

**Board of Directors Meeting Held in Public
To be held on Tuesday 28 June 2022 at 09:30
Via MS Teams**

Enc	Purpose	Time
A	MEETING BUSINESS	09:30
A1	<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>	5
A2	<p>Actions from previous meeting <i>Suzy Brain England OBE, Chair</i></p> <p style="text-align: right;"><i>Review</i></p>	
B	PRESENTATION	09:35
B1	<p>Falls Prevention Initiative <i>Abigail Trainer, Acting Chief Nurse</i> <i>Esther Lockwood, Falls Lead Practitioner & Holistic Care Team Lead</i></p> <p style="text-align: right;"><i>Note</i></p>	15
C	True North SA1 - QUALITY AND EFFECTIVENESS	09:50
C1	<p>Maternity Update</p> <ul style="list-style-type: none"> • Midwifery Workforce Report • Continuity of Carer Update <p><i>Abigail Trainer, Acting Chief Nurse</i></p> <p style="text-align: right;"><i>Assurance</i></p>	20
D	True North SA2 & 3- PEOPLE AND ORGANISATIONAL DEVELOPMENT	10:10
D1	<p>Our People Update <i>Zoe Lintin, Chief People Officer</i></p>	10
E	True North SA4 – FINANCE & PERFORMANCE	10:20
E1	<p>Ambulance Handovers <i>Debbie Pook, Deputy Chief Operating Officer</i></p> <p style="text-align: right;"><i>Assurance</i></p>	10

E2	Estates Returns Information Collection 2021/22 <i>Alex Crickmar, Acting Director of Finance</i> <i>Howard Timms, Acting Director of Operational Estates & Facilities</i>	<i>Approval</i>	10
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F	STRATEGY		10:40
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F1	Integrating Care Update <i>Richard Parker OBE, Chief Executive</i> <i>Anthony Fitzgerald, Director of Strategy & Delivery - Doncaster CCG</i>	<i>Approval</i>	15
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BREAK 10:55-11:05			
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G	GOVERNANCE		11:05
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G1	NHS Provider Licence Self-certification 2021/22 <i>Fiona Dunn, Deputy Director Corporate Governance/Company Secretary</i>	<i>Approval</i>	5
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H	OTHER ITEMS		11:10
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H1	Governor questions regarding the business of the meeting (10 minutes)* <i>Suzy Brain England OBE, Chair</i>	<i>Discussion</i>	10
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H2	Any other business (to be agreed with the Chair prior to the meeting) <i>Suzy Brain England OBE, Chair</i>	<i>Discussion</i>	
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H3	Minutes of the meeting held on 24 May 2022 <i>Suzy Brain England OBE, Chair</i>	<i>Approval</i>	5
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H4	Date and time of next meeting: Date: Tuesday 26 July 2022 Time: 09:30 Venue: MS Teams	<i>Information</i>	
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I5	Withdrawal of Press and Public Board to resolve: That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest. <i>Suzy Brain England OBE, Chair</i>	<i>Note</i>	
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J	MEETING CLOSE		11:25
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***Governor Questions**

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

For Governors in attendance, the agenda provides the opportunity for questions to be received at an appointed time. Due to the anticipated number of governors attending the virtual meeting, Lynne Schuller, Lead Governor will be able to make a point or ask a question on governors’ behalf. If any governor wants

Lynne to raise a matter at the Board meeting relating to the papers being presented on the day, they should contact Lynne by 5pm the day before 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 Lynne Schuller, Lead Governor.
- Questions will be asked by Lynne Schuller, Lead Governor at the meeting.
- If questions are not answered at the meeting Fiona Dunn will coordinate a response to all Governors.
- Members of the public and Governors are welcome to raise questions at any other time, on any other matter, either verbally or in writing through the Trust Board Office, or through any other Trust contact point.



Suzy Brain England, OBE

Chair of the Board



Action notes prepared by: Angela O'Mara
Updated: 24 May 2022



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

Action Log

Meeting:	Public Board of Directors	KEY	
Date of latest meeting:	24 May 2022	Completed	On Track
		In progress, some issues	Issues causing progress to stall/stop

No.	Minute No.	Action	Lead	Target Date	Update
1.	QEC21/08/C4i	<u>Safeguarding Information to Board</u> Following a discussion regarding the lack of safeguarding information received at Board, a decision would be made on whether a presentation update be provided to Board, or if regular information would be provided as part of the Chief Nurse report.	DP	November-2021 January-2022 February-2022 March-2022 May-2022	<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>Update 29.3.2022 - Safeguarding Lead unable to attend, delayed to May 2022 Board</p> <p>Update 24.5.2022 – Presentation received. Action to close.</p>
2.	P22/03/F1	<u>Principles for 2022/2023</u> Corporate objectives to be brought to April's Board of Directors Meeting.	RP	July 2022	Update 26.4.2022 – paper received, objectives to be refined based on suggestions, considered by the aligned sub-committees and to return to a future public Board meeting for approval.

'See Yellow, Think Falls'

Esther Lockwood, Falls Practitioner
Holistic Care Team

Emergency Department

- Why
- Who?
- What?
- When?
- How?



Outcomes

- Numbers of falls has not decreased when comparing year on year
- Significant increase in attendances in ED
- Workforce challenges experienced
- Staff Training & Education (within ED and wider)
- Cost consideration
- Storage
- Embedding the process within ED
- Managing expectations (wider within DBTH)
- Sizing of socks
- Stock issues/changes
- Staff Feedback- “Good visual tool”, “Easy to identify higher risk patients” ...

Staff Survey- Responses 56

1. Is it easier to identify high risk patients with the 'yellow falls kits'?
Yes=56, No=0, Don't know=0
2. Have the 'yellow falls kits' raised your awareness of those patients assessed as having a high falls risk? Yes=55, No=0, Don't know=1
3. Do you think the 'yellow falls kits' have raised the awareness among other members of staff in the department e.g. doctors, nurses, physios, porters etc? Yes=52, No=2, Don't know=2
4. Have the 'yellow falls kits' enhanced your assessment and management of the high risk falls patient? Yes=50, No=2, Don't know=4
5. Overall, have the 'yellow falls kits' improved patient safety in the department? Yes=53, No=1, Don't know=1



Yellow Falls Kits Evaluation



**SEE YELLOW
THINK FALLS RISK**

If your patient has a yellow blanket and socks they have been identified as a high risk of falling
Please help them stay safe!

STAND FIRM



Yellow Falls Kits Evaluation



**SEE YELLOW
THINK FALLS RISK**

If your patient has a yellow blanket and socks they have been identified as a high risk of falling
Please help them stay safe!

STAND FIRM



Additional benefits

- Receiving wards (Admission areas)-Communication aid for risk
- Service assistant staff- raises awareness and responsibilities for patient safety
- Staff visiting ED-staff awareness enables quick responses to patients
- Safer Patients- Early provision of slipper socks

What next?

- Staff training and education
- Cost implication
- Agreement for permanent use within the Trust
- Continue to embed appropriate usage
- Ensure stock levels are maintained
- Work with 'Medline' to streamline the products to increase the ease of use for staff
- Continue to monitor usage and outcomes
- Consider opportunities for other areas within the Trust

'See Yellow, Think Falls'



Thank you for your time and support

Report Cover Page					
Meeting Title:	Board of Directors				
Meeting Date:	28 June 2022	Agenda Reference:	C1		
Report Title:	Maternity Update				
Sponsor:	Abigail Trainer, Acting Chief Nurse Dr Tim Noble, Executive Medical Director				
Author:	Lois Mellor, Director of Midwifery				
Appendices:	Perinatal Surveillance Dashboard (May 2022)				
Report Summary					
Purpose of report:	To update the Board on the progress in the Maternity Service.				
Summary of key issues/positive highlights:	<ul style="list-style-type: none"> • Update on current PMRT reviews for the month and quarter 4 findings • Current HSIB cases in progress and reports received. • Education and training compliance below the 90% target due to the pausing of training during the recent wave of covid 19 • Trajectories / plans in place to recover the training position • Ongoing work with the maternity voices partnership (MVP) and improved collaborative working • Year 4 CNST standards recommenced 7 May 2022 				
Recommendation:	None				
Action Require:	Approval	Information X	Discussion X	Assurance X	Review
Link to True North Objectives:	TN SA1:	TN SA2:	TN SA3:	TN SA4:	
	<i>To provide outstanding care for our patients</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>	
Implications					
Board assurance framework:					
Corporate risk register:					
Regulation:					
Legal:					
Resources:					
Assurance Route					
Previously considered by:	All parts of this report have been discussed at all levels in the C & F Division.				
Date:		Decision:			
Next Steps:	Support to continue with improvements in maternity service, and achieve full compliance with CNST Year 4 standards and the Ockenden immediate actions				
Previously circulated reports to supplement this paper:					

Monthly Board Report

May 2022

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

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

1.1 Stillbirths and late fetal loss > 22 weeks

1 x Intrauterine fetal death (IUD) at 40 weeks and 5 days pregnant, known smoker who declined smoking cessation (known risk factor). No concerns about ante natal care, and no themes identified appears to be an isolated incident. Placental histology awaited, and there will not be any post mortem as this was declined by the parents.

1 x stillbirth at 33 weeks following an abruption (bleeding), baby known to be small for gestational age (known risk factor) but has normal uterine Doppler's (blood flow to the placenta). Care under review at the moment for final grading.

1.2 Neonatal Deaths

None

1.3 Actions/ Learning from PMRT

Creation of suitable environment for families that have lost a baby. This is an ongoing action, funding has been established and work will commence soon on creating a bereavement suite on level 3.

See the Perinatal Surveillance tool for number of cases in the last quarter.

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

Cases to date	
Total referrals	21 ↑ 1
Referrals / cases rejected	4
Total investigations to date	17
Total investigations completed	14 ↑ 1
Current active cases	3
Exception reporting	0

2.1 Reports Received since last report

HSIB case number: MI-004981

HSIB criteria: HIE/ Cooling

Trust site: Doncaster

Incident date: 16.11.2021

Referral date: 23.11.2021

No recommendations

Findings/ Learning

- AN care in line with guidance
- Intrapartum care in line with guidance
- Baby assessments in line with guidance
- Safety netting advice given to parents
- Treatment for infection could have been commenced earlier
- More aggressive treatment could have been considered to manage the seizures
- Genetic testing done in a timely manner
- Placenta not sent for histology this was appropriate

2.2 Current investigations

HSIB case number: MI-006029

HSIB criteria: HIE/ Cooling

Trust site: Doncaster

Incident date: 13.01.22

Referral date: 18.01.22

Comment received on draft report from Trust

Draft report sent to the family

HSIB case number: MI-006325

HSIB criteria: HIE/ Cooling

Trust site: Doncaster

Incident date: 25.01.22

Referral date: 28.01.22

All staff interviews now completed / booked

Report panel deferred to 5 July

HSIB case number: MI-009360

HSIB criteria: HIE/ Cooling

Trust site: Doncaster

Incident date: 11.05.22

Referral date: 18.05.22

Update

Medical records upload

Scoping partially completed

3. Serious Incident Investigations (Internal)

None

4. Training Compliance

The service has set trajectories to meet 90 % compliance with training by December 2022. Progression is being made in all areas of training and the current figures are;

CTG Study Day

35 % compliance which is an increase from 17% last month.

A trajectory to achieve 90% by December 2022 has been set and staff have been allocated the study day on their rosters, and allocated dates to attend training.

PROMPT Training (Obstetric Emergencies)

A trajectory has been set to achieve 90% compliance by December, and there has been an overall improvement from 30.2% (Divisional) to 43.3% this month.

MDT Role	Number	Number Compliant	Prompt Compliance
Consultants	13	5	38.5%
Doctors	19	10	52.6%
Midwives	201	111	55.2%
NHSP Midwives	18	2	11.1%
Support Workers	69	17	24.6%
Theatre Staff	80	34	42.5%
Anaesthetists	32	8	25.0%
Divisional	432	187	43.3%

5. Service User Feedback

The new maternity voices partnership (MVP) chair has created an action plan for 2022/23, and is currently working with stakeholders. She has attended the Doncaster Mumbler Baby week event to relaunch the Doncaster and Bassetlaw MVP.

The feedback on the maternity Facebook page remains positive, and the International day of the Midwife created a lot of positive comments from recent users of the service.

Complaints are overseen by the deputy Head of Midwifery, and themes remain patient information and staff attitude.

The service has a planned event to create patient information booklets on 22nd June 2022.

Complaints are shared with the staff involved to increase understanding how interactions can have adversely affect users of the service. This work is ongoing, and will be supported by a quality programme that is being developed within the service led by the senior leadership team.

6. HSIB/ NHSR / CQC or other investigation with a concern or request for action made directly to the Trust

None

7. Coroner PFDR (Reg 28) made directly to Trust

PFDR letter expected from case concluded on 1.6.22 in Nottinghamshire.

8. Progress in achievement of CNST

Year 4 CNST standards ongoing.

Recruitment for admin support and project management has commenced.

At risk standards are:

Safety Action 5 – Midwifery Workforce

Safety Action 8 – Training

Safety Action 9 – Safety & Quality due to change of Board level safety champion and interim NED

9. Progress in implementing Continuity of Carer (MCoC)

Currently MCoC is paused due to the number of midwifery vacancies.

A plan has been set to achieve the target set of the majority of women being in receipt of MCoC by March 2024. This will be commenced as soon the staffing position allows, and the national team will support engagement with staff commencing in September 2022 to support reintroduction of MCoC.

10. Board Level Safety Champion staff feedback from walkabout

Most recent feedback:

- Concerns about ongoing midwifery vacancies
- Concerns about the continued merging of M1 & M2 on the Doncaster site creating challenges with capacity.

Plans to address concerns

Ongoing recruitment of midwives including:

- Local
- International
- Further targeted recruitment campaign

Mitigation in place to address staffing shortfalls on a shift by shift basis with:

- Twice daily staffing huddle Mon to Fri
- Weekend plan made on a Friday
- Senior midwifery manager on call every night and 24/7 weekends & bank holiday
- Direct access to the site team and exec on call

Staff forum sessions have been undertaken for staff to discuss concerns about the merger, and plans for the future. These have been held on 11.3.22, 15.3.22 and 27.4.22.

There are ongoing freedom to Speak up (FTSU) session undertaken by FTSU guardian.

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: April 2022-June 2022

Overall System RAG:

(Please refer to key next slide)

Jan			
Feb			
Mar			

Maternity unit DBTH – Doncaster

KPI (see slide 4)	Measurement / Target	Doncaster Rate		
		April	May	June
Caesarean Section rate	Elective	<13.2 %	11%	14.1%
	Emergency	<15.2 %	22.4%	24.7%
Preterm birth rate	≤26+6 weeks	0	2 (twins)	2
	≤36+6 weeks	<6%	6.66%	11.02%
Massive Obstetric Haemorrhage	≥1.5l	<2.9%	3.1%	2.4%
Term admissions to NICU		<6%	2.56%	2.21%
3rd & 4th degree tear	SVD (unassist'd)	<2.8%	0.7%	0
	Instrumental (assisted)	<6.05 %	14.3%	0
Right place of birth		95%	99%	99%
Smoking at time of delivery		<11%	13.4%	10.6%
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 deprivation		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	April	45	22	0	0	0	2 1 0	0	1	0	0	0 0
	May	39	20	0	1	0	1 1 0	2	0	0	1	0 0
	June											
	Q1											

Maternity Red Flags (NICE 2015)

		April	May	June
1	Delay in commencing/continuing IOL process	43	38	
2	Delay in elective work	0	0	
3	Unable to give 1-1 care in labour	1	0	
4	Missed/delayed care for > 60 minutes	1	1	
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: April 2022- June 2022

Overall System RAG:

(Please refer to key next slide)

Apr	1:31.4	22.1%	
May	1:31.4	22.1%	
June			

Maternity unit DBTH – Bassetlaw

KPI (see slide 4)3.9%	Measurement / Target	Bassetlaw Rate		
		April	May	June
Caesarean Section rate	Elective	<13.2 %	9.8%	9.7%
	Emergency	<16.9 %	37.5%	31.5%
Preterm birth rate	≤26+6 weeks	0	0	1
	≤36+6 weeks	<6%	5.35%	6.5%
Massive Obstetric Haemorrhage	≥1.5l	<2.9%	4.5%	4%
Term admissions to NICU		<6%	11.42%	4.3%
3 rd & 4 th degree tear	SVD (unassist'd)	<2.8%	3.8%	5.1%
	Instrumental (assisted)	<6.06 %	0%	15.4%
Right place of birth		95%	100%	99%
Smoking at time of delivery		<11%	10.7%	5.6%
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 Newer 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	April	9	18	0	0	0	0 0 0	0	0 0	0	0 0
	May	4	27	0	0	0	1 0 0	0	0 0	0	0 0
	June										
	Q1										

Maternity Red Flags (NICE 2015)

		April	May	June
1	Delay in commencing/continuing IOL process	8	4	
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	1	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	Complete
2	MSDS	On Track	On Track	Complete
3	ATAIN	On Track	On Track	Complete
4	Medical Workforce	At Risk	At Risk	Complete
5	Midwifery Workforce	At Risk	At Risk	Complete
6	SBLCB V2	On Track	On Track	Complete
7	Patient Feedback	On Track	On Track	Complete
8	Multi-professional training	At Risk	At Risk	Complete
9	Safety Champions	On Track	On Track	Complete
10	Early notification scheme (HSIB)	On Track	Complete	Complete



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	Complete
2	Fetal Growth Restriction	On Track	On Track	Complete
3	Reduced Fetal Movements	On Track	On Track	Complete
4	Fetal monitoring during labour	On Track	On Track	Complete
5	Reducing pre-term birth	On Track	On Track	Complete

Assessment against Ockenden Immediate and Essential Action (IEA)

	Oct	Nov	Dec
Audit of consultant led labour ward rounds twice daily	On Track	On Track	Complete
Audit of Named Consultant lead for complex pregnancies	On Track	On Track	Complete
Audit of risk assessment at each antenatal visit	On Track	On Track	Complete
Lead CTG Midwife and Obstetrician in post	On Track	On Track	Complete
Non Exec and Exec Director identified for Perinatal Safety	On Track	On Track	Complete
Multidisciplinary training – PROMPT, CTG, Obstetric Emergencies (90% of Staff)	>85% <90%	>85% <90%	Complete
Plan in place to meet birth rate plus standard (please include target date for compliance)	On Track	On Track	Complete
Flowing accurate data to MSDS	On Track	On Track	Complete
Maternity SIs shared with trust Board	On Track	On Track	Complete

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 th centile PPH 3 rd 4 th degree tear Shoulder dystocia	Weight unexpectedly below the 10 th centile PPH 3 rd 4 th degree tear Shoulder dystocia Low cord gasses Unexpected admission to NNU	
Themes from Maternity Serious Incidents (Sis)	No SI declared for April One off pathway delivery and NND which will be presented at panel, LMNS peer review and the incident review meeting shortly	SI/HSIB/HIE declared 2 off pathway deliveries (NND at tertiary unit)	
Themes arising from Perinatal Mortality Review Tool	April meeting graded 3 cases B and A AAA AA No themes highlighted	May meeting and adhoc meeting graded 4 cases A and A AAA AA BB	
Themes / main areas from complaints			
Listening to women (sources, engagement / activities undertaken) CQC Women's Experience	MVP chair now in the role and they are actively being involved in the MVP meetings and activities being undertaken	MVP now involved with guidelines Will provided feedback	
Evidence of co-production			
Listening to staff (eg activities undertaken, surveys and actions taken as a result)	Feedback encouraged from recent inquests via an MST drop in session being arranged for May Ongoing OCR meeting Ongoing skills and drills scenarios	Ongoing OCR meeting Ongoing skills and drills scenarios Education lead now back in post supporting education needs of staff	
Embedding learning (changes made as a result of incidents / activities / shared learning/ national reports)	WHATS HOT Ward briefs and emails Face to face discussions with staff LASER poster	WHATS HOT Ward briefs and emails Face to face discussions with staff LASER poster LMNS meetings	



KPIs: Targets & Thresholds

Ref	KPI	Measurement	Target	Green Range	Amber Range	Red Range	Source	
S1	Caesarean section rate (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	Preterm birth rate (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	Massive obstetric haemorrhage (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	Term admissions to NICU ((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	3rd & 4th degree tear (3 rd / 4 th 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 rd & 4 th degree tear: NMPA SVD & Instrumental 3 rd & 4 th 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	Right Place of Birth (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	Smoking at time of delivery	% women smoking at time of delivery	6%	<11%		>11%	Trust / MSDSv2	
S8	Percentage of women placed on Continuity of Carer pathway 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	Percentage of BAME women or from areas of deprivation placed on Continuity of Carer pathway (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							



Report Cover Page					
Meeting Title:	Board of Directors				
Meeting Date:	28 June 2022	Agenda Reference:	C1		
Report Title:	Midwifery Workforce Report				
Sponsor:	Abigail Trainer , Acting Chief Nurse				
Author:	Lois Mellor, Director of Midwifery				
Appendices:					
Report Summary					
Purpose of report:	To update the Board on the progress in the Maternity Service				
Summary of key issues/positive highlights:	<ul style="list-style-type: none"> • Update on the current midwifery staffing position • Plans to mitigate risks due to vacancies • Ongoing recruitment 				
Recommendation:	None				
Action Require:	Approval	Information X	Discussion X	Assurance X	Review
Link to True North Objectives:	TN SA1:	TN SA2:	TN SA3:	TN SA4:	
	<i>To provide outstanding care for our patients</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>	
Implications					
Board assurance framework:					
Corporate risk register:					
Regulation:					
Legal:					
Resources:					
Assurance Route					
Previously considered by:	All parts of this report have been discussed at all levels in the C & F Division.				
Date:		Decision:			
Next Steps:	Support to continue with improvements in maternity service, and achieve full compliance with CNST Year 4 standards and the Ockenden immediate actions				
Previously circulated reports to supplement this paper:					

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1. Introduction

The Ockenden report published in December 2020 recognises that safety in maternity services is related to the staffing levels. It is essential that there is effective multidisciplinary working in the maternity service to maintain safety, and this can only be achieved with the recommended levels of staff.

The Maternity Transformation programme has provided an opportunity to review the way we deliver services in particular continuity of carer.

Birthrate Plus®

A robust tool called Birthrate Plus® has been used in conjunction with professional judgement to calculate the workforce required to deliver safe maternity services at DBTH. This tool has been extended to include modelling for the delivery of continuity of carer, and the workforce model in this paper enable the maternity service at DBTH to deliver full continuity of carer on both sites.

2. Birth Rate Plus Recommended Midwife WTE

	BR Plus Recommended	Midwives	10% Band 3 skill mix	Total
DRI	155.00 WTE	122.85	23.5	146.35
BDGH	63.71 WTE	50.2	7.5	57.7
Cross site		16.4	0	16.4
Matrons		5	-	5
Total	218.71	194.45	31	225.45

Skill Mixing

Birthrate Plus suggests up to 10% of the WTE midwife requirement can be skill mixed with Band 3 Maternity Support Workers (MSW) where clinically appropriate. Skill mixing can predominantly be undertaken on the post-natal ward, and in community.

3. Workforce Model for 22/23

Applying a 10% skill mix across the service using Band 3 MSW (as suggested by Birthrate Plus) the following workforce is required to meet the BR+ recommendations

Total Workforce by Role

Role	Current Budget
Matrons	5
Midwives 6 /7	189.45
MSW Band 3	31
HCA Band 2	29.15

4. Planned Versus Actual Staffing levels

Role	Current Budget	In post	Variance
Matrons	5	5	0
Midwives	189.45	153.26	- 36.19
MSW Band 3	31	16	-15
HCA Band 2	29.15	37.62	+ 8.47

The midwifery vacancy remains stable, and is managed using incentives on NHSP rates for substantive staff undertaking additional shifts. The service has secured funding to support two agency midwives per shift until October 2022. This will keep safe staffing levels until the newly qualified midwives start in the organisation in October.

There is ongoing recruitment to the Band 3 midwifery support worker (MSW) role, the standard of applicants for the most recently advertised band 3 roles has been poor. The service is part of the national recruitment support programme, and this team will support the service in recruiting suitable candidates.

The service is expecting that natural wastage will address the current over establishment of Band 2 roles.

5. Recruitment & Retention

The service has recruited the following roles to support recruitment and retention:

- Recruitment and retention band 8 A Matron
- Recruitment and retention Band 7 (temporary post)
- 2 practice and development midwives to support midwives in the clinical areas

The service has undertaken a lot of working improving recruitment and retention including:

- Open door policy for senior staff
- Staff forums to raise concerns
- Flexible contracts, retire and return options
- Increasing the number of professional Midwifery advocates (PMA) to support staff
- Senior staff working alongside staff for support
- Comprehensive induction programme
- Bespoke preceptorship programmes
- Bi monthly meetings for newly qualified midwives for support
- Band 5 What's app group for support
- Regular feedback to staff, Facebook, emails, MVP's
- Rosters completed on time
- Making sure staff getting a break
- Kind compassionate leadership at all levels
- An extensive health and wellbeing programme including reiki sessions

The service is part of the national support programme for recruitment and retention. An initial meeting has identified three areas to improve recruitment and retention

- To improve the sharing of the benefits of working in maternity at DBTH
- Help with recruitment of suitable candidates for Band 3 MSW roles
- Help with improving the uptake of nursing roles in maternity services

6. Midwife to Birth Ratio

The agreed midwife to birth ratio nationally is 1:28

DRI – 1:31.4

BDGH – 1:27.4

The increased ratio at DRI is due to carrying most vacancies on the bigger site (DRI) in order to keep the staffing at safe levels across the service.

7. One to One Care in Labour

The aim is to achieve 100% one to one care in labour, this means one midwife for one woman once in established labour (4 cms dilated with regular painful contractions). The midwife caring for woman should not have any other women in her care, and forms part of the CNST Safety Actions.

This is monitored on a monthly basis on the maternity dashboard, and is reported non-compliant if any period (however short) this has not been achieved.

Month	Aug 2020	March 2021	Oct 2021	Dec 2021	March 2022
Doncaster	92.3%	98%	89.74%	97.7%	95.9%
Bassetlaw	Suspended	98%	92.9%	98.5%	94.2%

Where this cannot be achieved it is risk assessed by the B7 Labour Ward Coordinator using the birthrate acuity tool, and the manager of the day is contacted to make an assessment of the whole of the maternity service. The manager of day will then redeploy staff in accordance with the risk assessment ensuring that this is achieved as soon as possible. If 1:1 care is not possible for further women in labour the escalation policy is activated.

8. B7 Labour Ward Coordinator

There is a supernumery Band 7 Coordinator who have oversight of the labour ward on each shift. This is experienced midwife available to provide advice, support and guidance to clinical staff and able to manage activity and workload through the labour ward. If the coordinator is unable to remain supernumery this is escalated to the manager of the day (in hours) and the manager on call out of hours. Staff then will be redeployed to ensure that coordinator is supernumery and / or the escalation policy is enacted.

9. Mitigation of Risk

If the situation is escalating, and the situation is becoming unsafe then the Maternity Escalation Policy is used. In the first instance a divert is put in place and women are redirected to the sister site, until the situation is resolved. If both sites subsequently are becoming unsafe the service will review the position and if it is unsafe will implement service suspension (diversion to another provider) until the situation is resolved. There is a Local Maternity and neonatal System (LMNS) escalation policy that supports system wide support to the service who has declared OPEL 4 (suspension of services).

All women who contact the service during a suspension will be risk assessed, and redirected if appropriate (with prior agreement to another provider).

10. Red flags

The service implemented the Birthrate plus App in June 2020 which records staffing and acuity data on a 4 hourly basis. Any management actions and red flags can also be recorded on the system.

A midwifery red flag event is a warning sign that something may be wrong with midwifery staffing. If a midwifery red flag event occurs, the midwife in charge of the service should be notified. The midwife in charge should determine whether midwifery staffing is the cause, and the action that is needed

Below is the table of the reported Red Flags in the maternity service for the last six months.

Maternity Red Flags (NICE 2015)				
		Oct	Nov	Dec
1	Delay in commencing/continuing IOL process	18	14	8
2	Delay in elective work	0	0	0
3	Unable to give 1-1 care in labour	1	0	1
4	Missed/delayed care for > 60 minutes	6	1	9
5	Delay of 30 minutes or more between presentation and triage (LWAU)	1	0	2

Maternity Red Flags (NICE 2015)				
		Jan	Feb	March
1	Delay in commencing/continuing IOL process	9	1	4
2	Delay in elective work	0	1	0
3	Unable to give 1-1 care in labour	0	0	0
4	Missed/delayed care for > 60 minutes	5	0	0
5	Delay of 30 minutes or more between presentation and triage (LWAU)	0	0	0

The manager of the day, and the manager on call overnight are in place to address any acute issues in the service. Trends in red flags are discussed at the maternity governance group, and mitigations/ changes in service made to address these.

The IOL process has been amended to address the recent red flags related to delays in the IOL process, audit findings and a recent HSIB investigation. This has seen an improving picture, and a reduction in the number of the red flags reported related to delays in IOL.

11. Addressing areas of Risk

There are twice daily huddles to manage staffing, and make plans to ensure the services remains safe at all times. The service has a 24/7 manager rota to support the clinical areas to maintain safe staffing levels at all times, and they can liaise with the site on call team, and the LMNS for support.

There is ongoing recruitment of midwives including:

- Rolling adverts for band 5/6 midwives
- 11 international recruits offered jobs, and are undertaking their English examination
- LMNS approach to recruiting newly qualified midwives who commence in Oct 2022
- Investing in qualified nursing roles to support midwives

12 Action Plan

No.	Action	Lead	Target Date
1	Birthrate plus reassessment to be completed	Lois Mellor- DoM	31 st July 2022
2	Complete workforce plan to meet birthrate + assessment guidance	Lois Mellor – DoM	1 st September 2022
3	Secure funding to meet birthrate + assessment requirements	Abby Trainer- Interim Chief Nurse / Lois Mellor	1 st April 2023
4	Continue to recruit midwives to meet birthrate + recommendations	Elaine Merrills - R & R Lead	Review quarterly until full recruitment

Report Cover Page					
Meeting Title:	Board of Directors				
Meeting Date:	28 June 2022	Agenda Reference:	C1		
Report Title:	Continuity of Carer Update				
Sponsor:	Abby Trainer, Acting Chief Nurse				
Author:	Lois Mellor, Director of Midwifery				
Appendices:	None				
Report Summary					
Purpose of report:	To update the Board on the progress against implementation of continuity of carer as a default model of care.				
Summary of key issues/positive highlights:	<ul style="list-style-type: none"> C of C currently paused Currently 36 WTE midwifery vacancies in DBTH Trajectory set for implementation once staffing position improves 				
Recommendation:	None				
Action Require:	Approval	Information X	Discussion X	Assurance X	Review
Link to True North Objectives:	TN SA1:	TN SA2:	TN SA3:	TN SA4:	
	<i>To provide outstanding care for our patients</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>	
Implications					
Board assurance framework:					
Corporate risk register:					
Regulation:					
Legal:					
Resources:					
Assurance Route					
Previously considered by:	All parts of this report have been discussed at all levels in the C & F Division.				
Date:		Decision:			
Next Steps:	Support to continue with improvements in maternity service, and achieve full compliance with CNST Year 4 standards and the Ockenden immediate actions				
Previously circulated reports to supplement this paper:					

1. Background

Midwifery Continuity of Carer has been proven to deliver safer and more personalised maternity care. Building on the recommendations of Better Births and the commitments of the NHS Long Term Plan, the ambition for the NHS in England is for Continuity of Carer to be the default model of care for maternity services, and available to all pregnant women in England. Where safe staffing allows, and the building blocks (see appendix/ A for assurance framework) are in place this should be achieved by March 2023 – with rollout prioritised to those most likely to experience poorer outcomes first.

What does it mean to offer Midwifery Continuity of Carer as the ‘default model of care’?

In line with *Better Births* and the *NHS Long Term Plan*, all women should be offered the opportunity to receive the benefits of Continuity of Carer across antenatal, intrapartum, and postnatal care. However, not all women will be in a position to receive continuity of carer, through choosing to receive some of their care at another maternity service. In a small number of cases, women will be offered a transfer of care to a specialist service for maternal / fetal medicine reasons.

Providing Continuity of Carer by default therefore means:

- Offering all women Midwifery Continuity of Carer (MCoC) as early as possible antenatally; and
- Putting in place clinical capacity to provide Continuity of Carer to all those receiving antenatal, intrapartum and postnatal care at the provider.

Maternity services and LMNS are asked to prepare a plan to reach a position where midwifery Continuity of Carer is the default position model of care available to all women.

2. Current Position

The maternity service has funding for birthrate plus recommendations, however the service currently has significant vacancies. There are currently 42 WTE vacancies despite significant recruitment drives, there is a background of a national shortage of midwives.

The maternity service has funding for birthrate plus recommendations, however the service currently has significant vacancies. There are currently 42 WTE vacancies despite significant recruitment drives, there is a background of a national shortage of midwives.

MCoC has been paused at DBTH since July 2021 due the current and ongoing vacancy position. It will not be recommenced until the service 10 WTE vacancies or less. This is to ensure that any further launch of MCoC is successful and sustainable. The service will review this position on a quarterly basis, and make a risk assessment about recommencing MCoC.

Once the service is near to the agreed recruitment levels the service will recommence the roll out plan, including engaging unions and HR.

3. The Plan

The service continues to strive for full recruitment of midwives by ongoing adverts for Band 5 & 6 midwives, and undertaking international recruitment. The service has undertaken recruitment of newly qualified midwives in collaboration with the other providers in the LMNS and is expecting 16.4 WTE to commence. These newly qualified midwives will start over the summer as Band 3 support workers, and commence as midwives when they receive their PIN number in October 2022.

The service is currently undertaking international recruitment and have offered 16 overseas midwives jobs with a view to supporting 12 through their preceptorship programme. These midwives are currently in the process of undertaking their English exams, and will be move to the UK once these have been passed.

The service has also requested to be part of the national recruitment support programme, and is currently working with NHSE to optimise recruitment.

The service will continue to review the staffing position, and will recommence MCoC as soon as this improves. The staffing position is monitored on a monthly basis.

The national support team will commence engagement sessions with the staff starting in September 2022 to set foundations for recommencement of MCoC in 2023. A trajectory has been set to implement teams in the areas where there is a high BAME population and deprivation (appendix 1).

Appendix 1

Planned trajectory

Team 1 & 2 (Wave1) Central Doncaster	Doncaster And Bassetlaw Teaching Hospitals NHS Foundation Trust	RP5	588	8	14	Planned	1.3.23	Yes in the most deprived 20%
Team 3 & 4 (Wave 2) (central)	Doncaster And Bassetlaw Teaching Hospitals NHS Foundation Trust	RP5	588	8	14	Planned	1.5.23	Yes in the most deprived 20%
Team 5 &6 (Wave 3) (South)	Doncaster And Bassetlaw Teaching Hospitals NHS Foundation Trust	RP5	588	8	14	Planned	1.7.23	Yes in the most deprived 20%
Team 7 & 8 (Wave 4) (south)	Doncaster And Bassetlaw Teaching Hospitals NHS Foundation Trust	RP5	588	8	14	Planned	1.9.23	Yes in the most deprived 20%
Teams 9 & 10 (Wave 5) (East)	Doncaster And Bassetlaw Teaching Hospitals NHS Foundation Trust	RP5	588	8	14	Planned	1.12.23	No
Team 11, 12 & 13 (Wave 6) (North)	Doncaster And Bassetlaw Teaching Hospitals NHS Foundation Trust	RP5	882	8	21	Planned	1.2.24	No
Teams 13, 14 & 15 (BDGH)	Doncaster And Bassetlaw Teaching Hospitals NHS Foundation Trust	RP5	882	8	21	Planned	1.10.23	Yes in the most deprived 20%

Report Cover Page				
Meeting Title:	Board of Directors			
Meeting Date:	28 June 2022	Agenda Reference:	D1	
Report Title:	Our People Update			
Sponsor:	Zoe Lintin, Chief People Officer			
Author:	Zoe Lintin, Chief People Officer			
Appendices:	N/A			
Report Summary				
Purpose of report:	To provide Board with a brief update on developments in relation to activities to support staff engagement and recognition.			
Summary of key issues/positive highlights:	<p>There is a Board commitment and ambition to improve staff experience and engagement across DBTH, with a key indicator being our annual national staff survey results.</p> <p>This paper highlights some of the recent developments in relation to engagement and recognition, including:</p> <ul style="list-style-type: none"> - Introduction of structured monthly Board visits - Scoping of #hellomynameiscampaign - Finalists in the national Employee Benefits Awards - Local recognition activities and the launch of this year's STAR awards 			
Recommendation:	The Board is asked to note the actions being taken and to engage in the programme of visits, once finalised.			
Action Require:	Approve	Information	Discussion	Assurance Review
Link to True North Objectives:	TN SA1:	TN SA2:	TN SA3:	TN SA4:
	<i>To provide outstanding care for our patients</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>

Implications	
Board assurance framework:	None
Corporate risk register:	None
Regulation:	None
Legal:	None
Resources:	Small financial implication if the decision is taken to proceed with #hellomynameis campaign

Assurance Route			
Previously considered by:		Informal Executive meeting	
Date:	15.06.22	Decision:	Proposals supported
Next Steps:		Update to Board in June 2022	
Previously circulated reports to supplement this paper:		N/A	

1. Introduction

There is a Board commitment and ambition to improve staff experience at DBTH and to continue to develop our activities in relation to engagement. This paper outlines some of the recent development and activities in relation to engagement and recognition.

2. Board visibility

There is a commitment to providing a more structured approach to ensuring Executive Director and Board visibility across the organisation, as we move out of the latest phase of the pandemic and in line with our broader ambitions on staff experience. The following developments have recently been agreed:

Board visits – monthly joint Board visits with Executive and Non-Executive Directors will be introduced, covering all sites and encompassing clinical and non-clinical areas. This will give Board members the opportunity to meet with teams and see the work they do for our patients and our colleagues, to discuss issues affecting them, achievements they are proud of, improvement ideas etc. The arrangements for co-ordinating the visits are being finalised and the visits will begin shortly.

This is a further iteration of the approach previously used where Executive and Non-Executive Directors were linked to divisions. It is felt this new approach will be beneficial in facilitating visits to a diversity of areas whilst rotating the pairings of Board members.

In addition, informal and ad-hoc visits will continue as well as opportunities to hold meetings ‘out and about’ in the organisation and at Bassetlaw and Montagu as well as Doncaster Royal Infirmary (DRI).

#hellomynameis campaign – a scoping exercise will be undertaken into the #hellomynameis campaign with a view to procuring more prominent name badges for all colleagues, to support patient experience and staff engagement. The key driver behind this campaign, founded by Dr Kate Granger, was compassionate patient care – <https://www.hellomynameis.org.uk/>

Exec Sponsors – the concept of Exec Sponsors is being explored for introduction on receipt of the 2022 national staff survey results. This involves the triangulation of staff survey feedback, people and patient experience metrics and local intelligence to identify priority teams who would most benefit from more focused Executive support. Further updates will be provided nearer the time.

NED Champions – the Deputy Director Corporate Governance/Company Secretary has been reviewing the approach to NED Champion roles, now the national guidance has been published, and the new Chief People Officer will also be supporting this work. It is planned that a proposal will come to July Board.

3. Staff survey

The People Committee will receive an update against the key themes being addressed in response to the 2021 staff survey results at their meeting on 5 July 2022. Leadership is one of these themes and the Trust position in relation to the recommendations of the recently published Messenger review on leadership in the NHS will be presented to Board in July 2022.

Consideration is already being given to the 2022 national staff survey, which will launch in the Autumn, and the Chief People Officer will set out an approach to timely engagement and involvement at a Trust-wide and divisional level in preparation for the results being published early next year.

4. Recognition

The Trust has been shortlisted in the prestigious national Employee Benefits Awards, facing competition from a range of cross-sector organisations. The submission focused on our introduction of the Vivup highfive recognition app, which enables colleagues to give thanks and acknowledge each other linked to our Trust values. The awards ceremony is being held in London on 24 June 2022 and representatives from the Trust are hoping to be able to attend (rail strike permitting).

4.2 Recognition at DBTH

The annual STAR awards are due to launch in late June, following a two year pause during the pandemic. The award categories have been designed to be accessible and inclusive, to encourage participation from a diversity of people and teams. Following a judging panel and shortlisting process, the awards ceremony will be held in the Autumn. The awards have proved popular in previous years, with a high number of nominations from across the Trust.

The Jubilee Afternoon Tea was held on 6 June at DRI, Bassetlaw and Montagu as a way to say thank you to colleagues with tea and biscuits. Activities are being planned for the NHS Big Tea on 5 July, linked to raising the profile of our charity. This is a national event hosted by NHS Charities Together on the birthday of the NHS.

As part of Carer's Week in June, colleagues and communities were asked what matters most to them as carers to help to inform our next steps in supporting our carers working at DBTH.

5. Employee benefits - mileage rates

Work is ongoing on reviewing mileage rates across Trusts in the South Yorkshire ICS and the details for DBTH are being finalised. This is in the context of supporting our colleagues with the rising cost of fuel and increasing cost of living more broadly. The proposal will see an increase in mileage rates for our colleagues, with a review period incorporated. A further update will be provided in Board.

6. Recommendations

The Board can be assured that actions are being taken to continue to improve our approach to staff engagement and that our approach to colleague recognition has been nationally recognised.

Report Cover Page			
Meeting Title:	Board of Directors		
Meeting Date:	28 June 2022	Agenda Reference:	E1
Report Title:	Patients waiting less than 15 minutes for ambulance handover from time of arrival		
Sponsor:	Debbie Pook, Deputy Chief Operating Officer		
Author:	Andrea Squires, Divisional Director of Operations for Urgent & Emergency Care		
Appendices:	Supporting graphs		
Report Summary			
Purpose of report:	To provide information and assurance in relation to actions ongoing to improve the number of patients waiting more than 15 minutes for ambulance handover from time of arrival		
Summary of key issues/positive highlights:	<ul style="list-style-type: none"> NHSE (2020) guidance states that ambulance handovers should reliably be completed within 15 minutes and that a handover escalation process should be enacted where time to handover exceeds or is likely to exceed 30 minutes The current national standards state that all patients should be handed over within 15 minutes with none waiting over 60 minutes for handover The month of April was a challenging period with an increase of ambulances attendances vs March where the trend was decreasing. Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trusts (DBTH) May performance for patients waiting less than 15 minutes for ambulance handover improved slightly from 41.69% to 41.16%, with decrease from 14.33% to 13.62% of patients waiting over 60 minutes. There was a slight decrease from 49.95% to 46.91% at Doncaster Royal Infirmary for patients waiting less than 15 minutes for ambulance handover in May. Performance improvement has been affected by bed waits specifically on 8th & 25th May, which aligned to bank holiday activity increases. Doncaster Royal Infirmary (DRI) in May are the 3rd highest reporting Trust for 60-minute ambulance handover breaches in Yorkshire. Actions started – Ambulance direct referrals at DRI & BDGH, Early Senior Assessment reconfiguration to improve triage and ED Streaming PDSA cycles commenced in June, 2hrly online ED escalation tools for immediate support as Opel levels increase. Regular meetings with YAS/EMAS focusing on early notice of patient acuity prior to arrival, continued development of Consultant Connect for ED streaming. Key actions continue to be implemented to ensure ambulance handover times across DBTH are in accordance with national guidance and ensures patients receive safe and high quality care. Further work around pathways such as Same Day Emergency Care is also being completed to improve ambulance handover times as part of the UEC Recovery and Transformation programme. This paper will provide a monthly update against national standards and highlight improvements moving forwards 		
Recommendation:	For information/assurance purposes only		

Action Required:	Approval	Information	Discussion	Assurance	Review
Link to True North Objectives:	TN SA1:	TN SA2:	TN SA3:	TN SA4:	
	<i>To provide outstanding care for our patients</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>	
Implications					
Board assurance framework:	Changes made to SA1 and COVID 19 addition to SA1 to reflect risk and related to winter planning & also planning mitigation				
Corporate risk register:	Report regards Risks ID 6 and 2349 on the Risk Register - F&P 6 <ul style="list-style-type: none"> Failure to achieve compliance with performance and delivery aspects of the SOF, CQC and other regulatory standards Report outlines actions plan to make progress on this specific requirement related to ambulance handovers, no change to risks on CRR				
Regulation:	NHS England (2020) Reducing Ambulance Handover Delays: key lines of enquiry				
Legal:	N/A				
Resources:	N/A				
Assurance Route					
Previously considered by:	Divisional Management Board for Medicine				
Date:	23/05/22	Decision:	TBC		
Next Steps:	Continued monitoring of recovery and associated action plans at Divisional Management Board for Medicine, Finance & Performance Committee and monthly escalation to Board. Work forms part of Urgent and Emergency Care Programme.				
Previously circulated reports to supplement this paper:	N/A				

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

Problem Statement: Performance against the Ambulance handover within 15 minutes standard is currently 46.91% for Doncaster.

Current Trend: Performance against the Ambulance handover within 15 minutes deteriorated over the month of May, with 46.91% compared to 49.95% in April.

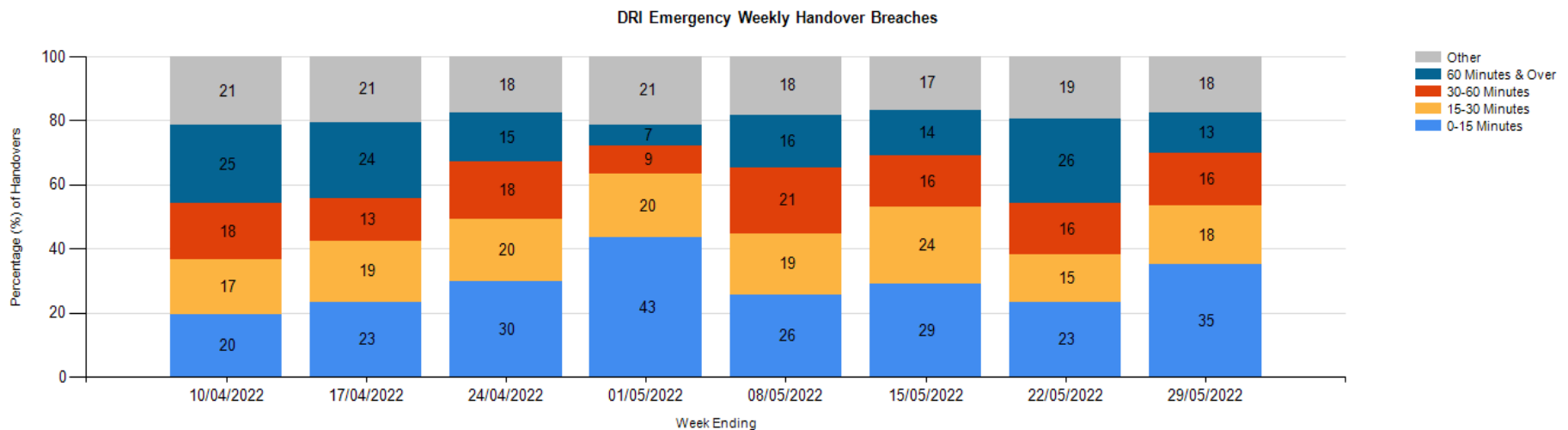
Metric Owner: Divisional Director of Operations (DDO) for Urgent & Emergency Care

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

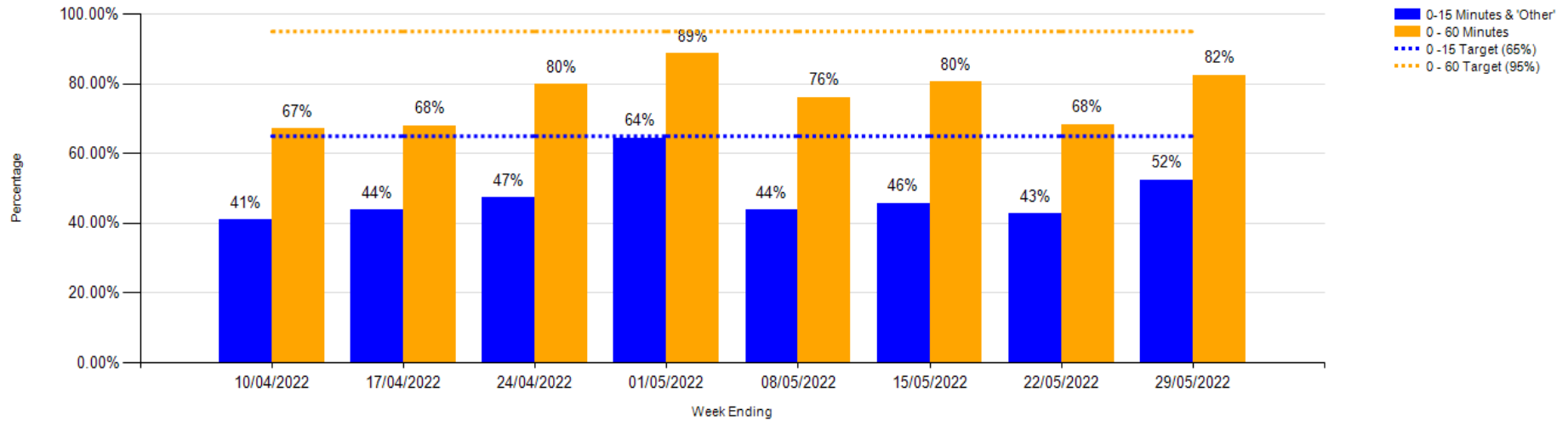
Desired Trend:

May Performance:

Month	Hospital	No of Arrivals	% less than 15 minutes	% between 15 & 30 minutes	% over 60 minutes	Longest Wait (hrs & minutes)
May 2022	Doncaster	2123	46.91%	19.59%	16.53%	03:20
	Bassetlaw	734	24.52%	56.27%	5.18%	04:33
	Trust	2857	41.16%	29.02%	13.62%	N/A



Percentage of DRI Emergency Handovers to Targets



Handover performance by focused site

Choose metric

Total breaches 30-60 mins

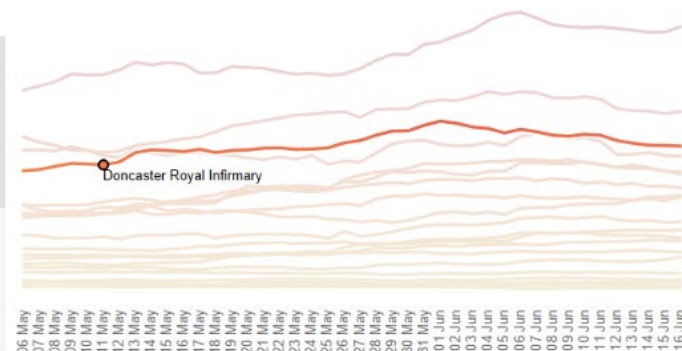
Total breaches 30-60 mins

Rolling 30-day position as at 16 Jun 22

click on a bar to highlight focused site on the trend chart

Ambulance..	Focused Site	Total Breaches
Yorkshire	Northern General Hospital	893
Yorkshire	Hull Royal Infirmary	604
Yorkshire	Doncaster Royal Infirmary	486
Yorkshire	Pinderfields General Hospital	452
Yorkshire	York Hospital	398
Yorkshire	Bradford Royal Infirmary	390
Yorkshire	Scarborough General Hospital	344
Yorkshire	Rotherham District General H.	318
Yorkshire	Barnsley Hospital	312
Yorkshire	St James's University Hospital	228
Yorkshire	Accident And Emergency (hu..	200
Yorkshire	Accident And Emergency (cal.	173
Yorkshire	Leeds General Infirmary	162
Yorkshire	Harrogate District Hospital	125
Yorkshire	Airedale General Hospital	109

Rolling 30-day Trend



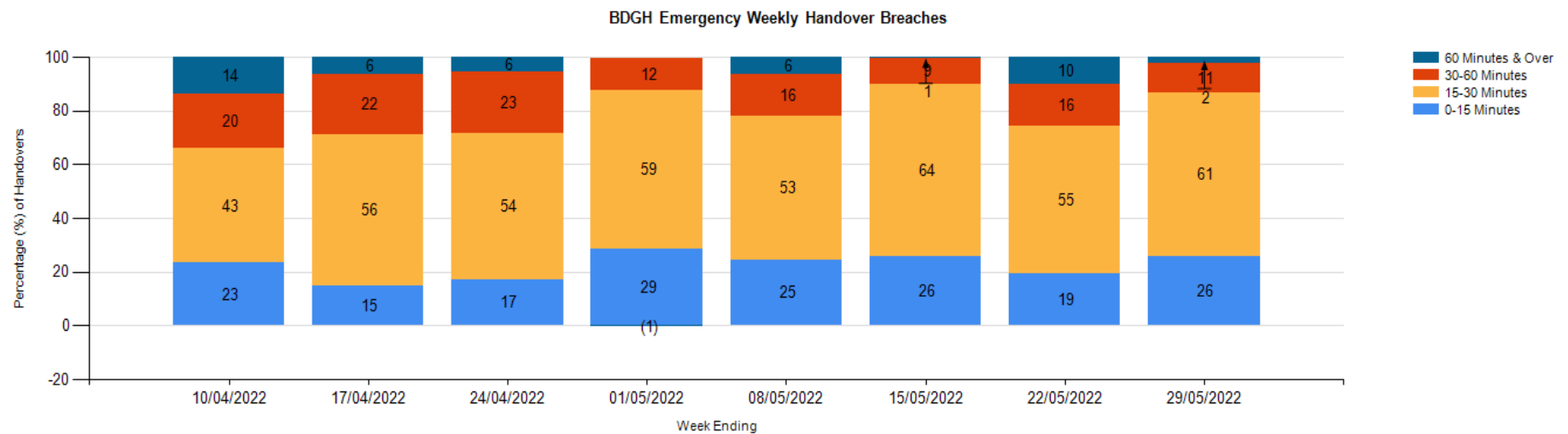
Key associated metrics that also support the standard:	
>15 minutes Time To Initial Assessment (TTIA)	May performance was 41.07% against the 5% target. This is an increase from the 36.87% reported in April. Delays are ongoing following the winter period due to high Covid rates and a UEC recovery action plan is in place to improve delays at the ED front door. In June, ESA improvement pilot is being run to improve Triage times.
Average Length of Stay (LoS) in ED	Average time in department for May was 214 minutes against the 240 minute target. This is an increase from 203 minutes reported in April. The department is prone to availability of beds.
>12 hours in ED from Arrival	May performance was 4.22% which remains slightly above the national standard of 4.7% target. This is a reduction from 4.7% reported in April. Delays continue to be impacted by a current Trust bed occupancy of 98.9%. The Patient Flow Steering Group continue to focus on reducing LoS.

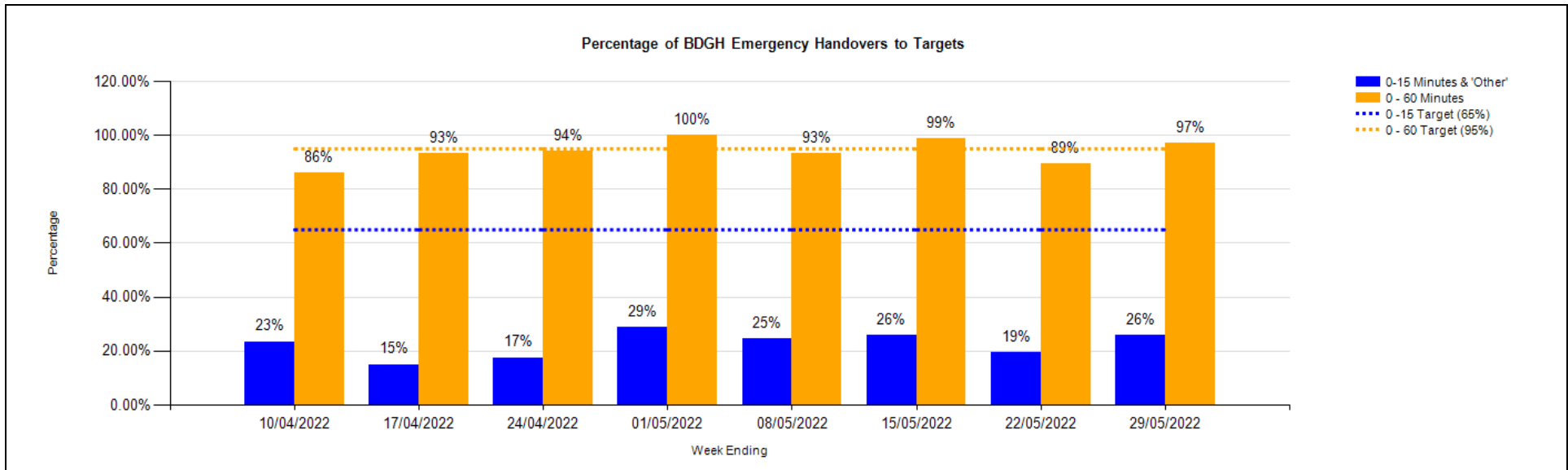
Bassetlaw Summary: Patients waiting less than 15 minutes for ambulance handover from time of arrival

<p>Problem Statement: Performance against the Ambulance handover within 15 minutes standard is currently 24.52% for Bassetlaw.</p> <p>Current Trend: Performance against the Ambulance handover within 15 minutes has improved over the month of May with 24.52% compared to 20.99% in April.</p>	<p>Metric Owner: Divisional Director of Operations (DDO) for Urgent & Emergency Care</p> <p>Metric: Ambulance Handover Time: Ambulance handover within 15 minutes – with none over 30 minutes</p> <p>Desired Trend: </p>
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May Performance:

Month	Hospital	No of Arrivals	% less than 15 minutes	% between 15 & 30 minutes	% over 60 minutes	Longest Wait (hrs & minutes)
May 2022	Doncaster	2123	46.91%	19.59%	16.53%	03:20
	Bassetlaw	734	24.52%	56.27%	5.18%	04:33
	Trust	2857	41.16%	29.02%	13.62%	N/A





Key associated metrics that also support the standard:	
>15 minutes Time To Initial Assessment (TTIA)	May performance was 37.05% against the 5% target. This is a slight deterioration from the 36.8% reported in April. Delays are ongoing following the winter period due to high Covid rates 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 May was 163 minutes against the 240 minute target. This is a further improvement from the 168 minutes reported in April.
>12 hours in ED from Arrival	May performance was 2.02% which is better than the national standard of 5% target. This is an improvement from the 2.28% reported in April. Delays continue to be impacted by a current Trust bed occupancy of 98.9%. 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	Status
Pre-hospital / Front Door Issues	<ul style="list-style-type: none"> • Difficulty accessing primary care services for advice and guidance • Difficulty accessing assessment services for advice and guidance • Difficulty accessing community response services 	• Additional GP hours in urgent primary care to support ambulance crews where discussion needed with GP	Fylde Coast Medical Services (FCMS)	Monitoring
		• Extend Same Day Health Centre offer to YAS and South Yorkshire Police for patients that need minor injuries support	FCMS	Monitoring
		• Extended pilot with new geriatrician at DRI to support conveyance avoidance particularly around frailty	DDO for UEC / Care of the Elderly Consultant	Monitoring
		• Work underway to promote the Rapid Response service with ambulance crews	CCG	Monitoring
		• 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)	Monitoring
		• Single point of access for GPs to facilitate direct admission to medical and surgical same day emergency care services	DDO for UEC / CD	Monitoring
		• 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	Delivery
		• Implement Screening and Redirection tool, supported by signposting away and early senior review	DDO for UEC / CD	Delivery
Patient Flow issues	<ul style="list-style-type: none"> • Current Trust bed occupancy of 98% resulting in lack of available beds to move patients into from ED • Increased LoS across the Trust (7, 14 and 21 days) • Lack of available beds in 	• Re-configuration of acute medicine to include re-location of 12 beds to existing Early Assessment unit in ED to become an Acute Medical Decisions Unit resulting in an additional 12 beds for Care of the Elderly and General Medicine	DDO for UEC / CD	Monitoring
		• Additional 10 beds to be opened on Ward 22 for respiratory patients	DDO for UEC / CD	Paused

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

handover data between YAS / DBTH	<p>other tasks</p> <ul style="list-style-type: none"> • Previous ‘double pinning’ system stopped pre-Covid as automatic system was being trialed. This was never implemented due to Covid-19 pandemic • Internal daily validation was stood down as a result of the above 	<p>any difference in handover time recorded</p> <ul style="list-style-type: none"> • ‘Double pinning’ system to be re-commenced to ensure crews pin out prior to leaving the department and DBTH staff also pin out to confirm handover time. Supporting Protocol to be developed • YAS to share data and investigate why the time stamp is no longer visible on the Electronic Patient Record Form (EPRF) • Monthly meetings to be held with YAS/DBTH operational teams • NHS England and Emergency Care Intensive Support Team to undertake site visits across South Yorkshire and Bassetlaw to ensure consistent approach 	YAS/DDO	Monitoring
			DDO for UEC	Monitoring
			YAS	Monitoring
			DDO for UEC	Closed

Report Cover Page			
Meeting Title:	Board of Directors		
Meeting Date:	28 June 2022	Agenda Reference:	E2
Report Title:	Estates Return Information Collection (ERIC) 2021/2022		
Sponsor:	Alex Crickmar – Acting Director of Finance		
Author:	Howard Timms - Acting Director of Estates and Facilities		
Appendices:	Appendix 1: ERIC Return Trust Level Report 2021/2022 Appendix 2: ERIC Return Site Level Report 2021/2022		
Report Summary			
Purpose of report:	<p>The Estates Return Information Collection (ERIC) forms the central collection of Estates and Facilities data from all NHS organisations in England providing NHS funded secondary care during the fiscal year ending 31st March 2022. ERIC data provides the Government with essential information relating to the safety, quality, running costs and activity related to the NHS estates and also supports work to improve efficiency.</p> <p>It is critical that the data provided for the ERIC return is of the highest quality in terms of its accuracy as well as being consistent with other Trusts to provide full confidence in the data submitted, which is used to:</p> <ul style="list-style-type: none"> • Populate the Model Hospital and provide accurate benchmarks for NHS Trusts; • Support the Secretary of State’s accountability to Parliament for the funds allocated to the NHS (which includes the running of the estate); and • Develop strategic plans for individual NHS estates. <p>In addition, the Standard Contract requires the data to be collected in accordance with specific reporting criteria at Trust and Site level to ensure information provided is meaningful, usable and transparent.</p>		
Summary of key issues/positive highlights:	<ul style="list-style-type: none"> • An increase in overall backlog maintenance from £149,360,164 to £149,930,048 an overall increase of 0.38%, with information provided from the annual updated 6 facet survey (20%) by external consultants Oakleaf and a full desktop review by Estate Managers of the three main Trust sites. The main factors influencing this position are an annual increase in cost due to inflation of 6.9% £10.3m and capital investment of £10.4m to support reducing backlog. • An overall increase in leases and rents of £0.1m, across the Trust due to the need for provision of additional accommodation to comply with COVID 19 social distancing regulations. • A decrease in floor area - under used space on all three sites due primarily to COVID 19 restrictions and reduction in patient activity, within the reporting year delivering figures for Doncaster Royal Infirmary (DRI) 0.4%, Mexborough Montagu hospital (MMH) 1.7% and Bassetlaw District General Hospital (BDGH) 0.5%. • Cumulative rate rebates from previous years have impacted on this year’s return. A rate reduction at the DRI site due to revaluation by 0.2m and 		

	<p>cumulative rate rebate from Doncaster council of £0.9m delivering an overall decrease in rates for DRI of (-84%). Annual rates at BDGH have increased by £0.1m but cumulative rate rebates have delivered a reduction of £0.2m providing an overall decrease of (-56%).</p> <ul style="list-style-type: none"> • Estates and property maintenance has increased by £1.2m at DRI site and £0.2m at BDGH for the reporting period. £0.4m relates to the new Hospital Business Case a further £0.6m was incurred as a result of the major flood and electrical incident at the DRI Women’s and Children’s Hospital, and DRI Buildings and Engineering non pay costs have increased by £0.4m and BDGH has increased by £0.2m both which relates to contractual supply and fixings costs. • Hard Facilities Management (FM) (Estates) costs reported at DRI site has increased by £0.3m mainly as a result of external consultancy costs Oakleaf £0.1m, and increased external consultancy costs for a revaluation review on business rates £0.2m. • Soft FM (Facilities) costs at DRI site has increased by £1.0m due to the sterile services contract costs increase by £0.2m, management costs increase by £0.1m and security costs at the Women's and Children's Hospital following the major incident incurred £0.6m. • An overall increase in waste management costs of £0.2m primarily due to an increase and decrease in costs, volumes and changes in waste segregation related to the COVID 19 pandemic. The main waste management contract cost increase, contract innovation, new waste disposal equipment (large transportable waste disposal bins) and changes to patient activity and waste distribution across all waste streams. • Finally Capital Investment has increased overall by £0.9m due primarily to the construction of the new modular building connected to the main DRI Women’s and Children’s Hospital following the major flood and electrical incident within the building. 				
Recommendation:	The Board of Directors note / approve the information enclosed on the ERIC 2021/2022 submission which is required to be submitted to EFM Information, HSCIC (NHS DIGITAL) on 30/06/2022 and will be released into the public domain in October 2022 as part of the full ERIC returns report.				
Action Require:	Approval	Information	Discussion	Assurance	Review
Link to True North Objectives:	TN SA1: <i>To provide outstanding care for our patients</i>	TN SA2: <i>Everybody knows their role in achieving the vision</i>	TN SA3: <i>Feedback from staff and learners is in the top 10% in the UK</i>	TN SA4: <i>The Trust is in recurrent surplus to invest in improving patient care</i>	
Implications					
Board assurance framework:	N/A				
Corporate risk register:	<p>F&P 4 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.</p> <p>F&P12 Failure to ensure that estates infrastructure is adequately maintained and upgraded in accordance with the Regulatory Reform (Fire</p>				

	<p>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.</p> <p>F&P17/Q&E12 Risk of critical lift failure</p> <p>E&F 2335 Failure to adequately meet the demand of PPM completion due to insufficient resource within the Estates department resulting in a risk of regulatory non-compliance. Note: Identified following an NHS/Qii review of the Estates workforce at DBTH. For further details please consult the EF risk register.</p>		
Regulation:	<p>The ERIC return for 2021/2022 has received approval from the Standardisation Committee for Care Information (SCCI). Please note that ERIC Data fields and definitions are reviewed and updated annually and are subject to change in accordance with current NHSE/I requirements.</p>		
Legal:	<p>Mandatory requirement to ensure compliance under the terms of section 259 of the Health and Social Care Act 2012.</p>		
Resources:	<p>N/A</p>		
Assurance Route			
Previously considered by:	<p>None</p>		
Date:	N/A	Decision:	N/A
Next Steps:	<p>Data provision from the ERIC return to inform expenditure and provide evidence required to support business cases for the expenditure. ERIC provides evidence in relation to Estates & Facilities, also including any local investment planning. Data collected through ERIC is also used to benchmark the Trust against other Trusts to determine levels of efficiency, safety and quality.</p>		
Previously circulated reports to supplement this paper:	<p>N/A</p>		

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Figure 1: Backlog Maintenance Increase for 2021/2022 Including Investment to Reduce Backlog

Figure 2: Capital Investment Report for 2021/2022

Figure 3: Waste Management Variance Report for 2021/2022

1. Executive Summary

The ERIC return forms the central collection of Estates and Facilities data from all NHS organisations in England providing NHS funded secondary care during the fiscal year ending 31st March. ERIC data provides the Government with essential information relating to the safety, quality, running costs and activity related to the NHS Estates and also supports work to improve efficiency. It is therefore critical that the data provided is of the highest quality in terms of its accuracy as well as being consistent with other Trusts.

The Department of Health and Social Care (DHSC) and Arm's Length Bodies (ALBs) are accountable to the public and to Parliament for the NHS, including its funding, and therefore its estates & facilities. It therefore requires data to ensure this, including the ability to determine the level of efficient use of such funding. In addition to funding, data is also required by DHSC and its ALBs to make decisions on areas of policy, e.g. investment planning and income generation.

The NHS Constitution now includes the following: "You have the right to be cared for in a clean, safe, secure and suitable environment." The NHS Regulators, therefore, will include the environment, the estate and its facilities services in their review process. The ERIC data is a key element in the review of and making decisions on inspections.

The following report provides data collected for the 21/22 ERIC return for Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH) at Trust Level (Appendix 1) and individual Site Level (Appendix 2). The data and financial information was provided for the return by the Trust Finance Department, Estates and Facilities responsible managers and external consultants Oakleaf. The return has been verified by the Trust Finance department against the financial ledger, and a Trust wide 20% 6 facet survey providing accurate backlog maintenance information. The Key issues from the report include;

- An increase in overall backlog maintenance from £149,360,164 to £149,930,048 delivering an overall increase of 0.38%, with information provided from the annual update 6 facet 20% survey by external consultants Oakleaf and a full desktop review by Estate Managers of the three main Trust sites. The main factors influencing this position are an annual increase in cost due to inflation of 6.9% £10.3m and capital investment of £10.4m to support reducing backlog.
- An overall increase in leases and rents of £0.1m, across the trust due to the need for provision of additional accommodation to comply with COVID 19 social distancing regulations.
- A decrease in floor area under used space on all three sites due primarily to COVID 19 restrictions and reduction in patient activity within the reporting year delivering figures for DRI 0.4%, MMH 1.7% and BDGH 0.5%.
- Cumulative rate rebates from previous years have impacted on this year's return. A rate reduction at the DRI site due to revaluation by 0.2m and cumulative rate rebates from Doncaster council of £0.9m delivering an overall decrease in rates for DRI of (-84%). Annual rates at BDGH have increased by £0.1m but cumulative rate rebates have delivered a reduction of £0.2m providing an overall decrease of (-56%).

- Estates and property maintenance has increased by £1.2m at DRI site and £0.2m at BDGH for the reporting period. 0.4m relates to the new Hospital Business Case a further £0.6m was incurred as a result of the major flood and electrical incident at DRI Women's and Children's Hospital and DRI Buildings and Engineering non pay costs have increased by £0.4m and BDGH has increased by £0.2m both which relates to contractual supply and fixing costs.
- Hard FM (Estates) costs reported at DRI site has increased by £0.3m mainly due to Oakleaf consultancy costs £0.1m and increased external consultancy costs for a revaluation review on business rates £0.2m.
- Soft FM (Facilities) costs at DRI site has increased by £1.0m as a result of sterile services contract costs which has increased by £0.2m, management costs increase by £0.1m and security costs at the Women's and Children's hospital following the major incident incurred an additional cost of £0.6m.
- An overall increase in waste management costs of £0.2m is illustrated in Figure 3 identifying both an increase and decrease in costs, volumes, and changes in waste segregation primarily related to the COVID 19 pandemic, the main waste management contract cost increase, contract innovation, new waste disposal equipment (large transportable waste disposal bins) and changes to patient activity and waste distribution across all waste streams.
- Finally Capital Investment has increased overall by £0.9m due primarily to the construction of the new modular building connected to the main Women's and Children's Hospital at the DRI site following the major flood and electrical incident within the building.

2. Report

2.1 Backlog Maintenance

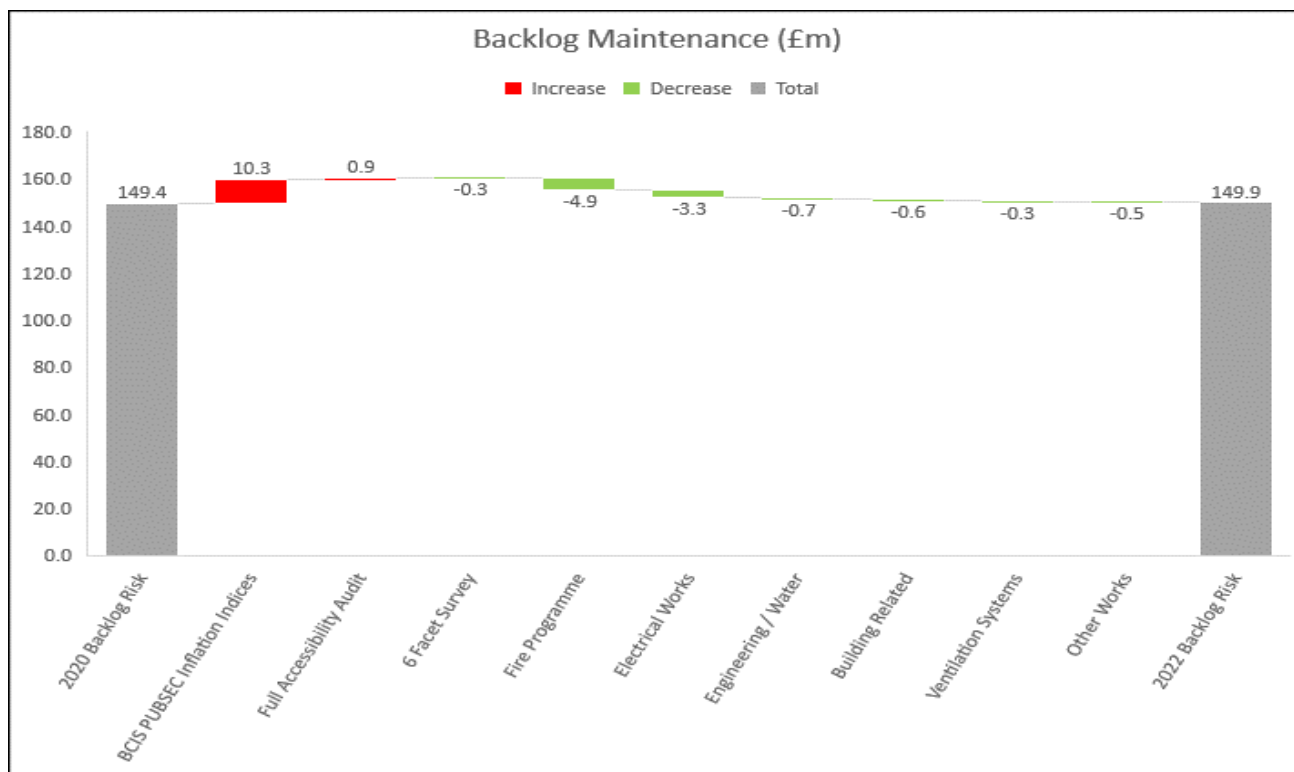
Following completion of the Trust annual 6 Facet 20% survey update by Oakleaf Consultancy and full desktop review by Estates Managers at the three main trust sites, there has been an overall increase in backlog maintenance for the Trust from £149,360,164 to £149,930,048 a percentage increase of 0.38% (£569,884) for the reporting period 21/22.

The overall Backlog maintenance increase is presented in Figure 1 illustrating the following increase in backlog costs, inflation and identified backlog investment;

- An increase in Backlog maintenance of £875,382 as a result of the disabled access audit undertaken in the reporting period 21/22 by Oakleaf consultancy at all three main trust sites in accordance with the Equality Act 2010.
- The inflation increase is updated and calculated using the Building Cost Information Service (BCIS) PUBSEC Tender Price Index of Public Sector Building Non-Housing at 6.9% (£10,305,852), in accordance with ERIC returns data requirements.
- A decrease in Backlog identified in the 21/22 quarter 4 Oakleaf 20% 6 Facet survey and a full desktop review by Estate Managers of the three main Trust sites of £222,000 as a result of demolition of buildings at BDGH and general asbestos removal.

- An increase in Capital investment to reduce Backlog maintenance of (£10,389,350) as part of the overall capital investment programme FY21/22 is also identified in figure 1 with an overall breakdown of costs.

Figure 1: Backlog Maintenance Increase for 2021/2022 Including Investment to Reduce Backlog

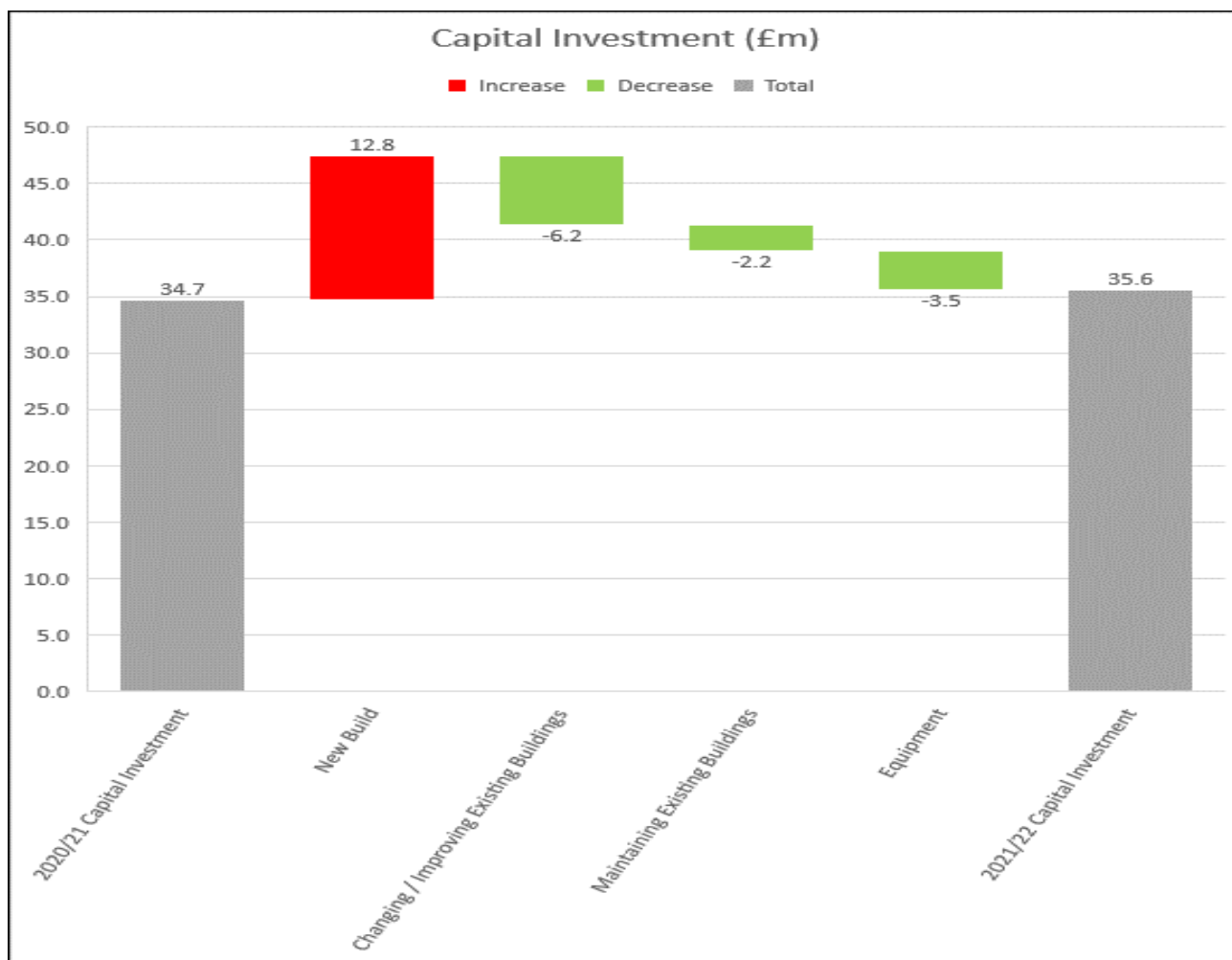


2.2 Capital Investment

An Increase in overall Capital Investment for 21/22 of £0.9m is illustrated in Figure 2 including the following increase and decrease;

- The Increase in new build is due to the construction of the new modular building connected to the main Women’s and Children’s Hospital at DRI site following the major flood and electrical incident within the building.
- A reduction in Changing / Improving Existing Buildings is due to reduction in capital funding for this element, with a number of large schemes included within the previous reporting periods capital programme including the conversion of the Hospital Sterilisation and Decontamination Unit to the Critical Care Unit and work on the Urgent Emergency Care within the emergency department.
- The reduction in Maintaining Existing Buildings is mainly due to increased funding within the previous reporting period 20/21 including the Critical Infrastructure Public Dividend Capital funding from the Treasury to fund capital schemes.
- The reduction in Investment in Equipment is due to lower levels of Public Dividend Capital funding being available within this reporting period 21/22.

Figure 2: Capital Investment Report for 2021/2022



2.3 Main ERIC Return Variances

Leases and Rents; An increase in leases and rents across the Trust due to the need for provision of additional accommodation as a direct consequence of the lack of Trust space to ensure compliance with COVID 19 space regulations on social distancing. The main increase as a consequence of renting of properties and hotels has resulted in an overall increase of £0.1m.

Rates; Annual rates have reduced at the DRI site due to revaluation by 0.2m, and cumulative rate rebates from Doncaster council at £0.9m delivering an overall decrease in rates for DRI of (-84%). Annual rates at BDGH have increased by £0.1m but cumulative rate rebates have delivered a reduction of £0.2m providing an overall decrease of (-56%) on the previous year’s reporting period.

Estates and Property; DRI has increased by £1.2m of which £0.4m relates to the new Hospital business case, a further £0.6m incurred as a result of the major flood and electrical incident at the DRI Women’s and Children’s hospital, and DRI Buildings non pay costs have increased by £0.2m the majority of which relates to Contractual Supply and Fixings. Engineering DRI has increased by £0.2m and BDGH £0.2m for the same reason.

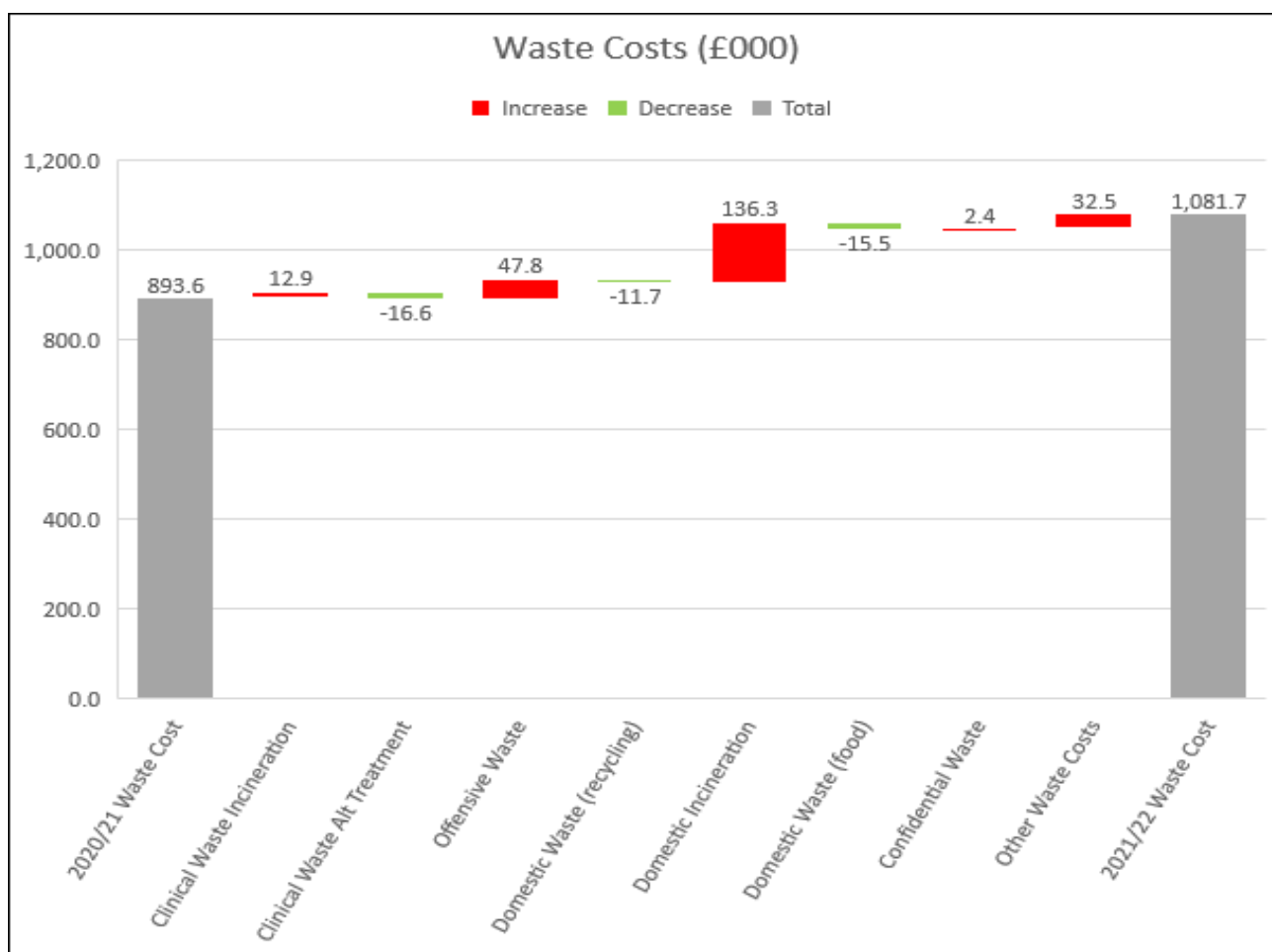
Hard FM (Estates); DRI has increased by £0.3m mainly due to the Oakleaf consultancy costs £0.1m, and increased external consultancy costs for revaluation review on business rates £0.2m.

Soft FM (Facilities); DRI has increased by £1.0m as a result of an increase in sterile services contract costs by £0.2m as the previous year included rebates from reduction in activity. Management costs increased by £0.1m following changes to the structure and security costs for the Women's and Children's hospital following the major incident which incurred an additional £0.6m.

Space Allocation; A decrease in reported floor area under-used on all three main trust sites due an increase in patient activity and re-opening of clinical services closed during COVID 19 restrictions. This was identified by Oakleaf consultancy when undertaking the new space utilisation audit; which reported a decrease in underutilised space at DRI of 0.4% (453m²), MMH 1.7% (231m²) and BDGH 0.5% (200m²) for the reporting period 21/22.

Waste Management; An overall increase in waste management costs of £0.2m is illustrated in Figure 3 identifying both increase and decrease in costs, volumes and changes in waste segregation primarily related to the COVID 19 pandemic, the main waste management contract cost increase, contract innovation, new waste disposal equipment (large transportable waste disposal bins) and changes to patient activity and waste distribution across all waste streams.

Figure 3: Waste Management Variance Report for 2021/2022



3. Appendices

Appendix 1: ERIC Return Trust Level Report 2021/2022

Trust Profile	Unit	Value
Number of sites - General acute hospital	No.	3
Number of sites - Specialist hospital (acute only)	No.	0
Number of sites - Mixed service hospital	No.	0
Number of sites - Mental Health (including Specialist services)	No.	0
Number of sites - Learning Disabilities	No.	0
Number of sites - Mental Health and Learning Disabilities	No.	0
Number of sites - Community hospital (with inpatient beds)	No.	0
Number of sites - Other inpatient	No.	0
Number of sites - Non inpatient	No.	5
Number of sites - Support facilities	No.	0
Number of sites – Unoccupied	No.	0
Total number of sites	No.	8
Sites included above that are unreported	No.	0
Sites leased from NHS Property Services	No.	2
Sites occupied without charges	No.	0
<i>Notes</i>		
Strategies, Policies and Sustainability	Unit	Value
Estates Development Strategy	Yes/No	No
Green energy usage	Yes/No	Yes
Heat decarbonisation	Yes/No	No
Does the trust have an energy manager	Yes/No	No
Does the trust have a waste reuse scheme	Yes/No	No
Waste re-use scheme - Cost savings	£	
Waste re-use scheme - Carbon savings	CO2e (tonnes)	
Does the trust have a waste manager	Yes/No	Yes
WEEE waste cost	£	10,327
WEEE waste volume	Tonnes	87.99
Estates and Facilities staff employed by an NHS wholly owned subsidiary company	WTE	0.00
Estates and facilities staff enrolled on an apprenticeship programme	No.	7
<i>Notes</i>		
Finance	Unit	Value
Capital investment for new build	£	13,093,000
Capital investment for changing/improving existing buildings	£	1,806,000

Capital investment for maintaining (lifecycle) existing buildings	£	10,571,000
Capital investment for equipment	£	10,113,000
Private sector funding investment	£	0
Public sector funding investment	£	35,236,000
Charity and/or grant investment	£	347,000
Energy efficient schemes costs	£	0
Number of energy efficient schemes	No	0
Carbon savings from investment in energy efficient schemes	CO2e (tonnes)	
Total capital investment	£	35,583,000
Total capital funding	£	35,583,000
<i>Notes</i>		
Contribution to costs	Unit	Value
Contribution to costs from areas leased out for retail sales	£	-208,777
Contribution to costs from non NHS organisations	£	-729,968
Contribution to costs from NHS organisations	£	-668,763
Contribution to costs from local authorities	£	0
Income from car parking - patients and visitors	£	-373,376
Income from car parking - staff	£	-443,973
Total contributions	£	-2,424,857
<i>Notes</i>		
Fire Safety	Unit	Value
Fires recorded	No.	1
False alarms - No call out	No.	82
False alarms - Call out	No.	68
Deaths resulting from fires	No.	0
Injuries resulting from fires	No.	0
Patients sustaining injuries during evacuation	No.	0
<i>Notes</i>		
Medical Records	Unit	Value
Medical Records cost - Onsite	£	2,420,651
Medical Records cost - Offsite	£	89,173
Type of Medical Records	Select	3. Mixed
Medical Records service provision	Select	Internal

Appendix 2: ERIC Return Site Level Report 2021/2022

Facilities Management (FM) Services	Unit	BASSETLAW DISTRICT GENERAL HOSPITAL RP5BA	DONCASTER ROYAL INFIRMARY RP5DR	MONTAGU HOSPITAL RP5MM	OTHER REPORTABLE SITES RP5ORS	RETFORD HOSPITAL RP5RE
Depreciation	£	3,084,590	7,316,454	1,292,955	0	0
Public Dividend Capital (PDC)	£	1,580,806	3,749,573	662,620	0	0
PDC - assets under construction	£	0	0	0	0	0
Leases and rent	£	44,703	116,425	15,549	176,367	388,415
Rates	£	256,022	175,573	254,576	0	0
Interest on Capital	£	80,188	190,200	33,612	0	0
Other Estates and Facilities finance costs	£	0	0	0	0	0
Indirect accommodation subsidies	£				0	0
Estates and property maintenance	£	1,337,345	4,459,935	304,598	0	
Grounds and gardens maintenance	£	10,841	41,276	1,185	0	
Electro Bio Medical Equipment maintenance	£	175,963	1,574,788	0	0	
Other Hard FM (Estates) costs	£	603,702	1,204,725	159,064	36,333	
Other Soft FM (Hotel Services) costs	£	1,177,553	3,526,551	478,038	0	
Management (Hard and Soft FM) costs	£	130,004	338,584	45,221	0	
Estates and facilities finance costs	£	5,046,309	11,548,225	2,259,312	176,367	388,415
<i>Notes</i>						
Areas	Unit	BASSETLAW DISTRICT GENERAL HOSPITAL RP5BA	DONCASTER ROYAL INFIRMARY RP5DR	MONTAGU HOSPITAL RP5MM	OTHER REPORTABLE SITES RP5ORS	RETFORD HOSPITAL RP5RE
Gross internal floor area	m ²	40,587	110,006	14,433	959	2,045
Site heated volume	m ³	110,212	274,189	36,427	3,205	5,177

Age Profile	Unit	BASSETLAW DISTRICT GENERAL HOSPITAL RP5BA	DONCASTER ROYAL INFIRMARY RP5DR	MONTAGU HOSPITAL RP5MM	OTHER REPORTABLE SITES RP5ORS	RETFORD HOSPITAL RP5RE
Age profile - 2015 to 2024	%	0.00	0.24	0.00	0.00	0.00
Age profile - 2005 to 2014	%	6.17	0.12	11.66	16.79	0.00
Age profile - 1995 to 2004	%	13.52	3.40	27.91	24.82	23.26
Age profile - 1985 to 1994	%	37.06	9.34	24.41	0.00	0.00
Age profile - 1975 to 1984	%	29.80	0.00	0.88	0.00	0.00
Age profile - 1965 to 1974	%	2.35	49.80	16.96	32.01	64.06
Age profile - 1955 to 1964	%	1.12	23.90	3.26	0.00	0.00
Age profile - 1948 to 1954	%	0.00	0.00	0.00	0.00	0.00
Age profile - pre 1948	%	9.98	13.20	14.92	26.38	12.68
Age profile - total (must equal 100%)	%	100.00	100.00	100.00	100.00	100.00
Notes						
CHP	Unit	BASSETLAW DISTRICT GENERAL HOSPITAL RP5BA	DONCASTER ROYAL INFIRMARY RP5DR	MONTAGU HOSPITAL RP5MM	OTHER REPORTABLE SITES RP5ORS	
Fossil-fuel led CHP units operated on site	No.	0	0	1	0	
CHP unit/s efficiency	%			81		
CHP replacement date	Select			2025-26		
Notes						
Energy	Unit	BASSETLAW DISTRICT GENERAL HOSPITAL RP5BA	DONCASTER ROYAL INFIRMARY RP5DR	MONTAGU HOSPITAL RP5MM	OTHER REPORTABLE SITES RP5ORS	
Electricity costs	£	889,718	2,172,854	186,482	0	
Electricity consumed	kWh	5,155,208	13,034,087	1,172,844	0	

		BASSETLAW DISTRICT GENERAL HOSPITAL RP5BA	DONCASTER ROYAL INFIRMARY RP5DR	MONTAGU HOSPITAL RP5MM	OTHER REPORTABLE SITES RP5ORS	
Portering Services	Unit					
Portering service cost	£	426,266	1,604,888	131,893	0	
Portering staff	WTE	20.10	61.16	4.74	0.00	
Relevant occupied floor area	m ²				0	
<i>Notes</i>						
		BASSETLAW DISTRICT GENERAL HOSPITAL RP5BA	DONCASTER ROYAL INFIRMARY RP5DR	MONTAGU HOSPITAL RP5MM	OTHER REPORTABLE SITES RP5ORS	RETFORD HOSPITAL RP5RE
Safety	Unit					
Number of estates and facilities related incidents related to Critical Infrastructure Risk	No.	0	2	1	0	0
Number of estates and facilities related incidents related to Non-Critical Infrastructure Risk	No	1	3	0	0	0
Clinical service incidents caused by estates and infrastructure failure	No	2	8	2	0	0
Overheating occurrences triggering a risk assessment	No.	4	3	2	0	0
Estates and facilities RIDDOR incidents	No	2	2	0	0	0
Flood occurrences triggering a risk assessment	No	0	0	0	0	0

Report Cover Page			
Meeting Title:	Board of Directors		
Meeting Date:	28 June 2022	Agenda Reference:	F1
Report Title:	Integrating Care Update		
Sponsor:	Anthony Fitzgerald, Director of Strategy & Delivery, Doncaster CCG		
Author:	Anthony Fitzgerald, Director of Strategy & Delivery, Doncaster CCG Ruth Bruce, Doncaster Provider Alliance Lead		
Appendices:			
Report Summary			
Purpose of report:	<p>The Health & Care Act 2022 received royal assent on 28 April 2022. On 1 July 2022 the NHS South Yorkshire Integrated Care Board (ICB) will be established, and the statutory functions, staff, assets and liabilities of the four CCGs of South Yorkshire will be transferred to the ICB. In line with the legislation and policy direction, it is anticipated that the ICB will delegate some of its functions to a newly established Doncaster Integrated Partnership Board for the Doncaster Place Based Partnership.</p> <p>The purpose of this paper is to provide a brief update on the status and role of the Doncaster Integrating Care Partnership Board and the key proposed changes to the existing Place Agreement, and to seek the Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Board’s approval in principle of the terms of the revised Place Agreement (which will incorporate the Partnership Board terms of reference once finalised) subject to further minor amendments to finalise the Place Agreement for signature.</p>		
Summary of key issues/positive highlights:	<p>The paper provides:</p> <ul style="list-style-type: none"> • an update regarding the implementation of the Integrated Care System from 1 July 2022 • a summary of the key changes to the Doncaster Place Agreement • an updated Place Based Partnership governance structure from 1 July 2022 • the Doncaster Place Annual Plan for 2022/23 • the Doncaster Place Agreement is shared as a separate document 		
Recommendation:	<p><i>The Board is asked to:</i></p> <ol style="list-style-type: none"> 1. Note the development of the Place Based Partnership arrangements and the proposed governance structure effective from 1 July 2022 2. Note the proposed draft terms of reference for the Partnership Board and that they may be subject to final amendments prior to 1 July 2022 3. Note that Richard Parker will be a member of the Partnership Board but will not, in respect of ICB Business, be a representative of the DBTH 4. Approve in principle the terms of the updated Place Agreement annexed to this report and agree to delegate authority to Richard Parker to agree any necessary inconsequential amendments to the final version, and to enter into the updated Place Agreement on behalf of the DBTH 		

Action Require:	Approval	Information	Discussion	Assurance	Review
Link to True North Objectives:	TN SA1:	TN SA2:	TN SA3:	TN SA4:	
	<i>To provide outstanding care for our patients</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>	
Implications					
Board assurance framework:	No changes				
Corporate risk register:	Not applicable				
Regulation:	Monitor's Code of Governance for NHS Foundation Trusts				
Legal:	Compliance with the Health & Care Act 2022				
Resources:	Not applicable				
Assurance Route					
Previously considered by:					
Date:		Decision:			
Next Steps:					
Previously circulated reports to supplement this paper:					

Doncaster Place Based Partnership

Development of the Doncaster Place Based Partnership governance arrangements and update to the Doncaster Place Agreement in preparation for the establishment of formal Place Based Partnership arrangements on 1 July 2022

Purpose

1. The Health & Care Act 2022 received royal assent on 28 April 2022. On 1 July 2022 the NHS South Yorkshire Integrated Care Board (**ICB**) will be established, and the statutory functions, staff, assets and liabilities of the four CCGs of South Yorkshire will be transferred to the ICB. In line with the legislation and policy direction, it is anticipated that the ICB will delegate some of its functions to a newly established Doncaster Integrated Partnership Board for the Doncaster Place Based Partnership (**Partnership Board**).
2. As a result of these developments, it is necessary to update the existing Place Agreement (**PA**) and produce terms of reference for the Partnership Board and other governance groups. It is proposed that the revised PA comes into effect from 1 July 2022.
3. The purpose of this paper is to provide a brief update on the status and role of the Partnership Board and the key proposed changes to the PA, and to seek the Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (**DBTH**) Board's approval in principle of the terms of the revised PA (which will incorporate the Partnership Board terms of reference once finalised) subject to further minor amendments to finalise the PA for signature.

Key changes to the PA

4. In summary, the PA has been updated to reflect the following:
 - a commencement date of 1 July 2022 – so the ICB will be a signatory (once it is established on 1 July 2022)
 - the revised structure of the NHS following the Health & Care Act
 - a proposed initial term of 12 months
 - the revised governance structure for the Place Based Partnership
 - the updated Place Plan
 - updated Place Based Partnership Development Plan, setting out key areas for further review and development by the partner organisations in the period to April 2023
 - updating language and terminology to reflect the policy position nationally.

Updated Place Based Partnership governance structure

5. The diagram at Annex 1 sets out the revised Place Based Partnership governance structure from 1 July 2022. The PA will incorporate the terms of reference for the Partnership Board as at 1 July 2022, and those terms of reference, together with the other terms of reference for system committees etc, will be set out in a separate governance handbook for the Place Based Partnership.

Partnership Board

6. The Partnership Board in practice will carry out two roles, as reflected in the terms of reference:
 - a) *ICB Committee for Doncaster*
7. Firstly, the Partnership Board will sit as the ICB Committee for Doncaster (**ICB Committee**). The ICB Committee will be established as a committee of the ICB Board, in accordance with the ICB's Constitution, Standing Orders and Scheme of Reservation & Delegation. When the Partnership

Board sits as the ICB Committee it will have delegated authority from the ICB Board to make decisions about the use of ICB resources in Doncaster in line with its remit, and otherwise support the ICB (**ICB Business**). The decisions reached by the ICB Committee will be decisions of the ICB, in line with the ICB's Scheme of Reservation & Delegation. When sitting as the ICB Committee, members must comply with ICB policies and procedures including its conflicts of interest policy.

8. Terms of reference for the ICB committee element are currently being approved by the ICB itself, including its membership.

b) Partnership Business

9. Secondly, the Partnership Board is responsible for aligning decisions on strategic policy matters made by Partners that are relevant to the Place Based Partnership. Where applicable, the Partnership Board may also make recommendations on matters that it has been asked to consider on behalf of a constituent Partner in the Place Based Partnership. Where the Partnership Board has been asked to consider matters on behalf of a Partner, the Partner organisation remains responsible for the exercise of its functions and nothing that the Partnership Board does shall restrict or undermine that responsibility. This work is referred to as "**Partnership Business**".
10. The use of an ICB Committee alone will not allow decisions to be taken on behalf of other partners including the Council, NHS providers (Trusts and FTs), primary care, and the voluntary sector. This Partnership Business encompasses broader decisions and discussions, which are a key element of arrangements in Doncaster, with a wide range of Partners involved in discussions and decision-making in terms of the Place strategy. Part 2 of the terms of reference will apply when the Partnership Board is undertaking Partnership Business.

Dual roles

11. The Partnership Board will deal with both Partnership Business and ICB Committee business at the same time and in the same place with some overlapping membership with parameters set out for how meetings will operate from a practical perspective so as to ensure that decisions are made in accordance with the relevant governance and voting arrangements, are recorded appropriately for audit purposes and any conflicts of interest are appropriately managed.
12. When sitting as an ICB committee undertaking ICB business, members of the Partnership Board will be making decisions on behalf of the ICB in relation to ICB functions and resources, and not on behalf of their own organisations. As members of an ICB committee, they will therefore share accountability for decisions of the committee with the other members.

Conflicts of interest

13. The ICB will make arrangements to manage any actual and potential conflicts of interest to ensure that decisions made by committees or sub-committees of the ICB will be taken and seen to be taken without being unduly influenced by external or private interest and do not, (and do not risk appearing to) affect the integrity of the ICB's decision-making processes. These arrangements apply to the ICB Committee and any sub-committees of the ICB Committee.
14. The ICB has agreed policies and procedures for the identification and management of conflicts of interest which are published on the ICB website.

Supporting governance groups

15. As illustrated in the diagram at Annex 1, there are several governance groups that will support the work of the Partnership Board and overall Place Based Partnership, including System Committees. Terms of reference for each of these groups are currently being finalised.

Proposed terms of reference for the System Committees will be circulated to the DBTH Board in due course.

Recommendations

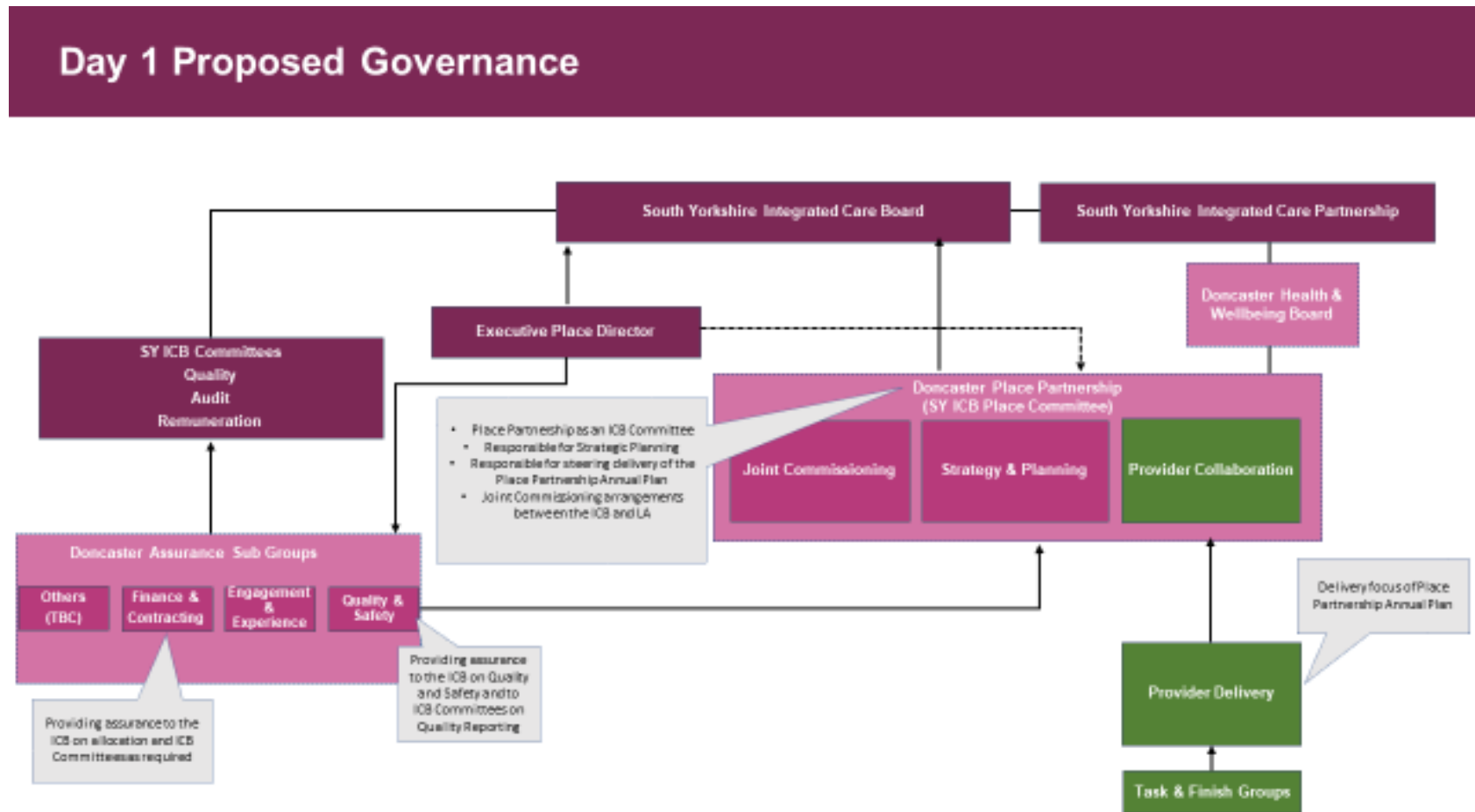
16. The Board is asked to:

- a. Note the development of the Place Based Partnership arrangements and the proposed governance structure effective from 1 July 2022;
- b. Note the proposed draft terms of reference for the Partnership Board and that they may be subject to final amendments prior to 1 July 2022
- c. Note that Richard Parker will be a member of the Partnership Board but will not, in respect of ICB Business, be a representative of the DBTH ; and
- d. Approve in principle the terms of the updated PA annexed to this report and agree to delegate authority to Richard Parker to agree any necessary inconsequential amendments to the final version, and to enter into the updated PA on behalf of the DBTH.

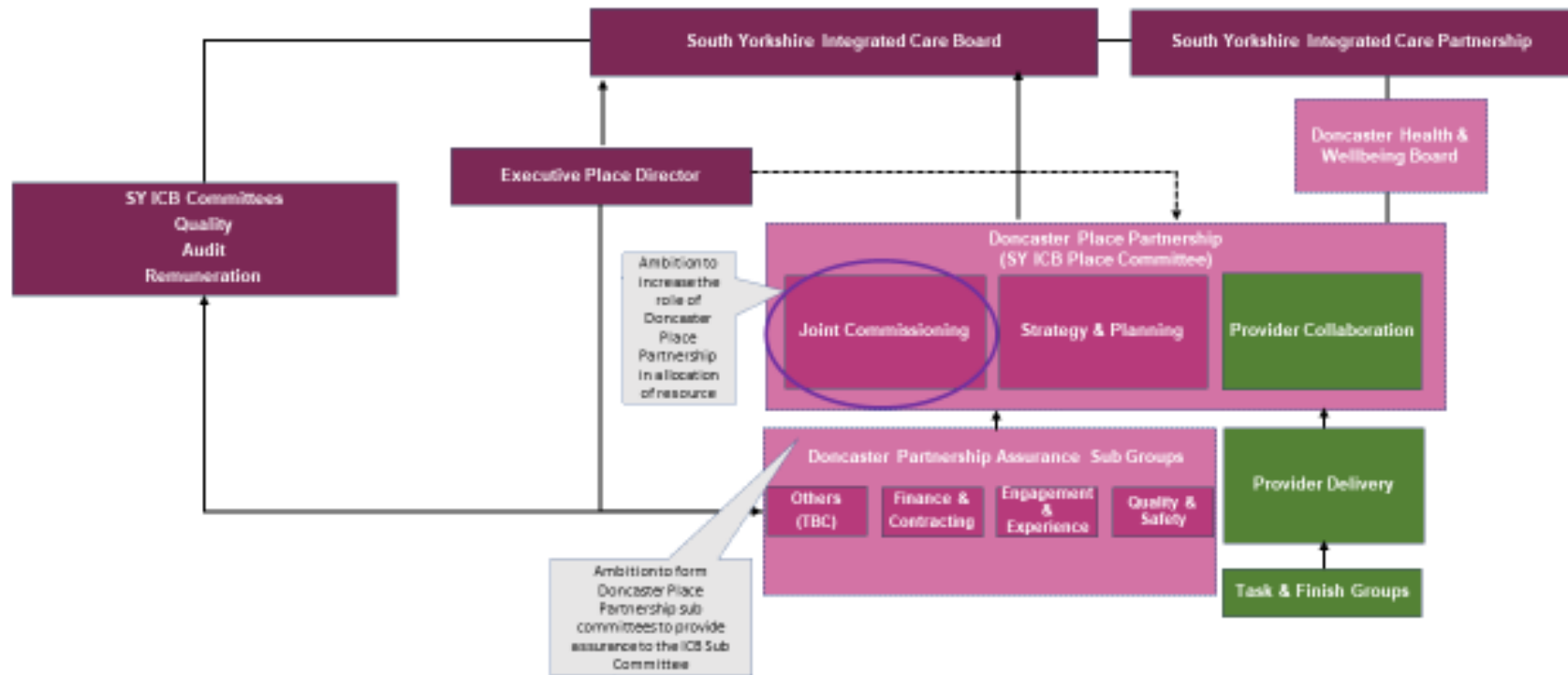
Annex 1

Governance Structure

The diagram below summarises the governance structure which will be established and operate from 1 July 2022, to provide oversight of the development and implementation of the Place Based Partnership approach and the arrangements under the PA.



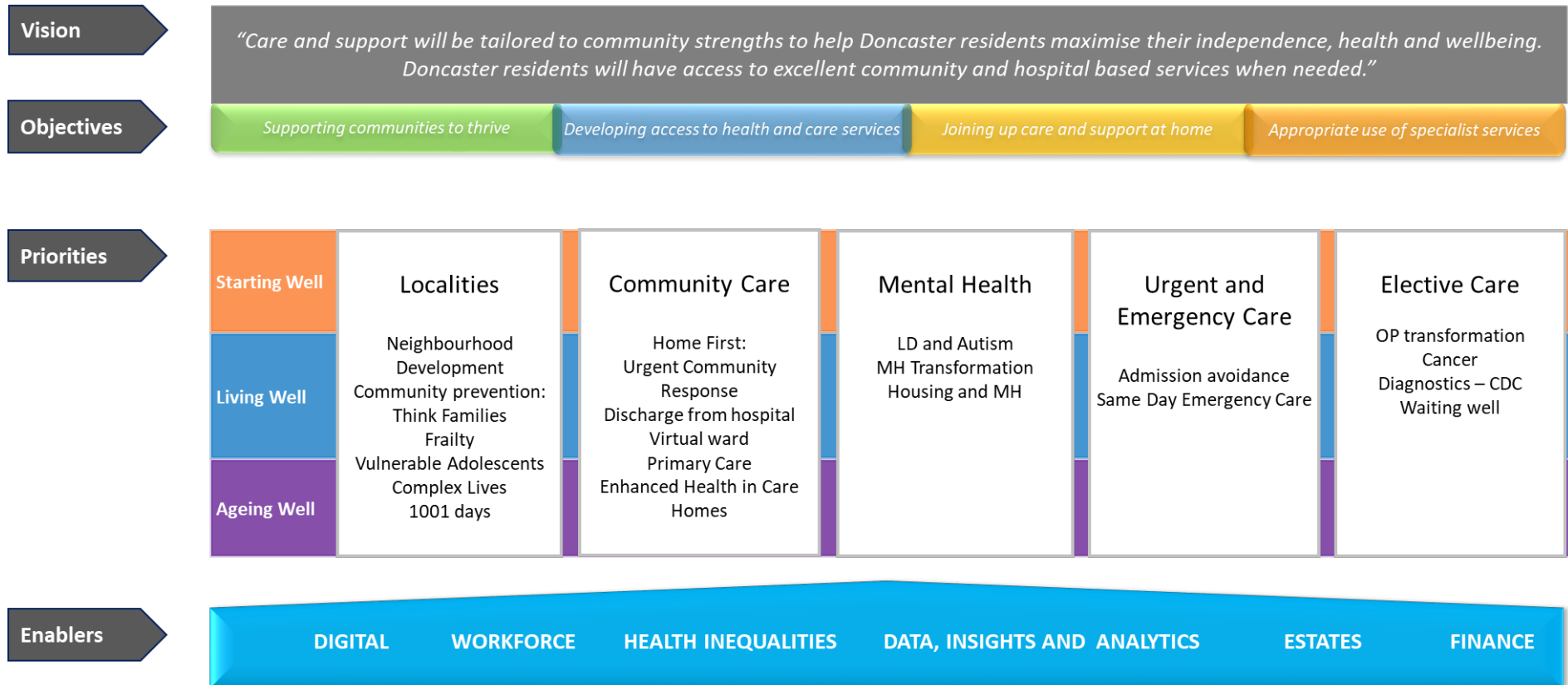
Development for March 2023



Annex 2

Place Health and Care Priorities

Transforming Doncaster—Our Health and Care Plan 2022-23



DATE

2022

- 1. NHS SOUTH YORKSHIRE INTEGRATED CARE BOARD**
- 2. DONCASTER METROPOLITAN BOROUGH COUNCIL**
- 3. DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST**
- 4. ROTHERHAM, DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST**
- 5. PRIMARY CARE DONCASTER LIMITED**
- 6. FCMS (NW) LIMITED**
- 7. ST LEGER HOMES OF DONCASTER LIMITED**
- 8. DONCASTER CHILDREN'S SERVICES TRUST**
- 9. VOLUNTARY ACTION DONCASTER**

**DONCASTER PLACE AGREEMENT
FOR THE DONCASTER PLACE BASED PARTNERSHIP**

No	Date	Version Number	Author
1	24.02.21	1	Hill Dickinson
6	07.04.22	6	Revisions to reflect H&C Bill and ICB
7	20.06.22	6.3	HD

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DATE: JULY 2022

This Place Agreement (the **Agreement**) is made between:

1. **NHS SOUTH YORKSHIRE INTEGRATED CARE BOARD** of 722 Prince of Wales Road, Sheffield S9 4EU (the “**ICB**”);
2. **DONCASTER METROPOLITAN BOROUGH COUNCIL** of Civic Office, Waterdale, Doncaster DN1 3BU (the “**Council**”);
3. **DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST** of Doncaster Royal Infirmary, Armthorpe Road, Doncaster DN2 5LT (“**DBTH**”);
4. **ROTHERHAM, DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST** of Woodfield House, Tickhill Road Site, Weston Road, Balby, Doncaster DN4 8QN (“**RDASH**”);
5. **PRIMARY CARE DONCASTER LIMITED** of Honeysuckle Lodge, Tickhill Road Site, Off Weston Road, Balby, Doncaster DN4 8QN (“**PCD**”);
6. **FCMS (NW) LIMITED** of Newfield House, Vicarage Lane, Blackpool FY4 4EW (“**FCMS**”);
7. **ST LEGER HOMES OF DONCASTER LIMITED** of St Leger Court, White Rose Way, Doncaster DN4 5ND (“**St Leger**”);
8. **DONCASTER CHILDREN’S SERVICES TRUST** of The Blue Building, 38 - 40 High St, Doncaster DN1 1DE (“**DCST**”); and
9. **VOLUNTARY ACTION DONCASTER** of Bentley Resource Centre, High Street, Bentley, Doncaster DN5 0AA (“**VCS**”),

together referred to in this Agreement as the “**Partners**” and “**Partner**” shall be construed accordingly.

DBH, RDASH, PCD, FCMS, St Leger, DSCT, VCS and the Council (in its role as provider of social care services, whether directly or through contracting arrangements with third party providers) are together referred to in this Agreement as the “**Providers**”.

BACKGROUND

- (A) This Agreement sets out the vision, objectives and shared principles of the Partners in supporting the further development of place-based health and care provision for the people of Doncaster. In entering into and performing their obligations under this Agreement, the Partners are working towards the development and ultimate implementation of a population health management approach for Doncaster.
- (B) In light of the passing of the Act, the Partners recognise that from the Commencement

Date they will need to undertake a programme of work through the governance arrangements set out in this Agreement to further develop their place arrangements to become a thriving Place Based Partnership (“PBP”) for the benefit of the Doncaster population. This programme of work is set out, in outline terms, in the PBP Development Plan in Schedule 3 to this Agreement.

- (C) The Partners will also focus on the Areas of Opportunity set out in this Agreement to work towards specific outcomes over the term which will be reflected in an Annual Work Plan agreed with the ICB. Further areas of opportunity, or changes to existing areas, may be identified by the Partners during the term of this Agreement as required to further the collaborative work of the Partners for the benefit of the population of Doncaster.
- (D) The ICB and the Council are the statutory bodies responsible for planning, organising and buying social care, NHS-funded healthcare, support and community services for people who live in Doncaster.
- (E) The Providers (including the Council in its provider role) are together providers of social care, public health and education services, NHS funded healthcare services including primary care services, community and support services to the population of Doncaster. The Providers have formed a provider alliance for the Doncaster Place through which they work together to plan and deliver certain services and with which the PBP interfaces in line with the PBP Development Plan.
- (F) The Partners acknowledge that the delivery and development of the PBP will rely on them working collaboratively rather than separately to plan financially sustainable methods of delivering services in furtherance of the Areas of Opportunity and the PBP Development Plan.
- (G) The Partners acknowledge that the Council has a dual role within the Doncaster health and care system as both a commissioner of social care and public health services but also as a provider of social care services either through direct delivery or through contracts with third party providers. In its role as commissioner of social care and public health services the Council shall work in conjunction with the ICB and in its role as a provider of social care services the Council shall work in conjunction with the Providers. The Council recognises the need to and will ensure that any potential conflicts of interest arising from its dual role are appropriately identified and managed.
- (H) This Agreement sets out the key terms that the Partners have agreed, including:
 - a) the key principles that the Partners will comply with in working together through the PBP;
 - b) the key objectives for the development and delivery of integrated services in the Areas of Opportunity;
 - c) the governance structures underpinning the PBP; and
 - d) the PBP Development Plan, which the Partners will work together to further develop and implement through this Agreement.
- (I) This Agreement is intended to work alongside:
 - a) the Services Contracts; and
 - b) the Joint Commissioner Agreement entered into between the CCG and the Council in 2022.

IT IS AGREED AS FOLLOWS:

1. DEFINITIONS AND INTERPRETATION

- 1.1 In this Agreement, capitalised words and expressions shall have the meanings given to them in Schedule 1.
- 1.2 In this Agreement, unless the context requires otherwise, the following rules of construction shall apply:
 - 1.2.1 a person includes a natural person, corporate or unincorporated body (whether or not having separate legal personality);
 - 1.2.2 unless the context otherwise requires, words in the singular shall include the plural and in the plural shall include the singular;
 - 1.2.3 a reference to any Partner includes its personal representatives, successors or permitted assigns;
 - 1.2.4 a reference to a statute or statutory provision is a reference to such statute or provision as amended or re-enacted. A reference to a statute or statutory provision includes any subordinate legislation made under that statute or statutory provision, as amended or re-enacted; and
 - 1.2.5 any phrase introduced by the terms “**including**”, “**include**”, “**in particular**” or any similar expression shall be construed as illustrative and shall not limit the sense of the words preceding those terms.

2. STATUS AND PURPOSE OF THIS AGREEMENT

- 2.1 The Partners have agreed to work together on behalf of the people of Doncaster to further develop the PBP through which to identify the health and care needs of the Doncaster population in partnership with the South Yorkshire ICS and local Health and Wellbeing Board, develop a strategic and operational response, deliver integrated health, support and community care to develop and ultimately deliver mandated national priorities and improved health and care outcomes for the people of Doncaster.
- 2.2 Notwithstanding the good faith consideration that each Partner has afforded the terms set out in this Agreement, the Partners agree that save as provided in Clause 2.4 below this Agreement shall not be legally binding. The Partners each enter into this Agreement intending to honour all of their respective obligations.
- 2.3 This Clause 2.4, Clauses 10 (*Transparency*), 18 (*Liability*), 20 (*Confidentiality and FOIA*), 21 (*Intellectual Property*), 22.4 (*Counterparts*) and 22.5 (*Governing Law and*

Jurisdiction) shall come into force from the date of this Agreement and shall give rise to legally binding commitments between the Partners.

- 2.4 Each of the Providers has one or more individual Services Contracts (or where appropriate combined Services Contracts) with the ICB or the Council. This Agreement is not intended to conflict with or take precedence over the terms of the Services Contracts or the Joint Commissioner Agreement unless expressly agreed by the Partners.

3. APPROVALS

Each Partner acknowledges and confirms that as at the date of this Agreement, it has obtained all necessary authorisations to enter into this Agreement and that its own organisational leadership body has approved the terms of this Agreement.

4. DURATION AND REVIEW

- 4.1 This Agreement shall take effect on the Commencement Date (1 July 2022) and will continue for the Initial Term (12 months), unless and until terminated in accordance with the terms of this Agreement.
- 4.2 Prior to the expiry of the Initial Term this Agreement the parties intend that the Agreement will be renewed with a refreshed PBP Development Plan to be agreed no later than 2/3 months before the end of the Initial Term, the Partners will then agree in writing that the term of the Agreement shall be extended for a further term as agreed between the Partners (the “**Extended Term**”).
- 4.3 The Partners will review progress made against the PBP Development Plan and the terms of this Agreement on a half yearly basis and/or at such intervals as may be agreed between the Partners and the Partners may agree to vary the Agreement to reflect developments as appropriate in accordance with Clause 19 (*Variations*).

SECTION A: VISION, OBJECTIVES AND PRINCIPLES

5. THE VISION

The overarching vision for the Doncaster PBP is as follows:

“Care and support will be tailored to the needs of the individual and to community strengths to help Doncaster residents maximise their independent, health and wellbeing. Doncaster residents will have access to excellent community and hospital based services when needed.”

6. THE OBJECTIVES

- 6.1 The Objectives agreed by the Partners for the PBP are intended to deliver safe, sustainable, effective and efficient health and care, support and community services

with significant improvements underpinned by collaborative working. The Partners have agreed to work together and to perform their duties under this Agreement in order to achieve the following Objectives:

- 6.1.1 to develop a way of working which provides safe, sustainable, quality health, care, support, and community services to the Population;
- 6.1.2 to establish and operate collaborative governance arrangements for the PBP;
- 6.1.3 to develop population health management approaches to improve health and wellbeing and reduce health inequalities across Doncaster; and
- 6.1.4 to work towards becoming a thriving PBP in accordance with the PBP Development Plan.

7. THE PRINCIPLES

7.1 The Principles underpin the delivery of the Partners’ obligations under this Agreement and set out key factors for a successful relationship between the Partners for the delivery of the PBP. The initial Principles are set out in Clause 7.2 below, and will be reviewed and updated as agreed between the Partners in line with the evolution of the PBP pursuant to the PBP Development Plan.

7.2 The initial Principles of the Doncaster PBP agreed by the Partners are:

PRINCIPLES FOR THE DONCASTER INTEGRATED CARE PARTNERSHIP	
1.	Joint decision making: The Doncaster Place Based Partnership Board will collectively agree the strategic direction for Doncaster and have shared responsibility for the health and wellbeing of the Doncaster population.
2.	Objective and Outcomes based Commissioning: The Partners will co-operate around the setting of objectives and outcomes for Doncaster and commission/ deliver services with these as a shared focus.
3.	Public voice and accountability: The Partners will work together to involve and inspire local people, staff and other stakeholders to become involved in shaping our plans. There will be accountability to the people we serve and this can be demonstrated (amongst other ways) through the publication of an annual value report for the service / showing the outcomes and also engagement in the governance structure and planning process.
4.	Provider Alliance Response Plan: The Partners to work in partnership together to determine service priorities and to develop the programme of work. Providers shall contribute and respond to any setting of local objectives/ outcomes by the ICB and the Council and then determine service priorities and agree response to this (including a programme of work (annual plan)) to be submitted to the PBP for approval.
5.	Finances: Finance should be allocated based on the needs of the local populations and achieving the agreed outcomes, not on historical activity (Best for Doncaster). Budgets to be assigned for the delivery of the objectives and outcomes by the Providers in

alignment with the strategic objectives and outcomes set out by the PBP. There is recognition that there is only one 'pot of money' for Doncaster and there is an ambition to maximise the impact of joint resources for health and social care. A partnership approach will be taken to address financial pressures.

6. **Governance and Decisions:** The PBP will work in an open, transparent and well governed way. The Partners will ensure that a common conflicts of interest protocol is embedded into the work of the PBP.
- ICB and Council decision making will be set out clearly. The ICB and Council will also agree a local strategy that aligns to the Doncaster strategic direction and the shared objectives of the PBP.
 - Decision making around the Provider response to the PBP objectives including allocation of finance and activity to be set out in clear governance processes and aligned with a common set of principles and a binding dispute resolution process where required. Setting out clear expectations of the behaviours expected of the Partners in tackling the difficult issues together and reaching resolutions.

7. **Contracting:** Contracting arrangements to be established by the ICB and the Council on an outcome based approach to implement the objectives of the PBP with members of the Doncaster Provider Alliance but other approaches may be adopted in different circumstances where appropriate.

8. **Provider Subcontracting:** Subcontracting arrangements to be agreed between lead Providers and their partners if this model is being adopted for certain services (for example UEC development of a joint management board rather than formal lead and subcontracting arrangement).

9. **System resource reallocation for the model:** The delivery of the objectives and outcomes will require a movement of some of the services currently carried out by the ICB and Council into the Providers. These areas should be identified, and a common process agreed.

10. **Commissioners' quality assurance:** The PBP will seek an appropriate level of assurance regarding the delivery of services for Doncaster – this could be managed via the Provider Alliance Agreement and may therefore be on a higher level than previously and related to core performance against the outcomes.

7.3 In addition to the principles referred to in Clause 7.2 for the PBP, and specifically in accordance with Principle 6, the Partners will work together in good faith and, unless the provisions in this Agreement state otherwise, the Partners will:

7.3.1 ensure that decisions will be focused on the interests and outcomes of people in Doncaster, and that the Partners will collaborate to prioritise those interests and keep them at the heart of the activities which they undertake pursuant to this Agreement;

7.3.2 collaborate and co-operate to ensure that activities are delivered and actions taken as required. Offer mutual support to other Partners around organisationally difficult decisions in accordance with these Principles;

- 7.3.3 be accountable. Take on, manage and account to each other for performance of the respective roles and responsibilities set out in this Agreement and look to consider the wider impact across the system on each other of behaviours and proposals around the Areas of Opportunity and the PBP Development Plan;
 - 7.3.4 be open. Communicate openly about major concerns, issues or opportunities relating to the PBP and adopt transparency, subject always to appropriate treatment of commercially sensitive information in accordance with Clause 10;
 - 7.3.5 adhere to statutory requirements and best practice. Comply with applicable laws and standards (including procurement rules, competition law, data protection and freedom of information legislation);
 - 7.3.6 act in a timely manner. Recognise the time-critical nature of the Objectives and Principles and respond accordingly to requests for support;
 - 7.3.7 manage stakeholders effectively. Service Users, carers and wider partners will help to shape the future of Doncaster services together with the Providers;
 - 7.3.8 deploy appropriate resource. Make available sufficient and appropriately qualified resources who are authorised to fulfil the responsibilities set out in this Agreement; and
 - 7.3.9 achieve continuous, measurable, and measured improvement. Agree improvements which are specific, challenging, add value, and eliminate waste,
- and together with the principles set out in Clause 7.2 these are the **“Principles”**.

8. PROBLEM RESOLUTION AND ESCALATION

- 8.1 The Partners agree to adopt a systematic approach to problem resolution which recognises the Objectives and the Principles set out in Clauses 6 and 7 above and which:
 - 8.1.1 seeks solutions without apportioning blame;
 - 8.1.2 is based on mutually beneficial outcomes;
 - 8.1.3 treats each Partner as an equal party in the dispute resolution process; and

- 8.1.4 contains a mutual acceptance that adversarial attitudes waste time and money.
- 8.2 If a problem, issue, concern or complaint comes to the attention of a Partner in relation to the Objectives, Principles or any matter in this Agreement and is appropriate for resolution between the Partners such Partner shall notify the other Partners and the Partners each acknowledge and confirm that they shall then seek to resolve the issue by a process of discussion within 20 Operational Days of such matter being notified.
- 8.3 Any Dispute arising between the Partners which is not resolved under Clause 8.2 above will be resolved in accordance with Schedule 5 (*Dispute Resolution Procedure*).
- 8.4 If any Partner receives any formal enquiry, complaint, claim or threat of action from a third party relating to this Agreement (including, but not limited to, claims made by a supplier or requests for information made under the FOIA relating to this Agreement) the receiving Partner will liaise with the Partnership Board as to the contents of any response before a response is issued.

SECTION B: OPERATION OF AND ROLES IN THE SYSTEM

9. RESERVED MATTERS

- 9.1 The Partners agree and acknowledge that nothing in this Agreement shall operate as to require them to make any decision or act in anyway which shall place any Partner in breach of:
- 9.1.1 Law;
- 9.1.2 any Services Contract or the Joint Commissioner Agreement;
- 9.1.3 any specific Department of Health and Social Care policies;
- 9.1.4 if applicable its Constitution (including for the ICB and the Council), any terms of its provider licence from NHS Improvement, its registration with the CQC ; the terms of the ICB Committee Terms of Reference; or to breach any legislative requirements including the NHS Act 2006 (as amended); or
- 9.1.5 any term of a non-NHS parties legal constitution or other legally binding agreement or governance document of which specific written notice has been given to the Partners,
- and the Partnership Board will not make a final recommendation which requires any Partner to act as such.

10. TRANSPARENCY

- 10.1 The Partners will provide to each other all information that is reasonably required in order to deliver the Areas of Opportunity and implement the PBP Development Plan in line with the Objectives.
- 10.2 The Partners have responsibilities to comply with Law (including where applicable Competition Law). The Partners will make sure that they share information, and in particular Competition Sensitive Information, in such a way that is compliant with Competition Law and, accordingly, the Partnership Board and the Integrated Care Delivery Group will each ensure that the exchange of Competition Sensitive Information will be restricted to circumstances where:
 - 10.2.1 it is essential;
 - 10.2.2 it is not exchanged more widely than necessary;
 - 10.2.3 it is subject to suitable non-disclosure or confidentiality agreements which include a requirement for the recipient to destroy or return it on request or on termination or expiry of this Agreement; and
 - 10.2.4 it may not be used other than to achieve the Objectives in accordance with the Principles.
- 10.3 The ICB and the Council will make sure that the Place Based Partnership establishes appropriate information barriers between and within the Providers so as to ensure that Competition Sensitive Information and Confidential Information are only available to those Providers who need to see it to achieve the Objectives and for no other purpose whatsoever so that the Partners do not breach Competition Law.
- 10.4 It is accepted by the Partners that the involvement of the Providers in the governance arrangements for the PBP is likely to give rise to situations where information will be generated and made available to the Providers which could potentially give the Providers an unfair advantage in competitions or which may be capable of distorting such competitions (for example, disclosure of pricing information or approach to risk may provide one Provider with a commercial advantage over a separate provider). Any Provider will have the opportunity to demonstrate to the reasonable satisfaction of the ICB and/or the Council (where acting as a commissioner) in relation to any competitive procurements that the information it has acquired as a result of its participation in the PBP, other than as a result of a breach of this Agreement, does not preclude the ICB and the Council (where acting as a commissioner) from running a fair competitive procurement in accordance with their legal obligations.
- 10.5 Notwithstanding Clause 10.4 above, the ICB and the Council may take such measures as they consider necessary in relation to competitive procurements in order to comply with their obligations under Law which may include excluding any potential bidder from the competitive procurement in accordance with the Law governing that competitive procurement.

SECTION C: GOVERNANCE ARRANGEMENTS

11. DONCASTER PLACE BASED PARTNERSHIP GOVERNANCE

11.1 The Partners must communicate with each other and all relevant staff in a clear, direct and timely manner. In addition to the Partners' own Boards / Cabinet / Governing Body, which shall remain accountable for the exercise of each of the Partners' respective functions (unless formally delegated), the governance structure for the PBP arrangements will comprise:

11.1.1 the Health and Wellbeing Board for Doncaster;

11.1.2 the Doncaster Place Based Partnership Board (Partnership Board); and

11.1.3 the Doncaster Integrated Care Delivery Group (Delivery Group).

11.2 The diagram in Schedule 4 (*Governance*) sets out the governance structure and the links between the various groups in more detail.

Doncaster Health and Wellbeing Board

11.3 The Doncaster Health and Wellbeing Board is a committee of the Council, charged with promoting greater health and social care integration in Doncaster. The Health and Wellbeing Board will receive reports from the Partnership Board as to the development of the PBP arrangements under this Agreement and progress against the Areas of Opportunity and the PBP Development Plan.

Doncaster Place Based Partnership Board

11.4 The Partnership Board in practice carries out two roles:

11.4.1 Responsibility for aligning decisions on strategic policy matters made by Partners that are relevant to the PBP. Where applicable, the Partnership Board may also make recommendations on matters that it has been asked to consider on behalf of a constituent Partner in the PBP. Where the Partnership Board has been asked to consider matters on behalf of a Partner, the Partner organisation remains responsible for the exercise of its functions and nothing that the Partnership Board does shall restrict or undermine that responsibility. This work is referred to as "Partnership Business".

11.4.2 Secondly, the Partnership Board sits as the ICB Committee for Doncaster ("ICB Committee"), which is a formal committee of the ICB. The ICB Committee is established as a committee of the ICB Board, in accordance with the ICB's Constitution. When the Partnership Board sits as the ICB Committee it has delegated authority from the ICB Board to make decisions about the use of ICB resources in Doncaster in line with its remit, and otherwise support the ICB as set out in its terms of reference at Part 2 of Schedule 4. The decisions reached

by the ICB Committee are decisions of the ICB, in line with the ICB's Scheme of Delegation. This work is referred to as "ICB Business". When sitting as the ICB Committee, Partners must comply with ICB policies and procedures and the ICB Committee Terms of Reference.

11.5 The Partners that are statutory bodies will exercise their respective statutory functions within the Partnership Board governance structure. This will be enabled:

11.5.1 For the ICB, through the Partnership Board sitting as an ICB committee, as outlined above;

11.5.2 For other Partners that are statutory bodies, through those organisations granting delegated authority for decision making to specific individuals (for example a Partnership Board member) or to specific committees or other structures established by Partner organisations meeting as part of, or in parallel with, the Partnership Board; and

11.5.3 For Partners that are not statutory bodies, it is expected that as far as possible the individuals attending meetings of the Partnership Board will be formally authorised to take the decisions under consideration on behalf of their organisation.

11.6 The Terms of Reference at Part 1 of Schedule 4 apply to Partnership Business. The Terms of Reference at Part 2 of Schedule 4 apply to ICB Business.

11.7 It is expected that in many cases reserved statutory decisions taken by individuals on behalf of their statutory organisations, will be able to be conducted through meetings of the Partnership Board, as a result of either individual Partner representatives exercising authority delegated to them by their Partner organisation. ICB Business will be able to be conducted through the Partnership Board as a whole, acting in accordance with ICB procedures.

11.8 Whether decisions are Partnership Business or ICB Business or a combination of the two, the aim will be to ensure that decisions reflect applicable national and local strategies and are taken in accordance with the Vision, Objectives and Principles for the PBP.

11.9 The Partnership Board will report to Partner organisations and is the group responsible for:

11.9.1 overseeing the PBP arrangements under this Agreement;

11.9.2 reporting to the Health and Wellbeing Board on progress against the Objectives; and liaising where appropriate with national stakeholders (including NHS England and NHS Improvement),

to communicate the views of the PBP on matters relating to integrated care in Doncaster.

- 11.10 The Partnership Board will act in accordance with its terms of reference set out in Schedule 4 Part 1 and 2 as applicable.
- 11.11 Where agreed by the ICB and Council the Partnership Board may meet in common with the joint commissioning governance arrangements between the ICB and the Council which take place through the Health and Social Care Joint Commissioning Management Board (JCMB).

Doncaster Integrated Care Delivery Group

11.12 The Delivery Group is the group responsible for delivering the Doncaster Place Plan and developing proposals for changes to the delivery of services to support the delivery of the Areas of Opportunity. The Delivery Group will report to the Partnership Board, acting in accordance with its Terms of Reference set out in Schedule 4 (*Governance*) Part 3 and will:

- 11.12.1 deliver the Place Plan, the Areas of Opportunity and the PBP Development Plan;
- 11.12.2 make recommendations to the Partnership Board in relation to changes to the Place Plan, the Areas of Opportunity and the PBP Development Plan;
- 11.12.3 resource the delivery of the Place Plan and the PBP Development Plan;
- 11.12.4 create new system conditions to enable delivery of the Place Plan and the PBP Development Plan including systems and infrastructure work streams and communications, engagement and co-production with the public, users of services and staff; and
- 11.12.5 discharge the functions set out in its terms of reference, to the extent that they are not set out in this Clause 11.11.

11.13 The Partners will communicate with each other clearly, directly and in a timely manner to ensure that the Partners (and their representatives) present at the Partnership Board and the Delivery Group are able to represent their nominating organisations to enable effective and timely recommendations to be made in relation to the Areas of Opportunity and the PBP Development Plan.

11.14 Each Partner must ensure that its appointed members of the Partnership Board and the Delivery Group (or their appointed deputies/alternatives) attend all of the meetings of the relevant group and participate fully and exercise their rights on a Best for Doncaster basis and in accordance with Clause 5 (*Objectives*) and Clause 7 (*Principles*).

12. CONFLICTS OF INTEREST

12.1 Subject to compliance with Law and contractual obligations of confidentiality the Partners agree to share all information relevant to the achievement of the Objectives in an honest, open and timely manner.

12.2 The Partners will:

12.2.1 disclose to each other the full particulars of any real or apparent conflict of interest which arises or may arise in connection with this Agreement or the operation of the Partnership Board or the Delivery Group immediately upon becoming aware of the conflict of interest whether that conflict concerns the Partner or any person employed or retained by them for or in connection with the performance of this Agreement;

12.2.2 not allow themselves to be placed in a position of conflict of interest in regard to any of their rights or obligations under this Agreement (without the prior consent of the other Partners) before they participate in any decision in respect of that matter; and

12.2.3 use best endeavours to ensure that their representatives on the Partnership Board and the Delivery Group also comply with the requirements of this Clause 12 when acting in connection with this Agreement.

SECTION D: FINANCIAL PLANNING

13. PAYMENTS

13.1 The Partners who provide services will continue to be paid in accordance with the mechanism set out in their respective Services Contracts.

13.2 The Partners have not agreed as at the Commencement Date to share risk or reward. However, the Partners agree that they will consider the effects of their decisions on:

13.2.1 the health and wellbeing of the people of England (including inequalities in that health and wellbeing);

13.2.2 the quality of services provided or arranged by both themselves and other relevant bodies (including inequalities in benefits from those services);

13.2.3 the sustainable and efficient use of resources by both themselves and other relevant bodies,

and will work together during the Initial Term to develop system financial principles. These will include the potential development of risk/reward sharing mechanisms with the aim of achieving the Objectives in line with the PBP Development Plan. Any future

introduction of such a mechanism would require additional provisions to be agreed between the Partners and incorporated into this Agreement in accordance with Clause 18.

SECTION E: FUTURE DEVELOPMENT OF THE PBP

14. PBP DEVELOPMENT PLAN

14.1 The Partners have agreed to work together to further develop, and implement, the PBP Development Plan, the initial draft of which is set out in Schedule 3 (*PBP Development Plan*). The areas for development set out in the PBP Development Plan have been identified by the Partners as priorities. The Partners will keep the PBP Development Plan under review through the governance structures set out in this Agreement and may agree to amend the PBP Development Plan as required during the Initial Term, in line with policy direction and legislative developments.

SECTION F: GENERAL PROVISIONS

15. EXCLUSION AND TERMINATION

15.1 A Partner may be excluded from this Agreement on notice from the remaining Partners (acting in consensus) in the event of:

15.1.1 the termination of their Services Contract; or

15.1.2 an event of Insolvency affecting them.

15.2 A Partner may withdraw from this Agreement by giving not less than 6 months' written notice to each of the other Partners' representatives.

15.3 A Partner may be excluded from this Agreement on written notice from all of the remaining Partners in the event of a material or a persistent breach of the terms of this Agreement by the relevant Partner which has not been rectified within 30 days of notification issued by the remaining Partners (acting in consensus) or which is not reasonably capable of remedy. In such circumstances this Agreement shall be partially terminated in respect of the excluded Partner.

15.4 The Partnership Board may resolve to terminate this Agreement in whole where:

15.4.1 a Dispute cannot be resolved pursuant to the Dispute Resolution Procedure; or

15.4.2 where the Partners agree for this Agreement to be replaced by a formal legally binding agreement between them.

15.5 Where a Partner is excluded from this Agreement, or withdraws from it, the excluded or withdrawing (as relevant) Partner shall procure that all data and other material

belonging to any other Partner shall be delivered back to the relevant Partner or deleted or destroyed (as instructed by the relevant Partner) as soon as reasonably practicable.

- 15.6 For the avoidance of doubt, individuals sitting as members of the Partnership Board may be removed and/ or may be prevented from participating in meetings in accordance with the Terms of Reference set out in Part 1 and 2 of Schedule 4.

16. INTRODUCING NEW PARTNERS

Additional parties may become parties to this Agreement on such terms as the Partners shall jointly agree in the Partnership Board, acting at all times on a Best for Doncaster basis. Any new Partner will be required to agree in writing to the terms of this Agreement before admission.

17. LIABILITY

The Partners' respective responsibilities and liabilities in the event that things go wrong with the Services will be allocated under their respective Services Contracts and not this Agreement.

18. VARIATIONS

Any amendment to this Agreement will not be binding unless set out in writing and signed by or on behalf of each of the Partners.

Provided always that the ICB will be able to amend the Terms of Reference for the ICB Committee and ICB Business set out in Schedule 4 Part 2 without the need for approval from the other Partners.

19. CONFIDENTIALITY AND FOIA

- 19.1 Each Partner shall keep confidential all Confidential Information that it receives from the other Partners except to extent such Confidential Information is required by Law to be disclosed or is already in the public domain or comes into the public domain otherwise than through an unauthorised disclosure by a Partner to this Agreement.
- 19.2 To the extent that any Confidential Information is covered or protected by legal privilege, then disclosing such Confidential Information to any Partner or otherwise permitting disclosure of such Confidential Information does not constitute a waiver of privilege or of any other rights which a Partner may have in respect of such Confidential Information.
- 19.3 The Partners agree to procure, as far as is reasonably practicable, that the terms of this Clause 19 (*Confidentiality and FOIA*) are observed by any of their respective successors, assigns or transferees of respective businesses or interests or any part thereof as if they had been party to this Agreement.

- 19.4 Nothing in this Clause 19 (*Confidentiality and FOIA*) will affect any of the Partners' regulatory or statutory obligations, including but not limited to competition law of any applicable jurisdiction.
- 19.5 The Partners acknowledge that they are each subject to the requirements of the FOIA and will facilitate each other's compliance with their information disclosure requirements, including the submission of requests for information and handling any such requests in a prompt manner and so as to ensure that each Partner is able to comply with their statutory obligations.
- 19.6 Each Partner will hold harmless each other and will indemnify and keep indemnified each of the other Partners, in full and on demand, against all Claims (and related costs, charges and reasonable legal expenses) which the other Partners to this Agreement may incur or suffer, arising from any claim at law (including in negligence of any degree or other tort, or collateral contract or otherwise at law) by any of the other Partners for any direct, indirect, incidental or consequential or other loss or damage of whatsoever kind, arising from any breach by such a Partner to this Agreement of the obligations under this Clause 19 (*Confidentiality and FOIA*) or otherwise.

20. INTELLECTUAL PROPERTY

- 20.1 In order to develop and deliver the arrangements under this Agreement in accordance with the Principles each Partner grants each of the other Partners a fully paid up, non-exclusive licence to use its existing Intellectual Property insofar as is reasonably required for the sole purpose of the fulfilment of that Partner's obligations under this Agreement.
- 20.2 If any Partner creates any new Intellectual Property through the development and delivery of the arrangements under this Agreement, the Partner which creates the new Intellectual Property will grant to the other Partners a fully paid up, non-exclusive licence to use the new Intellectual Property for the sole purpose of the fulfilment of that Partner's obligations and the development and delivery of the arrangements under this Agreement.

21. GENERAL

- 21.1 Any notice or other communication given to a party under or in connection with this Agreement shall be in writing, addressed to that Partner at its principal place of business or such other address as that Partner may have specified to the other Partner in writing in accordance with this Clause, and shall be delivered personally, or sent by pre-paid first class post, recorded delivery or commercial courier.
- 21.2 A notice or other communication shall be deemed to have been received: if delivered personally, when left at the address referred to in Clause 21.1 above; if sent by pre-paid first class post or recorded delivery, at 9.00 am on the second Operational Day after

for and on behalf of **VOLUNTARY ACTION DONCASTER** []

SCHEDULE 1

Definitions and Interpretation

1. The following words and phrases have the following meanings:

Agreement	this agreement incorporating the Schedules.
Areas of Opportunity	the areas of opportunity set out in Schedule 2.
Best for Doncaster	best for the achievement of the Objectives and the Outcomes for the Doncaster population on the basis of the Principles.
Claims	any claims, actions, demands, fines or proceedings.
Commencement Date	the date entered on page one (1) of this Agreement.
Commercially Sensitive Information	Confidential Information which is of a commercially sensitive nature relating to a Partner, its intellectual property rights or its business or which a Partner has indicated would cause that Partner significant commercial disadvantage or material financial loss.
Competition Law	the Competition Act 1998 and the Enterprise Act 2002, as amended by the Enterprise and Regulatory Reform Act 2013 and as applied to the healthcare sector in accordance with the Health and Care Act 2022.
Competition Sensitive Information	Confidential information which is owned, produced and marked as Competition Sensitive Information by one of the Providers and which that Provider properly considers is of such a nature that it cannot be exchanged with the other Providers without a breach or potential breach of Competition Law. Competition Sensitive Information may include, by way of illustration, trade secrets, confidential financial information and confidential commercial information, including without limitation, information relating to the terms of actual or proposed contracts or sub-contract arrangements (including bids received under competitive tendering), future pricing, business strategy and costs data, as may be utilised, produced or recorded by any Partner, the publication of which an organisation in the same business would reasonably be able to expect to protect by virtue of business confidentiality provisions.
Confidential Information	the provisions of this Agreement and all information which is secret or otherwise not publicly available (in both cases in its

	entirety or in part) including commercial, financial, marketing or technical information, know-how, trade secrets or business methods, in all cases whether disclosed orally or in writing before or after the date of this Agreement, including Commercially Sensitive Information and Competition Sensitive Information.
Delivery Group	the Integrated Care Partnership Delivery Group, the terms of reference for which are set out in Part 2 of Schedule 4 (<i>Governance</i>).
Dispute	any dispute arising between two or more of the Partners in connection with this Agreement or their respective rights and obligations under it.
Dispute Resolution Procedure	the procedure set out in Schedule 5 for the resolution of disputes which are not capable of resolution under Clause 8 (<i>Problem Resolution and Escalation</i>).
Extended Term	has the meaning set out in Clause 4.2.
FOIA	the Freedom of Information Act 2000 and any subordinate legislation (as defined in section 84 of the Freedom of Information Act 2000) from time to time together with any guidance and/or codes of practice issued by the Information Commissioner or relevant Government department in relation to such Act.
Good Practice	Good Clinical Practice and/or Good Health and/or Social Care Practice (each as defined in the Services Contracts), as appropriate.
ICS	South Yorkshire Integrated Care System
Initial Term	the period from and including the Commencement Date until 31 March 2023.
Insolvency	(as may be applicable to each Partner) a Partner taking any step or action in connection with its entering administration, provisional liquidation or any composition or arrangement with its creditors (other than in relation to a solvent restructuring), being wound up (whether voluntarily or by order of the court, unless for the purpose of a solvent restructuring), having a receiver appointed to any of its assets or ceasing to carry on business.
Intellectual Property	patents, rights to inventions, copyright and related rights, trade marks, business names and domain names, goodwill, rights in designs, rights in computer software, database rights, rights to

	use, and protect the confidentiality of, Confidential Information and all other intellectual property rights, in each case whether registered or unregistered and including all applications and rights to apply for and be granted, renewals or extensions of, and rights to claim priority from, such rights and all similar or equivalent rights or forms of protection which subsist or will subsist now or in the future in any part of the world.
Law	<ul style="list-style-type: none"> a) any applicable statute or proclamation or any delegated or subordinate legislation or regulation; b) any applicable judgment of a relevant court of law which is a binding precedent in England and Wales; c) Guidance (as defined in the NHS Standard Contract); d) National Standards (as defined in the NHS Standard Contract); and e) any applicable code.
NHS Standard Contract	the NHS Standard Contract for NHS healthcare services as published by NHS England from time to time.
Objectives	the objectives for the PBP set out in Clause 6.1.
Operational Days	a day other than a Saturday, Sunday or bank holiday in England.
Partnership Board	the Doncaster Place Based Partnership Board, the terms of reference for which are set out in Part 1 and 2 of Schedule 4 (Governance).
PBP	Place Based Partnership.
PBP Development Plan	the PBP Development Plan set out in Schedule 3 (<i>ICP Development Plan</i>).
Place Plan	the Doncaster Place Plan published at https://www.doncasterccg.nhs.uk/wp-content/uploads/2019/10/DCCG-Place-Plan-Refresh-2019-22-web-FINAL.pdf
Population	the population of Doncaster covered by each of the Commissioners.
Principles	the principles for the PBP set out in Clause 7.
Provider Alliance	the Doncaster Provider Alliance, to which the Providers are parties.
Reserved Matter	has the meaning set out in Clause 9.2.

Section 75 Agreement	the agreement entered into by the Commissioners under section 75 of the National Health Service Act 2006 to commission the services listed in the Schedules to that agreement.
Service Users	people within the Doncaster population served by the Commissioners and who are in receipt of the Services.
Services	the services provided, or to be provided, by each Provider to Service Users pursuant to its respective Services Contract.
Services Contract	a contract entered into by one of the ICB or the Council and a Provider for the provision of Services, and references to a Services Contract include all or any one of those contracts as the context requires.

SCHEDULE 2

Areas of Opportunity

DONCASTER PLACE PARTNERSHIP - PLACE PLAN

The Doncaster Place Plan was developed in 2016 and later refreshed in 2019 and provides clarity about those areas that partners intend to prioritise, develop and deliver together as a Place Partnership.

There is commitment to a clear vision in which: *“Care and support will be tailored to community strengths to help Doncaster residents maximise their independence, health and wellbeing. Doncaster residents will have access to excellent community and hospital based services when needed.”*

Doncaster Place Plan: <https://www.doncasterccg.nhs.uk/wp-content/uploads/2019/10/DCCG-Place-Plan-Refresh-2019-22-web-FINAL.pdf>

Delivery of the Place Plan vision continues to align with the Health and Well Being Strategy and the newly refreshed Team Doncaster Borough Strategy “Doncaster Delivering Together”. ‘Healthy and Compassionate’ is one of the long term wellbeing goals identified for Doncaster, and delivered through the ‘Great 8’ Principles.

<https://dmbcwebstolive01.blob.core.windows.net/media/Tenant2/Documents/DDT%20Prospectus%20-%20Single%20Pages%20-%20FINAL.pdf>

The Place Plan refresh is based on a four layered model, with objectives focussing on:

- **Supporting communities** to thrive, working much more closely with the voluntary, community and faith sector, investing in social prescribing to improve health and emotional wellbeing
- Developing a **‘front door system’**, where there is no wrong door to access health and care services. This will help get people to the right place, first time
- **Joining up care and support at home**. We know many people can recover quickly and easily if they are supported at home
- All of this will help ensure our **specialist services can be used more appropriately**, across all three life stages – reducing the demand and need for hospital and emergency care

DONCASTER LIFE STAGE PLANS

Aligned to the Place plan vision, the joint health and social care commissioning strategy and delivery plans are organised around the life stages of starting well (children and young people and their families), living well (working age adults) and ageing well (older people).

PLACE PLAN VISION	<i>"Care and support will be tailored to community strengths to help Doncaster residents maximise their independence, health and wellbeing. Doncaster residents will have access to excellent community and hospital based services when needed."</i>	STARTING WELL	<i>Doncaster to be the most child and family friendly Borough in the country</i>
		LIVING WELL	<i>People feel supported within their community; where people do need health and care services they are coordinated and timely</i>
		AGEING WELL	<i>Doncaster ageing population will receive person centered flexible and integrated care and support in their own 'home' that aims to maximise their health, wellness and independence</i>

ANNUAL PLAN

There are a number of jointly agreed priority areas which form Annual Plan for the Partnership. These are areas where it is considered that a collaborative approach would be beneficial. As part of the system reset, these priorities have been regularly reviewed since the first wave of the pandemic to ensure they remain relevant and to ensure ongoing learning from the pandemic is captured. Within each priority area, a number of specific projects are being delivered as outlined in the diagram below. In addition, enabling programmes have been established to support delivery of the priorities, and to ensure a coherent approach.

The following 5 key areas of transformation have been identified:

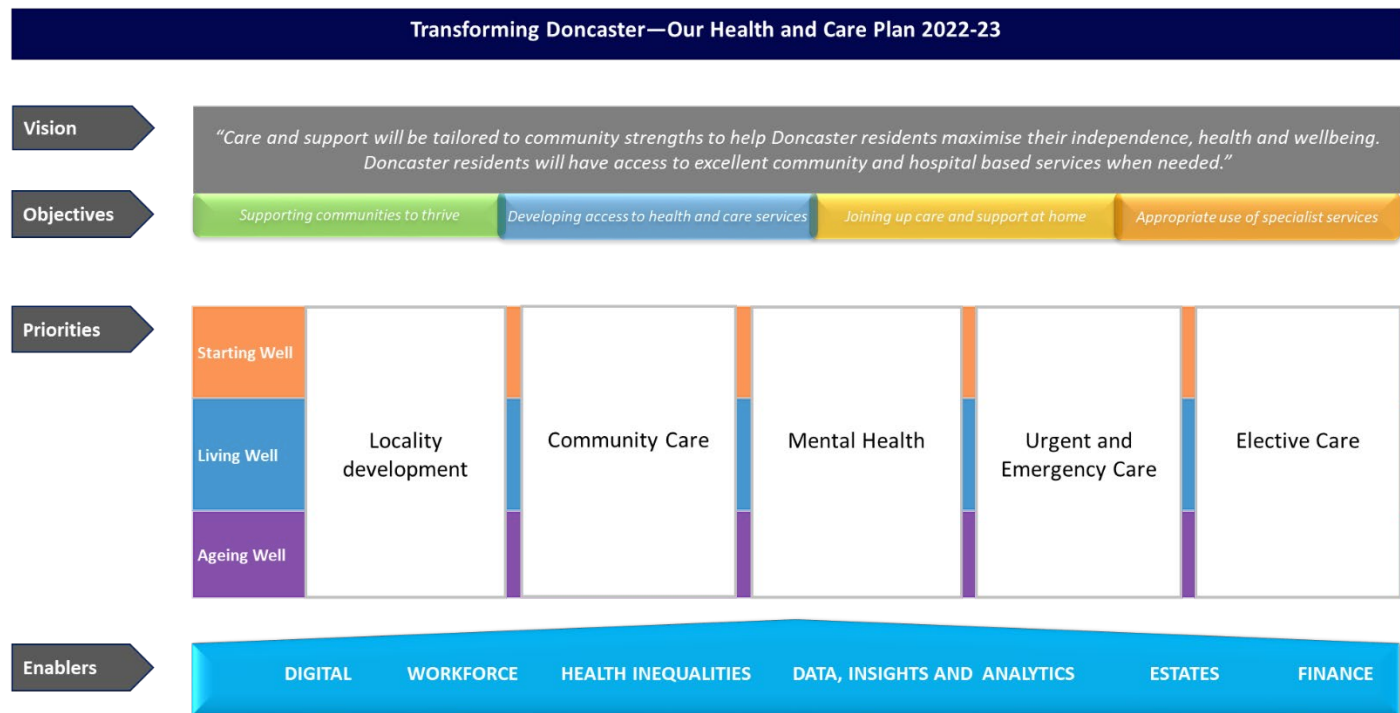
1. **Locality development**
2. **Community Care**
3. **Mental Health**
4. **Urgent and emergency care**
5. **Elective care**

ENABLERS

- Workforce
- Health Inequalities
- Digital
- Finance
- Estates
- BI and Data

The diagram below show how the life stages and the priority areas align with the Place Plan vision and objectives. Further detail is outlined in the subsequent table which described each of

the priority areas and presents the annual plan milestones and outcomes.



Priority	Overview
<p>Locality Development</p>	<p>Locality development has 3 key elements:</p> <ul style="list-style-type: none"> -To empower and engage communities through Asset Based Community Development -Integrated local delivery to provide a joined up response and keep the person and family at the centre -Commissioning and investment to give people more opportunity to shape growth of their communities <p>This work will focus on using the neighbourhood 'Local Solutions' delivery model for children and families, frailty, complex lives, through the 1001 days pilot and for vulnerable adolescents.</p>
<p>Community Care</p>	<p>The Community Care programme is about transforming and building community services capacity to deliver more care at home, avoid the need to hospital admission and improve hospital discharge. This project will transform intermediate care across Doncaster through the Home First project.</p>
<p>Mental Health</p>	<p>To deliver the Primary and Community mental health locality transformation programme in line with NHS Long Term Plan and Community Mental Health Framework. This work will improve access, reduce assessments and ensure interventions are readily available.</p>
<p>Urgent & Emergency Care</p>	<p>To provide high quality urgent care for the people of Doncaster. This programme of work will establish alternative services and pathways to prevent conveyance to the Emergency Department, implement the Virtual Ward and develop a local Clinical Assessment Service (CAS) to ensure single point of access for people with an urgent care need.</p>
<p>Elective Care</p>	<p>Doncaster has an established outpatient transformation programme which includes the following areas of focus:</p> <ul style="list-style-type: none"> -Patient Initiated Follow Up (PIFU) -Advice and guidance -Maintaining and restoring cancer screening programmes -Understanding and managing elective waiting lists
<p>Digital</p>	<p>Digital services will empower Doncaster people to maximise their own health and wellbeing and enable our teams to deliver high quality integrated care. The digital strategy includes the following themes:</p> <ul style="list-style-type: none"> -Connected digital services -Information sharing -Access and engagement -Digital Inclusion
<p>Workforce</p>	<p>To analyse and understand system wide workforce priorities and to develop a Place wide workforce strategy</p>

Health Inequalities	<p>This work will:</p> <ul style="list-style-type: none"> *enhance the understanding of health inequalities in Doncaster *Establish links with existing groups and partners to standardise approaches to address health inequalities and promote inclusion in accessing and receiving health care *Demonstrate progress against nationally and locally defined Health Inequality targets and objectives, including CORE20plus5 by working with existing teams and partnerships *Use the opportunities available through Anchor Institutions to enhance the health and wellbeing of Doncaster people, particularly where there is opportunity to narrow health inequalities and address the wider determinants of health and wellbeing
Data Insights & Analytics	To continue to develop our approach to population health management and prevention so that people can play a more proactive role in promoting good health. To work together across the Place to share data and analytic capabilities.
Finance	To work together at Place level to make the most effective use of our resources, enhancing productivity and value for money.

CAPACITY AND CAPABILITY

It is recognised that in order to transform and deliver services across Place, resource needs to be in place to support delivery.

All Place Partners are clear the Health & Care Bill will transition all current CCG and some of NHS England's functions to the new South Yorkshire ICB from July 2022. CCG accountable officers have already proposed a pragmatic and reasonable approach to both the transition of existing CCG staff (below board level) to the ICB and described a way of how they could work into place and system from July 2022 onwards.

In parallel, a mapping exercise has also been completed to understand the functions and requirements at Place.

There are currently a number of existing project lead roles identified to support a number of the specific transformation and service improvement areas previously listed. In addition, there are roles to lead on underpinning enabling areas such as Digital and Health Inequalities.

On the whole, representatives from each organisation feed into the Place based work when required to support with:

- Data and business intelligence
- Digital
- Finance
- Performance
- Quality improvement
- Public engagement
- Communications
- Estates and facilities
- Information governance
- Workforce and organisational development

Work continues to explore the options for how we work at Place in order to optimise the expertise and resource available.

SCHEDULE 3

PBP Development Plan

DONCASTER PLACE DEVELOPMENT PLAN 2022/23		
DOMAIN	DEVELOPMENT PLAN	TIMELINE
Leadership	Approve current Place Collaborative Agreement	Jul-22
	Establish Place Partnership Board - from existing DICPB	Jul-22
	Establish Place delivery and oversight group	Jul-22
	Establish System Partners Operational Group (SPOG) as forum for clinical engagement	Jul-22
Workforce and Culture	Appoint replacement Place Workforce Lead	Jul-22
	Align capacity to functions at Place and appointment to roles to support delivery of priority Place areas of transformation and enabling workstreams or shared functions	Aug-22
	Develop joint workforce strategy for Doncaster	Oct-22
	OD and leadership development to be provided to support	Jul-22
Value and Behaviours	Collaborative workshop regarding Place priorities	Jun-22
	Engagement with colleagues across organisations regarding Place based activity	Jul-22
	Promotion of Place wide programme of work and progress against the priority areas within individual organisations and across the partnership	Jul-22
Integration of Services	Strengthen relationships and working with wider partners - integrate service delivery across all priority areas	Jul-22
	Explore integration of corporate and enabling functions at Place	Mar-23
Purpose and vision	Agree Place plan delivery objectives for 2022/23	Jul-22
	Clarify specific outcomes of individual programmes of work	Jul-22
	Alignment of Place vision with life stage delivery plans	Jul-22
	Ensure shared vision is communicated and embedded across Place	Sept-22
	Ensure vision and programme of work continue to be informed by PHM insights	Sept-22
Governance	Revisit executive/SRO leads for Place priority areas	Jul-22
	Sign off Place Partnership Collaborative Agreement through Provider Boards	Jul-22
	Clarification of interface and contracting mechanism with ICB	Jul-22
	Develop appropriate forum(s) to ensure effective Place Plan delivery and oversight	Jul-22
	Clarify and implement ICB representation	Jul-22
	Incorporate JCOG/JCMB into Place Partnership Board structure	Apr-23
Coordinated decision making and service design	Review working of areas of opportunities to reaffirm outcomes, deliverables and milestones	Jul-22
	Clarification of commissioning arrangements in transition to ICB	
	Clarify provider collaborative arrangements	
	Confirm Place Partnership activities and capacity	
	Embed System Partners' forum to involve and engage with PCN leads	
Financial framework	Develop Place based financial strategy (inc LA)	Jul-22
	Set out principles of working	
	Evidence if Doncaster has fair share of allocation	
	Understand cost drivers in place and cost comparators for each sector- using national/regional/local metrics	
	Understand allocation methodology in place	
	Develop joint CIP/QIPP plans and how they interlink	
	Establish reporting mechanisms and holding to account at place level	
Quality and outcomes/ Reporting	Alignment of outcomes and refined deliverables for each priority area	Jul-22
	Ensure robust monitoring against Place outcomes	
	Refresh of Borough Strategy and ensure alignment with Place based outcomes	
	Refine current reporting arrangements	

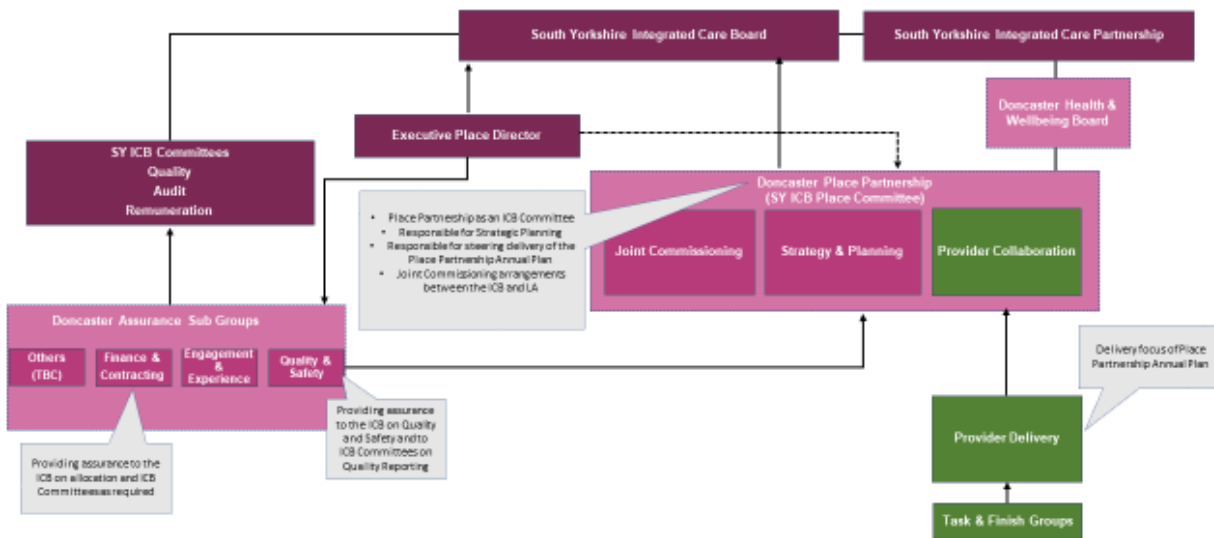
SCHEDULE 4

Governance

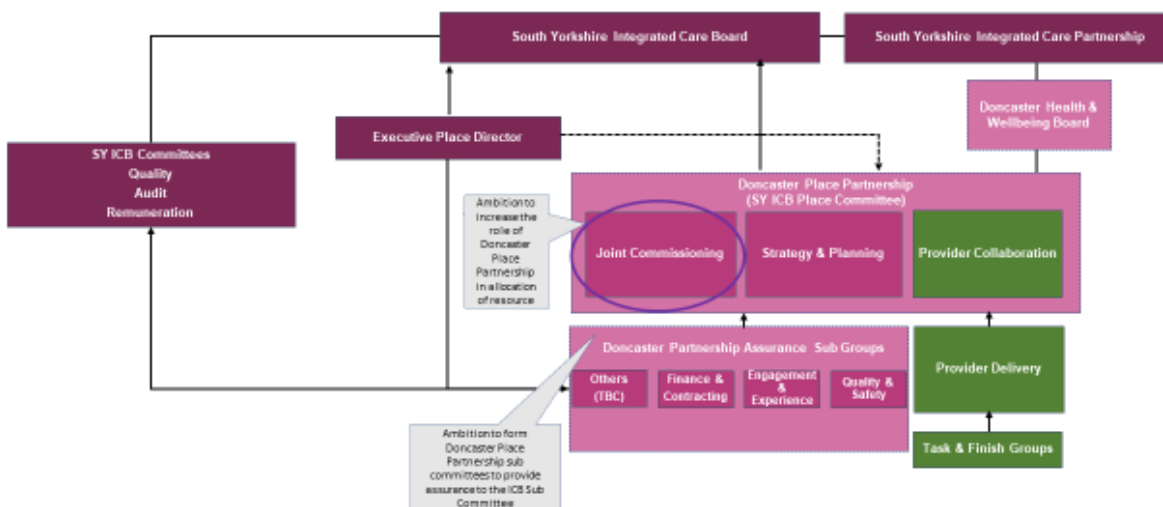
The diagram below summarises the governance structure which the Partners have agreed to establish and operate from the Commencement Date, to provide oversight of the development and implementation of the ICP approach and the arrangements under this Agreement.

This Schedule also contains the terms of reference for the DICPB and the Delivery Group.

Day 1 Proposed Governance



Development for March 2023



Pretext: Background

This Schedule sets out the governance arrangements for the Place Partnership under this Agreement:

1. Structure of these Terms of Reference

The terms of reference are divided into three sections:

Part 1: Partnership Board Terms of Reference (when carrying out **Partnership Business** (defined below))

Part 2: Doncaster Integrated Care Board Committee Terms of Reference (when the Partnership Board is carrying out **ICB Business** (defined below) as a committee of NHS South Yorkshire Integrated Care Board)

Part 3: Doncaster Place Partnership Delivery Group Terms of Reference

2. The organisations referred to in these terms of reference are Partners in the Doncaster Place Partnership ("**Place Partnership**"). Representatives of the Partners have come together as the Doncaster Partnership Board ("**Partnership Board**") to enable the delivery of integrated population health and care services in Doncaster, as set out in more detail below. The Partners have entered into a Place Agreement setting out their commitment to delivery of the Doncaster vision, objectives, and principles (as documented in the Place Agreement).

3. The Partnership Board in practice carries out two roles:

- Firstly, the Partnership Board is responsible for aligning decisions on strategic policy matters made by Place Partners that are relevant to the achievement of the Doncaster Place Plan, in accordance with its terms of reference in Part 1. Where applicable, the Partnership Board may also make recommendations on matters that it has been asked to consider on behalf of a constituent Partner in the Place Partnership. Where the Partnership Board has been asked to consider matters on behalf of a Partner, the Partner organisation remains responsible for the exercise of its functions and nothing that the Partnership Board does shall restrict or undermine that responsibility. This work is referred to as "**Partnership Business**".
- Secondly, the Partnership Board sits as the Doncaster ICB Committee ("**Doncaster ICB Committee**"), which is a committee of the NHS South Yorkshire Integrated Care Board ("**ICB**"). The Doncaster ICB Committee is established as a committee of the ICB Board, in accordance with the ICB's Constitution, Standing Orders and Scheme of Reservation & Delegation. When the Partnership Board sits as the Doncaster ICB Committee it has delegated authority from the ICB Board to make decisions about the use of ICB resources in Doncaster in line with its remit, and otherwise support the ICB as set out in its terms of reference in Part 2 with the membership as set out in paragraph 9 below. The decisions reached by the Doncaster ICB Committee are decisions of the ICB, in line with the ICB's Scheme of Reservation & Delegation "**ICB Business**". When sitting as the Doncaster ICB Committee, members must comply with ICB policies and procedures.

4. As far as possible, the Partners that are statutory bodies will exercise their respective statutory functions within the Partnership Board governance structure. This will be enabled:

- For the ICB, through the Partnership Board sitting as an ICB committee, as outlined in paragraph 3 above; and
- For other Partners that are statutory bodies, through those organisations granting delegated authority for decision making to specific individuals (for example a Partnership Board member) or to specific committees or other structures established by Partner organisations meeting as part of, or in parallel with, the Partnership Board.

5. For Partners that are not statutory bodies, it is expected that as far as possible the individuals attending meetings of the Partnership Board will be authorised to take the decisions under consideration on behalf of their organisation.
6. It is expected that in many cases, ICB Business, or any other reserved statutory decisions taken by individuals on behalf of their statutory organisations, will be able to be conducted at meetings of the Partnership Board, as a result of either individual Partner representatives exercising delegated authority or through the Doncaster ICB Committee making the decision as a committee. Other representatives of Partner organisations will be attendees at the Partnership Board at such times subject to the management of any conflicts of interest.
7. Whether decisions are taken under Part 1 and Part 2, or only Part 1 or Part 2 of these terms of reference, the aim will be to ensure that decisions reflect applicable national and local priority objectives and strategies and are taken in accordance with the collaborative principles for the Place Partnership.

Membership and attendance at the Partnership Board differs according to whether or not the Partnership Board is undertaking Partnership Business or ICB Business in accordance with the relevant terms of reference.

PART 1: DONCASTER PLACE BASED PARTNERSHIP BOARD
TERMS OF REFERENCE FOR PARTNERSHIP BUSINESS

1	Name of committee	The Doncaster Place Based Partnership Board (the “ Partnership Board ”).
2	General	<p>In these terms of reference the following capitalised terms are given the meaning set out in the NHS South Yorkshire Integrated Care Board (“ICB”) Constitution as updated from time to time, unless the context otherwise requires:</p> <p>Constitution</p> <p>ICB</p> <p>Standing Order or Standing Orders</p> <hr/> <p>Other capitalised terms have the meaning set out below:</p> <p>“Attendee” refers to a participant of the Partnership Board as listed in paragraph 7</p> <p>“Chair” means the chair of the Partnership Board</p> <p>“Conflict of Interest” means a situation in which an individual's personal interests conflict with the professional interests owed to their employer or the company in which they are invested.</p> <p>“ICB Business” has the meaning set out in Part 2</p> <p>“ICB Committee” means a committee of the ICB</p> <p>“ICB Policies” means any policy, process or procedure formally adopted by the ICB</p> <p>“Member” refers to a member of the Partnership Board as listed in paragraph 6</p> <p>“Partner” refers to a partner organisation in the Place Partnership which is also a party to the Doncaster Place Agreement</p> <p>“Partnership Board” means the partnership board as described in the Doncaster Place Agreement that also sits as the Doncaster ICB Committee as described in the Constitution</p> <p>“Partnership Business” has the meaning set out in Part 1</p> <p>“Place Director” means the executive place director appointed by the ICB with a role to oversee and help develop the Place Based Partnership in Doncaster</p>

		<p>“Place Based Partnership” means the partnership of organisations described in the Doncaster Place Agreement</p> <p>“Place Agreement” means the Doncaster Place Agreement entered into by the Partners for the transformation and better integration of health and care services for the population of Doncaster</p> <p>“Terms of Reference for ICB Business” means the terms of reference set out in Part 2 of this Schedule 4 (Governance)</p> <p>“Working Days” means a weekday that is not a bank holiday in England</p> <p>The Partnership Board shall operate in accordance with the vision, objectives and principles set out in the Doncaster Place Agreement.</p>
3	Reports to	<p>The Partnership Board reports to the boards of the Partners in relation to Partnership Business. This is done through each Partner representative sitting on the Partnership Board reporting back to their respective employing/ host organisation.</p>
4	Purpose	<p>In relation to Partnership Business, the Partnership Board has the following purpose.</p> <p>21.7 The Partnership Board provides the formal leadership for the Doncaster Partnership and is responsible for setting strategic direction and agreeing the broad objectives for the Doncaster Partnership. It provides oversight for all Doncaster Partnership business, and a forum to make decisions together on those matters which are best tackled collectively.</p> <p>21.8 The Partnership Board will report to Partner organisations and is the group responsible for:</p> <ol style="list-style-type: none"> 1. overseeing the PBP arrangements under this Agreement; 2. reporting to the Health and Wellbeing Board on progress against the Objectives; and liaising where appropriate with national stakeholders (including NHS England and NHS Improvement), <ol style="list-style-type: none"> (a) to communicate the views of the PBP on matters relating to integrated care in Doncaster.

		<p>21.9 The Partnership Board will:</p> <ol style="list-style-type: none"> 1. promote and encourage commitment to the Vision, Principles and Objectives amongst all the Partners; 2. ensure alignment of all organisations to facilitate sustainable and better care which is able to meet the needs of the Population; 3. oversee the further development and implementation of the PBP Development Plan and the Doncaster Place Agreement; 4. co-ordinate the views of the Partners and liaise with the ICS, including through nomination of PBP representatives to attend governance groups at ICS level as required; 5. in undertaking its role, consider recommendations from the Delivery Group in respect of the development and operation of the PBP, the delivery of the Objectives and the development of the Areas of Opportunity; and <p>Through the Partnership Board, Partners will take collective responsibility for:</p> <ol style="list-style-type: none"> 1. Managing collective performance, resources and the totality of population health. 2. Agreeing ambitious outcomes, and engaging people and communities; 3. Identifying good practice and innovation and ensuring it is spread and adopted through the system. 4. Local system oversight and assurance functions. Providing a mechanism for partner organisations to take ownership of system performance and delivery and hold one another to account.
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5	Remit and responsibilities	<p>When conducting Partnership Business, the Partnership Board has responsibility for:</p> <ul style="list-style-type: none"> • setting strategic direction and agreeing the broad objectives for the local system, including its work streams; • agreeing and implementing the Doncaster Place Plan. Ensuring the plan is supported by integrated approaches to joint planning and budgeting; • building leadership and collective responsibility for the shared objectives of Partners, including ensuring a greater focus on population health management; facilitating integration; and improving health and reducing inequalities; • taking responsibility for local system oversight and assurance functions and providing the mechanism for Partners to take ownership of system performance and delivery and hold one another to account; • agreeing priorities for capital investment and apportionment of transformation monies across the local system; and • operation of the single NHS financial control total (for NHS bodies) and agreeing common actions if Partners become distressed.
6	Members	<p>Members contribute to discussion, participate in aligned decision making and are accountable for decisions made. If a matter goes to a vote, then each Member has one vote save that the Chair shall have a casting vote, as set out in paragraph 9.</p> <hr/> <p>The Members of the Partnership Board when conducting Partnership Business are:</p> <p>[Insert]</p> <hr/> <p>Each Partner will ensure that the Member from their organisation:</p> <ul style="list-style-type: none"> • is appointed to attend and represent their organisation on the Partnership Board with such authority as is agreed to be necessary in order for the Partnership Board to function effectively in discharging its responsibilities as set out in these terms of reference which is, to the extent necessary, recognised in an organisation’s respective scheme of delegation (or similar); • has equivalent delegated authority to the designated officers of all other member organisations comprising the Partnership Board (as confirmed in writing and agreed between the Partner organisations); and • understands the dual role of the Partnership Board as described in the background of the terms of reference, and

		<p>the limits of their responsibilities and authority in respect of the Partnership Board when dealing with Partnership Business and ICB Business (to the extent they are a member of both).</p> <p>Membership will be reviewed and adjusted as necessary to ensure the Partnership Board meets its responsibilities.</p> <p>The role of Chair of the Partnership Board for Partnership Business may be rotated to another Member of the Partnership Board as agreed by the Members. This will be undertaken on an annual basis at the beginning of every financial year</p>
7	Attendees	<p>The following individuals will be invited to attend each meeting of the Partnership Board as Attendees. Attendees attend meetings and may be invited by the Chair to participate in discussions from time to time. They do not vote.</p> <p>The Attendees of the Partnership Board when undertaking Partnership Business are:</p> <ul style="list-style-type: none"> • DPDG executive members • ICB – Chief Nursing Officer, Doncaster Place • ICB - Chief Finance Officer, Doncaster Place • ICB - Chief Medical Officer, Doncaster Place • Designated Non-Executive Director, ICB <p>The Chair may invite such other Attendees to attend any meeting of the Partnership Board as the Chair considers appropriate.</p>
8	Deputies	<p>The rules set out in the Terms of Reference for ICB Business shall apply, unless the Partnership Board determines otherwise and amends these terms of reference accordingly.</p>
9	Chair	<p>The meetings will be run by the Chair of the Partnership Board for Partnership Business (as noted in paragraph 6 above). In the event of the Chair being unable to attend all or part of the meeting, another Member of the Partnership Board shall chair the meeting.</p>

10	Quoracy	The rules set out in the Terms of Reference for ICB Business shall apply, unless the Partnership Board determines otherwise and amends these terms of reference accordingly.
11	Conduct of meetings	The rules set out in the Terms of Reference for ICB Business shall apply, unless the Partnership Board determines otherwise and amends these terms of reference accordingly.
12	Frequency of meetings	The rules set out in the Terms of Reference for ICB Business shall apply, unless the Partnership Board determines otherwise and amends these terms of reference accordingly.
13	Urgent decisions	The rules set out in the Terms of Reference for ICB Business shall apply, unless the Partnership Board determines otherwise and amends these terms of reference accordingly.
14	Admission of the press and public	The Partnership Board may meet in private to consider Partnership Business. However, if it is also considering ICB Business then press and public will be admitted in accordance with the terms of reference for ICB Business.
15	Declarations of interest	The rules set out in the Terms of Reference for ICB Business shall apply, unless the Partnership Board determines otherwise and amends these terms of reference accordingly.
16	Support to the Partnership Board	The arrangements set out in the Terms of Reference for ICB Business shall apply, unless the Partnership Board determines otherwise and amends these terms of reference accordingly.
17	Authority	<p>The arrangements set out in the Terms of Reference for ICB Business shall apply in relation to:</p> <ul style="list-style-type: none"> • investigations • commissioning of reports and surveys • obtaining legal or other independent professional advice <p>unless the Partnership Board determines otherwise and amends these terms of reference accordingly.</p> <p>In addition, if the Partnership Board agrees additional requirements regarding the above, those requirements must be complied with.</p> <p>The Partnership Board has the sub-committees set out in the</p>

		<p>Terms of Reference for ICB Business.</p> <p>The Partnership Board is authorised to create and dissolve permanent workstreams and time limited task and finish groups as are necessary to fulfil its responsibilities. When doing so, the Partnership Board must set a clear scope and where appropriate deadline for completion for the workstream or group.</p> <p>Such workstreams or groups shall not be able to take decisions on behalf of the Partnership Board and shall not be formal sub-committees of the Partnership Board.</p>
18	Reporting	<p>The Partnership Board shall report to the boards/ senior management of Partner organisations in respect of Partnership Business. It does this through Members reporting back to their Partner organisations.</p> <p>The Partnership Board shall also report to the Health and Wellbeing Board for Doncaster.</p> <p>The Partnership Board will receive for information updates on the work of any of its task and finish groups or workstreams.</p>
19	Conduct of the Partnership Board	<p>The arrangements set out in the Terms of Reference for ICB Business shall apply, unless the Partnership Board determines otherwise and amends these terms of reference accordingly.</p>
20	Amendments	<p>Any amendment to these terms of reference is Partnership Business. Any changes to these terms of reference must be approved by the Partnership Board.</p>
21	Review date	<p>These terms of reference shall be reviewed annually.</p>

PART 2: PARTNERSHIP BOARD – TERMS OF REFERENCE FOR ICB DONCASTER PLACE COMMITTEE (ICB BUSINESS)

Note: This Committee is formed by the ICB in accordance with its Constitution and therefore is subject to revision and amendment by the ICB.

1	Name of committee	The Doncaster Place Partnership Board is established as and operates as a committee of the NHS South Yorkshire Integrated Care Board (“ICB”), in accordance with the ICB’s Constitution, Standing Orders and Scheme of Reservation and Delegation when it is considering ICB Business (the “ ICB Place Committee ”).
2	General	<p>These terms of reference, which must be published on the ICB website, set out the remit, responsibilities, membership and reporting arrangements of the ICB Place Committee and may only be changed with the approval of the ICB Board. The ICB Place Committee has no executive powers, other than those specifically delegated in these terms of reference.</p> <p>In these Terms of Reference the following capitalised terms are given the meaning set out in the NHS South Yorkshire Integrated Care Board Constitution as updated from time to time, unless the context otherwise requires:</p> <ul style="list-style-type: none"> • Constitution • ICB • Standing Order or Standing Orders <p>Other capitalised terms have the meaning set out below:</p> <p>“Attendee” refers to a participant of the ICB Place Committee as listed in paragraph 7</p> <p>“Chair” means the chair of the ICB Place Committee</p> <p>“ICB Business” matters which are delegated to the ICB Place Committee in line with its purpose at paragraph 4 by the ICB for determination by the ICB Place Committee</p> <p>“ICB Policies” means any policy, process or procedure formally adopted by the ICB</p> <p>“Member” refers to a member of the ICB Place Committee</p>

		<p>as listed in paragraph 6</p> <p>“Partnership Board” means the partnership board as described in the Doncaster Place Agreement that also sits as the ICB Place Committee when conducting ICB Business</p> <p>“Place Agreement” means the Doncaster Place Agreement entered into by the Partners for the transformation and better integration of health and care services for the population of Doncaster</p> <p>“Working Days” means a weekday that is not a bank holiday in England</p>
3	Reports to	The ICB Board
4	Purpose	The ICB Place Committee will support the ICB in delivering its statutory and/or corporate functions as set out in paragraph 5.
5	Remit and responsibilities	<p>The role of the ICB Place Committee will be to lead the Doncaster Place Partnership in accordance with the Place Agreement, and in accordance with the Constitution of the ICB.</p> <p>The Partnership Board is responsible for:</p> <p>Regulation and Control</p> <ul style="list-style-type: none"> • Establish governance arrangements to support collective accountability between partner organisations for place-based system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations. <p>Strategy and Planning</p> <ul style="list-style-type: none"> • Agree a plan to meet the health and healthcare needs of the Doncaster population, having regard to the ICS integrated care strategy and Doncaster health and wellbeing strategies. • Ensure consultation, involvement and engagement on place plans is undertaken where appropriate • Engagement with Health Overview and Scrutiny Committee. • Develop Annual Plan for Delivery of Place Health & Wellbeing Strategy and ICP Strategy • Ensure provision of Health Care Services for Place Population.

		<ul style="list-style-type: none"> • Agree Place-based delivery plans. • Allocate resources to deliver the plan in Doncaster, determining what resources should be available to meet population need and setting principles for how they should be allocated across services and providers (both revenue and capital). • Approve the operating structure in Doncaster. • Develop joint working arrangements with partners in place that embed collaboration and integration as the basis for delivery within the ICB plan. • Arranging for the provision of health services in line with the allocated resources across the ICS through a range of activities including: <ul style="list-style-type: none"> • convening and supporting providers at Place to lead major service transformation programmes to achieve agreed outcomes. • support the development of primary care networks (PCNs) as the foundations of out-of-hospital care and building blocks of place-based partnerships. Including through investment in PCN management support, data and digital capabilities, workforce development and estates. • working with local authority and voluntary, community and social enterprise (VCSE) sector partners to put in place personalised care for people, including assessment and provision of continuing healthcare and funded nursing care, and agreeing personal health budgets and direct payments for care. • Agree place action on data and digital: working with partners across the NHS and with local authorities to put in place smart digital and data foundations to connect health and care services to put the citizen at the centre of their care. • Agree joint work on estates, procurement, supply chain and commercial strategies to maximise value for money in place and support wider goals of development and sustainability. <p>Partnership working</p> <ul style="list-style-type: none"> • Agree joint working arrangements at Place that embed collaboration and integration as the basis for delivery of the Place plan. <p>Staffing and human resources</p> <ul style="list-style-type: none"> • Delivery of implementation in Doncaster of people priorities. <p>Risk management</p> <ul style="list-style-type: none"> • Make arrangements to implement in place ICB risk management arrangements.
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6	Members	<p>The Members of the ICB Place Committee when the Partnership Board is undertaking ICB Business are:</p> <ul style="list-style-type: none"> • Executive Place Director, ICB (Chair) • Chief Nursing Officer, Doncaster Place, ICB • Chief Medical Officer, Doncaster Place, ICB • Chief Finance Officer, Doncaster Place, ICB • Non-Executive Director, ICB <p>The Chair of the ICB must approve the appointment of any Member of the ICB Place Committee and may remove any Member of the ICB Place Committee, acting always in accordance with the ICB Constitution</p>
7	Attendees	<p>The following individuals will be invited to attend each meeting of the ICB Place Committee as Attendees. Attendees attend meetings and may be invited by the Chair to participate in discussions from time to time. They do not vote. The Attendees of the ICB Place Committee when undertaking ICB Business are:</p> <p>[INSERT NON-ICB MEMBERS OF THE DPB]</p> <p>ICB officers may request or be requested to attend the ICB Place Committee meeting when matters concerning their responsibilities are to be discussed or they are presenting a paper.</p> <p>The Chair may invite such other Attendees to attend any meeting of this ICB Place Committee as the Chair considers appropriate.</p>
8	Deputies	<p>With the permission of the Chair, Members of the ICB Place Committee may nominate a deputy to attend a meeting that they are unable to attend. Members should inform the Chair of their intention to nominate a deputy and should ensure that any such deputy is suitably briefed and qualified to act in that capacity. The deputy may speak on their behalf but may not vote.</p> <p>The decision of the Chair regarding authorisation of nominated deputies is final.</p>
9	Chair	<p>The meetings will be run by the Chair of the ICB Place Committee (as noted in paragraph 6 above). If the Chair is absent, or is disqualified from participating by a conflict of interest, a member of the ICB shall be chosen by the</p>

		members present, or by a majority of them, and shall preside. In the event of the Chair being unable to attend all or part of the meeting, another Member of the ICB Place Committee shall chair the meeting.
10	Quoracy	<p>No business shall be transacted unless at least [X%] of the ICB Place Committee membership (which equates to [xx] individuals) and including the following are present:</p> <p>[list essential members for quoracy]</p> <p>For the sake of clarity:</p> <p>a) No person can act in more than one capacity when determining the quorum.</p> <p>b) An individual who has been disqualified from participating in a discussion on any matter and/or from voting on any motion by reason of a declaration of a conflict of interest, shall no longer count towards the quorum.</p> <p>Members of the ICB Place Committee may participate in meetings by telephone, video or by other electronic means where they are available and with the prior agreement of the Chair. Participation by any of these means shall be deemed to constitute presence in person at the meeting. Members are normally expected to attend at least [75%] of meetings during the year</p>
11	Conduct of meetings	<p>In line with the ICB's Standing Orders, it is expected that decisions will be reached by consensus. Should this not be possible, each member of the ICB Place Committee will have one vote, the process for which is set out below:</p> <p>a) All members of the ICB Place Committee who are present at the meeting will be eligible to cast one vote each. (For the sake of clarity, Members of the ICB Place Committee are set out at paragraph 6; Attendees and observers do not have voting rights.)</p> <p>b) Absent Members may not vote by proxy. Absence is defined as not being present at the time of the vote but this does not preclude anyone attending by teleconference or other virtual mechanism from exercising their right to vote if eligible to do so.</p> <p>c) For the sake of clarity, any additional Participants and Observers (as detailed within Section 5.6. of the Constitution) will not have voting rights. A resolution will be passed if more votes are cast for the resolution than against it.</p> <p>d) If an equal number of votes are cast for and against</p>

		<p>a resolution, then the Chair (or in their absence, the person presiding over the meeting) will have a second and casting vote.</p> <p>e) Should a vote be taken, the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.</p>
12	Frequency of meetings	<p>The ICB Place Committee will meet [monthly] in common with the Partnership Board. The Chair may call an additional meeting at any time by giving not less than 14 calendar days' notice in writing to members of the ICB Place Committee.</p> <p>One third of the members of the ICB Place Committee may request the Chair to convene a meeting by notice in writing, specifying the matters which they wish to be considered at the meeting, If the Chair refuses, or fails, to call a meeting within seven calendar days of such a request being presented, the ICB Place Committee Members signing the requisition may call a meeting by giving not less than 14 calendar days' notice in writing to all Members of the ICB Place Committee specifying the matters to be considered at the meeting.</p> <p>In emergency situations the Chair may call a meeting with two days' notice by setting out the reason for the urgency and the decision to be taken.</p>
13	Urgent decisions	<p>In the case of urgent decisions and extraordinary circumstances, every attempt will be made for the ICB Place Committee to meet virtually. Where this is not possible the following will apply:</p> <p>a) The powers which are delegated to the ICB Place Committee may allow for an urgent decision be exercised by the Chair subject to every effort having made to consult with as many members as possible in the given circumstances.</p> <p>b) The exercise of such powers shall be reported to the next formal meeting of the ICB Place Committee for formal ratification, where the Chair will explain the reason for the action taken, and the ICB Audit Committee for oversight.</p>
14	Admission of the press and public	<p>In accordance with Public Bodies (Admission to Meetings) Act 1960 all meetings of the ICB at which public functions are exercised will be open to the public. This includes the</p>

		<p>Doncaster Partnership Board where it is discussing ICB Business as the ICB Place Committee.</p> <p>The ICB Place Committee may resolve to exclude the public from a meeting or part of a meeting where it would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.</p> <p>The chair of the meeting shall give such directions as they think fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the ICB Place Committee's business shall be conducted without interruption and disruption.</p> <p>As permitted by Section 1(8) Public Bodies (Admissions to Meetings) Act 1960 as amended from time to time) the public may be excluded from a meeting to suppress or prevent disorderly conduct or behaviour.</p> <p>Matters to be dealt with by a meeting following the exclusion of representatives of the press, and other members of the public shall be confidential to the members of the ICB Place Committee.</p> <p>A public notice of the time and place of the meeting and how to access the meeting shall be given by posting it electronically at least 7 calendar days before the meeting or, if the meeting is convened at shorter notice, then at the time it is convened.</p> <p>The agenda and papers for meetings will be published electronically in advance of the meeting excluding, if thought fit, any item likely to be addressed in part of a meeting is not likely to be open to the public.</p>
15	<p>Declarations of interest</p>	<p>If any Member has an interest, financial or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and act in accordance with the ICB's Conflicts of Interests Policy. Subject to any previously agreed arrangements for managing a conflict of interest, the chair of the meeting will determine how a conflict of interest should be managed. The chair of the meeting may require the individual to withdraw from the meeting or part of it. The</p>

		individual must comply with these arrangements, which must be recorded in the minutes of the meeting.
16	Support to the Partnership Board	<p>Administrative support will be provided to the ICB Place Committee by officers of the ICB. This will include:</p> <ul style="list-style-type: none"> • Agreement of the agenda with the Chair, taking minutes of the meetings, keeping an accurate record of attendance, key points of the discussion, matters arising and issues to be carried forward; • Maintaining an on-going list of actions, specifying Members responsible, due dates and keeping track of these actions; • Sending out agendas and supporting papers to Members five working days before the meeting. • Drafting minutes for approval by the Chair within five working days of the meeting and then distribute to all attendees following this approval within 10 working days; and • An annual work plan to be updated and maintained on a quarterly basis.

17	Authority	<p>The ICB Place Committee is authorised to investigate any activity within its terms of reference. It is authorised to seek any information it requires within its remit, from any employee of the ICB and they are directed to co-operate with any such request made by the ICB Place Committee.</p> <p>The ICB Place Committee is authorised to commission any reports or surveys it deems necessary to help it fulfil its obligations.</p> <p>The ICB Place Committee is authorised to obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary. In doing, so, the ICB Place Committee must follow procedures put in place by the ICB for obtaining legal or professional advice.</p> <p>The ICB Place Committee is authorised to create sub-committees or working groups as are necessary to fulfil its responsibilities within its terms of reference. Pursuant to section 65Z5 of the NHS Act 2006, the ICB Place Committee may not delegate powers delegated to it within these terms of reference (unless expressly authorised by the ICB Board) and remains accountable for the work of any such group.</p>
18	Reporting	<p>The ICB Place Committee shall submit its minutes to each formal ICB Board meeting.</p> <p>The Chair shall draw to the attention of the ICB Board any significant issues or risks relevant to the ICB.</p> <p>The ICB Place Committee's minutes will be published on the ICB website once ratified.</p> <p>The ICB Place Committee shall submit an annual report to the ICB Audit Committee and the ICB Board.</p> <p>The ICB Place Committee will receive for information the minutes of other meetings which are captured in the Committee work plan e.g. sub-committees.</p>
19	Conduct of the Partnership Board	<p>All Members will have due regard to and operate within the Constitution of the ICB, standing orders, standing financial instructions and other financial procedures.</p>

		<p>Members of the ICB Place Committee will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.</p> <p>[The Partnership Board (including the ICB Place Committee) shall agree an annual work plan with the ICB Board.]</p> <p>The ICB Place Committee shall undertake an annual self-assessment of its own performance against the annual work plan, membership and terms of reference. This self-assessment shall form the basis of the annual report from the ICB Place Committee.</p> <p>Any resulting changes to the terms of reference shall be submitted for approval by the ICB Board.</p>
20	Amendments	<p>These terms of reference, which must be published on the ICB website, set out the remit, responsibilities, membership and reporting arrangements of the ICB Place Committee and may only be changed with the approval of the ICB Board.</p>
21	Review date	<p>These terms of reference shall be reviewed annually.</p>

Part 3: Place Partnership Delivery Group Terms of Reference

1.	Name	Place Partnership Delivery Group
2.	Reports to	The Doncaster Integrated Care Delivery Group reports to the Doncaster Partnership Board.
3.	Purpose	<p>The purpose of the DPDG is to manage the delivery and development of the Doncaster Place Plan and the delivery of the Integrated Services in accordance with the terms of the Provider Collaboration Agreement (“PCA”)</p> <p>Taking direction from and reporting up to the Doncaster Partnership Board (“Partnership Board”).</p> <p>For the avoidance of doubt the DPDG shall not be a committee of any of the Partners or any combination of them.</p> <p>The Partnership Board will hold the DPDG to account though it may delegate oversight of the DPDG for specific Integrated Services.</p>
4.	Remit and responsibilities	<p>The DPDG is established by the Partners to the Doncaster Place Agreement, each of which remains a sovereign organisation, to provide a governance framework for the further development of collaborative working between the Partners in line with the Doncaster Principles, including the provision of the Integrated Services, in line with the development of the Doncaster Provider Delivery System.</p> <p>The DPDG is not a separate legal entity, and as such is unable to take decisions separately from the Partners or bind any one of them; nor can one Partner ‘overrule’ the others on any matter in the DPDG.</p> <p>As a result, the DPDG will operate as a place for discussion of issues with the aim of reaching consensus between the Partners around the development of the work for the designated areas of opportunity and for flowing matters to the Partnership Board.</p> <p>The DPDG will function through engagement and discussion between its members so that each of the partners makes a decision in respect of, and expresses its views about, each matter considered by the DPDG. The decisions of the DPDG will, therefore, be the decisions of the individual Partners, the mechanism for which shall be authority delegated by the individual Partners to their representatives on the DPDG. It is acknowledged that some representatives may wish to confirm decisions with the Joint Commissioning Management Board to ensure that there is transparency and separation of decision making where this is appropriate.</p> <p>The Partners will ensure that the DPDG members understand the status of the DPDG and the limits of the authority delegated to them.</p>

		<p>The initial duties of the DPDG are:</p> <ol style="list-style-type: none"> 1. Delivery of the Place Plan 2. Development of the Partnership strategy 3. Prioritisation and coordination of the work programmes to deliver the Place Plan 4. Resourcing delivery of the Place Plan 5. Creation of the new system conditions to enable the operation of the Doncaster Place Delivery System: <ol style="list-style-type: none"> a. Design funding, payment and contracting mechanisms to enable delivery b. Direction and oversight of systems and infrastructure work streams on behalf of the Partnership Board (e.g. Digital, Estates, Workforce) c. Communication, engagement and co-production with the public, users of services and staff 6. Development of Partnership-owned business cases for transformational change developments 7. Development and ownership of a Doncaster system dashboard bellwether metrics of the health and wellbeing of the Borough and partnership interventions 8. Managing the alignment and interface with partner organisation transformational change programmes to ensure a whole health and care economy awareness 9. Monitoring progress on delivery and impact of Place Plan programmes 10. Escalate recommendations for decision by Partnership Board 11. Ensure a whole partnership approach to risk and risk mitigation 12. Provide assurance to Partnership Board: <ol style="list-style-type: none"> a. Escalation of escalating or unmitigated risks and issues b. Holding Place Plan and Integrated Services programmes to account for delivery through the programme SROs c. Project reporting and risk management d. Benefit identification and realisation e. System dashboard of key metrics (quality/cost/activity) <p>The DPDG is specifically responsible for managing the input into the Integrated Services workstreams for the Providers, the delivery of the Integrated Services and working in accordance with the Doncaster</p>
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		<p>Principles across the Doncaster system.</p> <p>The DPDG members will make decisions together at DPDG meetings in respect of the day-to-day delivery of the Integrated Services, including making recommendations to the Partnership Board.</p> <p>The DPDG will also be responsible for helping to develop the Partners' collaborative approach across Doncaster and identifying areas where this could be extended beyond the initial Integrated Services for referral to the Partnership Board.</p> <p>When making decisions together at DPDG meetings, members will act in line with the Doncaster Principles, and in particular will:</p> <ul style="list-style-type: none"> (a) <i>act collaboratively and in good faith with each other in accordance with Guidance, National Standards, the Law and Good Practice to ensure the performance of the Integrated Services in having at all times regard to the welfare of the population of Doncaster;</i> (b) <i>actively promote a culture that facilitates integrated working and empowers staff to work collaboratively with other parties to deliver better outcomes for the population of Doncaster;</i> (c) <i>develop the Integrated Services to better respond to the needs and personal goals of the person and their family/ carers and to take into account physical, mental health and social care needs;</i> (d) <i>look to ensure that the population of Doncaster have access to excellent hospital-based services when needed but with a wider focus on developing out of hospital care, enablement, maximising independence, promoting self-care and maintaining social networks together;</i> (e) <i>support each other (informally and publicly) in taking decisions in the best interests of the population of Doncaster; and</i> (f) <i>co-operate fully and liaise appropriately with each other (including in order to ensure a co-ordinated approach to promoting the quality of care across the Integrated Services and so as to achieve continuity in provision that avoids inconvenience to, or risk to the health and safety of the population of Doncaster or other members of the public).</i> 						
5.	Members and attendees	<p>The DPDG will include the following members: - to be confirmed</p> <table border="1" data-bbox="512 1715 1372 2029"> <tr> <td data-bbox="512 1715 885 1915">Integrated Care Partnership organisation</td> <td data-bbox="885 1715 1171 1915">Operational/delivery lead</td> <td data-bbox="1171 1715 1372 1915">Director of Finance (where required)</td> </tr> <tr> <td data-bbox="512 1915 885 2029">Doncaster Council (Adult social care)</td> <td data-bbox="885 1915 1171 2029"></td> <td data-bbox="1171 1915 1372 2029"></td> </tr> </table>	Integrated Care Partnership organisation	Operational/delivery lead	Director of Finance (where required)	Doncaster Council (Adult social care)		
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		<p>An agreed team member or nominated deputy from each member as notified to the DPDG from time to time.</p> <p>It is important that members or their deputies commit to attending DPDG meetings. Where a member cannot attend a meeting, the member can nominate a named deputy to attend. Deputies must be able to contribute and make decisions on behalf of the organisation they are representing.</p> <p>The DPDG may invite others (such as specific lead managers, clinicians and practitioners) to attend as observers according to the needs of the agenda. Such observers will not participate in decisions.</p>																																							
6.	Chair	Meetings of the DPDG will be chaired (TBC), initially selected by a vote of attending members at the first meeting of the DPDG or where agreed																																							

		<p>by a majority of members at a future meeting.</p> <p>The initial chair is the Executive Place Director for NHS South Yorkshire Integrated Care Board.</p>
7.	Quoracy	The DPDG will be quorate if four sixths of the representative members of the DPDG are present.
8.	Decision making	The DPDG will aim to achieve consensus wherever possible. Each member of the DPDG will be representing their appointing organisation and presently will only make decisions at the DPDG in respect of their own organisation in accordance with any delegated authority.
9.	Conduct of meetings	<p>Meetings of the DPDG will be held monthly (ideally two weeks before the meeting date for the Partnership Board) or such other frequency as may be agreed between members of the Partnership Board.</p> <p>Meetings may be held by telephone or video conference. Members of the DPDG may participate (and count towards quorum) in a face-to-face meeting via telephone or video-conference.</p> <p>Any member may call extraordinary meetings of the DPDG at their discretion subject to providing at least five working days' notice to DPDG members.</p> <p>Circulation of the meeting agenda and papers via email will take place at least five working days prior to the meeting from the Chair.</p> <p>In the event members wish to add an item to the agenda they must notify the Chair who will confirm this with the Chair accordingly.</p> <p>The DPDG will have administrative support in order to:</p> <ul style="list-style-type: none"> - take minutes of the meetings and keep a record of matters arising and issues to be carried forward as well as reporting to the Partnership Board as required; and - maintain a register of interests of DPDG members. <p>The minutes of DPDG meetings will be sent to the representative members within 14 days of each meeting. It will be the members' responsibility to disseminate minutes and notes from the DPDG inside their respective organisations.</p>
10.	Conflicts of interest	<p>The members of the DPDG must refrain from actions that are likely to create any actual or perceived conflicts of interests.</p> <p>DPDG members must disclose all potential and actual conflicts of interest and ensure that such conflicts are managed in adherence with their organisation's conflict of interest policies and statutory duties.</p>
11.	Review	These terms of reference will be reviewed on an annual basis.

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SCHEDULE 5

Dispute Resolution Procedure

1. Avoiding and Solving Disputes

- 1.1 The Partners commit to working cooperatively to identify and resolve issues to the Partners' mutual satisfaction so as to avoid all forms of dispute or conflict in performing their obligations under this Agreement. Accordingly the Partners will look to collaborate and resolve differences under Clause 8 (*Problem Resolution and Escalation*) of this Agreement prior to commencing this procedure.
- 1.2 The Partners believe that by focusing on their agreed Objectives and Principles they are reinforcing their commitment to avoiding disputes and conflicts arising out of or in connection with the ICP arrangements set out in this Agreement.
- 1.3 The Partners shall promptly notify each other of any dispute or claim or any potential dispute or claim in relation to this Agreement or the operation of the ICP (each a '**Dispute**') when it arises.
- 1.4 In the first instance the relevant Partners' representatives shall meet with the aim of resolving the Dispute to the mutual satisfaction of the relevant Partners. If the Dispute cannot be resolved by the relevant Partners' representatives within 10 Operational Days of the Dispute being referred to them, the Dispute shall be referred to senior officers of the relevant Partners, such senior officers not to have had direct day-to-day involvement in the matter and having the authority to settle the Dispute. The senior officers shall deal proactively with any Dispute on a Best for Doncaster basis in accordance with this Agreement so as to seek to reach a unanimous decision.
- 1.5 The Partners agree that the senior officers may, on a Best for Doncaster basis, determine whatever action it believes is necessary including the following:
 - 1.5.1 If the senior officers cannot resolve a Dispute, they may agree by consensus to select an independent facilitator to assist with resolving the Dispute; and
 - 1.5.2 The independent facilitator shall:
 - (i) be provided with any information he or she requests about the Dispute (subject to having entered into appropriate terms as to non-disclosure of Confidential Information);
 - (ii) assist the senior officers to work towards a consensus decision in respect of the Dispute;
 - (iii) regulate his or her own procedure;

- (iv) determine the number of facilitated discussions, provided that there will be not less than three and not more than six facilitated discussions, which must take place within 20 Operational Days of the independent facilitator being appointed; and
- (v) have its costs and disbursements met by the Partners in Dispute equally.

1.5.3 If the independent facilitator cannot resolve the Dispute, the Dispute must be considered afresh in accordance with this Schedule 5 and only after such further consideration again fails to resolve the Dispute, the Partners may agree to:

- (i) terminate this Agreement in accordance with Clause 16.1.1; or
- (ii) agree that the Dispute need not be resolved.

Report Cover Page					
Meeting Title:	Board of Directors				
Meeting Date:	28 June 2022	Agenda Reference:	G1		
Report Title:	Provider Licence – Self Certification 2021/2022				
Sponsor:	Alex Crickmar, Interim Director of Finance				
Author:	Fiona Dunn, Deputy Director Corporate Governance/Company Secretary				
Appendices:	Self Certifications – FT4, G6, CoS7				
Report Summary					
Purpose of report:	To confirm that the Board of Directors is assured that the Trust complies with its Provider Licence requirements.				
Summary of key issues/positive highlights:	<ul style="list-style-type: none"> • Condition G6(3) - The provider has taken all precautions to comply with the licence, NHS acts and NHS Constitution • Condition G6(4) - Publication of condition G6(3) self-certification • Condition FT4(8) - The provider has complied with required governance arrangements • Condition CoS7(3) - The provider has a reasonable expectation that required resources will be available to deliver the designated services for the 12 months from the date of the statement. This only applies to FTs that are providers of CRS. 				
Recommendation:	The Board of Directors are requested to ratify the self-certification documents attached as appendices following approval at ARC 27/5/22				
Action Require:	Approval	Information	Discussion	Assurance	Review
Link to True North Objectives:	TN SA1: <i>To provide outstanding care for our patients</i>	TN SA2: <i>Everybody knows their role in achieving the vision</i>	TN SA3: <i>Feedback from staff and learners is in the top 10% in the UK</i>	TN SA4: <i>The Trust is in recurrent surplus to invest in improving patient care</i>	
Implications					
Board assurance framework:	none				
Corporate risk register:	F&P6 - Failure to achieve compliance with performance and delivery aspects of the SOF, CQC and other regulatory standards – No change				
Regulation:	Required to self-certify whether or not they have complied with the conditions of the Provider Licence NHSE/I. (previously Monitor)				
Legal:	Compliance with regulated activities and requirements in National Health Service Act 2006 and the Health and Social Care Act 2012.				
Resources:	N/A				
Assurance Route					
Previously considered by:	ARC 27/5/2022				

Date:	27/5/22	Decision:	Approved
Next Steps:	<i>To publish on Trust website.</i>		
Previously circulated reports to supplement this paper:	N/A		

2021/2022 EXECUTIVE SUMMARY

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

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

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

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

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

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

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

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

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

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

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

Confirmed

OK

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

EITHER:

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

Confirmed

OR

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

OR

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

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

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

After making enquiries, the directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the next 12months. This is based on:

- Continuing support from local commissioners and the ICB.
- The Trust ends the 21/22 year with £46m cash.
- The Trust has delivered a surplus in 2021/22 of £2.6m (before technical adjustments e.g. impairments).
- Whilst the Trust has a deficit financial plan of £25m for 22/23, it is not expected that the Trust will run out of cash in 22/23 and would expect be supported by the ICB and or NHSE/I cash management processes.
- There are no licence conditions in place on the Trust from its regulatory body.
- The Trust has received a Good rating from the CQC for use of resources during 2019/20.

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

Signature



Signature



Name Richard Parker

Name Suzy Brain England

Capacity Chief Executive

Capacity Chair of the Board

Date

Date

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

Not applicable.

Worksheet "FT4 declaration"

Financial Year to which self-certification relates

2021/2022

Corporate Governance Statement (FTs and NHS trusts)

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

Corporate Governance Statement	Response	Risks and Mitigating actions
<p>1 The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.</p>	Confirmed	<p>The Trust monitors and reviews its systems and processes to ensure they comply with good governance. They were subject to internal audit and Core & Well Led CQC's inspections in 2019 and positive feedback was received with the Trust achieving overall CQC Good status.</p>
<p>2 The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time</p>	Confirmed	<p>New requirements are highlighted through national and regional networks and the Board is appraised through the CEO's and Chairs report on a monthly basis.</p>
<p>3 The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.</p>	Confirmed	<p>The Board has clear terms of reference as detailed in the Trusts Standing Orders. Board and committee structures were audited in 2019. The Board agreed a revised scheme of delegation, SFIs and standing orders in July 2021. Each of the Sub-Committees has agreed Terms of Reference which are regularly reviewed and each Sub-Committee has a NED chair with NEDs being in the majority in each Committee. Each Sub-Committee monitors compliance against contractual requirements and provides assurance to the Board with identification of risk and mitigation. There are clear responsibilities for Board and Sub-Committees in place with Chairs of Sub-Committees clearly highlighting key risks/mitigations as required, as well as minutes of the meetings being received once approved. There are clear reporting lines throughout the organisation with a clear structure in place. Accountability structures for corporate and clinical divisions are in place. Individual accountabilities are understood through job descriptions, contracts and appraisals.</p>
<p>4 The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.</p>	Confirmed	<p>The committee architecture gives assurance to the Board that the Trust is operating effectively. The committees scrutinise areas of performance around finance, operations, quality and workforce and escalate appropriately.</p> <p>The Board of Directors monitors a series of quality measures and objectives on a monthly basis. Risks to the quality of care are managed and monitored through robust risk management and assurance processes. The committees of the Board, particularly the Quality and Effectiveness Committee and People Committee, play a key role in quality governance, receiving reports and using internal audit to test the processes and quality controls in place. This enables rigorous challenge and action to be taken to develop services to enable improvement. The Board gives regular consideration to ensuring service quality in all aspects of its work, including changes to services and cost improvement plans. The Board proactively works to identify and mitigate potential risks to quality. The Trust received a Good CQC rating in 2019/2020.</p> <p>The Finance and Performance Committee provides assurance on the systems of control and governance specifically in relation to operational performance, workforce and financial planning and reporting. In the year the Committee has, on behalf of the Board has provided assurance on:</p> <ul style="list-style-type: none"> - Current financial, workforce and operational performance, - Financial forecasts, budgets and plans in the light of trends and operational expectations, - Plans and processes for the implementation of Effectiveness and Efficiency Improvement plans, - Any specific risks in the Board Assurance Framework relevant to the committee. - Reviewed and developed strategy in relation to clinical site development, estates and facilities, IT and information and finance. - Undertaken deep dives into key service areas, effectiveness and efficiency plans and areas of performance. <p>The Audit Committee's provides the Board of Directors with a means of independent and objective review of internal controls and risk management arrangements relating to: financial systems; the financial information used by the Trust; controls and assurance systems, risk management arrangements, compliance with law, guidance and codes of conduct, counter fraud activity. The Trust has clear SFIs and Scheme of Delegation that determines the framework for financial decision-making, management and control. Systems of internal control are subject to regular audit and the Audit and Risk Committee provides independent oversight and challenge. There are robust accountability systems in place to monitor effectiveness and efficiency schemes. The Trust has an annual planning process that ensures business plans are developed and supported.</p> <p>The Board committee calendar ensures up-to-date information is provided to meetings for scrutiny and assurance. The Trust has a Risk Identification and Management Policy in place and the Board Assurance Framework and Corporate Risk Register provide the framework through which high-level risks are considered. The Board and committees receive and review the BAF and CRR on a frequent basis. The governance, risk and control processes in place ensure the Trust remains compliant.</p>

- 5 The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure:
- (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;
 - (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;
 - (c) The collection of accurate, comprehensive, timely and up to date information on quality of care;
 - (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;
 - (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and
 - (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.

Confirmed

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

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

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

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

Confirmed

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

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

Signature 

Signature 

Name: Richard Parker - Chief Executive

Name: Suzy Brain England - Chair

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

A Not applicable.

OK

BOARD OF DIRECTORS – PUBLIC MEETING

Minutes of the meeting of the Trust's Board of Directors held in Public on
Tuesday 24 May 2022 at 09:30
via MS Teams

Present:	Suzy Brain England OBE - Chair of the Board (Chair) Mark Bailey - Non-Executive Director Alex Crickmar - Acting Director of Finance Mark Day - Non-executive Director Sheena McDonnell - Non-Executive Director Dr Tim Noble – Executive Medical Director Richard Parker OBE - Chief Executive Neil Rhodes - Non-executive Director Jon Sargeant - Interim Director of Recovery, Innovation & Transformation Kath Smart - Non-Executive Director Abigail Trainer - Acting Chief Nurse
In attendance:	Fiona Dunn - Deputy Director Corporate Governance/Company Secretary Paula Hill, Freedom to Speak Up Guardian (agenda item D4) Gillian Marsden - Deputy Chief Operating Officer - Elective 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 & Engagement Gillian Wood – Head of Safeguarding (agenda item B1)
Public in attendance:	Peter Abell - Public Governor Bassetlaw Angela Chapman – Public Governor Doncaster Lynne Logan - Public Governor Doncaster Andrew Middleton - Member of the Public Pauline Riley - Public Governor Doncaster Lynne Schuller - Public Governor Bassetlaw Sheila Walsh - Public Governor Bassetlaw John Williamson – Member of the Public
Apologies:	None

P22/05/A1	<u>Welcome, apologies for absence and declaration of interest (Verbal)</u>	
	<p>The Chair of the Board welcomed everyone to the virtual Board of Directors meeting, including governors and the member of public in attendance. A warm welcome was extended to Non-executive Director, Mark Day, who commenced in post on 1 May 2022. No apologies for absence were received.</p> <p>Following her appointment as Chair at Barnsley Hospitals NHS Foundation Trust, Sheena McDonnell declared her interest, pursuant to Section 30 of the Trust’s Constitution.</p> <p>The Chair of the Board reminded colleagues attending of agreed board protocol.</p>	
P22/05/A2	<u>Actions from Previous Meetings (Enclosure A2)</u>	
	<p><u>Action 1 - Safeguarding Information to Board</u> The presentation was received as part of today’s agenda and the action could be closed.</p> <p><u>Action 2 – Principles for 2022/2023</u> Corporate Objectives would return to July’s Board of Directors meeting following refinement and subsequent review at the sub-committees of Board.</p>	
	<p><i>The Board:</i></p> <ul style="list-style-type: none"> - <i>Noted the updates to the action log.</i> 	
P22/05/B1	<u>Safeguarding Update</u>	
	<p>Gill Wood, Head of Safeguarding, shared an overview of her work since her appointment in late 2021. A review of the service had been commissioned by the then Chief Nurse, which considered both internal and external focus and visibility. The Board were informed of the widespread involvement of the team in respect of both children and adult safeguarding matters, including proactive work to manage associated risks and the future development of the service.</p> <p>Kath Smart shared her appreciation of the update to Board which had been requested by the recently retired clinical non-executive director and Chair of the Quality & Effectiveness Committee and confirmed that future updates would be received via the sub-committee of Board. In respect of training, the Head of Safeguarding confirmed that she was working closely with the training department and divisional directors of nursing to maximise opportunities for completion of role specific training.</p> <p>In response to a question from Mark Bailey regarding the proactive involvement of the team, the Head of Safeguarding confirmed that support provided within the Emergency Department influenced the need for tier 4 beds, required by young people suffering extreme levels of distress. There was also active and ongoing participation in monitoring and support meetings in relation to social and emotional health at a local, system and regional level.</p> <p>Sheena McDonnell acknowledged the provision of staff training and enquired what additional employee support was available. The Head of Safeguarding confirmed she worked closely with hospital staff on domestic abuse matters and a review of the policy to ensure appropriate links to colleagues would be undertaken.</p>	

	<p>The Acting Chief Nurse acknowledged the significant progress made by the Head of Safeguarding since her appointment and confirmed regular updates would be provided at the Quality & Effectiveness Committee.</p> <p>The Chair thanked the Head of Safeguarding for her work and the update to Board.</p>	
P22/05/C1	<u>Board Assurance Framework – SA1 (Enclosure C1)</u>	
	<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 BAF was considered in detail, in line with internal audit recommendations.</p> <p>The Executive Medical Director confirmed all changes had been highlighted for ease of reference and largely related to measures in respect of living with Covid. Due to falling infection rates visiting restrictions and contact screening had ceased, however, the wearing of masks in clinical areas would remain in place. The external review of patient safety was ongoing and due for report out in June/July 2022.</p> <p>The Acting Chief Nurse acknowledged the benefit gained by staff and patients as a result of the reintroduction of visiting and confirmed any change in infection rates would be closely monitored. In view of the changing prevalence of Covid within the hospital and community the risk rating for SA1 Covid 19 had been reduced.</p> <p>In response to a question from Neil Rhodes, the Executive Medical Director acknowledged the change in Covid associated risk, current inpatient numbers were 68, with only one patient requiring critical care. The impact of the vaccine and change in the virulence of variants were noted, it was anticipated that ribotyping to identify new strains would continue.</p> <p>The Chair of the Board identified the owner of the action in respect of the nMABs service should be changed from the Deputy Chief Executive to the Executive Medical Director. In view of the request to extend provision by six months, the Executive Medical Director confirmed a need to assess the sustainability of the service.</p> <p>Kath Smart suggested corrective actions be populated on the BAF to reflect the commentary and to support the assessment and understanding of the move towards the target risk rating. Consideration should also be given to the level of risk appetite and associated impact on the grading of risk.</p>	AT/TN & FD
	<p><i>The Board:</i></p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Board Assurance Framework</i> 	
P22/05/C2	<u>Chief Nurse Update (Enclosure C2)</u>	
	<p>The Chief Nurse Update provided information, outcomes, and assurance on the key deliverables for patient safety and experience and safe staffing numbers. NHSE Guidance in respect of the Patient Safety Incident Response Framework (PSIRF) was expected in June 2022, transition to the framework would be implemented over a twelve-month period. The Trust’s Patient Safety Specialist training programme had commenced</p>	

	<p>and work with the education team was ongoing for the launch of the Patient Safety Syllabus.</p> <p>The roll out of Tendable, formerly Perfect Ward, would commence in June 2022, a working group had been formed to support its introduction.</p> <p>Staffing data collection, via the Safer Nursing Care Tool, had taken place over the last month, a full analysis of which would be brought to July's Board meeting.</p> <p>In response to a question from Kath Smart, the Acting Chief Nurse confirmed that learning was currently shared via the Sharing How We Care newsletter, opportunities to refresh and renew communications to ensure learning was shared and understood from ward to board was being considered.</p> <p>Following attendance at a recent quality improvement event for falls, Kath Smart sought the Acting Chief Nurse's view on the relaxation of visiting and the expected impact. The Acting Chief Nurse acknowledged a link between falls and the visitor/patient ratio, the presence of family and friends who support and understand the patient's mobility was recognised to have a positive impact.</p> <p>Mark Bailey acknowledged the improved performance in complaint acknowledgements and sought assurance on plans to improve closure rates. The Acting Chief Nurse recognised further work was required in this area and confirmed that Simon Brown, Acting Deputy Chief Nurse would work closely with the Deputy Director of Nursing for Patient Experience to review and strengthen processes.</p> <p>Mark Bailey welcomed the introduction of Tendable as a digital solution for nursing audits, the Acting Chief Nurse acknowledged the benefits of using the app to support a more efficient and effective means of data collection and analysis to identify themes and improvements to care.</p> <p>Sheena McDonnell acknowledged the significant improvement in the inpatient friends and family response rate in April and the continuing work with Doncaster College to secure a feeder stream for health and social care students. In respect of Healthcare Assistant (HCA) recruitment, the Acting Chief Nurse confirmed that over one hundred HCAs had been recruited, however, with a number of local employers offering more attractive salary packages there continued to be competing opportunities and promotional work with local schools, colleges and targeted radio campaigns continued.</p> <p>In response to a question from Mark Day, the Acting Chief Nurse confirmed those complaints categorised as values and behaviours related to concerns in respect of staff attitude. Although defined, standards of communication should be subject to continued focus in order to embed the trust's values in all day-to-day interactions and activities.</p> <p>Mark Day was encouraged by the success of the Trust's international nurse recruitment and enquired how effectively recruits were retained. The Chief Nurse advised that retention of the initial cohort, some years ago, had been more challenging, however, subsequent campaigns had seen an increase in recruits being joined by their families, which supported a more settled position. In addition, a significant amount of work to develop dedicated pastoral and educational support had been undertaken and as part of</p>	
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	<p>the Stay & Thrive initiative a Stay & Thrive Matron had been appointed to oversee and address areas of concern, which further strengthened the offer.</p> <p>Practice Educators were also utilised to support wards where retention issues had been highlighted, working alongside unregistered and registered colleagues.</p> <p>The Chief Executive reinforced the importance of colleague retention. Over time a change had been noted in colleagues choosing full retirement over the retire and return option and going forwards it would be critical to consider what flexibility could be offered to support retention.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Chief Nurse Update.</i> 	
P22/05/C3	<u>Infection, Prevention & Control Board Assurance Framework (Enclosure C3)</u>	
	<p>The Infection Prevention & Control Board Assurance Framework provided a comprehensive overview of the trust's IPC actions against the guidance issued in December 2021, an update to which was expected imminently.</p> <p>Going forwards, the Chief Executive indicated that the use of technology should be considered to support education and training relating to fit mask testing.</p> <p>In order to maintain current enhanced cleaning standards a cost pressure had been agreed.</p> <p>The Chair of the Board shared her appreciation with the IPC team for their contribution throughout the pandemic.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Infection, Prevention & Control Board Assurance Framework</i> 	
P22/05/C4	<u>Maternity Update (Enclosure C3)</u>	
	<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 compliance in respect of the Clinical Negligence Scheme for Trusts (CNST) 10.</p> <p>In addition to the standard reports, the Director of Midwifery provided the Healthcare Safety Investigation Branch Quarterly Review Meeting Presentation from April 2022, Kath Smart welcomed the regional and national data, which provided helpful context. A summary of themes since the inception of HSIB investigations in 2019 was also provided, along with service responses.</p> <p>Year 4 standards for the Clinical Negligence Scheme for Trusts had commenced on 7 May 2022, a number of changes were noted, and benchmarking was currently being undertaken. Submissions would be required by 5 January 2023.</p>	

	<p>Highlight reports for the regional Perinatal Quality Oversight Group were provided for the periods, January – March and April – June 2022. In view of the vacancy rate continuity of carer continued to be paused and in light of the Ockenden Report recommendation there was currently no plan to change this, until staffing levels were sufficient to support. The target date for implementation was March 2024.</p> <p>Feedback from the Local Maternity & Neonatal System visit on 29 April, to assess progress against the initial Ockenden actions, was positive. The work to date was recognised and the Director of Midwifery’s leadership skills and candour were praised.</p> <p>Refurbishment of the Central Delivery Suite was due to commence imminently, with the modular build being utilised during the improvement works.</p> <p>In response to a question from Sheena McDonnell with regards to the appropriateness of the highlight report measures in respect of caesarean section rate and continuity of carer, the Director of Midwifery confirmed they were national reporting requirements. A further update in respect of continuity of carer would be provided at June’s Board meeting.</p> <p>In respect of Doncaster’s seemingly high delays in the induction of labour, the Director of Midwifery confirmed the number of inductions were high in comparison to other units, due to the volume of women in the high-risk category. All delays were appropriately risk-assessed on a 4 hourly basis.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Maternity Update.</i> 	
<p>P22/05/C5</p>	<p><u>Executive Medical Director Update</u></p>	
	<p>The Executive Medical Director shared the Quarter 3 2021-22 Learning from Deaths Report, previously considered by the Clinical Governance and Quality & Effectiveness Committees.</p> <p>An increase in the number of deaths was noted, as compared to Q2, with 100 extra deaths scrutinised by the Medical Examiners Team. The team continued to perform well and were now piloting scrutiny of non-acute deaths, although interface issues with primary care IT was proving to be a challenge.</p> <p>The overall rolling Hospital Standardised Mortality Ratio was noted to be 103.</p> <p>Mark Bailey recognised the outstanding work of the Medical Examiners Team and sought assurance that current standards of scrutiny could be maintained when undertaking community deaths, the Executive Medical Director confirmed the team were appropriately resourced to support the work.</p> <p>Sheena McDonnell suggested it would be helpful to highlight any change in performance within the report’s executive summary. Where benefits had been realised during the pandemic, such as the facilitation of virtual family/patient contact and alternative means of communicating with the ward, it was important that such options be considered going forwards to provide flexibility.</p>	

	In response to a question from Mark Day in respect of illegible handwriting referenced in the report, the Executive Medical Director confirmed colleagues understood the importance of clearly documented notes and where appropriate use of capital letters was encouraged, the introduction of e-systems would eliminate such issues.	
	<p>The Board:</p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Executive Medical Director Update.</i> 	
P22/05/D1	<u>Board Assurance Framework – SA2 & 3 (Enclosure D1)</u>	
	<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 & Organisational Development confirmed the appraisal season would commence on 1 June 2022 and run for a period of 4 months. Support for both the appraisee and the line manager had been developed and the paperwork refreshed.</p> <p>In respect of the previously identified risk relating to an increase in the number of staff retiring, the Acting Director of People & Organisational Development confirmed more detailed analysis would be considered by the People Committee to understand the impact and subsequently the true risk and mitigating actions would be reflected within the BAF.</p> <p>Analysis of the payroll survey had been undertaken and a draft paper would be finalised and presented for consideration by the People Committee.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Board Assurance Framework</i> 	
P22/05/D2	<u>Our People Update (Enclosure D2)</u>	
	<p>The Board received the Our People Update, the content of which was summarised by the Acting Director of People & Organisational Development.</p> <p>An updated sickness absence position was provided. Since the report had been written, the overall absence rate now stood at 6.77%, 1.86% of which related to Covid. Regionally the Trust was noted to be an outlier in respect of continuing high levels of Covid related absence, which reflected the position within the local community. In respect of non-Covid absence rates the Trust was reported to be mid-range. The Board was asked to note the overall reduction in absence from 9% in mid-March to the current 6.77% and the continued efforts to effectively manage and offer support including the provision of employee testing facilities and health and well-being support.</p> <p>The Trust’s health and wellbeing offer had been recognised through the Be Well @ Work scheme, for which a silver award had been granted. The Trust had also been nominated for two further independent employee benefit awards, where we were in competition with international employers, such as Aldi and Sky.</p>	

	<p>The Chair of the Board acknowledged the comprehensive health and wellbeing offer, including the recent introduction of on-site cervical screening campaign.</p> <p>As Chair of the People Committee, Sheena McDonnell confirmed that detailed scrutiny of absence and health and wellbeing was undertaken as part of routine committee business. She offered her support of the actions and progress to date and welcomed the nominations secured by the trust in respect of its employee benefit schemes.</p> <p>In response to a question from Mark Bailey, regarding the capacity to plan and support training, the Acting Director of People & Organisational Development confirmed that a range of options were utilised to maximise training opportunities, including a blended approach, use of sound bite sessions and for leadership training a review to determine mandated completion. The Chief Executive confirmed the need to achieve a balance between safe staffing numbers and appropriate minimum numbers of trained clinical colleagues. The Chair of the Board emphasised the importance of the Trust being a learning organisation and reinforced the need to explore all opportunities, including the use of artificial intelligence.</p>	
	<p><i>The Board:</i></p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Our People Update.</i> 	
<p>P22/05/D3</p>	<p><u>Staff Survey Results 2021 (Enclosure D3)</u></p>	
	<p>The paper provided a high-level overview of the 2021 staff survey results, including system and national benchmarking data, the results would be subject to a deep dive at the next meeting of the People Committee.</p> <p>The Trust response rate of 63% was encouraging, and whilst further work to increase completion rates would continue the response rate compared favourably to the national response rate of 48% and that of the South Yorkshire & Bassetlaw Integrated Care System at 53%.</p> <p>A change in the design and wording of questions to align to the NHS People Promise had been made, and whilst the overall response rate had not been affected by the pandemic, a deterioration had been seen in the results as compared to 2020. Despite this the Trust had held an average position overall and it was pleasing to see that 74% of responses indicated that the care of patients and service users was the organisation's top priority. A helpful executive summary also highlighted the top and bottom five scores as compared to the Picker average and the most improved and declined Trust scores.</p> <p>In terms of next steps, action plans would be worked up with the divisions and directorates to address areas of improvement.</p> <p>Sheena McDonnell confirmed initial early discussions had taken place at the People Committee and whilst the deterioration was disappointing, it was not unexpected, considering the challenges faced over the last two years. Critical next steps were to harness the prospects to improve, a reinvigoration of quality improvement methodology would be helpful to progress at pace.</p> <p>Neil Rhodes confirmed he was encouraged by the strong response and looked forward to having sight of the detailed action plan. In respect of question 11D, he suggested it would</p>	

	<p>be helpful to revisit the wording to ensure clarity and determine what good likes like. The Acting Director of People & Organisational Development confirmed this question had been subject to debate at a regional and national level and there may be a need to understand the local response.</p> <p>In terms of actions Mark Bailey suggested we should be mindful of what had worked well in the past and do more of it.</p> <p>Kath Smart welcomed a fresh perspective when the new Chief People Officer commenced in post at the beginning of June, recognising that more of the same may not necessarily generate the required result. Where scores in divisions and directorates were low this would be subject to further analysis to understand the position and ensure that appropriate action plans were agreed and implemented. It was recognised that some of the locality descriptors may not provide a clear picture of those surveyed, for example not all colleagues in the Chief Executive Directorate were direct reports of the Chief Executive.</p> <p>The Chief Executive highlighted the infographic of the pandemic timeline may be more reflective of London and the South, whereas the North had seen five distinct waves, including peaks at times which may have had an impact on the staff's feedback . In terms of next steps and required improvements to influence the staff resurvey results, he welcomed the direction and shared learning that the Chief People Officer would be able to share from prior organisations.</p>	
	<p><i>The Board:</i></p> <p>- <i>Noted and took assurance from the Staff Survey Results 2021.</i></p>	
<p>P22/05/D4</p>	<p><u>Freedom to Speak Up Annual Report 2021/2022 (Enclosure D4)</u></p>	
	<p>The Chair of the Board welcomed Paula Hill, Freedom to Speak Up (FTSU) Guardian, to the meeting to present the Freedom to Speak Up Annual Report. A summary of the report was shared, which included an overview of national guidance, trust activity, capacity and demand challenges and NHS contractual requirements.</p> <p>A sustained increase in the use of the service had been seen in 2021/22, although a change in those staff groups choosing to speak up was noted and now included non-clinical staff groups. There had not been a major change in identified themes, although there had been a significant number of colleagues who had raised concerns in respect of the government's directive in respect of vaccination as a condition of deployment. The Acting Director of People & Organisational Development recognised the impact of the national directive on the FTSU Guardian's workload and shared his appreciation of the support provided, including that of the Chief Executive, in managing what was a difficult situation, outside of the Trust's control.</p> <p>In respect of training and education the roll out of Health Education England's three tier FTSU training continued. For senior leaders follow up training would be delivered as part of the leadership and development offer and for Board members as part of a Board development session.</p> <p>Sheena McDonnell thanked the Freedom to Speak Up Guardian for her contribution throughout the last twelve months, recognising the dual role she had undertaken in Occupational Health throughout the pandemic. In her capacity as People Committee</p>	

	<p>Chair, Sheena McDonnell also recognised the ongoing support and feedback provided in respect of the Emergency Department and Trauma & Orthopaedic project. Capacity was recognised to be a widespread challenge and Sheena suggested the potential use of other resources to hear colleagues' concerns, including line managers, health & wellbeing champions and professional nurse advocates.</p> <p>The Board noted the recommendations. It was agreed that action two and three would be considered outside of the meeting by the Company Secretary and progressed when further evidence was provided as part of the FTSU annual self-assessment.</p> <p>The Chair of the Board thanked the FTSU Guardian for her support and contribution.</p>	FD
	<p><i>The Board:</i></p> <p>- <i>Noted and took assurance from the Freedom to Speak Up Annual Report 2021/2022.</i></p>	
P22/05/E1	<u>Board Assurance Framework – SA4 (Enclosure E1)</u>	
	<p>The Board received an updated Board Assurance Framework (BAF) which identified risks to the achievement of the Trust's strategic aim 4 – in recurrent surplus to invest in improving patient care.</p> <p>The Acting Director of Finance summarised the changes to the BAF which reflected the draft financial accounts submitted to the Audit & Risk Committee and the risks pertaining to 2022/23, as the financial regime returned to pre-pandemic practice. A national financial plan resubmission process was expected to take place in May/June 2022, and in view of the Trusts position further challenge was anticipated to reduce its deficit plan.</p> <p>Additional national funding had been announced, in respect of general inflation pressures, non-pay, commissioner nursing care, Better Care Fund and ambulance trusts. Discussions with regards to the allocation for South Yorkshire Integrated Care System were ongoing and were expected to be subject to conditions including a balanced system plan and the monitoring of agency spend. The current deficit plan for South Yorkshire was £76.7m, following receipt of the additional funding a deficit of £40m was expected.</p> <p>As the deadline for submission of 2022/23 financial plans was prior to June's Board meeting an appropriate governance process would be required.</p> <p>Neil Rhodes acknowledged that to be at month three with no finalised ICB budgets was challenging and whilst the Trust continued to perform well, he appreciated there would be several difficult conversations ahead and further scrutiny would take place at the Finance & Performance Committee later that week. The Acting Director of Finance recognised the challenges but confirmed that budgets had been set across the organisation. He recognised there was further work to do, both at an organisational and system level and recognised the difficulties of entering into system working in a financially challenged position.</p> <p>Kath Smart confirmed that members of the Audit & Risk Committee had taken the opportunity to meet with the Acting Director of Finance for a walkthrough of last year's accounts. She recognised the challenge in achieving a balance between being safely resourced and managing the financial impact of this and enquired of the plans for a joined-</p>	

	<p>up approach to achieving such a balance and reducing agency spend. The Chief Executive confirmed a need to return to good housekeeping, ensuring efficient and effective use of resources, agreement of a hierarchy for cover and adherence to spending caps to ensure the best use of public money. It was important that a system wide solution for agency usage was agreed to ensure a safe and sustainable service could be offered. Allocation of resources should now be considered across the Integrated Care System.</p> <p>The Chief Executive confirmed that the Trust was the only organisation at Place to be setting a deficit budget, the impact of maintaining services and with restricted flow out of the hospital had clearly impacted the Trust's position and the need to deliver effective services in partnership across Place was critical.</p> <p>The Acting Chief Nurse acknowledged a significant piece of work was required to address these challenges in the coming months, with the support of NHS Professionals, appropriate rosters and authorisations via the auditable approval system a return to pre-pandemic business as usual could be facilitated.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Board Assurance Framework</i> 	
P22/05/E2	<u>Finance Update (Enclosure E2)</u>	
	<p>The Acting Director of Finance's report provided a high-level overview of the month one position, including any identified risk to the delivery of the Trust's financial plan. Board noted a £2.6m deficit, £258k adverse to plan. Full reporting to NHSE/I and the Integrated Care Board were not required until month two.</p> <p>Capital expenditure was broadly on plan and the medical equipment capital plan had now been signed off. The cash balance at the end of April was £33.4m.</p> <p>The Board agreed to delegate authority to the Audit & Risk Committee to sign off the audited accounts, annual report and governance statement, as in previous years and approved the medical equipment capital plan.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Finance Update and approved the above delegated authority request and the medical equipment capital plan.</i> 	
P22/05/E3	<u>Annual Accounts – Going Concern (Enclosure E3)</u>	
	<p>The Board received an assessment of the Trust's going concern status, in accordance with annual reporting requirements. An update to the previous initial assessment had been undertaken and the presented paper shared with the Trust's external auditors.</p> <p>Whilst the Trust was expected to report a surplus position for 2021/22, with a considerable cash position as at 31 March 2022, planning for 2022/23 indicated a significant deficit position. The paper outlined the cash profile, which was expected to remain positive throughout the year, this would be subject to review by the Cash Committee on an ongoing basis.</p>	

	The Board accepted the recommendations within the paper, which confirmed the Trust should be considered as a going concern for account preparation and the annual accounts for 2020/21 would be prepared on this basis.	
	<p>The Board:</p> <p>- <i>Noted and took assurance from the Annual Accounts – Going Concern</i></p>	
P22/05/E4	<u>Operational Update – Looking Forward</u>	
	<p>The Deputy Chief Operating Officer’s report noted high Covid levels through April 2022. Elective recovery had been impacted but the reinstatement of the full theatre timetable supported delivery of 90% of planned elective surgery. There had been some cancellations arising from an international procurement challenge, but the Trust was working closely with the North East & Yorkshire Procurement Cell on this matter.</p> <p>System wide improvement work was noted as part of the Elective Oversight Group, with a specific focus on ophthalmology and ENT, in order to establish a system solution to address the backlogs and share learning.</p> <p>A summary of next steps for the elective programme and covid was provided in order to recover the in-year assumptions.</p> <p>Neil Rhodes sought clarity on the plans required to live with covid as business as usual, particularly in respect of maintaining elective recovery. The Deputy Chief Operating Officer confirmed that day to day management of Covid patients would continue, with consideration given to cohorting and/or segregation. The impact of the vaccination programme was evident, with a significant reduction in patients requiring critical care, in addition the introduction of treatments, such as antivirals and neutralising monoclonal antibodies had been seen.</p> <p>The Chief Executive highlighted the learning throughout the pandemic and subsequent change in practice including the implementation of virtual/hybrid clinics and the establishment of an elective/emergency bed base. Enhanced infection, prevention and control measures had been seen to affect the spread of flu and norovirus during the pandemic and would remain in place. The typical winter plan would be superseded by a strong all year-round plan and use of artificial intelligence and robotic process automation would be developed over time. The introduction of virtual wards would assist with improved flow and subsequent capacity.</p>	
	<p>The Board:</p> <p>- <i>Noted and took assurance from the Operational Update – Looking Forward</i></p>	
P22/05/E5	<u>Performance Update (Enclosure E4)</u>	
	The Board received the Deputy Chief Operating Officer’s Performance Update which provided performance headlines from April 2022, operational context and next steps. Supporting performance appendices were included at H3 for information/review.	

	<p>In view of high covid levels in April staffing levels had been challenging with a peak of 9.5% absence and bed occupancy remained high at 96%. A decrease in Emergency Department (ED) attendances had been seen, although attendance levels were higher than those seen in the previous four years. The new metric relating to 12 hour waits in ED had been reported for the first time, the metric reflects the time from the point of arrival to decision to admit/discharge, in April a total of 577 (3.6%) patients stayed in the department for longer than 12 hours</p> <p>In respect of ambulance attendances, April had been a challenging month, with an increase in attendances as compared to the previous month. A slight improvement had been seen in those patients waiting less than 15 minutes for handover, although the number of patients waiting for more than 60 minutes had increased slightly. Doncaster Royal Infirmary was noted to be the third highest reporting Trust in Yorkshire for 60 minutes handover breaches. Work as part of the Urgent and Emergency Care Recovery and Transformation Programme continued around pathways, including direct referrals from the ambulance to Same Day Emergency Care, use of Consultant Connect to facilitate direct referrals to the speciality and the red to green initiative, to reduce the length of stay and aid flow.</p> <p>In response to a question from Sheena McDonnell with regards to Place solutions to reduce ED attendances, the Deputy Chief Operating Officer advised of partnership working to ensure an active, up to date directory to signpost alternative providers, such as General Practice and Urgent Treatment Centres. Work with the national team to implement new pathways later in the year was also in train.</p> <p>In respect of the data on health inequalities Sheena McDonnell noted 20% of those on the waiting list were in the most deprived category of the index of multiple deprivation and enquired if there was any correlation with ED attendances. The Deputy Chief Operating Officer confirmed elective attendances at ED were usually due to a deterioration of the condition and whilst they were subject to monitoring from a health inequalities perspective the information provided was currently limited.</p> <p>In relation to ambulance handovers and noting the trust's position, Kath Smart suggested it would be helpful to set an improvement trajectory. With regards to learning identified through the involvement of NHSE/I's Emergency Care Intensive Support Team, the Deputy Chief Operating Officer confirmed that feedback received had been largely positive, further areas for consideration included the Same Day Emergence Care pathway and the apparent high proportion of conveyance as a percentage of the population. A step change in the pace of improvement was required. Kath Smart asked that NHSE/I's written report be provided to provide external assurance.</p> <p>The Chief Executive recognised a need to engage with and educate the public on the range of health service providers in order to facilitate an informed choice. The challenges faced were not under the Trust's sole control and an urgent need to triangulate plans at Place was required.</p>	DP
	<p>The Board:</p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Performance Update.</i> 	

P22/05/E6	<u>Ambulance Handover Delays</u>	
	The Board received the Deputy Chief Operating Officer's mandated monthly report on ambulance handovers, commentary from which was included in E5 – Performance Update.	
	<i>The Board:</i> - <i>Noted and took assurance from the Ambulance Handover Delays Report</i>	
P22/05/E7	<u>Recovery, Innovation & Transformation Update</u>	
	The Interim Director of Recovery, Innovation & Transformation's report provided an update on the directorate structure, including the continued secondment of Kirsty Edmondson-Jones, Director of Innovation, and Infrastructure, with a refreshed portfolio as his interim deputy and the appointment of Laura Fawcett-Hall as the Head of Performance. A series of away days had been arranged to create the solid foundations for a fit for purpose directorate. Also included was an update on the revised governance structure, an initial view on performance and project management, the clinical strategy/service line review and the Mexborough Elective Orthopaedic Centre, which would be progressed via a joint bid for elective recovery funding, by Barnsley Hospital NHS FT, The Rotherham NHS FT and Doncaster & Bassetlaw Teaching Hospitals NHS FT. A project steering group was in place and updates provided via the Board's Finance & Performance sub-committee. Neil Rhodes welcomed the update in respect of the governance structure, the progress of which had been raised at the previous Board.	
	<i>The Board:</i> - <i>Noted and took assurance from the Restoration, Innovation & Transformation Update.</i>	
P22/05/F1	<u>2021/2022 Corporate Objective Outcome</u>	
	The report presented a year-end update on delivery of the 2021/22 corporate objectives. Progress against 2022/23 objectives would be shared via the appropriate Board sub-committees and reported on a quarterly basis to the Board of Directors, the Recovery, Innovation & Transformation directorate would support data/evidence provision. Those sub-committees assigned oversight and assurance would be reviewed before finalised.	
	<i>The Board</i> - <i>Noted the 2021/2022 Corporate Objective Outcome</i>	
P22/05/F2	<u>South Yorkshire Pathology Partnership Agreement (Enclosure F2)</u>	
	The paper presented to Board was the final draft of the South Yorkshire & Bassetlaw Partnership Agreement, the framework by which the following trusts would work	

	<p>together to deliver a single pathology service across South Yorkshire and Bassetlaw as part of the national initiative:</p> <p>(Hub/Host): Sheffield Teaching Hospitals NHS Foundation Trust</p> <p>(Spokes): Barnsley Hospital NHS Foundation Trust Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust The Rotherham NHS Foundation Trust Sheffield Children’s NHS Foundation Trust</p> <p>The Partnership Agreement had been developed with support from DAC Beachcroft, in consultation with the Pathology Programme Board, however, following independent legal advice sought by the host on the specific issues related to the host, it had become apparent that further advice may be required.</p> <p>The Chief Executive asked Board members if they were sufficiently assured by the agreement and their approval was sought and confirmed. The Chair of the Board recognised the benefits and potential savings, due to his role as Chair of the Programme Board the Chief Executive offered no comment. No other concerns or comments were raised for feedback to the Pathology Executive Steering Board. The Chief Executive advised that should any material changes be required to the agreement it would need to return for subsequent review/approval by the Board.</p>	
	<p><i>The Board</i></p> <p>- <i>Approved the South Yorkshire Pathology Partnership Agreement</i></p>	
<p>P22/05/F3</p>	<p><i>Nottingham & Nottinghamshire Integrated Care Board Provider Representative (Enclosure F3)</i></p>	
	<p>The paper summarised the approach to appoint partner members to the Nottingham & Nottinghamshire Integrated Care Board. The nominations in respect of urgent and emergency hospital care was Paul Robinson, Chief Executive of Sherwood Forest NHS FT and for mental health, intellectual disability and community service, Dr John Brewin, Chief Executive of Nottinghamshire Healthcare NHS FT.</p> <p>The Board supported the recommendations, written confirmation of which would be submitted to the Chair of the Nottingham & Nottinghamshire Integrated Care Board.</p> <p>In addition to this request, the Chair of the Board confirmed that the Chair Designate of South Yorkshire Integrated Care Board had sought partner representatives from an acute and mental health, learning disabilities and autism perspective for the South Yorkshire Integrated Care Board. Richard Parker would be nominated as the acute representative, which would provide an excellent opportunity for the Chief Executive to add value to the Integrated Care Board and our own organisation.</p>	
	<p><i>The Board</i></p> <p>- <i>Noted the Nottingham & Nottinghamshire and South Yorkshire Integrated Care Board Partner Representative & supported the nominations.</i></p>	

P22/05/G1	<u>Corporate Risk Register (Enclosure G1)</u>	
	<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 94 risks rated 15+, 12 were monitored via the Corporate Risk Register.</p> <p>Risk ID 2472 – Covid-19 had been updated and the risk rating reduced from 20 to 15, supporting detail had been incorporated in the Strategic Aim 1 Covid 19 Board Assurance Framework.</p> <p>A proactive external review of risk management had been commissioned, to be undertaken by KPMG. An initial draft report had been received, recommendations would be considered, and outcomes shared and monitored via the new governance structure.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> - <i>Noted the Corporate Risk Register.</i> 	
P22/05/G2	<u>Use of Trust Seal (Enclosure G2)</u>	
	The Board noted and approved the use of the Trust Seal by Richard Parker, Chief Executive and Alex Crickmar, Acting Director of Finance in respect of the adult's weight management service.	
	<p>The Board</p> <ul style="list-style-type: none"> - <i>Noted the Use of Trust Seal</i> 	
P22/05/H1	<u>Information Items (Enclosure H1 – H7)</u>	
	<p>The Board noted:</p> <ul style="list-style-type: none"> - H1 Chair and NEDs Report - H2 Chief Executives Report - H3 Performance Update Appendices - H4 Minutes of the Finance and Performance Committee 19 January, 24 February & 23 March 2022 - H5 Minutes of the People Committee 1 March 2022 - H6 Minutes of the Audit & Risk Committee 24 March 2022 - H7 Minutes of the Trust Executive Group 13 December 2021 & 14 February 2022 	
P22/05/I1	<u>Minutes of the meeting held on 26 April 2022 (Enclosure I1)</u>	
	<p>The Board:</p> <ul style="list-style-type: none"> - <i>Approved the minutes of the meeting held on 26 April 2022.</i> 	
P22/05/I2	<u>Any other business (to be agreed with the Chair prior to the meeting)</u>	
	No items of other business were raised.	

P22/05/13	Governor Questions regarding the business of the meeting (10 minutes) *	
	<p>As the Lead Governor had left the meeting it was agreed the questions received from governors and the supporting answer would be included in the minutes of the meeting.</p> <p>“What arrangements are in place in terms of safeguarding to accommodate those patients who may be in transition from child to adult services provision and in particular those who are regarded to be vulnerable by reason of having learning difficulties or subject to special education needs and or disability (SEND) ?”</p> <p>The green paper “SEND REVIEW 2022” “Right support Right Place Right Time “ The green paper “Transforming Children and Young Peoples Mental Health Provision”</p> <p>At place, health and care providers understand the types of medical alternative provision and how they will support those children and young people who are unable to attend a mainstream, special school, or college because of health needs. This will include expectations of how schools, local authorities and health and care providers will work together to address these health needs whilst delivering high-quality education.</p> <p>The Trust was represented through this process at strategic level within Team Doncaster alongside the Doncaster Children and Young Peoples Mental Health Strategy by the Designated Medical Doctor to influence national, regional and local provision and identify any gaps in provision in transition to adulthood. Working alongside the Clinical Commissioning Group who are currently recruiting a Strategic Designated Clinical Officer to work across the health system. Children and young people identified through the SEMH (Social & Emotional Health Group) are safeguarded through the proactive and monitoring support if waiting for a diagnosis. Diagnosed children and young people are proactively monitored and supported by the CETR process (Care and Treatment Review).</p> <p>Health and Care partners will be part of a truly integrated SEND and alternative provision system, using the opportunity presented by the creation of Integrated Care Boards (ICBs) to enable effective joint working and commissioning of local services. ICBs will have a duty to cooperate with local authorities and will proactively provide input and shape local strategic planning and be responsible for funding and delivery of local health provision to meet the needs of children and young people with SEND with a clear focus on transition. The Trust will work alongside Team Doncaster to shape services moving forward.</p> <p>“ Does the DBTHFT’s response to domestic abuse align itself with the strategy being developed and implemented by the Doncaster Domestic and Sexual Abuse Theme Group or does this create difficulty, with the Bassetlaw site being located in a different unitary authority area which may have a different approach to addressing the issues and providing support mechanisms?”</p> <p>The Trust does align with the Doncaster Domestic and Sexual Abuse Theme Group , the Head of Safeguarding sits on the Domestic Abuse Board for Doncaster to provide assurances from the Trust. Staff within the team attend the Multi Agency Risk Assessment Conferences (MARAC) and provide information as required.</p> <p>The Head of Safeguarding attends the Nottinghamshire Domestic Abuse Local Partnership Board and staff from the team attend the MARAC steering group. To provide assurance</p>	

	<p>to governors there may be differences due to serving populations, however, the safeguarding team provide support to both sites with referral responses / pathways that may differ. From a strategic level, bidding for the independent domestic violence advisors (IDVA) if successful will only serve Doncaster Royal Infirmary, as it is a South Yorkshire Crime Commissioning funded post, however, to provide further assurance from being on the board if future opportunities arise the Head of Safeguarding will be proactive in this area. Opportunities also arise to share good practice in both areas.</p> <p>The Chair of the Board shared her appreciation for the continued governor contribution and engagement and thanked those in attendance today for the reports, presentations and ongoing contribution.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> - <i>Noted the governor observations, question and feedback provided.</i> 	
P22/05/13	<u>Any other business (to be agreed with the Chair prior to the meeting)</u>	
	No items of any other business had been received.	
P22/05/14	<p><u>Date and time of next meeting (Verbal)</u></p> <p>Date: Tuesday 28 June 2022 Time: 09:30am Venue: MS Teams</p>	
P22/05/15	<u>Withdrawal of Press and Public (Verbal)</u>	
	<p>The Board:</p> <ul style="list-style-type: none"> - <i>Resolved that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.</i> 	
P22/05/1	<u>Close of meeting (Verbal)</u>	
	The meeting closed at 13:39	