%	45.9%	48.4%	47.8%	47.1%
After 4PM	51.9%	54.1%	53.0%	53.6%	53.9%	51.5%	51.9%	52.8%

### Key issues:

- Acute Medical Decision Unit activity increased through Dec 21

### Key actions:

- Review commenced on SDEC services with support from Real World Health
- Review for potential co-located unit
- Further improvement plan to be developed to increase activity in SDEC.
- Governance process to be implemented.

### % 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	Jan-22
ACUTE MEDICINE DECISIONS UNIT	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.2%	5.2%
MEDICAL AMBULATORY CARE UNIT - DONCASTER	7.0%	7.2%	8.8%	8.0%	7.7%	8.0%	8.1%	8.4%	7.5%	8.9%
EMERGENCY SURGICAL AMBULATORY CARE	4.0%	3.7%	3.4%	4.4%	4.8%	4.3%	4.3%	4.7%	5.2%	6.4%
GYN/AE SAME DAY EMERGENCY CARE	0.0%	0.0%	0.0%	0.0%	0.2%	0.3%	0.4%	0.4%	0.4%	0.3%
Grand Total	11.0%	10.9%	12.2%	12.4%	12.7%	12.6%	12.9%	13.5%	16.3%	20.8%

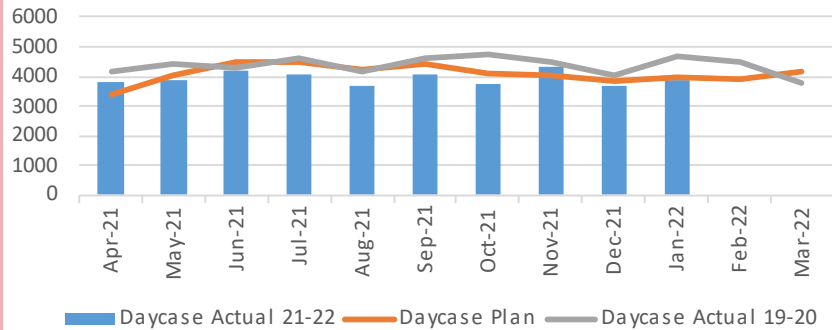
### Number of Non-Elective Admissions to an SDEC Ward

Ward	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
ACUTE MEDICINE DECISIONS UNIT	0	0	0	0	0	0	0	0	142	219
MEDICAL AMBULATORY CARE UNIT - DONCASTER	338	355	428	377	345	356	377	372	330	375
EMERGENCY SURGICAL AMBULATORY CARE	195	183	167	207	214	191	202	206	231	267
GYN/AE SAME DAY EMERGENCY CARE	0	0	0	0	8	13	19	18	18	13
Grand Total	533	538	595	584	567	560	598	596	721	874

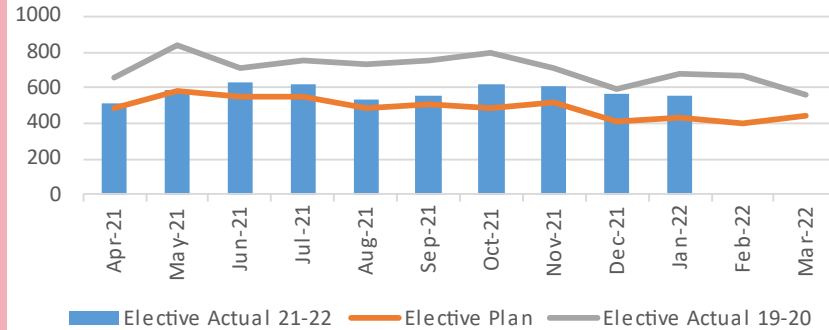


# 5. Elective: Daycase and Inpatient Elective

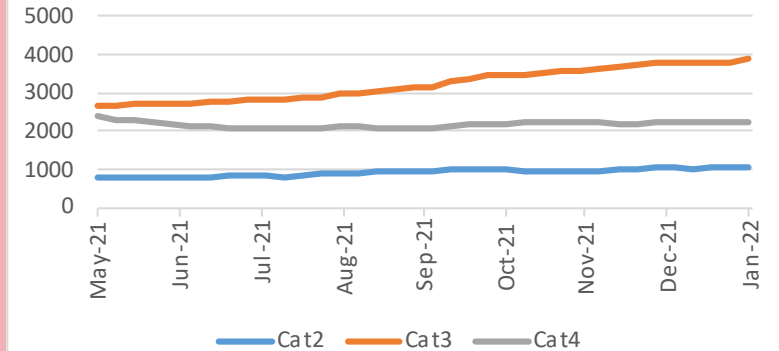
Daycase 21-22 vs Plan vs 19-20 Actual



Elective 21-22 vs Plan vs 19-20 Actual



RTT PTL: Inpatient WL Categorisations



## Key issues:

- Day case - Trust delivered 96% of Plan and 82% of 19/20 activity.
- Inpatients - Trust delivered 125% of plan and 79% of 19/20 activity
- Reduced non-urgent elective activity due to theatre staffing & emergency pressures
- Elective critical care capacity restricted to P1 & P2 patients until end of January 2022
- Increase in patient cancellations internally & with private sector due to C19 infections
- Significant staff gaps due to C19
- Emergency surgical bed capacity compromised delivery of elective programme
- Trust delivered 93.8% of clock stop activity (target 89%) in January 2022

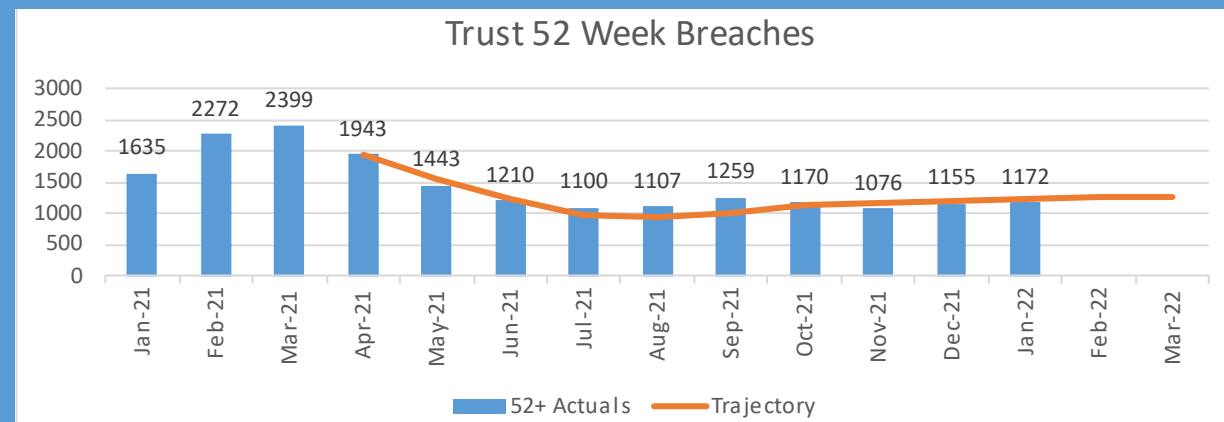
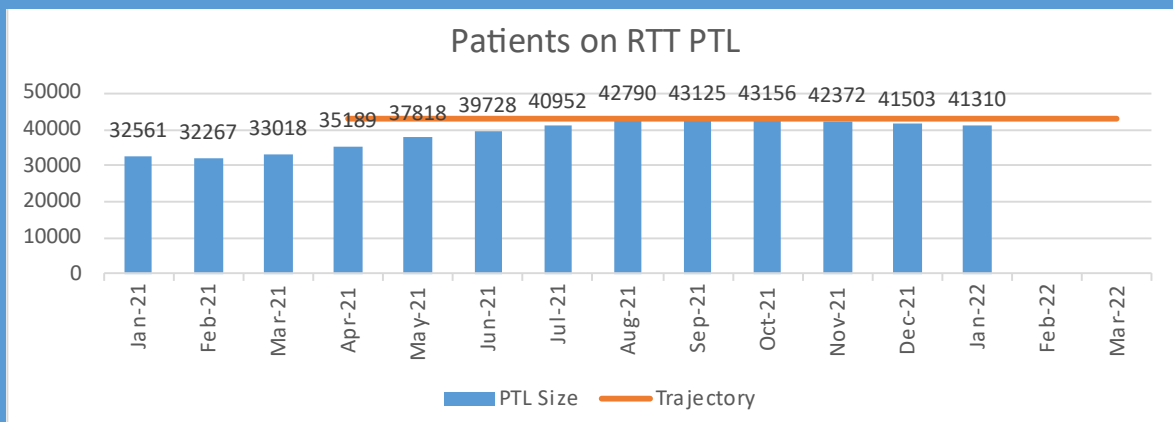
## Key actions:

- 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)





# 6. Elective: Patient Tracking List and Long-Waiters



## Key issues:

- Stabilising of 52 week wait position at 1173 end of Jan and ahead of plan
- Total Patient Tracking List stabilising and steadily reducing, ahead of plan (41,000 from 42,372)(target <43,125 by March)
- 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 66% 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 continued to focus on pathway management (300 clock stops 1 w/e)
- Urology & ENT Super Weekends Planned (Nov onwards). Eyes Mutual Aid Plan with partners moving forward at pace with PTL triage January 2022 started
- Maximise theatre staffing & throughput
- Focus on 40 week plus patients waiting (in place)
- Ongoing focus on validation

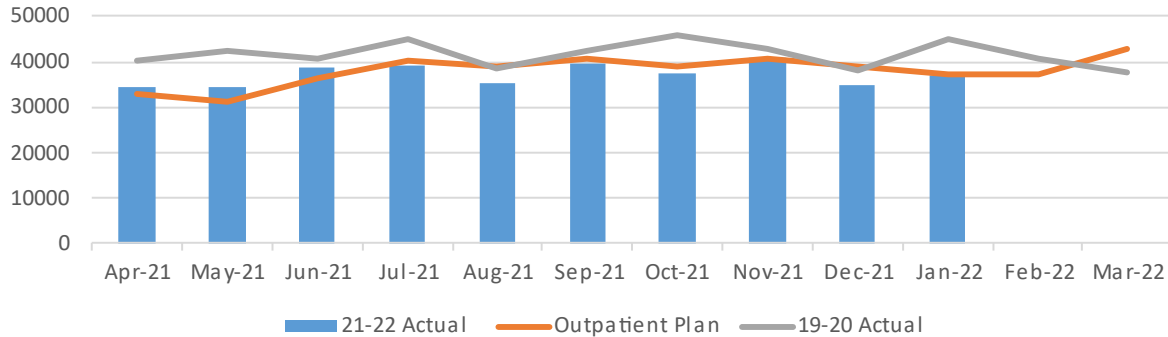
CCG	Values	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
NHS Bassetlaw CCG	Total Waiters	8640	8969	9391	9475	9440	9269	8936	8848
	% Under 18 Weeks	72%	71%	70%	70%	69%	70%	67%	66%
NHS Doncaster CCG	Total Waiters	24554	25338	26566	26793	26942	26526	26083	25967
	% Under 18 Weeks	73%	72%	71%	70%	71%	71%	68%	67%
Trust	Total Waiters	39728	40952	42790	43125	43156	42372	41503	41310
	% Under 18 Weeks	72%	71%	70%	70%	70%	70%	67%	67%

## Reported 52+ Weeks: Top 6 Specialties

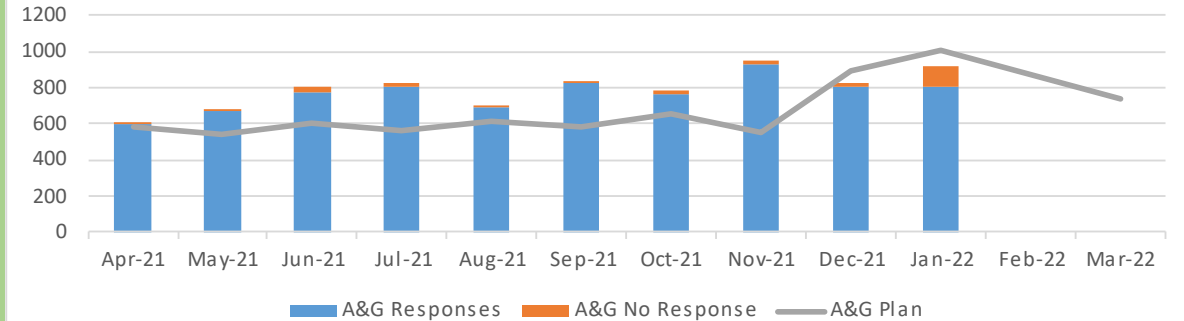
Specialty	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
TRAUMA & ORTHOPAEDICS	615	599	582	618	622	561	564	555
OPHTHALMOLOGY	139	153	193	230	252	239	275	279
ENT	160	131	114	106	111	107	108	119
UROLOGY	81	72	89	192	81	67	92	91
GENERAL SURGERY	94	63	56	53	39	28	34	39
ORAL SURGERY	50	36	26	18	20	26	24	21

# 7. Elective: Outpatients

Outpatients 21-22 vs Plan vs 19-20 Actual



Advice & Guidance: Actual vs H2 Plan



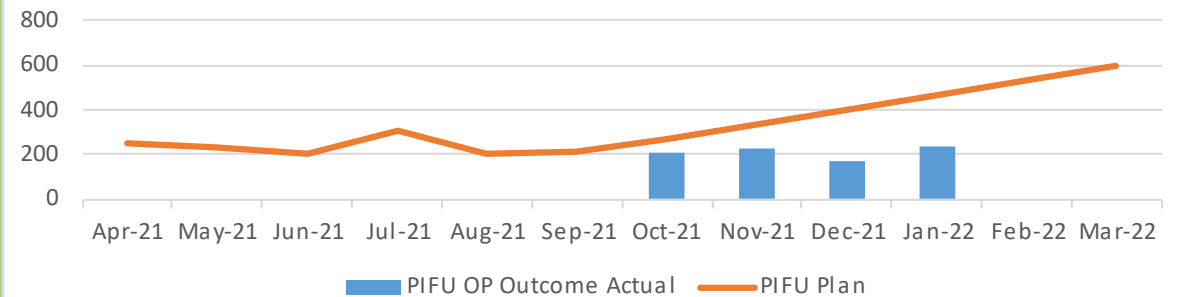
## Key issues:

- For Outpatients the Trust delivered 94% of New Plan and 99% of Follow Up Plan. This was 83% (new) and 82% (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

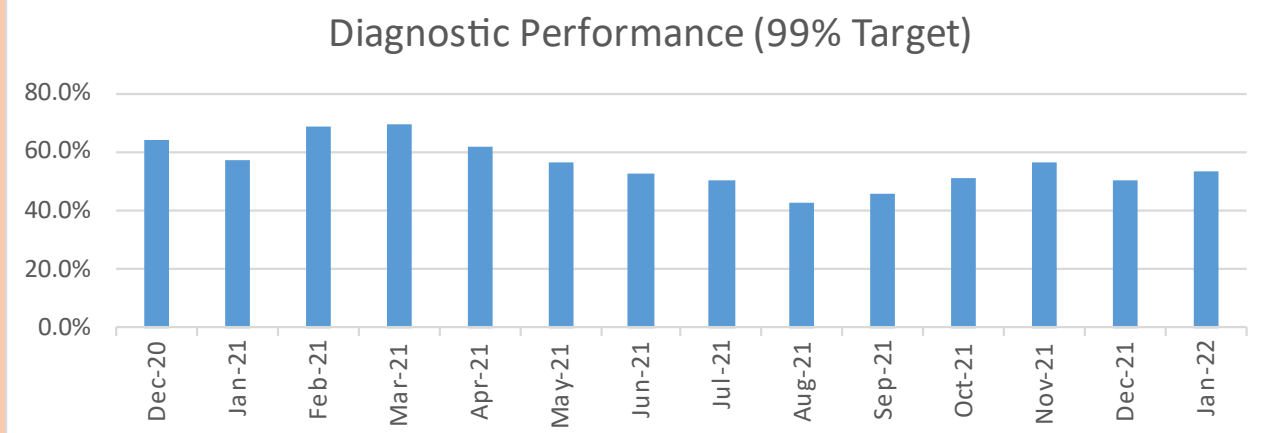
## Key actions:

- Revised Infection Control measures in clinical areas down to 1m, updated booking rules
- 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
- PIFU across 5 specialties, rolling out across 5 more (target 5 or more)
- Further focus on validating open appointments by specialty

Number of Appointments with Patient Initiated FollowUp Outcome vs H2 Plan



# 8. Diagnostic waits



	Waiters <6W	Waiters >=6W	Total	Performance
Trust	8325	7230	15555	53.52%
NHS Doncaster	5647	4809	10456	54.01%
NHS Bassetlaw	1936	1745	3681	52.59%

## Key issues:

- Reduction in diagnostic waiting list
- Trust delivered 147% CT & 127% MRI activity in Jan 2022 compared to Jan 21
- MRI waiting list reduction close to trajectory. NOUS below trajectory. CT backlog increased by 36% reflecting growth in demand & reduction in activity due to C19 staff absence
- Performance deterioration in Urodynamics and CT respectively. Improvements expected from February 2022.

## Key actions:

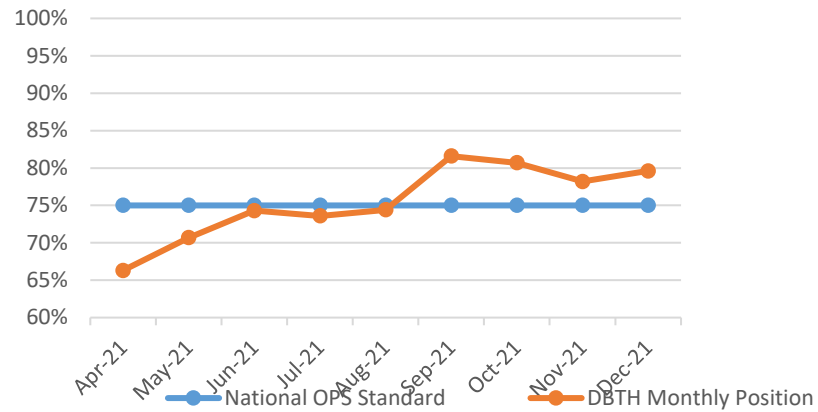
- Additional CT and MRI on site during Feb & March 2022
- Review of referral growth for CT scans on emergency pathways at DRI
- Transfer of 284 shoulder ultrasound referrals to MSK Physio during Jan 22 Further plans to reduce unnecessary ultrasound referrals (March 2022).
- Increased Audiology capacity to eliminate backlog (February/March 2022).
- Increased Nerve conduction capacity via second outsourced provider (February/March 2022).
- Increased Bone density (DEXA) capacity (Feb /March 22).
- Increased non-obstetric ultrasound activity planned via private contractors & agency sonographers (February/March 2022).

Exam Type	<6W	>=6W	Total	Performance	Longest Waits
MRI	1077	705	1782	60.44%	64
CT	1944	880	2824	68.84%	40
Non-Obstetric Ultrasound	3104	3385	6489	47.83%	69
Barium Enema	0	0	0	0	0
DEXA	375	831	1206	31.09%	25
Audiology	148	584	732	20.22%	103
Echo	450	250	700	64.29%	11
Nerve Conduction	144	545	689	20.90%	37
Sleep Study	22	1	23	95.65%	7
Urodynamic	51	22	73	69.86%	96
Colonoscopy	262	7	269	97.40%	18
Flexible Sigmoidoscopy	84	1	85	98.82%	9
Cystoscopy	330	12	342	96.49%	98
Gastroscopy	334	7	341	97.95%	19
<b>Total</b>	<b>8325</b>	<b>7230</b>	<b>15555</b>	<b>53.52%</b>	<b>103</b>

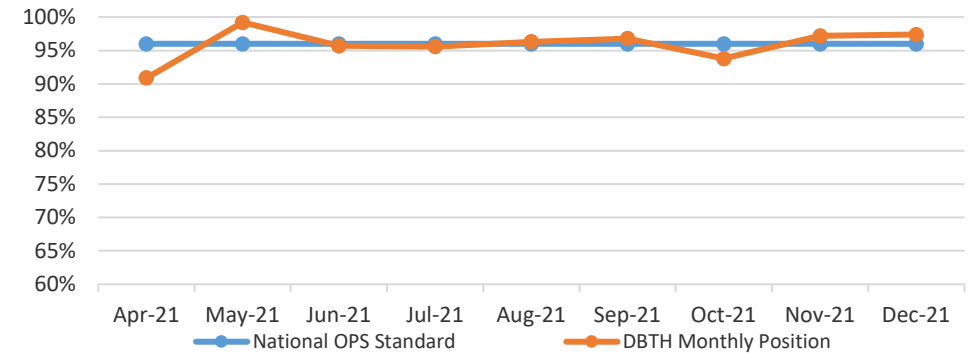


# 9. Cancer: Referral to Diagnosis (Faster Diagnosis Standard & Diagnosis)

### Day 28 - Referral to Diagnosis



### 31 Day - Decision to Treat to Treatment



## Key issues:

- COVID still impacting on staffing resource, especially in one-stop clinics and diagnostic services (Breast and Head & Neck)
- One-stop Prostate Clinic – current patient mix resulting in greater conversion for same day MRI - cannot meet demand with capacity available, resulting in day 28 and 62 day breaches.
- Significant increase in referrals from mid-January 2022, particularly upper & lower GI & urology
- Complex patients as well as complex diagnostic pathways are impacting on Day 28 and 62 day Cancer Waiting Standards
- Impact due to upcoming national suspect cancer campaigns throughout Quarter 4 anticipated on first appointment/diagnostic provision
- Oncology Service provision provided from Weston Park colleagues under pressure to maintain outpatient access resulting pathway changes for local patients

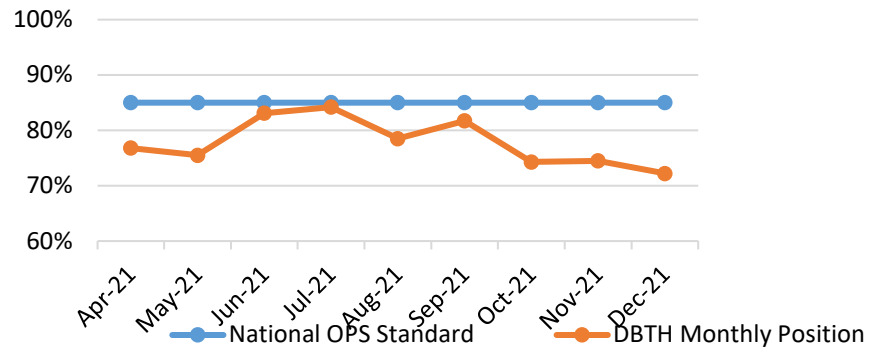
## Key actions:

- Working with CCG colleagues on location for Community based Breast Pain Clinic – recruitment underway
- Pathway work to ensure theatre capacity for patient numbers requiring both diagnostic and therapeutic procedures within set timeframes commencing
- Business case for One Stop Prostate Clinic at Bassetlaw Hospital ongoing
- Business case required for substantive funding for Patient Navigator roles – currently funded fixed term externally until May 2022



# 10. Cancer - Treatment

## 62 day - Referral to Treatment



	31 Day Classic	31 Day Sub Surgery	31 Day Sub Drugs	62 Day Classic 50/50	62 Day Screening	62 Day Consultant Upgrades
<b>Dec-21</b>						
<b>Operational Standard</b>	<b>96%</b>	<b>94%</b>	<b>98%</b>	<b>85%</b>	<b>90%</b>	<b>85% (locally agreed)</b>
Trust	97.4%	100.0%	100.0%	72.2%	70.0%	71.2%
Doncaster CCG	98.0%	100.0%	100.0%	77.4%	62.5%	82.9%
Bassetlaw CCG	97.6%	100.0%	0.0%	60.4%	100.0%	30.8%

### Key issues:

- COVID still impacting on staffing resource, especially in one-stop clinics and diagnostic services (Breast and Head & Neck)
- One-stop Prostate Clinic – current patient mix resulting in greater conversion for same day MRI - cannot meet demand with capacity available, resulting in day 28 and 62 day breaches.
- Significant increase in referrals from mid-January 2022, particularly upper & lower GI & urology
- Complex patients as well as complex diagnostic pathways are impacting on Day 28 and 62 day Cancer Waiting Standards
- Impact due to upcoming national suspect cancer campaigns throughout Quarter 4 anticipated on first appointment/diagnostic provision
- Oncology Service provision provided from Weston Park colleagues under pressure to maintain outpatient access resulting pathway changes for local patients

### Key actions:

- Working with CCG colleagues on location for Community based Breast Pain Clinic – recruitment underway
- Pathway work to ensure theatre capacity for patient numbers requiring both diagnostic and therapeutic procedures within set timeframes commencing
- Business case for One Stop Prostate Clinic at Bassetlaw Hospital ongoing
- Business case required for substantive funding for Patient Navigator roles – currently funded fixed term externally until May 2022



# 11. Health Inequalities (HI)

Ethnic Category	Doncaster Population %	Bassetlaw Population %	Doncaster and Bassetlaw Combined %	Waiting List Ethnicity Breakdown: Nov-21
Asian/Asian British	2.5%	1.1%	2.1%	1.5%
Black/African/Caribbean/Black British	0.8%	0.5%	0.7%	0.6%
Mixed/multiple ethnic groups	1.1%	1.1%	1.1%	0.8%
Other ethnic group	0.4%	0.6%	0.4%	0.9%
White *	95.3%	96.7%	95.7%	84.6%
Not stated /Not known / NULL	0.0%	0.0%	0.0%	11.6%

Index of Multiple Deprivation (IMD) Decile (where 1 is most deprived 10%)	Doncaster Population %	Bassetlaw Population %	Doncaster and Bassetlaw Combined %	Waiting List IMD Breakdown: Nov-21
1	25.3%	8.3%	20.5%	19.7%
2	16.0%	13.2%	15.2%	15.1%
3	11.9%	12.6%	12.1%	12.8%
4	9.2%	8.5%	9.0%	9.2%
5	6.8%	9.2%	7.5%	7.5%
6	10.0%	13.4%	11.0%	10.8%
7	7.4%	12.3%	8.8%	9.0%
8	6.8%	14.0%	8.8%	8.6%
9	5.1%	8.4%	6.0%	6.0%
10	1.5%	0.0%	1.1%	1.1%
Unknown	0.0%	0.0%	0.0%	0.1%

\*Based on November 2021 Data

## Key issues:

- Waiting list showing lower levels of ethnic minority populations and those from more deprived communities compared to white population and less deprived areas – which is what we would expect to see
- Work to do to improve referrals from each of these under-represented communities
- Work required with clinical colleagues to establish a process where we review patients waiting from a clinical perspective, but also a health inequality perspective

## Key actions:

- Develop business case to ensure DBTH has appropriate internal capacity & capability to fulfil role as Anchor Institution & pivotal partner in reducing HI
- Recruitment of Consultant in Public Health (joint funded by DBTH, RDASH and DMBC), Project Manager with special interest in health inequalities & HI Lead for Doncaster PLACE DBTH
- HI forum being convened to share good practice and develop a three tier approach
- Meeting planned 2.3.2022 with Dep COO Planned Care, Head of Performance & information team to discuss review of waiting lists with HI lens
- Meetings with ED, Maternity & out patients to develop action plans with HI lens
- Meetings taking place to consider access and experience issues for patients with hearing difficulties, following listening exercise.



# 12. Performance – The Forward Look – January 2022

## Urgent and Emergency Care

- COVID 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 and support from RWH.
- System Perfect week undertaken, focus on patients with long length of stay, results being reviewed February 2022.
- Continue to focus on Urgent & Emergency care recovery, extended 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





**FINANCE AND PERFORMANCE COMMITTEE**

**Minutes of the meeting of the Finance and Performance Committee  
Held on Thursday 18 November 2021 at 12:00 via Microsoft Teams**

<b>Present:</b>	Neil Rhodes, Non-Executive Director (Chair) Mark Bailey, Non- Executive Director Pat Drake, Non-Executive Director Kath Smart, Non-Executive Director Alex Crickmar, Interim Director of Finance	
<b>In attendance:</b>	Fiona Dunn, Deputy Director Corporate Governance/Company Secretary Sara Elliott, Medical Imaging Management (B1) Claudia Gammon, Secretarial Support Officer (Minutes) Rebecca Joyce, Chief Operating Officer Marie Purdue, Director of Strategy and Improvement Jas Sawhney, Medical Imaging Consultant (B1) Joanne Wright, Diagnostics General Manager (B1)	
<b>To Observe:</b>	Mary Spencer, Public Governor	
<b>Apologies</b>	Jon Sargeant, Director of Recovery, Innovation and Transformation Lynne Schuller, Public Governor	
		<b><u>ACTION</u></b>
<b>FP21/11/ A1</b>	<b><u>Welcome, Apologies for Absence and declarations of interest (Verbal)</u></b>	
	The Chair welcomed members and those in attendance. No declarations of interest were declared.	
<b>FP21/11/ A2</b>	<b><u>Requests for any other business (Verbal)</u></b>	
	None.	
<b>FP21/11/ A3</b>	<b><u>Action Notes from Previous Meeting (Enclosure A3)</u></b>	
	Updates were provided on the below actions: <u>Action 7 – Patient wait time Report</u> Outpatient wait times was required to reflect what was on the PTL list under the performance report – would pick up under performance report and would share RJ  Actions closed: 1-6	
	<b><i>The Committee:</i></b> - <b><i>Noted the updates and agreed, as above, which actions would be closed.</i></b>	
	<b><i>Action: Claudia Gammon would update the Action Log.</i></b>	



FP21/11/  
B1

**Radiology Recovery Plan (Enclosure B1)**

The Chief Operating Officer welcomed the Radiology team – Jas Sawhney, Joanne Wright and Sara Elliott.

Joanne Wright gave an overview as to what would be discussed within the presentation.

- Pre Covid-19 position
- SWOT analysis – Current position
- Next Steps
- Actions plan for CT, MRI and NOUS

Sara Elliott discussed that Medical Imaging services were carried out across 6 sites; this included Breast Screening at Tickhill Road and Retford. In the previous year 44,422 examinations were carried out, with 71,539 CT scans but only 300 at STH. DRI currently had 2 scanners with STH having 4. DRI had a higher percentage of imaging per 100 examinations within ED and Outpatient referrals for Medical Imaging.

Prior to Covid-19 imaging had fewer breaches and a higher amount of MRI van days being at 19 per month.

Joanne Wright explained about the strengths, weaknesses, opportunities and threats within each imaging area.

**CT Scanning**

**Strength**

Few vacancies

Accelerator system between 8<sup>th</sup> November and 31<sup>st</sup> December

**Weakness**

Scans only Monday – Friday

**Opportunities**

Phase 1 at Montagu

Scope to introduce more staff

**Threats**

Keeping up with the backlog

PG certificate to work within the area

Workforce planning required

Vacancies

**MRI Scanning**

**Strength**

Funded

Vacancy rate was sufficient

8 mobile van days

**Weakness**

Timely manner reports

Breach on 2 week waits

Lack of admin support

**Opportunities**

MRI scanner at Bassetlaw would run for a further year

**Threats**

Mobile vans

**NOUS (Non Obstetric Ultrasound)**

**Strengths**

Retford and Montagu have the scanner

**Weakness**

Lack of admin to book

PG certificate to work within the area

Workforce planning required

Vacancies

**Opportunities**

Not held to one provider

Operations across ICS to provide training

**Threats**

18months to train

No consistency demand within private sector with greater benefits.

Within the last year:

CT Scans were required to clear the backlog of the over 52 week breach.

MRI scans have increased by 36.6% core capacity

NOUS scans more than 55.9% capacity

NOUS wait lists fluctuate

Obstetrics haven't had a dip in Covid-19 however pregnancies were less in the region.

Ultrasound had 37% more capacity

Jas Sawhney confirmed that the Royal College produced a census every year for Radiology. DRI required more consultants and a better retention of care. The outsourcing costs were increased especially within abdominal discomfort.

During Covid-19 it allowed us to look at the below work:

- Elective Improvement team – image rates
- Speed scanning
- Opportunities for man management NOUS
- CT scans have different practice
- Extra short term funds
- Workforce
- Trajectories – end of November

Pat Drake made reference to Radiology being a large part of the trust and asked if we were imaging at high levels than other trusts. Pat Drake also questioned if other professionals were helping to assist with Clinical Medical Referrals; this was due to funding. Support was required from HR especially with the retention of Admin and Clerical staff. Pat Drake also enquired if a third scanner was to be acquired, it was confirmed that this had been approved as part of the OBC.

The Chief Operating Officer made reference to the demand management and Musculoskeletal scans moving back to primary care which would allow 500 patients to be removed from the PTL. CT head pathway was currently being looked at within ED, acute medicine and soft tissue in non-obstetrics. Vacancies were still a longer term issue within these areas.

	<p>Whilst in ED if a patients required a scan at STH they would be admitted to a surgical ward. However at DRI the doctors would scan within ED. Outsourcing was a last resort within this area.</p>	
	<p><b>Action:</b></p> <ul style="list-style-type: none"> <li>- <b>Radiology Patients wait time report</b></li> </ul>	RJ
	<p><b>Action:</b></p> <ul style="list-style-type: none"> <li>- <b>Radiology Recovery Plan – Short and Long term</b></li> </ul>	RJ
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b>Noted that this item would be added to the next meeting</b></li> </ul>	
FP21/11/ C1	<p><b><u>Integrated Performance Report (Enclosure C1)</u></b></p> <p>The Chief Operating Officer explained that there were three main monthly information items, Operational Review, Exception Report and Systematic Benchmark. The infection report made reference to that 8% of beds were currently occupied by Covid-19 patients. Capacity challenges were within Elective Delivery and Emergency waits. Key actions within Elective were increasing via elective work within the accelerator programme.</p> <p>Urgent emergency care would be difficult over Winter with ambulances and early discharge being an action. The next steps were to establish additional data, measuring metrics and the dashboard developments within the information team.</p> <p>The Chair requested input regarding the layout of the Integrated Performance Report from the committee and suggested that it would be effective as one report and not separated. Keeping it together as one report including at a glance table, shorter exception report and the Integrated Exception Report within the main paper.</p> <p>Kath Smart referenced the Exception Report and there were opportunities to look at this as a QI project and make a clear cross reference to the performance.</p> <p>Following a question from Pat Drake regarding long waits over 52 weeks and that the focus should be on the 12 month waits in outpatients as referrals aren't being seen on the PTL. It was confirmed that this was being looked at, as 23,000 patients were from outpatients and were yet to receive an appointment. Extended wait times were due to Covid-19 pandemic.</p> <p>The Chief Operating Officer confirmed that the top 5/10 areas of concern would be included within the exception summary. A refresh of the H2 standards, length of stay, discharge and the bed situation would be added to the performance headlines.</p> <p>Mary Spencer observed that the report gave a good understanding of what was going on and that it lead to actions contributing to a way forward.</p> <p>The Company Secretary commented that actions should be referenced to the work group below and assurance given to the committee.</p> <p>The Chief Operating Officer concluded that moving forward the following would be included within the Integrated Performance Report:</p> <ul style="list-style-type: none"> <li>- Detailed front sheet</li> <li>- Half a page on headline exceptions</li> <li>- Relook at the appendices for H2</li> <li>- Condensed summary table</li> <li>- Main paper no separate item for appendices</li> <li>-</li> </ul>	

	<p><b><i>The Committee:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and took assurance from the Integrated Performance Report</i></b></li> </ul>	
<p><b>FP21/11/D1</b></p>	<p><b><u>Revised Financial Team Structure</u></b></p> <p>The Interim Director of Finance referenced a finance away day that had taken place in order to discuss changes within the team structure. It was decided that in order to provide the best for the trust that:</p> <ul style="list-style-type: none"> <li>- Justin Fowler was the Head of Financial Planning for Capital and Costs would now be the Head of Management Accounts and Business Partners</li> <li>- Claire Stewart was the Head of Incoming Contracting and would now be the Head of Capital Financial Planning</li> </ul> <p>This was to be on a 12 month interim basis and see how the changes progress.</p> <p>Following a question from Pat Drake regarding if the position of Deputy Director of Finance would be filled, it was confirmed that this was in hand as support would be required and that the committee would be informed.</p>	
	<p><b><i>The Committee:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted from the Financial Performance Update</i></b></li> </ul>	
<p><b>FP21/11/D2</b></p>	<p><b><u>Financial Performance (Enclosure D2)</u></b></p> <p>The Interim Director of Finance confirmed that the headline was broadly that the Trust would breakeven with a £5,000 deficit in a month, with a £10,000 surplus in H1 and £5,000 surplus year to date. Education costs were £250,000 higher than planned for with the accelerator spends of £100,000 and additional activity plans with the CCG. Pay spends were increased over the previous month due to agency nursing spends of £450,000. Tier 2 nurses were on framework, not on cap and paid £55-£76 per hour where as a Tier 1 nurse was also on framework but on cap and paid £23-£34 per hour. 90% of Tier 2 staff were covering shifts, a saving of £200,000 would be made if Tier 1 nurses were used. A six week plan would be used to ensure rotas were planned in enough time, management of annual leave and night shifts were covered internally.</p> <p>£100 million was given to North East Yorkshire and Humber in order to support the Elective Recovery Fund. Barnsley, Rotherham, Doncaster and Bassetlaw have made a collective bid for £10 million with Doncaster bidding for £3.7 million for this. This would be used for diagnostics with £200,000 being used for van hire within Radiology, £250,000 for NOUS Ultrasound and £250,000 for CT and MRI. However Doncaster were unable to spend any and were awaiting further instructions.</p> <p>Following a question from the Chair regarding agency staffing and our position. It was answered that the agencies would go on to framework and pricing would be negotiated to ensure we attract staff to the trust. The VCF process was discussed, departments can look into more 1 post across various department 2 to 3 times if unsuccessful. VCF's were approved straight away therefore wouldn't have to go to panel.</p> <p>Following a question from Kath Smart regarding the £15 million and would this be shared. It was confirmed that this was from STH and what they gave back from H1, Barnsley also had a deficit of £3 million within H2.</p>	

	The Interim Director of Finance gave detail on the cash balance of £42.6 million as of October which was an increase from £33.7 million in September. £4 million had been back dated from Health and Education England which was paid upfront. £15/20 million was the target forecast for the auditors.	
	<b><i>The Committee:</i></b> - <b><i>Noted and took assurance from the Finance Plan/Forecast</i></b>	
<b>FP21/11/ D3</b>	<b><u>Capital Plan Update (Enclosure D3)</u></b> The Interim Director of Finance gave an update on the capital and that at the beginning of the year the capital allocation was £18.9 million based on the ICS having an allocation of £105 million. Women and Children's incident of £12.4 million pressures on the capital programme. ICS had agreed fair shares and a £3 million deduction. Targeting investment fund bid was for Elective Recovery bid as an organisation to NHSIE and the ICS. £5.2 million was approved of the £5.7 million bid, Mexborough Elective hub was yet to be approved but was being considered. It was discussed that a main risk was medical equipment and that replacements should be like to risk to ensure that risk assessments and clinical trials weren't required.	
	<b><i>The Committee:</i></b> - <b><i>Noted and took assurance from the Capital Plan Update</i></b>	
<b>FP21/11/ D4</b>	<b><u>Major Schemes &amp; Estates &amp; Facilities updates (Enclosure D4)</u></b> In the Director of Recovery, Innovation and Transformation absence it was agreed by the committee that this item would be deferred, and a separate one item meeting would be arranged to discuss this item.  The Chair referred to the major schemes workshops and that they were suggested by Suzy Brain England that they were used from early 2022 for Board.	
	<b><i>Action:</i></b> - <b><i>To discuss and consider and way forward for governance opportunities that require a quick decision</i></b>	<b>RJ, AC, JS &amp; MP</b>
	<b><i>The Committee:</i></b> - <b><i>Noted and agreed this item would be deferred as a single item meeting to be arranged in december</i></b>	
<b>FP21/11/ E1</b>	<b><u>Board Assurance Framework SA1 and SA4 (Enclosure E1)</u></b> The Chief Operating Officer confirmed that this was referenced at Board and that there was no update on the SA1 framework was about the Winter plan and the Urgent Emergency Care Plan.	
	<b><i>The Committee:</i></b> - <b><i>Noted and took assurance from the Board Assurance Framework</i></b>	
<b>FP21/11/ E2</b>	<b><u>Corporate Risk Register (Verbal)</u></b> The Company Secretary confirmed that there had been no updates/changes since Board and it's updated within a timely manner and that any risks that were 15+ were added to the corporate risk register ahead of being reported at Trust Executive Group.	

	<p>Kath Smart queried the risks relating to Estates and commented that the controls felt out of date, especially given the Granger review underway and the fact this is a public Board document. She felt there should be a re-enforced push for risk owners updating their risks. She noted that the People Committee had recently reviewed the workforce risks graded 15+, and that TEG had 113 risks graded 15+ which are under review to ensure the Trusts has the right risks on the CRR, and Kath pushed for an outcome of the TEG risk review. Fiona commented that 360 Assurance are underway with their risk work and that the CRR didn't always reflect the work underway to manage the risks, as risk owners needed to update their risks to ensure they were live, and this was a constant message. Neil Rhodes commented that the CRR needs to be complete and accurate.</p>	
	<p><b><u>The Committee:</u></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and took assurance from the Corporate Risk Register</i></b></li> </ul>	
FP21/11/ E3	<p><b><u>Assurance Summary (Verbal)</u></b></p> <p>The Committee was asked by the Chair if it was assured, on behalf of the Board of Directors on the following matters. Any matters where assurance was not received, would be escalated to the Board of Directors:</p> <ul style="list-style-type: none"> <li>- Matters discussed at this meeting,</li> <li>- Progress against committee associated Executive's objectives,</li> <li>- Divisional compliance with the Trust's risk management process.</li> </ul>	
	<p><b><i>The Committee were assured on behalf of the Board of Directors on:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Matters discussed at this meeting,</i></b></li> <li>- <b><i>Progress against committee associated Executive's objectives,</i></b></li> <li>- <b><i>Divisional compliance with the Trust's risk management process.</i></b></li> </ul>	
FP21/11/ F1	<p><b><u>Governor Observations</u></b></p> <p>Mary Spencer observed and gave praise to the money that was secured for 2022 and the importance of it being used for the Diagnostic hubs. It was also asked how money would help within rapid diagnostics in Radiology. The Chief Operating Officer confirmed that there was a lot of planning required for the short, medium and long term.</p>	
FP21/11/ G1	<p><b><u>Any Other Business</u></b></p> <p>Following a question from Pat Drake about the management of Datix and the implications, it was agreed that a paper would be required to be delivered at both F&amp;P and QEC by the Chief Nurse and Director of Recovery, Innovation and Transformation.</p>	
	<p><b><u>Action:</u></b></p> <ul style="list-style-type: none"> <li>- <b><i>Chief Nurse and Director of Recovery, Innovation and Transformation to discuss position of datix and set out current technological and practical issues with a forward plan of action.</i></b></li> </ul>	DP/JS
FP21/11/ G2	<p><b><u>Performance Report Appendixes</u></b></p> <p>Covered within item C1, to be contained within Integrated Performance Report for future meetings</p>	

	<p><b><u>The Committee</u></b></p> <ul style="list-style-type: none"> <li>- <i>Noted the Performance Report Appendixes</i></li> </ul>	
FP21/11/ G3	<p><b><u>Minutes of the Sub – Committee Meetings (Enclosure)</u></b></p> <p><i>The Committee noted:</i></p> <ul style="list-style-type: none"> <li>- <i>Cash Committee –14/10/21</i></li> </ul>	
FP21/11/ G4	<p><b><u>Minutes of the meeting held on 26<sup>th</sup> October 2021</u></b></p> <ul style="list-style-type: none"> <li>- <i>The Committee approved the minutes of the meeting held on 26/10/21.</i></li> </ul>	
FP21/11/ G5	<p><b><u>Date and time of next meeting (Verbal)</u></b></p>	
	<p><b>Date:</b> Thursday 27 January 2022  <b>Time:</b> 09:00  <b>Venue:</b> Microsoft Teams</p>	
	<p><b><u>Meeting Close</u></b></p> <p>Meeting closed at 15:22pm</p>	



**FINANCE AND PERFORMANCE COMMITTEE**

**Minutes of the meeting of the Finance and Performance Committee  
Held on Friday 17 December 2021 at 11:00 via Microsoft Teams**

<b>Present:</b>	Neil Rhodes, Non-Executive Director (Chair) Mark Bailey, Non- Executive Director Alex Crickmar, Interim Director of Finance Jon Sargeant, Director of Recovery, Innovation and Transformation Kath Smart, Non-Executive Director	
<b>In attendance:</b>	Fiona Dunn, Deputy Director Corporate Governance/Company Secretary Claudia Gammon, Secretarial Support Officer (Minutes) Rebecca Joyce, Chief Operating Officer Marie Purdue, Director of Strategy and Improvement	
<b>To Observe:</b>		
<b>Apologies</b>	Pat Drake, Non-Executive Director	
		<b><u>ACTION</u></b>
<b>FP21/12/ A1</b>	<b><u>Welcome, Apologies for Absence and declarations of interest (Verbal)</u></b>	
	The Chair welcomed members and those in attendance. No declarations of interest were declared.	
<b>FP21/12/ A2</b>	<b><u>Requests for any other business (Verbal)</u></b>	
	None.	
<b>FP21/12/ A3</b>	<b><u>Action Notes from Previous Meeting (Enclosure A3)</u></b> All actions were due January 2022 therefore would be discussed in January's F&P	
	<b><i>The Committee:</i></b> - <b><i>Noted and agreed, as above</i></b>	
	<b><i>Action: None</i></b>	
<b>FP21/12/ B1</b>	<b><i>Planning and Major Schemes</i></b>  - <b><i>Overview of New Director role and challenges</i></b> - <b><i>H2 plan</i></b> - <b><i>New Hospital Build</i></b> - <b><i>Women and Children's Recovery</i></b> - <b><i>Bassetlaw Emergency Village</i></b> - <b><i>Performance Framework</i></b>	



The Director of Recovery, Innovation and Transformation gave an update on this item:

- H2 plan had been submitted on time
- DRI new build was on target and budget with the financials being finalised
- Money tests scored high due to working with councils.
- New build to cost £1.25 billion, if we spend this then we can lower the price to £160 million.
- Letter from KPMG to support Business Case.
- Restoration work in Women & Children's was reassessed due to cost pressures.
- Surgical wards open within the modular builds
- Clinical infrastructure have requested cases for change.

Following a question from Kath Smart regarding the progression of the Granger Report it was confirmed that an update would be discussed at Board in January 2022. The Chair added if this should be condensed for Board in order for them to provide assurance. Kath Smart also asked if F&P could be sighted on the Granger Report in January's F&P, this was confirmed. The costing of the new build was also queried and that the £1.25 billion was to be looked at impairing it to £160 million. This was slightly larger due to an extra couple of wards required. The Director of Recovery, Innovation and Transformation confirmed that impairments were common and either up or down. Our valuation was not dissimilar to other trusts.

Further updates:

- Ongoing issues with the South Block lifts were raised, one was intermittent, and the other had parts ordered. The reset of capital spends was being investigated to help accelerate the lift refurbishments.
- Following several meetings, Sodexo had now accepted the previous offer and have also agreed to change the menus for staff.
- Bassetlaw restaurant will also be upgraded, with a meeting on the 21<sup>st</sup> December to discuss
- Budget to ensure we remain stable within the next 13weeks
- Annual 2022/23 plan requires tying into Elective, Outpatients, Recruitment and Serious Incidents.
- Staff rotas were to be reviewed in greater depth

Priorities within Restoration and Process Improvement

- Workforce – Recruitment, Sickness
- Quality Indicators– Complaints, Issues and Coroners reports
- Elective Recovery – Accelerator, Core and Glaucoma forward view
- Winter Plan – Emergency Surgical Flow and Ophthalmology report awaiting sign off.
- Cancer
- Service Line Reviews

The next steps would be:

- Agree external support
- Finalise Directorate structure
- Formalise governance structure

The Chair added that this should be a regular item on the F&P agenda in order to review any serious incidents in detail. It was also added that the first plan had included everything required in readiness to be sited at Board.

	<p>Kath Smart observed that it was good to link into other committees with also picking up any recruitment issues. Kath also asked if electives at Mexborough were moving forward and how could they be used more effectively. This was answered that plans had been made for after the first part of Winter (before omicron variant) and an additional modular theatre attached to Physio unit bid would be reviewed with partners (Rotherham and Barnsley). The design of this had been commissioned and was within the Capital plan.</p> <p>Once all governance plans are submitted in the new year, the progression of the plan could commence but need to get through winter and omicron.</p>	
	<p><b><i>The Committee:</i></b></p> <p>- <b>Noted the Planning and Major Schemes</b></p>	
<b>FP21/12/ C1</b>	<b><u>Ambulance Handover (Enclosure C1)</u></b>	
	<p>The Chief Operating Officer commented that the enclosed Ambulance Handover report would also be raised at Board on the 21<sup>st</sup> December.</p> <p>The number of hours lost through Ambulance handovers had been raised by NHSE and that DRI weren't compliant with standards. With 50% of handovers being less than a 15 minute handover and the remaining being over 30 minutes. Standard that our Trust should be was 95% in 15 minutes and 5% at 30 minutes.</p> <p>There were four main streams:</p> <ol style="list-style-type: none"> <li>1) Pre-hospital and front door issues (new pathways and same day emergency care)</li> <li>2) Second set of actions (patient flow and safe standards to improve and support flow)</li> <li>3) Protocol standards</li> <li>4) Accuracy of data on handover issues</li> </ol> <p>There had been better information in governance assurance from ambulance area and the senior's on call. Kath Smart observed and asked if a patient had been waiting 6 hours in an ambulance would their clinical safety be looked at. RJ agreed to address this in the next public board report.</p> <p>Internal and external governance improvement handovers were in place including length of stay. Further support was required from staff for patient flow and to ensure red to green process is embedded.</p>	
	<p><b><i>The Committee:</i></b></p> <p>- <b><i>Noted and took assurance from the Ambulance Handover report</i></b></p>	
<b>FP21/12/ C2</b>	<b><u>Performance Report</u></b>	
	<p>RJ presented the performance report. A couple of headlines in terms of operational context; sustainable pressures within Critical Care throughout October and November with our Trust being the highest within the North East and Yorkshire. Elective metrics were reducing and a small number of patients were on the 104 week wait. There were improvements within medical imaging however, there was still some work to be done. Next steps were that risks were required to be noted for Omicron, emergency flow/length of stay and ambulance handovers. Metric items have to be reported to board as 12 hours was standard however this won't take effect until April 2022.</p>	

	<p>The Chair commended the information in the report and adding the importance of highlighting the key issues for the trust within the at a glance table. A&amp;E, elective and cancer would be challenges ahead. The Chair invited the committee members to give opinions on the performance report information. This was greatly received and approved by all.</p> <p>The Chief Operating officer gave a brief closing statement on the report, concluding that planning assumptions for Omicron was an issue and that 70% maximum peak with 164 inpatients, 20 level 3 and 40 critical care should be used. 10 extra beds had been provided within ward 22 next to critical care. Workforce plans for redeployment to Critical Care and emergency medical was at capacity and would be challenging for next 2/3 weeks, but reviewing existing plans.</p> <p>Elective capacity would be stepped down through the omicron peak.</p>	
	<p><b><u>The Committee:</u></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted from the Performance Report Update</i></b></li> </ul>	
	<p><b><u>Minutes of the meeting held on 18<sup>th</sup> November 2021</u></b></p> <ul style="list-style-type: none"> <li>- <b><i>The Committee would approve the minutes of the meeting held on 18/11/21 at the January meeting.</i></b></li> </ul>	
	<p><b><u>Date and time of next meeting (Verbal)</u></b></p>	
	<p><b>Date:</b> Thursday 27 January 2022  <b>Time:</b> 09:00  <b>Venue:</b> Microsoft Teams</p>	
	<p><b><u>Meeting Close</u></b></p> <p>Meeting closed at 12:20pm</p>	

FINAL

**PEOPLE COMMITTEE**

**Minutes of the meeting of the People Committee  
Held on Tuesday 2<sup>nd</sup> November 2021 at 09:00am via Microsoft Teams**

<b>Present:</b>	Sheena McDonnell, Non-Executive Director (Chair) Mark Bailey, Non-Executive Director Karen Barnard, Director of People and Organisational Development Pat Drake, Non-Executive Director Dr Tim Noble, Executive Medical Director David Purdue, Chief Nurse Kath Smart, Non-Executive Director
<b>In attendance:</b>	Jayne Collingwood, Head of Leadership and Organisational Development Dr Sam Debbage, Deputy Director of Education and Research Sudipto Ghosh, Associate Medical Director for Professional Standards and Revalidation Anthony Jones, Deputy Director of People and Organisational Development Emma Shaheen, Head of Communications and Engagement Beccy Vallance, Quality Improvement Clinical Lead
<b>To Observe:</b>	Kay Brown, Staff Governor Mark Bright, Public Governor
<b>Apologies :</b>	Fiona Dunn, Deputy Director Corporate Governance/Company Secretary
	<u>ACTI</u> <u>ON</u>
<b>PC21/11/A1</b>	<b><u>Welcome, apologies for absence and declarations of interest (Verbal)</u></b>
	The Chair welcomed the members and attendees. Apologies for absence were given. No conflicts of interest were declared.  The Chief Nurse declared that he was also the Lead of Workforce Development for NHSEI this was noted by the committee
<b>PC21/11/A2</b>	<b><u>Requests for Any Other Business (Verbal)</u></b>
	There were no requests for any other business.
<b>PC21/11/A3</b>	<b><u>Actions from previous meeting (Enclosure A3)</u></b>
	<u>Action 1 – Staff Survey Feedback – You said, We did</u> – Item is covered on the agenda – Closed  <u>Action 2 – Performance Assurance Framework</u> – Item had been sited at Finance and Performance - Closed

	<p><u>Action 3 – Workforce related Corporate Risks</u> – Item is covered on the agenda – Closed</p> <p><u>Action 4 – Partner Governor</u> – A partner governor had been appointed – Closed</p>	
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted the updates and agreed, as above, which actions would be closed.</i></b></li> </ul>	
PC21/11/ B1	<p><b><u>Recruitment Report Including KPI's Quarter 2 (Enclosure B1)</u></b></p> <p><b><u>Recruitment Activity Report</u></b></p> <p>Deputy Director of People and Organisational Development highlighted the concerns of the quality of the data within the Trac recruitment system. More support and encouragement was required for staff members to use the site. Between April and September 2021 there had been 762 individual vacancies, 57% of these were filled, 17% were in progress/not completed and 14% weren't successful. 462 positions were short listed within 10 days of the closure dates however 23 positions were over 10 days. The longest shortlisting time had been 48 days.</p> <p>Due to staff sickness and increasing pressures within the recruitment department pre-employment checks were something that required focus on and were taking longer.</p> <p>International midwives were being brought to the trust as there was an ongoing shortage.</p> <p>Further to a question Pat Drake asked regarding the data quality issues and the wait times being lengthily was there anyone else able to authorise the vacancies. It was confirmed that a manager would oversee the vacancy ahead of going to VCF.</p> <p>Kath Smart made reference that the changes to data quality had been approved by the executives and would be invested into. Kath Smart also commented that we need to recruit as soon as someone hands in their notice to enable the post to be filled.</p>	
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted the update on the Recruitment Report Including KPI's Quarter 2</i></b></li> </ul>	
PC21/11/ C1	<p><b><u>Workforce Assurance Report (Enclosure C1)</u></b></p> <p>The Director of People and Organisational Development gave detail on the report and that additional money from H2 had been established for nursing. Vacancy levels were fully established by both International and newly qualified nurses. However Clinical Admin/Admin staffing including Secretarial roles were proving difficult to fill. Therefore apprentices were being looked into and colleagues from the council were approached for further advice on this.</p> <p>Staff absence numbers fluctuated due to staff isolating for a family member. Work was being carried out together with the ICS and Vivup to research into non Covid-19 sickness and a pathway forward to help staff resume working.</p> <p>Kath Smart queried if a deep dive would take place in January 2022 regarding staff absence, explaining the process and looking at high level areas. It was confirmed that this would be presented in 2022 as the KPI clinics had now been reinstated after Covid-19.</p>	

	<p>Following a question from Kath Smart regarding if every Covid-19 death was looked into to ensure that it wasn't caught from a staff member. The Chief Nurse confirmed that if this was definite or probable within the coroner's report a duty of candour process was followed.</p>	
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b>Noted the update from the Workforce Assurance Report</b></li> </ul>	
PC21/11/C2	<p><b>Widening Participation – Quarter 2 Report (Enclosure C2)</b> Item not discussed as report not circulated prior to meeting</p>	
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b>Noted the update on the Widening Participation – Quarter 2 Report</b></li> </ul>	
PC21/11/C3	<p><b>Health and Wellbeing including Vivup &amp; New Innovations Update (Enclosure C3)</b> Jayne Collingwood presented that there had been an increase in accessing Health and Well Being due to new clients. A number of counselling sessions had taken place, the presenting issues were:</p> <ul style="list-style-type: none"> <li>- 14% work related stress</li> <li>- 14% bereavement/loss</li> <li>- 13% anxiety</li> <li>- 13% depression and low mood</li> <li>- 11% family difficulties</li> </ul> <p>Occupational Health were running a 'Know your numbers' which included access for staff to their BMI, weight and Blood Pressure along with offering complimentary therapies. Reiki was to be extended due to positive feedback from staff.</p> <p>Kath Smart relayed that the data on Covid-19 vaccinations and the amount of staff that were now double vaccinated was high with DRI being at 91.8%. The highest trust was at 94.8% with the lowest being 80%. Staff were congratulated on the Flu and Covid-19 booster scheme.</p> <p>Pat Drake queried about the vaccines being mandatory and if staff wouldn't participate whether they would then be moved to other areas. The Director of People and Organisational Development confirmed that it was likely that the Covid-19 vaccines would be mandatory by mid-2022. If staff wouldn't allow this HR would then look into redeployed into lower risk areas.</p> <p>Following a question from the Chair regarding the Entonox issue within maternity and if it was now resolved. The Chief Nurse confirmed it was within Bassetlaw labour ward and that everything had been cleaned and tested by an external company. With all equipment being signed off by the CQC.</p>	
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b>Noted the update on Health and Wellbeing including Vivup and New innovations</b></li> </ul>	
PC21/11/C4	<p><b>Revalidation for Doctors Update (Enclosure C4)</b> The new Associate Medical Director for Professional Standards and Revalidation Sudipto Ghosh was welcomed by the committee.</p>	

	<p>Our Annual Organisational Audit report was run by NHS England with an expectation that we report on appraisals and revalidation for medical staff. A lead appraiser was to be recruited to monitor the new process and appraisal policy. The position would be posted at the end of November.</p> <p>Ray Cuschieri and Sudipto Ghosh were currently looking into 100 revalidations in a year.</p> <p>The Medical Director explained that within the appraisals there was a well-being section. Two versions of the appraisal were suggested to staff, a simple 5 page option and a full 70 page preferred option were suggested.</p> <p>Following a question from The Chair regarding if there were any risks, it was confirmed by the Medical Director that the risks were low. It was also confirmed by all committee members that they were assured on this and it would be put forward to board.</p> <p>Three areas that were required to be aligned with all new starters and leavers were GMC Connect, ESR and Appraisal System.</p>	
	<p><b><i>The Committee:</i></b></p> <p>- <b><i>Noted the update for the Revalidation for Doctors.</i></b></p>	
PC21/11/ C5	<p><b><u>Education Assurance Report – Including Set (Enclosure C5)</u></b></p> <p>The Deputy Director of Education and Research added that room capacity was still a challenge and had been raised with the space utilisation group to determine if C block was to be used as a permanent space.</p> <p>Following a question to The Chief Nurse raised by Kath Smart it was made clear that mitigation wasn't unique to our trust. Everything was on the risk register.</p> <p>Pat Drake observed that people weren't self-declaring year on year and enquired if there was a prompt. The Deputy Director of Education and Research commented that a prompt was sent 4 months prior and then 1 months prior. Senior leaders were also encouraged to work with governance groups. The Chief Nurse advised that he would raise this concern at the Children and Families Board.</p>	
	<p><b><i>The Committee:</i></b></p> <p>- <b><i>Noted and gave assurance to the update on the Education Assurance Report – Including SET</i></b></p>	
PC21/11/ C6	<p><b><u>Post Registration Trainees – GMC Survey &amp; Action Plan (Enclosure C6)</u></b></p> <p>The Deputy Director of Education and Research explained that there was no comparable data received in 2020 due to Covid-19. We were in a strong position however recruitment levels were still challenging especially after reconfiguring clinical services. This was no different to other trusts and we were working with college tutors to agree actions plans.</p> <p>Director of People and Organisational Development added that anaesthetics was an area of challenge and had been for 3 years however this was at turning point. Currently there were no trainee consultants within this area but this was to be looked at. Two new consultants in this area had been appointed.</p>	

	<p>Following a question from Pat Drake about how large some of the actions were and if they were monitored. It was confirmed that they were via Training and Education Committee and that a full report and update would be completed within 6 months. The report would then be received at People Committee.</p>	
	<p><b>Action:</b></p> <ul style="list-style-type: none"> <li>- <b>Actions to be monitored and an update given via People Committee in 6 months' time.</b></li> </ul>	SD
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b>Noted gave assurance and an update on the Pre – Registration Learners – Summarising of Prioritisation</b></li> </ul>	
PC21/11/D1	<p><b><u>Job Planning – Update on Progress (Enclosure D1)</u></b></p> <p>Deputy Director of People and Organisational Development explained that the reports were being reviewed. People plan items had worked well previously and would continue in the future.</p> <p>Workforce plan had been developed to fill in the gaps and forgo any challenges ahead and was a rounded approach whereas the People Strategy was different groups. The draft of this would be brought to January's People Committee.</p> <p>Pat Drake gave an observation that it would be helpful to be able to view more data including timelines for future planning. New hospital approach and how we capture staff retiring along with the figures, the amount of nurses within the next year.</p> <p>Pilot with Allied Health Professionals for workforce to deliver figures and balance as we have previously struggled with data models, ensuring balance and for KPMG to support.</p> <p>The Chief Nurse made reference that career progression and development was a key part of keeping staffs moral.</p>	
	<p><b>Action:</b></p> <ul style="list-style-type: none"> <li>- <b>Bring the People Strategy plan to January meeting and to include EDI, Well-being and Workforce plan.</b></li> </ul>	
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b>Noted the update on Job Planning with a progress update</b></li> </ul>	
PC21/11/E1	<p><b><u>The People Promise – Enabling a voice that counts and recognising and rewarding our colleagues</u></b></p> <p>Initiatives around recognition, reward and being proactive with items for example thank you sweets to staff members and listening events every 6 months by The Chief Executive. Incentives no matter how small were seen as useful.</p> <p>Kath Smart commended that staff being appreciated was important and listening to their views and that some were recurring and never ending. Following a question from Kath Smart regarding the lighting within the car park it was answered by the Head of Communications and Engagement</p>	



	<p>that this was raised with Estates and a statement was required to be presented to the committee in 2022.</p> <p>The Chair made reference to the proposed Tea Trolleys that were to be brought round would provide a thank you. Also that maybe holding virtual question and answers sessions with the Directors would be useful.</p> <p>Jayne Collingwood explained about the new High 5 app and that it had a successful pilot within ED and was accessible by all staff.</p>	
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted the update for the people promise – Enabling a voice that counts and recognising and rewarding our colleagues.</i></b></li> </ul>	
PC21/11/ F1	<p><b>Trauma and Orthopaedics (Enclosure F1)</b></p> <p>The Executive Medical Director explained that there had been a Deep Dive previously and that a lot of recommendations were received. A lot of them were now completed or in progress. A single site was being discussed particularly the trauma service and whether this would become permanent and referral management leads would move to private practice. Mediation then supported sessions were taking place in order to rebuild the structure.</p> <p>Being proactive not reactive was important and would enable gaps to be filled for example the Clinical Director role. The Director of People and Organisational Development, Jayne Collingwood along with the Executive Medical Directors team would support.</p>	
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted the update on the Trauma and Orthopaedics</i></b></li> </ul>	
PC21/11/ G1	<p><b>People Committee – Terms of Reference (Enclosure G1)</b></p> <p>No changes</p>	
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted the People Committee terms of Reference</i></b></li> </ul>	
PC21/11/ G2	<p><b>Health and Wellbeing Committee – Terms of Reference (Enclosure G2)</b></p> <p>Some of the job roles required amending however as the meeting was on the 1<sup>st</sup> November this was a requirement</p>	
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted the Health and Wellbeing Committee Terms of Reference</i></b></li> </ul>	
PC21/11/ G3	<p><b>Equality, Diversity and Inclusion Committee – Terms of Reference</b></p> <p>No changes</p>	
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted the Equality, Diversity and Inclusion Committee Terms of Reference</i></b></li> </ul>	

PC21/11/ G4	<p><b><u>Board Assurance Framework – True North SA2 &amp; 3</u></b></p> <p>The Director of People and Organisational Development confirmed that changes had been made with the framework.</p> <p>Kath Smart made observation that the workforce outcomes should be included within the report as this was a link to Board. The job plan audit even with gaps should also be included.</p> <p>The Chair added that items from the work plan could be added to the framework.</p>	
	<p><b><i>The Committee:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted the Board Assurance Framework True North SA2 &amp; 3</i></b></li> </ul>	
PC21/11/ G5	<p><b><u>Corporate Risk Register (Enclosure G5)</u></b></p> <p>The Director of People and Organisational Development explained that the report was the 15+ workforce related risks and that they had been reviewed and all those involved had been contacted. Some of the risk levels were lowered, some the same and others were closed. The managers would be required to update Datix and the updates would be reviewed in a months' time.</p> <p>The Chair asked if a cleansed version would then be brought back to People Committee.</p>	
	<p><b><i>Action:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>A cleansed report on the 15+ risks to be received at People Committee</i></b></li> </ul>	KB
	<p><b><i>The Committee:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted the update on the Corporate Risk Register.</i></b></li> </ul>	
PC21/11/ H1	<p><b><u>Equality, Diversity and Inclusion Update (Enclosure H1)</u></b></p> <p>Nothing to update on this item</p>	
	<p><b><i>The Committee:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted the update on Equality, Diversity and Inclusion.</i></b></li> </ul>	
PC21/11/ I1	<p><b><u>Governor Observations (Verbal)</u></b></p> <p>Kay Brown thanked staff for cards from Suzy Brain England.</p> <p>Staff survey what the level of completion was at, Jayne Collingwood confirmed we were at 35.1% and 60% was required. Prizes were being given as an incentive.</p>	
	<p><b><i>The Committee:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Thanked the Governors for their observations.</i></b></li> </ul>	
PC21/11/ J1	<p><b><u>Minutes of the Sub-Committee Meeting (Enclosure J1)</u></b></p>	
	<p><b><i>The Committee noted:</i></b></p> <ul style="list-style-type: none"> <li>i. Training Hospital Board Minutes 11/06/2021</li> </ul>	

	<ul style="list-style-type: none"> <li>ii. Workforce Planning Committee 13/8/2021</li> <li>iii. Quality Improvement Annual Report 2020/21</li> </ul>	
PC21/11/ K1	<p><b><u>Any Other Business (Verbal)</u></b></p> <p>There were no items of any other business.</p>	
PC21/11/ K2	<p><b><u>Minutes of the Meeting held on 7<sup>th</sup> September 2021</u></b></p>	
	<p><b><i>The Committee:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Approved the minutes of the meeting held on 7<sup>th</sup> September 2021.</i></b></li> </ul>	
PC21/11/ K3	<p><b><u>Items of escalation to the Board of Directors (Verbal)</u></b></p>	
	<p>There were no items of escalation to/from:</p> <ul style="list-style-type: none"> <li>i. People Sub-Committees</li> <li>ii. Board Sub-committees</li> <li>iii. Board of Directors</li> </ul>	
PC21/11/ K4	<p><b><u>Assurance Summary (Verbal)</u></b></p>	
	<p>The Committee was asked by the Chair if it was assured, on behalf of the Board of Directors on the following matters. Any matters where assurance was not received, would be escalated to the Board of Directors:</p> <ul style="list-style-type: none"> <li>- Matters discussed at this meeting,</li> <li>- Progress against committee associated Executive's objectives,</li> <li>- Are there any emerging new risks identified</li> </ul>	
	<p><b><i>The Committee were assured on behalf of the Board of Directors on:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Matters discussed at this meeting, with the exception of the timeliness of the review of the staff survey results which would be escalated to the Board for discussion,</i></b></li> <li>- <b><i>Progress against committee associated Executive's objectives,</i></b></li> <li>- <b><i>Were there any emerging new risks identified</i></b></li> </ul>	
PC21/11/ K5	<p><b><u>Date and time of next meeting (Verbal)</u></b></p>	
	<p><b>Date: Tuesday 11<sup>th</sup> January 2022</b>  <b>Time: 9.00am</b>  <b>Venue: Microsoft Teams</b></p>	
	<p>Meeting closed at: 11:39am</p>	



**AUDIT AND RISK COMMITTEE**

**Minutes of the meeting of the Audit and Risk Committee  
Held on Thursday 12<sup>th</sup> October 2021 at 13:00 via Microsoft Teams**

<b>Present:</b>	Kath Smart, Non-Executive Director (Chair) Sheena McDonnell, Non-Executive Director Mark Bailey, Non-Executive Director (MB)	
<b>In attendance :</b>	Ken Anderson, Chief Information Officer Dr Noble, Executive Medical Director Rebecca Joyce, Chief Operating Officer Matthew Bancroft, Head of Financial Services (MB) Fiona Dunn, Deputy Director of Corporate Governance/Company Secretary Kirsty Edmondson Jones, Director of Estates and Facilities Harriet Fisher, Internal Audit Manager, KPMG Rob Jones, Internal Audit Manager, KPMG Hassan Rohimun, Engagement Lead, Ernst Young Jon Sargeant, Director of Finance Ruth Vernon, Assistant Director 360 Assurance David Linacre, IT Operations Head of Digital Ops + Cyber (AR21/10/D1) Jerome Boniface, IT Operations Security & Continuity (AR21/10/D1) Sean Tyler, Head of Compliance (AR21/10/J1) Claudia Gammon, Secretarial Support Officer (Minutes)	
<b>To Observe:</b>	Dennis Atkin, Public Governor	
<b>Apologies:</b>	Mark Bishop, NHS Accredited Counter Fraud Specialist Neil Rhodes, Non-Executive Director	<b><u>ACTION</u></b>
<b>AR21/10/A 1</b>	<b><u>Welcome, apologies for absence and declarations of interest (Verbal)</u></b>	
	Kath Smart welcomed the members and attendees. The apologies for absence were noted.	
<b>AR21/10/A 2</b>	<b><u>Actions from previous meeting (Enclosure A2)</u></b>	
	Updates were provided on the below actions:  <u>Action 2 – Outstanding Responses – Recommendation Tracker</u> – On the agenda D2 and would be closed  <u>Action 4 – Review of Risks Status Report</u> – On the agenda G2 and would be closed  <u>Action 5 – Risk Management Policy</u> – On the agenda G2 and would be closed	

	<p><u>Action 9 – Escalation from the Quality and Effectiveness Committee</u> – On the agenda J2 and would be closed. Comments to be sent back to authors.</p> <p>Actions 1, 3, 6-8 were closed</p>	
	<p><b>The Committee</b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted the updates and agreed, as above, which actions would be closed.</i></b></li> </ul>	
AR21/10/A 3	<p><b>Request for any other business (Verbal)</b></p> <p>There were no requests for any other business.</p>	
AR21/10/A 4	<p><b>Additional presentations</b></p> <p>1:40pm – Cyber Security Final Report (D1) – Ken Anderson  2:35pm – Local Security Management Report (J1) – Kirsty Edmondson-Jones  3:00pm – Job Planning Recommendation Tracker (D3) – Dr Noble  4:00pm – Emergency Core Standards Return (F1) – Rebecca Joyce</p>	
AR21/10/B 1	<p><b>External Audit Progress Update (Verbal)</b></p> <p>Hassan Rohimun, Engagement Lead, Ernst Young gave a brief overview of the current audit and subsidiaries, but as year end reports had been agreed, signed off and presented there was currently minimal activity. The Charitable Funds Annual Report &amp; Accounts were ongoing, and it was estimated it would be completed by the end of October in readiness to provide the report the following month.</p>	
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b><i>Received and noted the External Audit Progress Update</i></b></li> </ul>	
AR21/10/C 1	<p><b>Local Counter Fraud Specialist (LCFS) Progress Report (Enclosure C1)</b></p> <p>The Director of Finance presented the LCFS report in Mark Bishop’s absence which points out the scores had dropped from previously recorded. The Trust overall scored Green. A full NFI data report was released, and the matches were broken down into high, medium and low risk matches as follows:</p> <ul style="list-style-type: none"> <li>- <b>216 – high risk matches</b></li> <li>- <b>1,914 – medium risk matches</b></li> <li>- <b>384 – low risk matches</b></li> <li>- <b>278 – nil risk matches</b></li> </ul> <p>There were a lot of cases internally closed.</p> <p>Following a question from Sheena McDonnell as to whether or not the National Compliance held any risks or penalties, it was confirmed that as DBTH were in the “green” overall, there were none.</p> <p>The Chair commented that she attended a Counter Fraud Webiinar by the NHSCFA and referenced if the guidance available to all and asked if it could be circulated within the group.</p> <p><a href="#">NHS Fraud Reference Guide</a>   <a href="#">Fraud Prevention</a>   <a href="#">NHS Counter Fraud Authority (cfa.nhs.uk)</a></p>	

	<p><b>Action:</b></p> <ul style="list-style-type: none"> <li>- <b>Obtain and circulate the Counter Fraud guide</b></li> </ul>	CG
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b>Noted and took assurance from the Local Counter Fraud Specialist Progress Report.</b></li> </ul>	
AR21/10/D 1	<p><b>Internal Audit Progress Report (Enclosure D1)</b> Rob Jones from KPMG discussed that this was their final progress update. Harriet Fisher went on to discuss the cyber framework and how DBTH were benchmarked against the Trusts processes.</p> <p><b>Cyber Security Final Report</b> Ken Anderson, Chief Information Officer introduced David Linacre, IT Operations Head of Digital Ops + Cyber and Jerome Boniface, IT Operations Security to the committee. Ken Anderson, Chief Information Officer gave information about the Cyber report and that the number of Cyber-attacks within the NHS had increased. The Committee probed the responses which had not been accepted and the CIO gave assurances on each area as to how the Trust were managing the Cyber risks. It was agreed that this was a complex area, and discussed that Board had a presentation from NHSI/E prior to the pandemic, but that it should go back on the Board agenda to understand the assurances DBTH had in place and ensure Board oversight of DBTH's position.</p> <p><b>Infection Control Report: Staff Vaccination &amp; Testing - Significant Assurance</b> The Infection Control Report was circulated, which reviewed the processes for the staff vaccines and COVID-19 tests. It was pleasing to note this was a positive outcome for the Trust and noted how well the Trust had done in setting up this new system during the pandemic. One low level risk was found due to procedure notes.</p>	
	<p><b>Action:</b></p> <ul style="list-style-type: none"> <li>- <b>ARC requested that Cyber Security formed part of the forward plan for Trust Board briefings, to ensure Board were aware of the management of the risks, given the high profile of cyber-attacks.</b></li> </ul>	
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b>Noted and took assurance from the Internal Audit Progress Report.</b></li> </ul>	
AR21/10/D 2	<p><b>Internal Audit Recommendation Tracker</b> KPMG gave an overall picture of the tracker which showed minimal movement from previous reports. A number of extensions had been requested, and these were all approved with the exception of 3 recommendations relating to the 19/20 Risk Management Report (Datix), which asked for extensions into 2022. This caused the Committee concern at the long timescales and were not able to understand the reasons why.  The Chair expressed concern at the lack of progress in closing audit recommendations, however, also understood that the Trust has continued to be under pressure with the ongoing</p>	

	<p>pandemic. With support from the DoF, the Committee recommended that a ‘Deep Dive’ was given for those actions which had two reminders for overdue recommendations sent in July and September. It was agreed an “overdue audit recommendations panel” would review the outstanding recommendations as a subgroup of ARC, to provide focus and confirmation of progress, and also include 3 recommendations from 19/20 Risk Management Audit (Datix) as above. It was agreed that Kath Smart, Mark Bailey would work with KPMG and The Director of Finance to review, and this would be required before the next ARC meeting.</p> <p>Following on from a comment made by Sheena McDonnell it was agreed that support would be given to ensure the risks that weren’t yet due were given an extension.</p>	
	<p><b>Action:</b></p> <ul style="list-style-type: none"> <li>- <b><i>Deep Dive into the overdue Audit Recommendations</i></b></li> </ul>	<p>JS/KS HF/M B</p>
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted the Internal Audit Recommendation Tracker &amp; lack of progress</i></b></li> </ul>	
<p>AR21/10/D 3</p>	<p><b><u>Job Planning Update – KPMG report (Verbal)</u></b></p> <p>The Executive Medical Director gave an update on the KPMG actions. He confirmed that the Job Planning policy was in line with LNC. There was to be job planning guidance which was expected at the end of October and contain guidance notes. A template had been previously updated and circulated amongst the Divisional Directors. There were to be certain steps highlighted:</p> <ul style="list-style-type: none"> <li>- Plan objectives – personal had been changed to service objectives</li> <li>- Private practice – including temporary job plan via allocate</li> <li>- Job plan template – awaiting approval</li> <li>- LNC approval – awaiting final version</li> <li>- Consistency committee – reviewed pending LNC to be discussed at TNC and LNC</li> <li>- Job planning training awaiting confirmation of dates</li> <li>- Job plan requires administrative support – business case not written but this was to be added</li> <li>- 1 or 2 band 3 or 4 to assist with the plan and senior managers to write the business case.</li> </ul>	
	<p>The Executive Medical Director explained that the progression of work for the job planning had been running day to day to ensure there was enough information for the business case. Sheena McDonnell queried the dates shown in the job plan. The Committee took assurances from the progress which had been made, noting that 2 recommendations may require alterations to their dates, which should come through the normal process for requested extensions.</p>	
	<p><b>Action:</b></p> <ul style="list-style-type: none"> <li>- <b><i>Dates to be revised and an update from the Medical Director to be resubmitted in either March or May 2022 ARC meeting.</i></b></li> </ul>	
	<p><b>The Committee</b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted the update for Job Planning.</i></b></li> </ul>	

AR21/10/D 4	<p><b><u>360 Introduction</u></b> The Chair introduced Ruth Vernon from 360 to the committee. Ruth Vernon gave an update on where 360 were with meeting everyone. They have met with the stakeholders within the last few weeks, handover with KPMG was ongoing and they met with the NEDS and some of the Executive Directors.</p>	
	<p><b>The Committee</b></p> <ul style="list-style-type: none"> <li>- <i>Noted the update on the 360 Introduction</i></li> </ul>	
AR21/10/E 1	<p><b><u>Governor Observations (Verbal)</u></b> Dennis Atkin made no observations only that there would be some challenges ahead.</p>	
	<p><b>The Committee</b></p> <ul style="list-style-type: none"> <li>- <i>Noted the observations provided by the Governors.</i></li> </ul>	
AR21/10/F 1	<p><b><u>Emergency Planning Core Standards Return</u></b> The Chief Operating Officer referred to the plan and that there was a self-assessment every year that would then be presented at Octobers Board meeting, signed off and submitted to NHSE. The core standards were 80% compliant and stated partial compliance. DBTH were in line with what had been submitted leaving a well-presented business continuity plan. This would then be discussed further at the next Trust Executive Group meeting. A deep dive had been held regarding the oxygen supply standards which would find to be compliant.</p> <p>Sheena McDonnell questioned the level of compliance and if anything had been provided last year to show it had been approved and the expectation moving forward. It was also a concern that July 2022 was the priority which seemed a long way in the future. The Chief Operating Officer confirmed that areas had been identified for improvement and shown in the action plan every year. Actions previously identified would strengthen business continuity plan and learning from incidents.</p> <p>The Chair asked about the evacuation dates being mid-2022 and if they were correct, it was confirmed that the dates were required to be reviewed and to work with NHSE moving forward.</p>	
	<p><b>The Committee</b></p> <ul style="list-style-type: none"> <li>- <i>Reviewed &amp; supported the updated on the Emergency Planning Care Standards Return to the Board</i></li> </ul>	
AR21/10/F 2	<p><b><u>Data Security and Protection Toolkit Compliance (Verbal) – taken with item D1</u></b></p>	
	<p><b>The Committee</b></p> <ul style="list-style-type: none"> <li>- <i>Noted and took assurance from the update provided on the Data Security and Protection Toolkit Compliance</i></li> </ul>	
AR21/10/G 1	<p><b><u>Corporate Risk Register (Enclosure G1)</u></b> The Company Secretary confirmed that no corporate risks had been added or escalated to management board and the 15+ risks were still as scene.</p>	



	<p>Following a question from the Chair regarding the lifts issue it was confirmed that this would be presented at the next Finance and Performance meeting. KS also queried the outcomes and progress against the Granger Report and was informed this would be presented to a future F&amp;P Meeting.</p>	
	<p><b><i>The Committee:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted the corporate risk register.</i></b></li> </ul>	
AR21/10/G 2	<p><b><u>Risk Management Progress Update (Enclosure G2)</u></b></p> <p>The Company Secretary explained the progress made on the KPMG Risk Management report that was finalised in June 2021. The changes to Datix had been assured and reviewed at a divisional level. Four medium recommendations had been made and five low. Of these nine four were to do with process, three were BAF and the remaining two were the operations side. The breakdown of the actions was brought to the Committees attention:</p> <ul style="list-style-type: none"> <li>- Actions one to four were a review of the Trusts process and policy with an extension of the end of November 2021.</li> <li>- Actions five was complete and six would be completed at the end of October 2021</li> <li>- Actions eight and nine were operational issues.</li> </ul> <p>All risks were visible on Datix all owners were able to access them. As much information was required to be added to the description to ensure it was captured in the correct way. Datix would also allow documents to be attached to give further information. One of the main issues was that staff don't have enough time to update the system which was required to enable the risks to be documented in the correct way. It was equipped with three separate dashboards:</p> <ul style="list-style-type: none"> <li>- First one includes all risks for DBTH</li> <li>- Second one had the 15+ risks</li> <li>- Third one covers the risks that have been put forward to Trust Executive Group and were on the Corporate Risk Register.</li> </ul> <p>The Company Secretary confirmed that the policy did need updating, however, confirmed it was fit for purpose.</p> <p>Following a question from the Chair as to whether there were any risks that should be on 15+ register it was confirmed that there weren't, and this was a monthly item on the Executive Team Meeting.</p>	
	<p><b><i>The Committee:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and was assured by the Risk Management Progress Update.</i></b></li> </ul>	
AR21/10/G 3	<p><b><u>Corporate Hospitality and Sponsorship (Enclosure G3)</u></b></p>	

	The Company Secretary referred that this was 6monthly and submitted for Hospitality and Sponsorship with only 5 entries. This was due to most activities being virtual this then reduces fees.	
	<b>The Committee:</b>  - <b><i>Noted the update provided on corporate hospitality and sponsorship.</i></b>	
<b>AR21/10/H 1</b>	<b><u>Single Tender Waiver Report (Enclosure H1)</u></b> The Head of Financial Services asked for any questions on the Single Waiver Report at which point it was discussed about the training videos within the trust and the staff Raiki sessions and whether they had been offered for tender as they had stopped using the company and then proceeded again. It was confirmed that the same company was being used. Sheena McDonnell made reference that there wasn't a lot of detail within the report to suggest this. It had been agreed that this would be reworded and looked at further.	
	<b>The Committee:</b>  - <b><i>Noted the Single Tender Waiver Report.</i></b>	
<b>AR21/10/H 2</b>	<b><u>Losses and Compensations (Enclosure H2)</u></b> There was nothing to add to this item	
	<b>The Committee:</b>  - <b><i>Assured and noted the Losses and Compensations Report.</i></b>	
<b>AR21/10/H 3</b>	<b><u>Review of the actions against the ISA 260</u></b> There was nothing to add to this item	
	<b>The Committee:</b>  - <b><i>Assured and noted the review of the actions against the ISA 260.</i></b>	
<b>AR21/10/II</b>	<b><u>Governor Observations (Verbal)</u></b> Dennis Atkin made no observations.	
	<b>The Committee:</b>  - <b><i>Noted the observations made by the Governors.</i></b>	
<b>AR21/10/J 1</b>	<b><u>Quarter 1 and Work Plan &amp; 2 2021/22 Local Security Management (Enclosure J1)</u></b> The Director of Estates and Facilities gave an update to the committee that there had been a decrease in violent and aggressive incidents since April/May 2021. There had been 92 reported incidents of which 42 were physical abuses and 25 cases of threatening behaviour. The Violence Prevention Reduction Standards new framework was a requirement and was to be reviewed twice yearly. Any findings from this would then be accessed at Trust Board.  Following a question from Sheena McDonnell regarding the increase in incidents and could this be due to COVID-19 and mask wearing. It was confirmed that this could have contributed but wasn't definite.	

	<p>The Director of Estates and Facilities reported that staff don't always report incidents due to timescales, but they need to be encouraged to. Datix could now be used as a tool to pull data for both incidents and positive comments. This would enable us to give staff feedback.</p> <p>Sean Tyler commented about the training and if security staff were able to access the conflict resolution training. It was discussed that at present they can't, but this would be investigated as this part of their training. SCS would be providing specialist bed watch for patients, providing guards with mental health and restraint training. Our nurses would also undertake this training.</p> <p>The Director of Estates and Facilities confirmed that they have been working with Police and security over the incidents and if staff required it, they would look to moving parking spaces near to CCTV or escorted by security to their cars.</p>	
	<p><b>The Committee</b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and took assurance from the Quarter 1 and Work Plan &amp; 2 2021/22 Local Security Management Report.</i></b></li> </ul>	
AR21/10/J 2	<b><u>Clinical Audit and Effectiveness Annual Report (Enclosure J2)</u></b>	
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted the Clinical Audit and Effectiveness Annual Report</i></b></li> </ul>	
AR21/10/J 3	<p><b><u>Health and Safety Committee Minutes – 17/06/2021 (Enclosure J3)</u></b></p> <p>Sheena McDonnell picked out a few points from the minutes regarding the restrooms available to staff, accommodation business case, lift issues not being on the risk register and the Entonox exposure and if the students affected had been contacted. The Director of Estates and Facilities confirmed that the accommodation business case was to be presented on the 22<sup>nd</sup> of October. There was a restroom portacabin at outpatients 1 and the marquee outside gate 4 could be used by staff. Both students who had been exposed to a higher level of Entonox had been contacted and the flow had been monitored. It was also investigated with an outcome that if a labouring woman used the Entonox through a suction piece without a mask that this would show a higher reading however if they used a mask, it would be lower. Lifts within Women and Children's were on the risk register and a paper to be reviewed and submitted to F&amp;P. The Director of Estates and Facilities also confirmed that a lift would be installed outside the hospital and be large enough to transport beds as and when needed.</p>	
	<p><b>Action:</b></p> <ul style="list-style-type: none"> <li>- <b><i>The paper regarding the lifts in Women and Children's would be presented at Confidential Board,</i></b></li> </ul>	KEJ
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and approved the Health and Safety Committee Minutes – 17<sup>th</sup> June 2021.</i></b></li> </ul>	
AR21/10/J 4	<b><u>Information Governance Group Minutes – 28/06/2021, 26/07/2021 &amp; 23/08/2021 (Enclosure J4)</u></b>	

	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b>Noted and approved the Health and Safety Committee Minutes – 28<sup>th</sup> June 2021, 26<sup>th</sup> July 2021 and 23<sup>rd</sup> August 2021.</b></li> </ul>		
AR21/10/K 1	<p><b>Any Other Business (Verbal)</b> No other business was submitted</p>		
AR21/10/K 2	<p><b>Minutes of the meeting held on 15<sup>th</sup> July 2021 (Enclosure K2)</b></p>		
	<p><b>The committee:</b></p> <ul style="list-style-type: none"> <li>- <b>Noted and approved the minutes of the Audit and Risk Committee – 15<sup>TH</sup> July 2021</b></li> </ul>		
AR21/10/K 3	<p><b>Issues Escalated From/To (Verbal)</b></p>		
	<p>Issues escalated from/to:</p> <ul style="list-style-type: none"> <li>i) <b>QEC Sub-Committees</b> None</li> <li>ii) <b>Board Sub-Committees</b> None</li> <li>iii) <b>Board of Directors</b> Cyber Security would go on the forward plan The Estates Report on Women &amp; Childrens would go to Confidential Board</li> </ul>		
AR21/10/K 4	<p><b>Assurance Summary</b> The Committee was asked if it was assured, on behalf of the Board of Directors on the following matters. Any matters where assurance was not received, would be escalated to the Board of Directors:</p> <ul style="list-style-type: none"> <li>- Matters discussed at this meeting,</li> <li>- Progress against committee associated Executive’s objectives – Yes</li> <li>- Any new Emerging risks that have been identified from the meeting? – Audit recommendations</li> </ul>		
AR21/10/K 5	<p><b>Date and time of next meeting (Verbal)</b></p>		
	<p>Date: Time: Venue:</p>	<p><b>Friday 28<sup>th</sup> January 2022</b> <b>09:30</b> <b>Microsoft Teams</b></p>	

**TRUST EXECUTIVE GROUP**

**Minutes of the meeting of the Trust Executive Group  
Held on Monday 13<sup>TH</sup> December 2021 via Microsoft Teams**

<b>Present:</b>	<p>Karen Barnard - Director of People &amp; Organisational Development          Fiona Dunn - Deputy Director Corporate Governance / Company Secretary          Kirsty Edmondson Jones – Strategic Director of Estates &amp; Facilities          Rebecca Joyce - Chief Operating Officer          Eki Emovon - Divisional Director - Children and Families          Dr Tim Noble - Executive Medical Director          Richard Parker - Chief Executive (Chair)          Marie Purdue - Director of Strategy and Improvement          Jon Sargeant – Interim Director of Recovery, Innovation &amp; Transformation          Dr Jochen Seidel - Divisional Director - Clinical Specialities          Alasdair Strachan - Director of Education &amp; Research          Abigail Trainer - Director of Nursing</p>
<b>In attendance:</b>	<p>Ken Anderson - Chief Information Officer (AOB)          Dr Anurag Agrawal - Acting Divisional Director – Medicine          Simon Chiva – Inenco (item B3)          Claudia Gammon – Secretarial Support Officer (Minutes)          Dr Sudipto Ghosh – Associate Medical Director for Professional Standards and Revalidation          Matthew Gleadall – Acting Deputy Director of Estates and Facilities (item B3)          Bethany Goodwin – Inenco (item B3)          Dr Joseph John - Medical Director for Operational Stability and Optimisation          Gill Marsden – Deputy Chief Operating Officer – Elective          Howard Timms – Acting Operational Director of Estates &amp; Facilities (Item B3)</p>
<b>Apologies:</b>	<p>Alex Crickmar - Acting Director of Finance          Nick Mallaband – Medical Director for Workforce and Specialty Development          David Purdue - Chief Nurse</p>
	<b>ACTION</b>
<b>TEG21/12/A1</b>	<b><u>Welcome and Apologies for Absence (Verbal)</u></b>
	<p>The Chief Executive welcomed the members and attendees to the meeting.          The above apologies for absence were noted.</p>
<b>TEG21/12/A2</b>	<b><u>Matters Arising / Action Log</u></b>
	<p>Updates were received on actions:  <b>Action 1</b> – Closed   <b>Action 2</b> – Delayed due to Chief Nurse giving apologies for the meeting – to be brought back in January’s meeting</p>

	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b>Noted the updates and Claudia Gammon updated the action log</b></li> </ul>	
TEG21/11/A3	<p><b><u>Conflict of Interest (Verbal)</u></b></p> <p>No conflicts of interest were declared.</p>	
TEG21/12/A4	<p><b><u>Requests for any other business (Verbal)</u></b></p> <p>Ken Anderson - Chief Information Officer <b><u>Cyber Security</u></b></p>	
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b>Noted and agreed as above.</b></li> </ul>	
TEG21/12/A5	<p><b><u>CEO Update</u></b></p> <p>The Chair reported that the major issue at present was the Omicron variant and the impact it has had over the past 3 weeks. The booster vaccinations were progressing well. Omicron appears to be less sensitive to AstraZeneca vaccine. Information coming out of S. Africa suggests that the Astra Zeneca vaccine was not providing significant levels of immunity over time whilst the other vaccines were giving 75% efficacy. Evidence suggests that Omicron variant appears to be four times more infectious especially within the first few days and wouldn't always be detected on a lateral flow test. Discussions were being had to ensure the target of 1million doses a day were carried out nationally. Three patient pathways were being considered for hospitals due to the increase of Omicron infectivity:</p> <ol style="list-style-type: none"> <li>1) Non-Covid-19 pathway</li> <li>2) A,B and Delta pathway</li> <li>3) Omicron pathway</li> </ol> <p>Karen Barnard - Director of People &amp; Organisational Development added that the booster programme was to recommence on the 15<sup>th</sup> December. Inpatients and outpatients face to face appointments were being reviewed as there were 4,500 patients under 50 that were booked for appointments until the end of December that could be offered the vaccination. 460 staff members had yet to receive either their first or second vaccination.</p> <p>Following a question from the Director of Education &amp; Research regarding an update on the flu vaccination uptake, it was answered that the flu numbers were lower than usual and that there was no active flu in the country. Additional guidance at present was that if you can work from home to do so however this wasn't always possible within the Acute hospital setting.</p> <p>Following a question from the Divisional Director - Clinical Specialities about which roles required staff to be mandatory vaccinated and whether it should be mandated uniformly across all trusts. KB responded, that the agreement would be across the integrated health care system. The Chair commented that one version of the policy would be issued across the trusts clinical staff. If staff didn't support this then they would be unlikely to be able to work clinically anywhere else.</p>	

	<p>The Chair confirmed that Pearce Butler was appointed the chair of the ICS, Gavin Boyle was the Chief Executive. The other senior appointment within the system is Ruth Brown who has been acting Chief Executive at Sheffield Children’s hospital and was appointed Chief executive for Children substantively.</p> <p>The Acute Federation role for Barnsley, Rotherham, Doncaster, Sheffield Teaching Hospitals and Sheffield Children’s was to be reviewed once the ICS &amp; CCG reconfiguration was complete. The Acute Federation will take on the responsibility for delivering the elective recovery program with the service contract between £1billion and £1.5billion.</p> <p>Further to a question from Director of Education &amp; Research regarding an update on the bid for the surgery and recovery capital fund and if it had been successful. The Chair explained this was still to be confirmed with a bid for one Elective Surgical hub at Royal Hallamshire serving Sheffield and the second at Mexborough serving Rotherham, Doncaster and Barnsley. They would both be modular build and would be on top of the Community Diagnostic Hub.</p>	
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b>Noted the CEO Update</b></li> </ul>	
<b>TEG21/12/ B1</b>	<b><u>DBTH Strategy Development and Service Line Review</u></b>	
	<p>An update was given by Director of Strategy and Improvement that the data internally and externally was complete for tranche 2 with the others in progress. Work was being carried out alongside the Interim Director of Recovery, Innovation &amp; Transformation team to work alongside partners in order to move forward with the Mexborough build. External company project support will be precluded to ensure all opportunities for elective pathways etc are considered. A meeting would commence this week to look at further updates along with engaging with Clinical teams when time and work pressures allow.</p>	
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b>Noted the update on the DBTH Strategy Development and Service Line Review</b></li> </ul>	
<b>TEG21/12/ B2</b>	<b><u>People Strategy and NHS HR &amp; OD</u></b>	
	<p>The current People and Organisational Development strategy runs out next year. It was nationally lead by NHSE&amp;I. The Director of People &amp; Organisational Development explained (presentation) that the 2030 vision for HR and OD in the People Plan was:</p> <p><b>Looking after our people</b> People Promise, Staff safety, Staff physical and mental well-being, flexible working</p> <p><b>Belonging in the NHS</b> Promoting inclusivity, ensuring staff have a voice, compassionate and inclusive leadership</p> <p><b>Growing for the future</b> Expanding and developing our workforce, focus on recruitment, staff retention and alignment and collaboration across health and care systems</p>	

	<p><b>New ways of working and delivering care</b>  Make the most of skills in teams, making the most of skills and energy in wider workforce and educating people for the future</p> <p>They were the four people plan chapters/pillars with eight vision statements (sector themes) within the people promise.</p> <p>The DBTH People Strategy lasted 5 years previously with a detailed plan and report to cover all strategies as one that over arches.</p> <p>DBTH People Strategy included the Trust Strategy, Develop, Belong, Thrive, Here and the We Care Values. True North Objectives also tied into the People Strategy.</p> <p>Measures were in place via KPI's in:</p> <ul style="list-style-type: none"> <li>- New ways of working</li> <li>- Flexible working</li> <li>- Workforce metrics</li> <li>- Education's metrics</li> <li>- Proportions of staff</li> <li>- Staff engagement/experience metrics</li> </ul> <p>The National report would be sighted at Board in January 2022 and also in more depth at the People Committee. The slides will be circulated for further review.  No comments were received from the group on this presentation.</p> <p>The Chair concluded this section by updating that the Chief People Officer post had been out for recruitment and interviews are scheduled for mid-January with strong quality of applicants.</p>	
	<p><b><i>The Committee:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted the People Strategy</i></b></li> </ul>	
<p><b>TEG21/12/ B3</b></p>	<p><b><u>Trust Green Plan</u></b></p>	
	<p>The Strategic Director of Estates &amp; Facilities introduced Simon Chiva from Inenco who updated the group with a presentation outlining strategically the plans in achieving a Net Zero status for the Trust by 2045 and delivering sustainable healthcare for the benefit of our patients. This was a 4 year plan until 2026 and had clauses that have to be met. Delivery of a green plan is a legal obligation. Within the plan there were nine areas of focus:</p> <p><b>Workforce and System Leadership</b>  Sets out the approach to governance, plus engaging and developing workforce and system partners</p> <p><b>Sustainable Models of Care</b>  Sets out the approach to embedding net zero principles across all clinical services</p>	



	<p><b>Digital Transformation</b> Sets out the links between the digital transformation agenda and net zero NHS</p> <p><b>Food and Nutrition</b> Sets out the approach to reducing the carbon emissions from the food made, processed or served within the organisation</p> <p><b>Estates and Facilities</b> Sets out the approach to reducing the carbon emissions from the operation of the organisations buildings and infrastructure</p> <p><b>Adaptation</b> Sets out the approach to mitigating the risk and effects of climate change</p> <p><b>Travel and Transport</b> Sets out the approach to reducing the carbon emissions arising from the travel and transport</p> <p><b>Supply Chain and Procurement</b> Details how the Trust can use its individual purchasing power and decisions to reduce carbon embedded in its supply chains</p> <p><b>Medicines</b> Details the approach to reducing the carbon emissions from the use of medicines</p> <p>The Strategic Director of Estates &amp; Facilities confirmed that the draft Green Plan had been sent to the directors within the areas above in order to create separate business cases.</p> <p>Simon Chiva continued to explain that within each of the nine focus areas there was dedicated chapters focussing around three areas, Carbon, Contract 18 and Sustainable Development Assessment Tool (SDAT).</p> <p>The next steps for the Green Plan are:</p> <ul style="list-style-type: none"> <li>- 15<sup>th</sup> December - Completion of draft Green Plan</li> <li>- 21<sup>st</sup> December - Presentation of the draft Green Plan to Board for approval and review</li> <li>- 14<sup>th</sup> January - Finalised plan submitted to the ICS</li> <li>- 31<sup>st</sup> March – ICS develop a consolidated system wide plan</li> </ul> <p>The Chair and the Director of People &amp; Organisational Development left the meeting due to a National briefing. The Interim Director of Recovery, Innovation &amp; Transformation continued as the Chair.</p>	
	<p><b><i>The Committee:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted the NHS HR &amp; OD update</i></b></li> </ul>	

TEG21/12/ C1	<b><u>Operational Update</u></b>	
	<p>An Operational update via presentation, was given by the Chief Operating Officer. Ongoing Covid-19 occupancy of 13.8%, an increase from 10.7% in October. An expected peak was due in January 2022 for hospitalisations. A similar level of pressure was seen in wave 2. Emergency department attendance was reduced yet running at a high rate compared to August/September. 16 paediatric patients were transferred to alternative hospitals in November due to reduced paediatric capacity.</p> <p>Elective activity had been impacted due to Covid-19, unless a patient was category 2 or a long wait then they wouldn't receive any surgery until the 9<sup>th</sup> January. The 52 week waits PTL list had been reduced to 11, which was beyond the H2 plan. Delivery on theatre work was at 80% slightly lower than planned due to emergency pressures.</p> <p>A full Winter plan had been agreed for both internal and external. Challenges with mobilising some internal schemes due to workforce pressures.</p> <p>The decision around who occupies Ward 22 and to what degree of occupancy is of serious importance and a decision is scheduled for this week.</p> <p>Elective work, the plan is to consolidate to Bassetlaw and to consolidate on day case. Park Hill would also been reviewed as a further protective area.</p> <p>Following a question from the Acting Divisional Director – Medicine regarding students and if it was possible for them to assist, it was confirmed that this would be discussed with the Deans at the universities. Juniors would be able to move from one area to another to assist in other specialties.</p> <p>Virtual outpatient appointments were still to be used due to risk and the national position.</p> <p>The Chair made reference to the issues at present and that national planning guidance was imminent.</p>	
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b>Noted the Operational Update.</b></li> </ul>	
TEG21/12/ C2	<b><u>Refreshed OPEL Framework</u></b>	
	<p>The Chief Operating Officer gave a brief overview of the refreshed Opel framework. There were clear triggers across the Emergency Department with Opel ranging between 1 and 4. Level 4 being the highest level of escalation. Agreements had been made with partners and worked well with efforts being made to improve Emergency Department policy.</p> <p>Following a question from the Executive Medical Director regarding how many triggers it took to raise to an Opel 4. It was confirmed that 5 triggers were required however if this could also be 4 triggers and judgement was to be used.</p> <p>The Director of Education &amp; Research raised concern about the cancelling of education training for staff and requesting them in clinical areas. The Chief Operating Officer confirmed this would be looked into further.</p>	

	Clinical Directors were required to be aware of the refreshed framework and to read it through.	
	<b><i>The Committee</i></b>  - <b><i>Noted and approved the UEC Standards &amp; Next Steps</i></b>	
<b>TEG21/12/ E1</b>	<b><u>Finance Update</u></b>	
	No update due to the Acting Director of Finance not in the meeting	
	<b><i>The Committee:</i></b>  - <b><i>Noted the Finance Update</i></b>	
<b>TEG21/12/ E2</b>	<b><u>Recovery, Information/Informatics and Transformation</u></b>	
	An update was given by the Interim Director of Recovery, Innovation & Transformation informing that a bid had been submitted for the Elective Centre with the hope of opening by September 2022. Plans were put in place to finalise the agendas for both the Winter Plan and Elective Recovery Plan. Support was in place for the urgent care recovery plan for both outpatients and elective care within theatres and surgery.  A wider clinical strategy was looked at to overarching governance and introduction of divisional focus groups.  A project manager had been appointed to assist with the work at Bassetlaw and would report/record parts of the quality score card for falls/trips. They would also support the Director of Nursing with the SI process and the tracking and monitoring of the coroner reports.	
	<b><i>The Committee:</i></b>  - <b><i>Noted the Recovery, Information/Informatics and Transformation</i></b>	
<b>TEG21/12/ E3</b>	<b><u>Consultant Vacancies</u></b>	
	The Acting Divisional Director – Medicine discussed the vacancy for the Gastroenterology consultant and that there was a budget for 9.2 consultants and at present there were 7.6 in post. The post holder would be based at Doncaster for Elective and Emergency pathways including rotas, overnights and weekends. They would also be required for outpatient endoscopy and impatient activity.  The Executive Medical Director referenced on call and that it would require factoring in.  Following a question regarding the in-house process for 7 day bleep service it was confirmed that at present STH support this and have for the past 18 months.  The post was agreed by all members	

	<p>The second vacancy was for an Obstetrician and Gynaecologist Consultant following recommendations from the Ockenden report in 2020.</p> <p>This post would be required to be recruited for within the next 7 months due to funding. The post holder would participate in on call.</p> <p>A job plan was required in order to agree this role however on the basis that it would be provided at a later date the members agreed to this.</p>							
<b>TEG21/12/ F1</b>	<p><b><u>Items for escalation to the Corporate Risk Register (Enclosure G1)</u></b></p> <p>i) Review of Risks rated 15+</p>							
	<p>The Company Secretary requested that the risks were to be scrutinised and the grading looked at via Datix then to be escalated to TEG after discussions at Divisional level.</p> <p>Further scrutiny/challenge of risks would happen via Divisional focus to ensure full risk grading validation and appropriate controls and mitigation actions had been identified.</p> <p>Following a question regarding the lifts within South Block and the risks incurred by this, it was answered that the parts had been ordered for lift 4 and were being delivered in January. Once this was repaired then lift 3 could be repaired.</p> <p>A request for communications and the risks to be described in further detail was noted. Ensure that the risk description and fully information was provided within the DATIX system.</p>							
<b>TEG21/12/ G1</b>	<p><b><u>Any other Business (Verbal)</u></b> <b><u>National Cyber Alert.</u></b></p> <p>The Chief Information Officer gave information on a recently received national Cyber alert with regards to Java script. He confirmed that software was being checked by the team. As firewalls use Java they were also being checked with the perimeters being looked into. Suppliers were providing patches over the next couple of weeks to ensure no harm was made. Chief Information Officer to keep updated.</p>							
<b>TEG21/12/ G2</b>	<p><b><u>Sub-Committee Reports/Minutes (Enclosure G2)</u></b></p>							
	<p><b><i>The Committee noted the:</i></b></p> <p>i) Corporate Investment Group – September and October 2021</p> <p>ii) Children’s and Families’ Board – October 2021</p>							
<b>TEG21/12/ G3</b>	<p><b><u>Minutes of the Trust Executive Group meeting dated Monday 8<sup>th</sup> November 2021 (Enclosure H3)</u></b></p>							
	<p><b><i>The Committee:</i></b></p> <p>- <b><i>Noted the amendments required to the minutes of the meeting dated 8<sup>th</sup> November 2021.</i></b></p>							
<b>TEG21/12/ G4</b>	<p><b><u>Date and time of next meeting (Verbal)</u></b></p>							
	<table border="1"> <tr> <td>Date:</td> <td><b>Monday 10<sup>th</sup> January 2022</b></td> </tr> <tr> <td>Time:</td> <td><b>14:00 – 17:00</b></td> </tr> <tr> <td>Venue:</td> <td><b>Via Microsoft Teams</b></td> </tr> </table>	Date:	<b>Monday 10<sup>th</sup> January 2022</b>	Time:	<b>14:00 – 17:00</b>	Venue:	<b>Via Microsoft Teams</b>	
Date:	<b>Monday 10<sup>th</sup> January 2022</b>							
Time:	<b>14:00 – 17:00</b>							
Venue:	<b>Via Microsoft Teams</b>							
	<p>The meeting closed at 16:30pm</p>							

**TRUST EXECUTIVE GROUP**

**Minutes of the Meeting of the Trust Executive Group  
Held on Monday 14<sup>th</sup> February 2022 via Microsoft Teams**

<b>Present:</b>	Ken Anderson - Chief Information Officer (AOB) Dr Anurag Agrawal - Divisional Director – Medicine Alex Crickmar - Acting Director of Finance Fiona Dunn - Deputy Director Corporate Governance / Company Secretary Kirsty Edmondson Jones – Strategic Director of Estates & Facilities Eki Emovon - Divisional Director - Children and Families Anthony Jones Acting Director of People and OD Richard Parker - Chief Executive (Chair) David Purdue - Chief Nurse Marie Purdue - Director of Strategy and Improvement Dr Alasdair Strachan - Director of Education & Research Abigail Trainer - Director of Nursing
<b>In attendance:</b>	Antonia Durham-Hall – Divisional Director Claudia Gammon – Secretarial Support Officer (Minutes) Dr Joseph John - Medical Director for Operational Stability and Optimisation Gill Marsden – Deputy Chief Operating Officer – Elective Debbie Pook - Deputy Chief Operating Officer – Non-Elective Andrew Potts - Divisional Director of Operations (Clinical Specialities)
<b>Apologies:</b>	Nick Mallaband – Medical Director for Workforce and Specialty Development Rebecca Joyce - Chief Operating Officer Dr Tim Noble - Executive Medical Director Jon Sargeant – Interim Director of Recovery, Innovation & Transformation Dr Jochen Seidel - Divisional Director - Clinical Specialities
	<b>ACTION</b>
<b>TEG22/02/A1</b>	<b><u>Welcome and Apologies for Absence (Verbal)</u></b>
	The Chief Executive welcomed the members and attendees to the meeting. The above apologies for absence were noted.
<b>TEG22/02/A2</b>	<b><u>Matters Arising / Action Log</u></b>
	Updates were received on actions:  <u>Action 1:</u> An update would be given by the Director of Recovery, Innovation & Transformation at the next meeting in March 2022
	<b>JS</b>
	<b><i>The Committee:</i></b>  - <b><i>Noted the updates and Claudia Gammon updated the action log</i></b>

TEG22/02/ A3	<p><b><u>Conflict of Interest (Verbal)</u></b></p> <p>No conflicts of interest were declared.</p>	
TEG22/02/ A4	<p><b><u>Requests for any other business (Verbal)</u></b></p> <p>No requests for any other business were made</p>	
	<p><b><i>The Committee:</i></b></p> <p>- <b><i>Noted and agreed as above.</i></b></p>	
TEG22/02/ A5	<p><b><u>CEO Update</u></b></p>	
	<p>The Chair gave an update that the new ICB CEO Gavin Boyle had been appointed with Pearse Butler being appointed as the Chair. The date in April for the ICS to change to the ICB had been pushed back to the 1<sup>st</sup> of July. Interviews were taking place to form the South Yorkshire Integrated Care System. 4 directors had been appointed with Senior Leadership team posts being advertised. The Acute Federation work alongside the ICS to deliver the Acute business Integrated Care System with South Yorkshire. ICS deliver core services in a shadow format. An interim Managing Director had been appointment short term with a permanent role going to advert. They would work on the Acute Federation programme to ensure care was carried out in a safe and sustainable way and ensure the delivery of National Quality Standards. The Managing Director would have objectives to follow including, formalising, and completing job description/specification, governor structure for committees in common, Board format from April 2022. Regular briefings would be sited at Confidential Board, with the five Boards involved being briefed at the same time.</p> <p>Further to a question from the Acting Director of People and OD about the challenges and does the development impact, for example single site trauma work and can it be accelerated. The Director of Strategy and Improvement explained that there was a link with the Service Line Review work and looking with teams that then feed into the Acute Federation. This would then have an impact on the ICS and Acute Federation after a conversation with partners. The Chair added that the Managing Directors work required the transfer of resources within the Hosted Network in the future. Teams would work together to make sure services were sustainable. Our Trust can ensure the delivery of Elective Hubs for Urology and Orthopaedics as the demand changes.</p> <p>Following a question from the Director of Education &amp; Research regarding the specialist services and how they were commissioned as some were delivered in two hospitals. The Chair confirmed that the two hospitals were Sheffield Teaching Hospitals and Sheffield Children’s. The significant risks would require working out for example when Camis service moved to Sheffield Children’s what services were required and how they could work together would be part of future discussions.</p> <p>The Government had requested that they wished to see the wait times for over 6million people to be brought down with a further 16million people not receiving all their referrals and treatment required. The system had created two proposals for Elective Surgical Hubs, one at Mexborough which would be a partnership between Rotherham and Barnsley. A second hub for Orthopaedics would be based at Royal Hallamshire. Mexborough would contain modular builds, two operating theatres and 28 extra beds. They have been selected</p>	

	<p>based upon being a Cold site and having no Accident and Emergency department or acute hospital facilities. This would allow the Trust to reduce wait times and would be flexible for other specialties to use. The value of this was £14.5million. There were other business cases that had also been put forward: Elective Surgical Hub, Phase 2 CDH business case, Bassetlaw Emergency Care Village (£17.6million) and the Strategic Outline case for the New Build. Over the next few weeks, the Trust would be informed if they have been selected for the final 30, with the final 8 New Build hospitals then being determined.</p> <p>The Chair referenced that Rotherham and Barnsley would have no patients on the 104 week waits listing after the 31<sup>st</sup> of March. DRI were moving in the right direction and had lowered their totals. Public Health had informed the Trust that there had been constant Covid-19 figures, and these would remain until the Summer with 80-90 active patients in the hospital. No variants were a concern, vaccination programme was working to decrease the numbers, lower Intensive Care patients and the wearing of masks had contributed to both flu and norovirus figures being lower. There maybe a targeted phase of vaccinations in the Autumn for those who were high risk. Sickness absence within the Trust was at 9% and would not be expected to move due to those having school age children. Vaccinations among staff may not be mandatory and may rely on senior team to encourage their staff to have the vaccine.</p> <p>Non-Executive Director roles have been advertised, one of which must be a with one a clinical NED, due to the retirement of Pat Drake at the end of March. Governor vacancies both staff and public were out at present.</p>	
	<p><b><i>The Committee:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted the CEO Update</i></b></li> </ul>	
TEG22/02/ B1	<b><u>DBTH Strategy Development and Service Line Review (Verbal)</u></b>	
	<p>The Director of Strategy and Improvement confirmed external support had been sourced to allow the service line review to progress at pace. Traunch 1 Clinical Directors have been invited to meetings to go through their data packs. Data packs were to be prepared for the remainder. A discussion had been undertaken with the Medical Directors to ensure they have the Clinical engagement and services and what they wish to do. This would be brought back to the next Board with further updates.</p>	
	<p><b><i>The Committee:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted the update on the DBTH Strategy Development and Service Line Review</i></b></li> </ul>	
TEG22/02/ C1	<b><u>Operational Update</u></b>	
	<p>The Deputy Chief Operating Officer for Non-Elective surgery explained that there had been a peak with Omicron within both the community and hospitals. During the first few weeks of January our Trust saw a maximum occupancy of 150 patients with higher hospitalisations but not within Critical Care. During the peak a maximum of 7 patients were within Critical Care. The Emergency Department was receiving a higher attendance rate in January than last Winter but lower than the summer peak. Real World Care were assisting with ambulance handovers and governance areas and what could be done differently. Yorkshire Ambulance Service was under extreme pressures in December 2021.</p>	

	<p>The Deputy Chief Operating Officer - Elective discussed that it had been arranged that category 3 and 4 patients would not be operated on until end January 2022, however, this was brought forward. 6-4-2 model had been brought back into theatres. All 104-week waits were booked in until the end of March. With them then going down in increments, therefore in 2 weeks our Trust should be at 80 week waits. It had been agreed that the modular theatres would support the elective programme for an Orthopaedics hub. Ward 19 would also be used from the end of February. This put the elective surgery in an improved position since the incident in Women and Children's.</p> <p>The Chair praised the work and noted that the Trust still had work to do to support and improve some wait times along with further work in diagnostics.</p>	
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted the Operational Update.</i></b></li> </ul>	
<b>TEG22/02/C2</b>	<b><u>Recovery, Information/Informatics and Transformation Update</u></b>	
	<p>The Director of Recovery, Innovation and Transformation wasn't available to present this item, however, the Chair explained that getting our Trust back to business as usual was about governance, risk, recovery, cancer care and back to a process of working more consistently.</p>	
	<p><b>The Committee</b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted Recovery, Information/Informatics and Transformation Update</i></b></li> </ul>	
<b>TEG22/02/E1</b>	<b><u>Finance Update</u></b>	
	<p>The Acting Director of Finance gave an update that Paul Mapley was leading the business planning with a first draft to be submitted by the 17<sup>th</sup> of March and final plan for the end of April.</p> <p>104% was the key target for delivery based on activity levels of 2019/2020. The revenue position in 2022/2023 was worth £7.4million with H2 plan x2, 57% covid reduction plus 1.1% efficiency and 0.94% convergence adjustments. All added together were a total of £13.9million, if we deliver 104% then we would earn £11.2million. However, if we don't deliver the activity required, we would lose the money at a marginal rate of 50-75%. This would then lead to a £2.7million gap with £2.8million surplus which would have cost impacts and income adjustments.</p> <p>Following a question from the Director of Strategy and Improvement about where the funding was from it was answered that this was part funded and that the ICB were running the allocation live. The Chair added that the system suggested a significant shortfall against costs v's budgets. This was where the Acute Federation were required to review the funding and allocate where it goes.</p> <p>The Divisional Director of Medicine asked about the 104% activity and was it elective or emergency. 104% was based on delivery of elective day cases and outpatients looking at the elective recovery funds and excluded outpatient follow ups. The Chair explained that the baseline data would be sent for each division with the 104% based at system level for South</p>	



	<p>Yorkshire and Bassetlaw with them working together as in 2019/2020. System plans would be required to be put into place if one area under performs and the other over performs due to discrepancies with the money earned.</p> <p>Following a question from the Divisional Director for Children’s and Families about if the trusts don’t perform well how and were they able to meet the 104%. The Chair answered that the funding would be fair at 92% and changes would be made to ensure the system works together.</p> <p>The Acting Director of Finance explained that the cost goes up when delivering extra activity for example, 88% activity in 2019/2020 for £27.4million and 100% activity at £31.8million. This was based on high level projection, average unit costs of elective and day case work, cost behaviours identified through fixed, semi fixed and variable costs across our Trust. There had been a 2% increase to 7% since the pandemic. Activity was measured on day case, elective and non-elective with a rise from 10% to 18% since 2019/2020.</p> <p>2022/2023 was expected to be a very challenging year financially with the £27.4million gap. An increase in productivity and efficiency would allow the Trust to get back to 2019/2020 levels to reduce the financial gap. Financial grip, control and governance were all key to managing spends including a reduction in agency spends which had become unsustainable and unaffordable in 2021/2022.</p> <p>Sickness levels were higher due to the impact of Covid-19, with the summer levels predicted to lower. The Infection Prevention and Control guidance was different for NHS staff.</p> <p>Following a question from the Acting Director of People and Organisational Development regarding agency staff spends. It was confirmed that 90 more Health Care Support workers, 100 International Nurses and students were joining the Trust in a hope to bring down agency costs. One of the priorities was to retain these staff and fully support them.</p> <p>The Chief Nurse added that in 2019/2020 there weren’t as many open beds and wards open.</p>	
	<p><b><i>The Committee:</i></b></p> <p>- <b><i>Noted the Finance Update</i></b></p>	
TEG22/02/E2	<b><u>Consultant Vacancies</u></b>	
	There was nothing raised for this item	
TEG22/02/E3	<b><u>Hospital New Build and SOC Update</u></b>	
	The Chair explained that the Strategic Outline Case had been presented at Board in January for approval, prior to submission to NHSE/I for consideration. If the Trust was successful in making the final 30 hospitals for the New Build, then extra would be provided. Costs stand at £1.34billion which was consistent with other new hospital bids.	
	<b><i>The Committee:</i></b>	

	- <b><i>Noted the Hospital New Build and SOC Update</i></b>	
TEG22/02/ F1	<b><u>Items for escalation to the Corporate Risk Register (Enclosure G1)</u></b> i) Review of Risks rated 15+	
	The Company Secretary confirmed that there were still a considerable number of risks at 15+ without any clear updated actions or review dates.  Following a comment from the Divisional Director of Medicine that discussions were happening with Governance and Divisional Leads it was explained that when these occur, and any updates were given they were documented via Datix. The Chair added that we need to learn what was required as when a risk becomes over 15+ it was then presented at Trust Executive Group for discussion.	
TEG22/02/ G1	<b><u>Any other Business (Verbal)</u></b>	
	No items raised	
TEG22/02/ G2	<b><u>Sub-Committee Reports/Minutes (Enclosure G2)</u></b>	
	No minutes were received for information due to the decision to stand down due to as meetings were stood down	
TEG22/02/ G3	<b><u>Minutes of the Trust Executive Group meeting dated Monday 13<sup>th</sup> December 2021</u></b>	
	<b><i>The Committee:</i></b> - <b><i>Noted the amendments required to the minutes of the meeting dated 13<sup>th</sup> December 2021.</i></b>	
TEG22/02/ G4	<b><u>Date and time of next meeting (Verbal)</u></b>	
	Date: <b>Monday 14<sup>th</sup> March 2022</b> Time: <b>14:00 – 17:00</b> Venue: <b>Via Microsoft Teams</b>	
	The meeting closed at 15:50	

BOARD OF DIRECTORS – PUBLIC MEETING

Minutes of the meeting of the Trust's Board of Directors held in Public on  
Tuesday 22 February 2022 at 09:30  
via MS Teams

<b>Present:</b>	<p>Suzy Brain England OBE - Chair of the Board (Chair) Mark Bailey - Non-Executive Director Alex Crickmar – Interim 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 Marie Purdue - Director of Strategy &amp; Improvement Neil Rhodes - Non-Executive Director and Deputy Chair Jon Sargeant – Interim Director of Recovery, Innovation &amp; Transformation Kath Smart - Non-Executive Director</p>
<b>In attendance:</b>	<p>Dr Juan Ballesteros – Associate Medical Director for Clinical Safety (Agenda item B1) Fiona Dunn - Deputy Director Corporate Governance/Company Secretary Marie Hardacre - Head of Nursing for Corporate Services (Agenda item B1) Lois Mellor – Director of Midwifery Angela O’Mara – Deputy Company Secretary (Minutes) Debbie Pook – Deputy Chief Operating Officer – Non-Elective Emma Shaheen – Head of Communications &amp; Engagement Abigail Trainer – Director of Nursing</p>
<b>Public in attendance:</b>	<p>Peter Abell - Public Governor Bassetlaw Helen Best – Member of the Public Hazel Brand – Public Governor Bassetlaw Mark Bright - Public Governor Doncaster Laura Brookshaw – Member of the Public Laura Colby – Member of the Public Jessica Coy – Member of the Public Judith Green – Member of the Public Lynne Logan - Public Governor Doncaster Andrew Middleton – Member of the Public Sally Munro – Staff Governor Dave Northwood - Public Governor Doncaster Vivek Panikkar – Staff Governor Lynne Schuller - Public Governor Bassetlaw Susan Shaw - Public Governor Bassetlaw Clive Tattley – Partner Governor Mandy Tyrell – Staff Governor Sheila Walsh - Public Governor Bassetlaw</p>

<b>Apologies:</b>	Karen Barnard - Director of People and Organisational Development Rebecca Joyce - Chief Operating Officer	
<b>P22/02/A1</b>	<b><u>Welcome, apologies for absence and declaration of interest (Verbal)</u></b>	
	The Chair of the Board welcomed everyone to the virtual Board of Directors meeting, including governors and the members of public in attendance. The above apologies for absence were noted.  No further declarations of interest were noted, pursuant to Section 30 of the Standing Orders.	
<b>P22/02/A2</b>	<b><u>Actions from Previous Meetings (Enclosure A2)</u></b>	
	<u>Action 1 - Diagnostic Framework Self-Assessment – Board Leadership</u> – action closed  <u>Action 2 - Safeguarding Information to Board</u> – an update would be provided at March’s Board of Directors meeting, subsequently a bi-annual report would be received at the Quality and Effectiveness Committee and an annual report at Board.	
	<b><i>The Board:</i></b> - <b><i>Noted the updates to the action log.</i></b>	
<b>P22/02/B1</b>	<b><u>Patient Safety Presentation</u></b>  The Chair welcomed to the meeting, Dr Juan Ballesteros and Marie Hardacre in their capacity as Patient Safety Specialists (PSS), co-presenting with the Chief Nurse.  Today’s presentation enabled a dedicated board discussion involving two of the three Trust’s Patient Safety Specialists, in response to a request from the National Director of Patient Safety, Dr Aidan Fowler. The remaining PSS for the Trust was confirmed as Nikki Severein-Kirk, Lead Nurse Patient Safety and Quality.  July 2019’s NHS Patient Safety Strategy described the Patient Safety Incident Response Framework (PSIRF) as a foundation for change, creating an opportunity to think and respond differently when a patient safety incident occurred, with a focus on learning and sharing, rather than purely investigation. The PSIRF’s strategic aims were:  <ul style="list-style-type: none"> <li>• To improve the safety of the care we provide to patients.</li> <li>• To 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.</li> <li>• To improve the use of valuable healthcare resources.</li> <li>• To improve the working environment for staff in relation to their experiences of patient safety incidents and investigations.</li> </ul>	

	<p>The Chief Nurse shared with Board the Trust’s patient safety governance arrangements, the key skills and attributes and roles and responsibilities of the PSS. To date over 700 PSS have been identified nationally, their involvement included engagement in national meetings, safety alert matters, working groups and the creation of PSS networks.</p> <p>Pat Drake welcomed the change in approach, particularly the active involvement of patients and shared an expectation that a patient safety report be received by the Quality &amp; Effectiveness Committee as a standing agenda item, to include evidence of internal and ICS benchmarking.</p> <p>Dr Ballesteros emphasised the refreshed focus on investigations which would identify learning to be embedded in practice and the provision of patient safety syllabus e-learning for all relevant staff.</p> <p>In response to a question from Sheena McDonnell, the Chief Nurse acknowledged the importance of learning from positive experiences, recognising there remained room for improvement in the sharing and celebrating of what had gone well. The role of the Patient Safety Partner, which would be undertaken by patients and members of the public was a much-welcomed initiative, particularly in engaging with hard-to-reach groups.</p> <p>In response to a question from Mark Bailey the Chief Nurse confirmed connections had already been made with PSS across the ICS, which would be further strengthened by the development of regional patient safety specialist networks. In addition, use of FutureNHS, a virtual collaboration platform would support cross organisation learning.</p> <p>Kath Smart suggested the potential for better use of clinical audits across divisions to identify improvements and raise the profile of patient safety matters. A divisional clinical audit lead would also be beneficial in focusing efforts.</p> <p>The Chief Executive recognised the importance of doing things right first time, which supported delivery of an efficient service. There was a clear link with the Trust’s vision and its direction of travel and he offered his support of the strategy and it’s aims. As the ICS developed its statutory functions there would be increased opportunities to benchmark performance, share best practice and drive out inequalities.</p> <p>The Chair of the Board thanked the Chief Nurse and Patient Safety Specialists for the presentation.</p>	
	<p><b><i>The Board:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and took assurance form the Patient Safety Presentation</i></b></li> </ul>	
<b>P22/02/C1</b>	<b><u>Board Assurance Framework – SA1 (Enclosure C1)</u></b>	
	<p>The Board received an updated Board Assurance Framework (BAF) in respect of risks to the achievement of the Trust’s strategic aim 1 – To provide outstanding care and improve patient experience. The following additions had been incorporated:</p> <ul style="list-style-type: none"> <li>- Infection Prevention &amp; Control Board Assurance Framework</li> <li>- Safer Staffing Framework</li> </ul>	

	<p>Sheena McDonnell welcomed the new style format, with additional detail, in response to the recent internal audit opinion. She highlighted a number of areas which would benefit from a further review, including discrepancies relating to risk appetite, inclusion of internal audit opinions and clarity on risks and mitigating actions.</p> <p>A copy of the internal audit opinion had been circulated to Board members.</p> <p>Kath Smart acknowledged the changes already incorporated and reinforced the need to capture outcomes and assurance gained through the appropriate committees as part of the updates. In respect of internal assurance relating to the operational update/ delivery of elective restoration clarity on how this was captured was sought.</p> <p>A review of risk management processes was being progressed by the Director of Recovery, Innovation &amp; Transformation with the support of the Deputy Director of Corporate Governance/Company Secretary and the Director of Nursing. Discussions had taken place with the Trust's former internal auditors and a proposal was being worked up, consideration would be given to the need for an overarching risk committee as part of this work. Kath Smart offered her support, if required.</p> <p>The Chair of the Board acknowledged the improvements to date, whilst recognising that the framework continued to be work in progress.</p>	DP/TN
	<p><b>The Board:</b></p> <ul style="list-style-type: none"> <li>- <b>Noted and took assurance from the Board Assurance Framework</b></li> </ul>	
P22/02/C2	<b>Chief Nurse Update (Enclosure C2)</b>	
	<p>The Chief Nurse Update provided information, outcomes, and assurance on the key deliverables for patient safety and experience and safe staffing numbers</p> <p>The following key headlines were reported for the month of January 2022:</p> <p>Insights</p> <ul style="list-style-type: none"> <li>• Serious Incidents - 4</li> <li>• Falls – 155 - 98 of which resulted in no harm, 46 low harm, 8 moderate and 3 severe harm. Falls continued to be a key area of focus and a range of initiatives had been implemented including the use of yellow socks/blankets to alert colleagues to the risk and holistic care reviews at the time of the first fall.</li> <li>• Hospital Acquired Pressure Ulcers (HAPU) – 90 HAPUs, affecting 68 patients. Following the launch of the Pressure Ulcer strategy in October 2021 24 wards have reported a reduction in numbers.</li> <li>• Infection, Prevention and Control – 5 cases of Clostridium difficile, all of which were hospital onset, hospital acquired. Year to date - 42 against a trajectory of 48, an improved position from the previous year. Quality Improvement work was</li> </ul>	

	<p>noted to be continuing at place to manage across the hospital, social care and in the community.</p> <ul style="list-style-type: none"> <li>Complaints a total of 55 complaints had been received, the year-to-date total now stood at 517, a reduction from the previous year. The paper provided a breakdown of acknowledgment response rates, case closures and complaint themes. Patient representation for the Patient Experience and Trust Ethics Committees had been sought and work continued as part of health inequalities work on the accessible information standards. The Chief Nurse confirmed plans for all colleagues working on public receptions to be taught five British Sign Language phrases. The introduction of the Family Liaison and Personal Property Exchanges Services had been well received, the future of both would be subject to review in line with as visiting and Covid-19 restrictions.</li> </ul> <p>Nursing / Midwifery Staffing</p> <ul style="list-style-type: none"> <li>Ongoing workforce challenges were reported due to the continuing Covid-19 pandemic, in respect of both sickness absence and self-isolation. Work to ensure effective rostering was in train but short notice absence and the subsequent recording on e-roster impacted on the overall view of staff utilisation.</li> <li>The Trust continued to recruit internationally, with the final cohort of nurses from the current campaign due to arrive at the end of February 2022. In addition, a bid had been submitted for a further 50 adult and 5 paediatric international nurses. To support the integration, development, and retention of the international nurses a pilot stay &amp; thrive matron post had been recruited to.</li> <li>In respect of Health Care Support Workers the Trust continued to work closely with Doncaster College, where good use of the apprenticeship levy was reported.</li> <li>The challenges faced and continuing pressures were recognised to impact negatively upon staff morale and resilience and to offer support the Trust was actively engaged with the roll out of the national campaign to implement Professional Nurse Advocates (PNA) to provide restorative supervision, on a ratio of 1 PNA to 20 nurses/midwives.</li> </ul> <p>The Chair of the Board recognised and welcomed the support offered to our international recruits and asked that consideration be given to any cultural support required and she would be happy to receive feedback on this in due course.</p> <p>Sheena McDonnell suggested an increase in positive insight reporting in future reports, including a view of the number of compliments received. Whilst recognising the increase in the number of closed complaints in January a need to further improve performance in this area was noted. The Chief Nurse acknowledged this and confirmed that a number of changes to ensure a fully established team were in place, including the appointment of a new Team Manager.</p>	<p><b>DP/AT</b></p>
--	--	---------------------

	<p>In response to a question from Sheena McDonnell in respect of Health Care Assistant recruitment, the Chief Nurse confirmed that all vacancies had now been appointed to but had not yet commenced in post. Historically HCA recruitment had been completed as a cohort, on this occasion use of the apprenticeship levy had been explored where a lack of experience would have previously resulted in an application being declined. Following recruitment there would be a clear focus on retention, ensuring all opportunities to reward, support and develop colleagues were taken. The Chief Executive reinforced the importance of staff retention and where colleagues chose to leave, to understand the reasons for this.</p> <p>The Acting Director of People &amp; Organisational Development confirmed membership of the SY&amp;B ICS strategic workforce group, which had specifically focused on recruitment of HCSWs and ensured the provision of an efficient end to end recruitment process. The Trust had also recently introduced an electronic exit interview questionnaire via ESR.</p> <p>Pat Drake welcomed the introduction of the Family Liaison Service and the Professional Nurse Advocate. In respect of HAPU, a request was made to include internal benchmarking data. She also requested an update be provided at the next meeting of the Quality &amp; Effectiveness Committee in relation to the patient survey reports to enable sign off and clarity on actions.</p> <p>In response to a question from Pat Drake the Chief Nurse confirmed that no changes in respect of isolation were expected and the continued availability of lateral flow tests for staff was subject to discussion at an ICS level. In view of the vulnerabilities of a hospital site the Chief Executive confirmed the wearing of masks would continue to prevent nosocomial transmission. Good hand hygiene and other precautionary measures would remain and staff and public education would continue. The Interim Director of Recovery, Innovation &amp; Transformation confirmed the Health Minister had confirmed funding for lateral flow tests, but that this may already have been received.</p> <p>In response to a question from Kath Smart, the Chief Nurse confirmed that all complaints were RAG rated to ensure an appropriate response rate was determined. All learning was identified and recorded on Datix - learning applied to approximately 95% of cases. In relation to safe staffing, Kath Smart shared her appreciation of the mitigating actions and in response to her question regarding the findings of triangulating evidence the Chief Nurse identified a link between the incidence of falls and overnight staffing. As a result, rosters were risk assessed and informed decisions in respect of agency requirements.</p> <p>To close, the Chair of the Board recognised the importance of the Family Liaison Service and offered her personal support and thanks. She suggested the potential for those on work experience to assist and gain an insight into healthcare.</p>	<p>DP/AT</p> <p>DP/AT</p>
	<p><b>The Board:</b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and took assurance from the Chief Nurse Update.</i></b></li> </ul>	
<p><b>P22/02/C3</b></p>	<p><b><u>Maternity Update (Enclosure C3)</u></b></p>	
	<p>The Board received the Maternity Update which provided the findings of perinatal deaths, Health Safety Investigation Branch (HSIB) referrals, training compliance, service user voice feedback and progress in achievement of Clinical Negligence Scheme for Trusts (CNST) 10.</p>	



	<p>The Director of Midwifery highlighted the findings of perinatal deaths continued to indicate placental changes linked to Covid-19. The Trust continued to actively promote and support the vaccination of pregnant mothers.</p> <p>Since the last update one draft HSIB report had been received which contained no recommendations and two referrals had been made and an independent review sought.</p> <p>Work continued in respect of the combined Doncaster and Bassetlaw Maternity Voices Partnership (MVP). The Local Maternity &amp; Neonatal System (LMNS) continued to offer support and assist with co-production of the service and the Clinical Commissioning Groups work with local groups to improve feedback from families.</p> <p>A decision was expected next month following further submissions of evidence for Year 3 CNST. Year 4 remained on pause.</p> <p>In response to a question from Pat Drake the Director of Midwifery confirmed that once the Clinical Commissioning Groups ceased to operate work in relation to the Maternity Voice Partnership was not expected to change significantly due to the involvement of the LMNS. The Communications &amp; Engagement Team continued to develop the MVP website.</p> <p>In respect of table 1.1 (stillbirths and later fetal loss &gt; 22 weeks) Kath Smart enquired if inclusion of data over time to highlight themes and trends would provide an increased level of focus and assurance for the Board. The Director of Midwifery confirmed the production of an annual report, which could be shared, the Chief Nurse advised that consistency in reporting was being considered with the national team.</p>	
	<p><b><i>The Board:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and took assurance from the Maternity Update.</i></b></li> </ul>	
<p><b>P22/02/C4</b></p>	<p><b><u>Executive Medical Director Update &amp; Q2 2021/22 Learning from Deaths Report (Enclosure C4)</u></b></p>	
	<p>The following headlines were noted from the Executive Medical Director Update:</p> <ul style="list-style-type: none"> <li>• 98% of patients on the admitted referral to treatment active waiting list had been stratified in accordance with the Royal College of Surgeons’ guidance.</li> <li>• The successful implementation of the Trust’s Covid Medicines Delivery Unit (CMDU) was acknowledged.</li> <li>• Q2 2021/2022 Learning from Deaths report, previously reviewed at the Quality &amp; Effectiveness Committee in December 2021, was received for information.</li> </ul> <p>Kath Smart shared her appreciation of the detail within the Learning from Deaths report. The work of the Medical Examiners Team was acknowledged and opportunities to ensure development of colleagues in support of staff retention were highlighted.</p> <p>In response to a question regarding the learning from structured Judgement Reviews, the Executive Medical Director confirmed that key messages in respect of learning were shared across the organisation via the Sharing How We Care newsletter, with more specific targeted learning directed as appropriate. In respect of a request to validate learning and</p>	

	<p>to ensure learning was embedded in practice, the Executive Medical Director confirmed the use of clinical audit would be considered.</p> <p>In respect of learning disability deaths, item 7 within the report, Pat Drake confirmed that the issue of identifying autistic patients would be considered by the Learning Disability Committee with a view to establishing how this would be implemented and accommodated within care plans. She also requested that thought be given to compassionate/end of life of pathway visiting, which she recognised would be a significant event.</p> <p>In respect of concerns raised by next of kin Pat Drake sought assurance on the issue of overnight transfers, which was understood to have occurred due to operational pressures during the pandemic.</p> <p>The Executive Medical Director confirmed that access to System One remained a challenge, noting this was a national, rather than local issue. The Chief Executive confirmed that one of the requirements of the national planning guidance was an integrated care record by 2023/24. System interface difficulties were wider than System One and across the ICS work on the sharing and extract of data for central repositories remained work in progress.</p>	
	<p><b>The Board:</b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and took assurance from the Executive Medical Director Update.</i></b></li> </ul>	
P22/02/D1	<b><u>Board Assurance Framework – SA2 &amp; 3 (Enclosure D1)</u></b>	
	<p>The Board received an updated Board Assurance Framework, which included risks to the achievement of the Trust’s strategic aim 2 – everybody knows their role in achieving the vision and strategic aim 3 - feedback from staff and learning in top 10% in UK.</p> <p>The Acting Director of People &amp; Organisational Development highlighted the following updates:</p> <ul style="list-style-type: none"> <li>• A decision to delay the start date of the appraisal season, linked with the NHS Pay Progression scheme, to June 2022.</li> <li>• Staff survey results were embargoed until the end of March, early indications would be considered by the People Committee and more meaningful benchmarking data would be shared in due course.</li> <li>• Updated Learning &amp; Development offer.</li> <li>• Staff feedback, including the wellbeing offer, payroll services and celebratory events.</li> </ul> <p>Sheena McDonnell welcomed the updated BAFs, a review of references to external assurance for internal measures and inclusion of the work of the Guardian of Safe Working were suggested.</p>	AJ

	<p>Kath Smart requested further consideration of the full assurance rating of appraisal and staff survey, inclusion of the Health &amp; Wellbeing award and of assurance received as part of audit reports.</p> <p>In respect of the documented difficulties in receiving feedback from Universities, the Acting Director of People &amp; Organisational Development confirmed these had arisen during the pandemic, due to restricted educational provision. The Deputy Director of Research &amp; Education continued to be actively engaged with the Universities in respect of educational opportunities, and placements and the Chief Nurse confirmed that both the University of Sheffield and Sheffield Hallam University were invited on a quarterly basis to review effective working arrangements and widening participation opportunities.</p> <p>In response to a question from Mark Bailey, the Acting Director of People &amp; Organisational Development confirmed that individual's understanding of their contribution to achieving the Trust's vision was identified through progress reviews and the annual appraisal process.</p> <p>The Chief Executive acknowledged the importance of the learning and development offer, recognising the benefits of both organisational and service/division specific requirements.</p> <p>As part of the health &amp; well-being offer the Acting Director of People &amp; Organisational Development advised of access to the long Covid pathway, implemented across SY&amp;B ICS, in support of long-term sickness absence. Future benefits would be considered as we exited the pandemic.</p>	<b>AJ</b>
	<p><b><i>The Board:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and took assurance from the Board Assurance Framework</i></b></li> </ul>	
<b>P22/02/D2</b>	<b><u>Our People Update (Enclosure D2)</u></b>	
	<p>The Board received the Our People Update, the content of which was summarised by the Acting Director of People &amp; Organisational Development.</p> <p>In respect of mandatory vaccines as a condition of deployment (VCOD) it was reported that the outcome of the consultation on legislation was expected within the next seven days.</p> <p>The Trust's comprehensive and well received health and well-being offer had been recognised and a silver award had been granted in the Be Well @ Work programme run by Councils across South Yorkshire. The Trust would continue to look to strengthen its offer, hopefully securing advanced accreditation in future years.</p> <p>Sheena McDonnell shared her appreciation of the significant organisational wide efforts prior to the pause of VCOD. She also congratulated the team in securing a silver award in the Be Well @ Work and enquired of the Trust's plans and ambitions to secure a gold award, which it was confirmed would be pursued and managed through the Health &amp; Wellbeing Committee.</p>	

	<p><b>The Board:</b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and took assurance from the Our People Update.</i></b></li> </ul>	
<b>P22/02/D3</b>	<b><u>Report from the Guardian for Safe Working (Enclosure D3)</u></b>	
	<p>Dr Anna Pryce, Guardian of Safe Working, presented the quarterly report to Board in respect of trainee doctors safe working practices.</p> <p>The report noted low levels of exception reporting throughout 2021, with an expected increase over winter months. During the last quarter some rota gaps were noted, compounded by sickness absence, reduced locum availability and seasonal increase in workload throughout the winter months.</p> <p>Additional hours worked related to a delay in finish times where patients were acutely unwell and was not indicative of understaffing.</p> <p>Sheena McDonnell thanked Dr Pryce for her report, in response to a question with regards to the low-level reporting Dr Pryce was satisfied of awareness and willingness to report, which was recognised as a positive. Most trainees were on rotation and would be aware of the protocol. Follow-up discussions by the Guardian indicated reporting was appropriate and self-initiated.</p> <p>Attendance at the Junior Doctors Forum was reported to be low, this issue was not unique to the Trust and to encourage increased attendance meetings had been held face to face, virtually and across different days and times. Where colleagues were unable to attend, their input was sought ahead of the meeting.</p> <p>Work on the doctors' mess had been completed at DRI and was nearing completion at Bassetlaw. Whilst the DRI facility was appreciated there remained an issue with regards its accessibility for those in the main ward block. The Interim Director of Recovery, Innovation &amp; Transformation confirmed an additional location had been identified and plans were progressing for use of the space.</p> <p>Pat Drake was pleased to see that no patient safety concerns had been raised by the junior doctors and acknowledged the pressures under which medical staff continued to work.</p> <p>The Executive Medical Director recognised Dr Pryce's success in her role of Guardian of Safe Working and shared his appreciation of her continued efforts.</p>	
	<p><b>The Board:</b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and took assurance from the Quarterly Report of the Guardian of Safe Working</i></b></li> </ul>	
<b>P22/02/E1</b>	<b><u>Board Assurance Framework – SA4 (Enclosure E1)</u></b>	
	<p>The Board received an updated Board Assurance Framework which identified risks to the achievement of the Trust's strategic aim 4 – in recurrent surplus to invest in improving patient care.</p>	

	<p>2022/23 planning guidance had now been received and a first submission made.</p> <p>Initial assessments indicated a significant reduction in income levels, as compared to pandemic levels and a focus on efficiencies and productivity would be paramount.</p>	
<p><b>P22/11/E2</b></p>	<p><b><u>Finance Update (Enclosure E2)</u></b></p>	
	<p>The Acting Director of Finance’s report identified the following key headlines:</p> <ul style="list-style-type: none"> <li>• Month 10 position reported a surplus of £823k to plan, with a year-to-date surplus of £1.7m.</li> <li>• Pay expenditure was £1.6m adverse to plan, due to the £200 thank you gift to staff and high agency spend.</li> <li>• Non-pay expenditure was £0.5m adverse to plan, mainly due to pressures arising from utility price increases.</li> <li>• The Trust expected to deliver a break-even year-end position, year-end forecasts had been submitted to NHSE/I based on a best and worst case scenario, £4.5m and £1.8m respectively.</li> <li>• Month 10 capital expenditure was £3.4m, of which £1.5m related to medical equipment. As a result, the risk of non-delivery of this element of the plan had significantly reduced since Board’s last report. Year to date expenditure was £0.2m behind plan.</li> <li>• The cash position was £42.9m, an increase from the reported month 9 position, mainly due to capital cash outflow but some impact of the timing of payment runs. The year-end forecast was c.£34m, driven by the significant capital programme.</li> </ul> <p>Neil Rhodes recognised the positive messages in the update but acknowledged the challenges that 2022/23 would bring. The meeting of the Finance &amp; Performance Committee would take place later that week and the three key lines of enquiry would focus on increased productivity and the resultant delivery of performance targets, the removal of costs arising from Covid and agency spend, particularly the plan to reduce/withdraw from the use of premium agency rates and the engagement of colleagues in this plan.</p> <p>The Acting Director of Finance acknowledged plans in development and external support sourced as part of the recovery, innovation and transformation programme. In relation to the agency spend he indicated areas of focus would include the bed plan, rota management and the management of sickness absence. As the use of premium agency rates was an issue beyond the Trust a system wide solution was required. The Chief Executive shared his view that improved efficiency and effectiveness would in turn drive cost reductions. The Interim Director of Recovery, Innovation &amp; Transformation acknowledged the scale of the challenge, and with the plans in place to improve grip and control and governance recognised it would be difficult, but not impossible.</p>	

	Kath Smart welcomed the opportunity to discuss in detail the financial plans. In respect of estates capital risks, the Acting Director of Finance agreed to review inclusion on the BAF.	<b>AC</b>
	<p><b><i>The Board:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and took assurance from the Finance Update.</i></b></li> </ul>	
<b>P22/02/E3</b>	<b><u>Operational Update – Looking Forward</u></b>	
	<p>The Deputy Chief Operating Officer’s report noted continuing pressures arising from Covid-19 and high levels of emergency demand, which continued to impact on elective activity.</p> <p>150 patients were currently in hospital due to Covid-19 (125 active cases). A peak in activity had been seen mid-January, but occupancy was now levelling with a reduced need for critical care beds. Bed occupancy remained high at c. 95%</p> <p>The Acute Medical Delivery Unit (AMDU) was now operational, staffed by Acute Physicians, early indications showed a reduction in length of stays.</p> <p>An emergency care improvement programme commenced in January, with the support of Real World Health, areas of focus to include emergency flow, ambulance handovers and red to green.</p> <p>Neil Rhodes recognised the green shoots of improvement in ambulance handovers which would be discussed in more detail at this month’s Finance &amp; Performance committee. Visits to both the Emergency Department and AMDU had taken place to allow an insight into colleague’s day to day experiences and received feedback first-hand.</p> <p>The Chief Executive reported that at the outset of Covid-19 there was an opportunity within the Trust to utilise bed capacity, however as the pandemic continued elective waits increased and increased pressures arose. A need to balance operational and winter pressures alongside high bed occupancy was a challenge. Within the region South Yorkshire was performing well and had a platform on which to build, particularly with the recovery of diagnostics.</p>	
	<p><b><i>The Board:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and took assurance from the Operational Update – Looking Forward</i></b></li> </ul>	
<b>P22/02/E4</b>	<b><u>Performance Update (Enclosure E4)</u></b>	
	<p>The Board received the Deputy Chief Operating Officer’s Performance Update which provided performance headlines from December, operational context and next steps. Supporting performance appendices were included at H4 for information/review.</p> <p>In response to a question with regards to the 12-hour breaches, the Deputy Chief Operating Officer confirmed that all patients with a wait in excess of eight hours were on a bed, as were all frail patients.</p>	

	Work to improve safe discharge of patients continued, a weekly walkaround to identify those patients with protracted length of stays who were medically fit for discharge took place, to facilitate appropriate next steps and supporting arrangements with partners.	
	<p><b>The Board:</b></p> <ul style="list-style-type: none"> <li>- <b>Noted and took assurance from the Performance Update.</b></li> </ul>	
<b>P22/02/E5</b>	<b><u>Ambulance Handover Delays</u></b>	
	<p>The Board received the Deputy Chief Operating Officer's mandated monthly report on ambulance handovers.</p> <p>NHSE/I guidance indicated a standard handover time of 15 minutes, during the month of January DRI reported 42.29% of handovers within this time, a decrease from the previous month due to increased bed occupancy and resultant flow/discharge issues. An improved position was seen at Bassetlaw. The Chief Executive reminded Board members that ambulance handover challenges were a system-wide issue.</p> <p>The Trust continued to look at all opportunities to improve its performance in this area, working closely with both Yorkshire and East Midlands Ambulance Services and other acute providers.</p> <p>In response to a question from Neil Rhodes, the Deputy Chief Operating Officer identified the two key areas which would make a difference to the performance would be the Real World Health's input and improvements to patient flow.</p> <p>Kath Smart recognised the challenges but in view of the lack of improvements enquired if there was a trajectory aligned to the actions which could be presented to the Finance &amp; Performance Committee. The Deputy Chief Operating Officer confirmed that a series of performance and smart KPIs were being worked through for all of the Real Health World work.</p>	
	<p><b>The Board:</b></p> <ul style="list-style-type: none"> <li>- <b>Noted and took assurance from the Ambulance Handover Delays Report</b></li> </ul>	
<b>P22/02/F1</b>	<b><u>Corporate Objectives Q3 2021/22 (Enclosure F1)</u></b>	
	<p>The Chief Executive's paper provided a summary of progress towards the delivery of the 2021/2022 True North and Breakthrough objectives. A paper would be brought to March's Board in respect of 2022/23 objectives which would support a continued focus on recovery, quality, safety, sustainability, and quality improvement.</p> <p>Pat Drake suggested alignment between the Board Assurance Framework and Committee agendas and looked forward to completion of the quality framework. The Chief Executive confirmed that oversight of the objectives would be linked to the Board Committees as in 2021/22 .</p> <p>Neil Rhodes acknowledged the high levels of confidence but recognised an area of development in relation to senior clinician buy in for business and service delivery.</p>	

	<p>Development of a leadership development programme would support this and to ensure appropriate representation from the Executive Medical Director's office it was suggested that Dr John act as a link to achieve balance across finance, performance and quality.</p> <p>Pat Drake welcomed the clinician involvement and suggested as nursing budgets were also considered as part of the Committee that thought be given to representation from the Chief Nurse's team.</p>	
	<p><b><i>The Board</i></b></p> <p>- <b><i>Noted and took assurance from the Q3 2021/22 Corporate Objectives</i></b></p>	
<b>P22/02/F2</b>	<p><b><u>Community Diagnostic Hub Business Case for NHSE/1 (Enclosure F2)</u></b></p>	
	<p>The Director of Strategy and Improvement shared with the Board the business case for phase 2 of the Community Diagnostic Hub (CDH) at Montagu Hospital. Board members were asked to review the case and approve its submission to the ICS for subsequent consideration by the national programme.</p> <p>The concept of the CDH was a recommendation in Sir Mike Richard's review, Diagnostics: Recovery and Renewal published in October 2020 and oversight of the recommendation was part of a national Diagnostic Transformation Programme Board. Phase 1 of the CDH development at Montagu had already been implemented, phase 2 included continued phase 1 provision, with the addition of non-obstetric ultrasound, additional endoscopy capacity (including the potential for use across the ICS) and a training facility. The proposed phase 2 provision would contribute positively to elective recovery and faster diagnosis.</p> <p>Kath Smart recognised the alignment of the CDH work with the Trust's strategic direction and welcomed provision of care closer to patient's home, but sought clarity on the revenue consequences, confirmation of the commissioners' support and plans for partnership working, including the sharing of any risk. The Director of Strategy &amp; Improvement confirmed the funding for year 1 and that the Clinical Commissioning Group were sighted on the costs pressure which impacted each CDH work programme. In respect of working in partnership the programme of work was seen as a good test bed to work as a Provider Alliance.</p> <p>In response to a question from Mark Bailey, the Director of Strategy &amp; Improvement confirmed the CDH work was a national initiative, and the co-location of multiple diagnostic services would provide a significantly improved patient experience.</p> <p>In response to a question from Neil Rhodes, the Director of Strategy &amp; Improvement confirmed approval had been sought prior to the Finance &amp; Performance Committee due to the deadline for submission. The Interim Director of Recovery, Innovation &amp; Transformation had been involved in the production and review of the case. The revenue consequences would be considered in detail at this week's Finance &amp; Performance Committee.</p> <p>The Chief Executive recognised the importance of system working and the potential opportunities within the CDH. In respect of the increased volume of diagnostic referrals</p>	



	<p>the Interim Director of Recovery, Innovation &amp; Transformation stressed the importance of understanding the reasons for, and subsequent impact on capacity.</p> <p>The Board unanimously approved the business case for submission to the ICS.</p>	
	<p><b><i>The Board</i></b></p> <p>- <b><i>Approved the business case</i></b></p>	
<b>P22/02/G1</b>	<b><u>Corporate Risk Register (Enclosure G1)</u></b>	
	<p>The Board received the Corporate Risk Register and supporting paper. No new corporate risks had been added or escalated via the Trust Executive Group, of the 111 risks rated 15+, 13 were monitored via the Corporate Risk Register.</p> <p>An ongoing review of risks and identification of new or altering risks continued. Risks were linked to the strategic aims and evidence provided on the Board Assurance Frameworks.</p> <p>In response to a question from Sheena McDonnell, the Deputy Director of Corporate Governance/Company Secretary confirmed that risks rated 15+ were reviewed at the Trust Executive Group. The relevant Executive Director lead would receive assurance from the Divisional Directors or consider escalation for inclusion on the Corporate Risk Register. A review of risks linked to strategic aim 2 and 3 was undertaken by the People Committee and Sheena McDonnell, as Chair, enquired if a comparable review was performed by the remaining Board sub-committees, including assessment/sense check where risks were downgraded. The Interim Director of Recovery, Innovation &amp; Transformation shared the potential to develop a Risk Committee to ensure oversight of all risks.</p> <p>In response to a question from Kath Smart, the Chief Executive confirmed his intention to have a relevant and appropriate risk register by the start of 2022/23 financial year. There remained a small number of risks dated pre-October 2021 where a refresh would be required.</p> <p>Finally, in respect of the Stage 1 Head of Internal Audit Opinion it was noted that a number of risks had a target level which did not correspond with the rating in the heat map. The Deputy Director of Corporate Governance / Company Secretary confirmed this was where the risk was outside of the Trust's control, for example transport challenges arising from Brexit. Where this was the case it would be helpful to include the detail within the supporting explanation.</p>	<b>FD</b>
	<p><b><i>The Board:</i></b></p> <p>- <b><i>Noted the Corporate Risk Register.</i></b></p>	
<b>P22/02/G2</b>	<b><u>Use of Trust Seal (Enclosure G3)</u></b>	
	The Board noted and approved the use of the Trust Seal by Richard Parker, Chief Executive and Alex Crickmar, Acting Director of Finance.	

	<p><b>The Board:</b></p> <ul style="list-style-type: none"> <li>- <i>Approved the use of the Trust Seal</i></li> </ul>	
P22/02/H1-	<b><u>Information Items (Enclosure H1 – H9)</u></b>	
	<p><b>The Board noted:</b></p> <ul style="list-style-type: none"> <li>- <i>H1 Chair and NEDs Report</i></li> <li>- <i>H2 Chief Executives Report</i></li> <li>- <i>H3 ICS Update</i></li> <li>- <i>H4 Performance Update Appendices</i></li> <li>- <i>H5 Minutes of the Finance and Performance Committee 26 October 2021</i></li> <li>- <i>H6 Minutes of the Quality and Effectiveness Committee 5 October &amp; 7 December 2021</i></li> <li>- <i>H7 Minutes of the Charitable Funds Committee 16 September 2021</i></li> <li>- <i>H8 Minutes of the Trust Executive Group 8 November 2021</i></li> </ul>	
P22/02/I1	<b><u>Minutes of the meeting held on 25 January 2022 (Enclosure I1)</u></b>	
	<p><b>The Board:</b></p> <ul style="list-style-type: none"> <li>- <i>Approved the minutes of the meeting held on 25 January 2022.</i></li> </ul>	
P22/02/I2	<b><u>Governor Questions regarding the business of the meeting (10 minutes) *</u></b>	
	<p>Hazel Brand, Lead Governor shared the following governor question</p> <p><b><i>Does the national guidance for risk stratification give the Trust sufficient information to inform individual patients of their position in the queue for procedures and the number of weeks they must expect to have to wait, as promised by the Secretary of State for Health &amp; Social Care when launching My Planned Care?</i></b></p> <p>Due to the fluidity of the waiting list the Executive Medical Director acknowledged identification of a specific position within the queue would be challenging and subject to change. The letter from the National Director of Elective Recovery had requested provider support in supplying specific clinical content by 31 March 2022 and the Interim Director of Recovery, Transformation &amp; Innovation advised that the Head of Information was currently reviewing the requirements to ensure a best possible fit by that date. A generic email account would be in place and work would be undertaken iteratively.</p> <p>Finally, the Lead Governor took the opportunity to convey congratulations on behalf of the Council of Governors in respect of the Be Well @ Work award, the success of the Covid Medicines Delivery Unit and the introduction of the cancer screening clinic by Mr Mark Watson, Ear, Nose &amp; Throat Consultant.</p>	
	<p><b>The Board:</b></p> <ul style="list-style-type: none"> <li>- <i>Noted the governor question and feedback provided.</i></li> </ul>	

P22/02/I3	<b><u>Any other business (to be agreed with the Chair prior to the meeting)</u></b>	
	No items of any other business had been received.	
P22/02/I4	<b><u>Date and time of next meeting (Verbal)</u></b>  <b>Date:</b> Tuesday 29 March 2022 <b>Time:</b> 09:30am <b>Venue:</b> MS Teams	
P22/02/I5	<b><u>Withdrawal of Press and Public (Verbal)</u></b>	
	<b><i>The Board:</i></b> - <b><i>Resolved that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.</i></b>	
P22/02/J	<b><u>Close of meeting (Verbal)</u></b>	
	The meeting closed at 14:21	